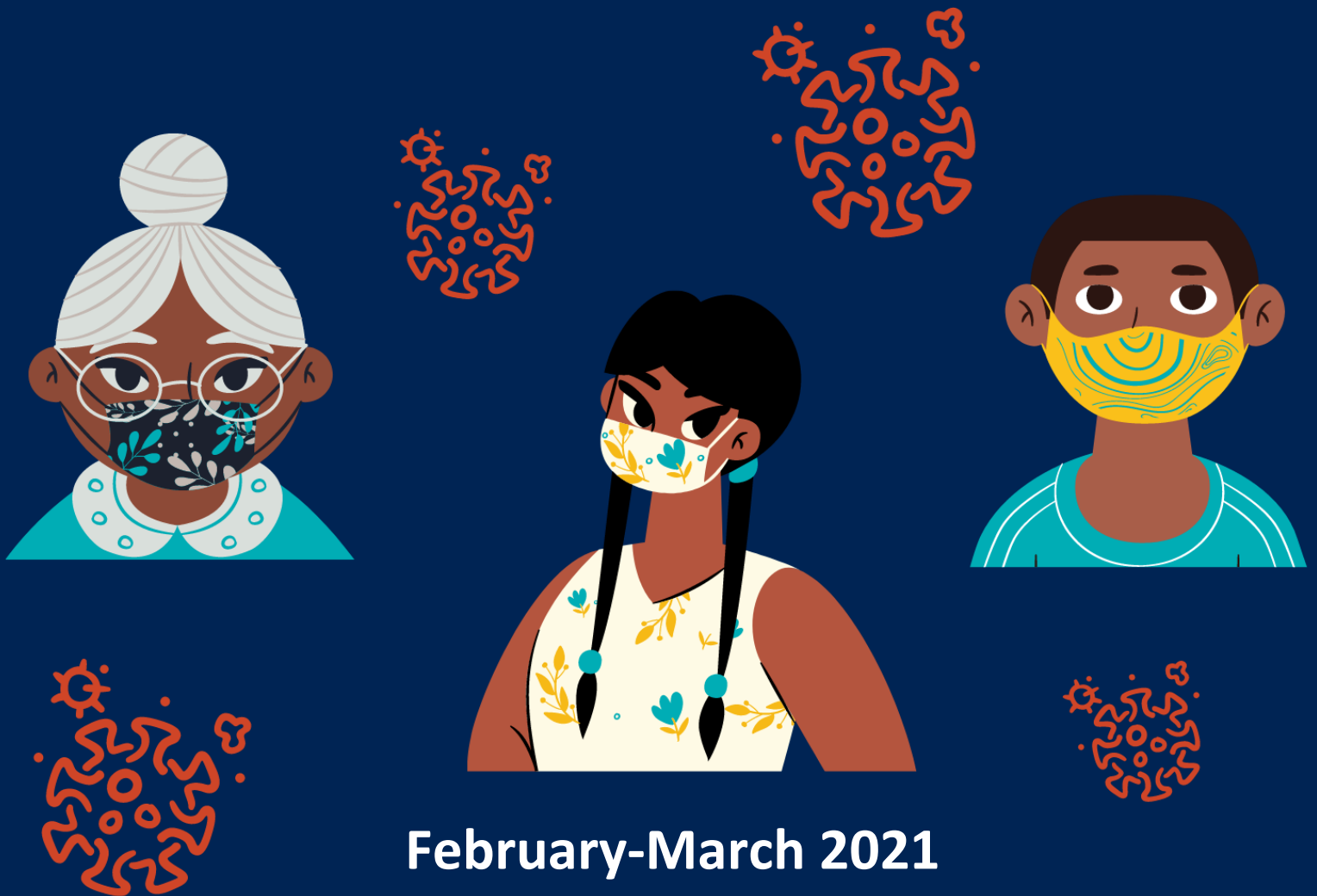


Community Engagement Alliance (CEAL) Against COVID-19 Disparities

Focus Group Results: American Indian Community Health Representatives



February-March 2021



IMMUNITY starts with
COMMUNITY
THE ARIZONA CEAL CONSORTIUM



AzCHOW

Arizona Community Health Workers Association

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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 Institutes of Health, Community-Engagement Research Alliance (CEAL) Against COVID-19 in Disproportionately Affected Communities.

Community Health Workers (CHWs), also known as Community Health Representatives (CHRs), are frontline public health workers who are trusted members of community who apply a unique understanding of the experience, language, and culture of the population served. The CHR workforce is the oldest and only federally funded CHW workforce in the United States. CHRs are a highly trained, well established standardized workforce serving the medical and social needs of American Indian communities. Throughout the pandemic, CHRs play a vital role in addressing medical and social determinants of COVID-19 among American Indian populations and are essential to the Arizona COVID-19 CEAL Consortium.

This report describes the results of focus groups with two CHR Programs of Arizona and a total of 11 CHRs in early 2021. Results highlight the challenges experienced by American Indian clients during the pandemic, COVID-19 vaccine concerns and motivations, strategies employed by CHRs to improve vaccine confidence, and CHR experiences during COVID-19.

COMMUNITY IMPACT OF COVID-19

American Indian clients served by CHRs faced several challenges as a result of the pandemic. Everyday life was deeply affected – at the individual, family, and community levels – by the physical and social isolation experienced during COVID-19, leading to mental health issues such as depression and anxiety as well as difficulty managing existing chronic health conditions alone at home.

BARRIERS TO COVID-19 VACCINATION AMONG CHR CLIENTS

- Transportation to/from vaccine location.
- Limited access to technology including computers, cellphones, or difficulty navigating online websites.
- Lack of appointment reminders.
- Lack of accessible information on vaccine safety, efficacy, and side effects.

CHR CLIENT COVID-19 VACCINE FEARS

CHRs provided support throughout the pandemic and addressed the following primary fears among their clients:

- Vaccine safety and potential health risks
- Vaccine side effects
- Vaccine long-term health effects
- Mistrust in the federal government

PUBLIC HEALTH RECOMMENDATIONS

CHRs raised five primary recommendations to prevent COVID-19 and improve vaccine confidence American Indian clients through:

1. Develop culturally and linguistically relevant policies, programs, and resources to support elderly, homebound, disability and non-English speaking communities.
2. Generate culturally and linguistically relevant mental health, isolation, grief, and loss resources.
3. Integrate COVID-19 prevention with chronic disease management, especially during periods of isolation and quarantine.
4. Improve public trust to dispel myths and correct misinformation and enhance update of public health recommendations.
5. Invest in the professional development of the CHR workforce to promote culturally and linguistically relevant evidenced based materials and tools.

MESSAGING RECOMMENDATIONS

CHRs generated culturally and linguistically centered recommendations for messaging about the prevention of COVID-19, including vaccination.

Develop plain language for COVID-19 vaccine messaging and materials with images or diagrams.
Communicate clearly about vaccine safety, efficacy, side effects, ingredients, and differences between vaccines (including both COVID-19 vaccines and the flu vaccine).
Include testimonies from vaccinated community members describing vaccine benefits.
Incorporate culturally appropriate language to describe COVID-19 prevention strategies and to talk about the vaccine to elderly clients (i.e. what is a vaccine, immune system, and supplemental to traditional medicine).
Use 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 facts.
Share information from reputable institutions (e.g., CDC, local health dept.) in digestible format (illustration with few text).
Describe benefits of the COVID-19 vaccine at individual, family, community levels (e.g. ceremonies)
Design factsheet, pamphlets, or videos with plain information in people’s primary languages.
Collaborate with primary prevention mobile health units to reach community members in disseminating COVID-19 informational materials.

OVERVIEW

Community Health Workers (CHWs) – also known as Community Health Representatives (CHRs) – are frontline public health workers who apply a unique understanding of the experience, language, and culture of the population served. The CHR workforce has entered the spotlight as essential to COVID-19 prevention and control.

In 2018, the CHR workforce celebrated their 50th year and serve as the oldest and only federally funded CHW workforce in the United States. CHRs are a highly trained, well established standardized workforce serving the medical and social needs of American Indian communities. Nationally, the CHR workforce consists of approximately 1,700 CHRs, representing 264 Tribes. Of the 22 Tribes of Arizona, 19 Tribes operate a CHR Program and employ approximately 250 CHRs—which is equivalent to approximately 30% of the total CHW workforce in the state.

This report documents research results supported by the National Institutes 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:

- ❖ **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.

To learn more about CHW and CHRs and access relevant COVID-19 trainings visit:

Arizona Community Health Worker Association

<https://www.azchow.org/>

Arizona Advisory Council on American Indian Health Care – CHR Movement

<https://aacihc.az.gov/>

APPROACH

This report outlines the results of a series of focus groups conducted with two CHR Programs and a total of 11 American Indian CHRs. Focus groups were conducted by bicultural research staff over Zoom between February and March of 2021.

Conversations with CHRs focused on the following topics:

- ◆ Contemporary Client Experiences with COVID-19
- ◆ Misinformation and Myths About COVID-19
- ◆ Concerns and Benefits of COVID-19 Vaccine
- ◆ CHR Core Roles During COVID-19
- ◆ CHR 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, CHRs completed a brief survey which collected demographics, vaccine status, COVID-19 prevention behaviors.

In the following sections, we describe the selected results of the CHR brief survey and the qualitative results of the focus groups conversations with CHRs about CHR clients' experiences, beliefs, and behaviors related to the prevention of COVID-19 with a focus on vaccine confidence. All research efforts are approved by University and Tribal governance regarding research. Information is anonymized and reported in aggregate.

RESULTS: Survey

CHR participants were predominately female with a diverse representation in age and experience as a CHR. Approximately, 18% CHR participants were between the ages of 18-24, 55% were aged 25-40 years, and 25% were between 41-50 years of age.

Participants engaged in primary prevention of COVID-19 including high mask use, hand washing, and social distancing, with the majority of CHR participants reporting being very likely to get the COVID-19 vaccine.

See Table 1 for a breakdown summary of CHR focus group participant demographics.

Table 1. Focus group demographics

Community Health Representatives (N=11)				
Age				
	18 – 24	18% (n=2)		
	25 – 40	55% (n=6)		
	41 – 50	27% (n=3)		
Gender				
	Female	100% (n=11)		
	Male	0% (n=0)		
	No response	0% (n=0)		
Education				
	High School or GED	64% (n=7)		
	Associates or Technical degree	27% (n=3)		
	No response	9% (n=1)		
COVID-19 practices				
		Mask use	Hand washing	Social distancing
	Never	0% (n=0)	0% (n=0)	0% (n=0)
	Very often	9.1% (n=1)	0% (n=0)	63.6% (n=7)
	All of the time	90.9% (n=10)	100% (n=11)	36.4% (n=4)
Likely to get COVID-19 vaccine				
	Not at all	9.1% (n=1)		
	3	0% (n=0)		
	4	18.2% (n=2)		
	5	0% (n=0)		
	Very likely	72.7% (n=8)		

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
- ◆ CHR Strategies to Address COVID-19 Misinformation & Build Vaccine Confidence
- ◆ CHR Experiences During COVID-19

Community Impact of COVID-19

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

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

Cultural Systems Challenges

Summary

The COVID-19 pandemic interfered with cultural and traditional practices among tribal communities who according to CHRs, rely heavily on family, community, and group socialization as foundational to wellbeing. These disruptions in cultural and traditional practices were believed to cause stress among CHR clients, and in some cases provoked poor mental health, such as anxiety and depression among community members. The primary cultural and traditional practices affected were: 1) The loss of family and friends to COVID-19 or other conditions; clients felt they were robbed of their loved ones and did not have opportunities to properly process and grieve. 2) The interruption of religious or traditional ceremonial practices such as coming of age ceremonies or funerals. In some cases, CHRs became the primary or only form of socialization that individuals or families had during quarantine, providing essential social support to their clients during very difficult times.

CHR Quotes

“I think it's really taken a shift, because the community as itself they get together for a lot of reasons, especially like around the time like when somebody passes, and I think it's like all around you know in different communities here, especially like they had to

limit their gatherings and I think that that has really taken a toll on the communities, because they're really family-oriented.”

“... some of my patients that I have on just strictly because they lost somebody, and I have noticed that they have slipped into depression. So I just want to keep an eye on them because some of their loved one’s death has been so sudden and a lot of them feel like they were robbed of that family member.”

Chronic Disease Management

Summary

According to CHRs, clients with chronic disease experienced challenges to managing their condition, seeking care and follow-up with their doctors for fear of getting infected with COVID-19, and or they perceived there to be a limited availability of health services during COVID-19. CHRs played a supportive role by monitoring client status and symptoms, collecting clinical data such as blood pressure, glucose, and wellness checks, and provided safety education related to a variety of chronic disease conditions. Managing post-COVID infection side effects such as breathing difficulty was a newer focus for CHRs in early 2021.

CHR Quotes

“Most of our patients have health issues like diabetes and high blood pressure and stuff like that. And then just from the clinic side from being in quarantine and their numbers have gone up a lot on their sugars and blood pressure is not really well controlled anymore.”

“Actually, some that I'm seeing right now are past COVID from, I want to say, July and August. And so they're still recovering. And another one that had COVID in December, I believe. The client and the family are starting to see the effects, the prolonged effects of COVID.”

Mental Health

Summary

CHRs lamented the significant mental health challenges their clients faced as a result of the pandemic. Physical and social isolation during quarantine, being unable to process grief in a traditional manner, and fears of re-entering society among others resulted in mental health conditions such as depression and anxiety for many CHR clients. Some CHRs described

additional effects resulting from these mental health challenges, such as clients not taking their medications and an increase in suicide rates in their communities.

CHR Quotes

“My thought about it is that the lockdown and not being able to interact with people and the anxiety after COVID and depression and not being able to see family members may be one of the reasons that suicide is happening.”

“PTSD could be something from COVID just especially with people who lost loved ones, grieving processes, that’d be something, a training that would be good to work with just families that were affected with COVID, losing loved ones and just being scared of the world or going back out in the world after all this passes.”

Language and Literacy Barriers

Summary

CHRs described health literacy and language barriers. Health literacy, defined by Health Resources Services Agency (HRSA) is “the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.” Low health literacy and in the case of CHR clients who are elders English language proficiency created difficulties in understanding health communication (e.g. public health flyers, announcements, websites) related to COVID-19 vaccination. CHRs helped overcome literacy and language barriers by becoming familiar with complex COVID-19 medical or scientific information, related to vaccines, and explaining that information in a way that could be easily understood by their clients. CHRs also described that many scientific terms and ideas did not exist in the client's primary indigenous language – which were often necessary to talk appropriately about vaccines in general and COVID-19 vaccine in particular. However, CHRs creatively used their knowledge of their indigenous language to find new, but longer, ways to talk about vaccines. In this way, CHRs as cultural and traditional knowledge brokers, made it possible to provide information about the vaccine.

CHR Quotes

“I think we played the role of a doctor, nurse, counselor, you know everything out there, because we were the only ones out there in the field when the tribe would lock down.”

“So a lot of medical terms that they use, there's no Apache words for it. We need to learn how to explain how the COVID shots works to the elderly so that they will understand how the shot works in their bodies and what it does.”

Technology Barriers

Summary

CHRs reported technological barriers, especially among the elderly clients they serve. It was difficult for CHR's elderly clients to access and navigate online resources and services, for instance to make appointments for COVID-19 testing and vaccination or to access COVID-19 health information. These clients often lacked internet connection or devices such as computers and smartphones or did not have the skills or knowledge to use available tools. To address these challenges in the elderly population, CHRs supported clients by setting appointments and provided reminders without the use of more complicated technologies or guided clients in navigating through websites and other technologies.

CHR Quotes

“We could try Zoom, but many people are limited to having a computer, having Internet, or not having a smartphone kind of thing. So it made things pretty difficult.”

“I think the only difficulties we see is like the QR code that they have on their V-safe sheet, a lot of our elders don't have the technology to scan those QR codes, so I think that's the only barrier, as far as after they received the vaccine.”

Transportation Barriers

Summary

During a time when many clients were limited in their ability to leave their homes due to the pandemic, CHRs provided crucial access to social and health services. This included, connecting clients to existing transportation resources, driving clients to appointments, or bringing health services to the client's homes. CHRs described clients without their own transportation or those lacking access to public transportation where they live as particularly vulnerable, and these clients were often elderly, or those experiencing chronic diseases and disabilities.

CHR Quotes

“I've actually gone out to pick them up and bring them to their appointments to get their first vaccination. We've had one of the CHRs and one of the nurses go out to patients who are homebound to actually get their vaccine shot.”

“For my patients, it's just mainly the transportation, not having the transportation, not having a vehicle, not having family to take them or just disabilities that they're dealing with and not being able to get out of bed for reasons to go out and get it.”

Community COVID-19 Vaccine Concerns and Motivations

This section of the report outlines the results related to CHR client's knowledge, attitudes and behaviors related to the COVID-19 vaccine, including myths and misinformation. CHRs explored the following topic during the focus group:

- ◆ **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?**

Safety

Summary

CHR reported few instances of misinformation in their communities, with most of their clients supportive of the COVID-19 vaccination. Cases where clients had questions, concerns, or believed misinformation about the COVID-19 vaccine stemmed from a lack of easily accessible and understandable information, including simplified information in the client's primary language. In these cases, safety, side effects, and potential health risks were the highest cause for concern to CHR clients. Among those clients who believed the vaccine was not safe, many were fearful of the potential side effects, of getting sick with COVID-19 or becoming infertile or had concerns regarding the uncertainty of what follows after vaccination. CHR responded by providing support and education to their clients and as a result, saw a reduction in their clients' vaccine hesitancy and/or improvements in vaccine uptake.

CHR Quotes

“Some people were fearful that they would get sick, that they will get COVID-19 if they got the vaccination. And a lot of them were scared of the side effects.”

“I think their main concern is the side effects, their reactions to this vaccine, what they're going to feel and what's not normal and I just always encourage them if you have questions always call your PCP.”

Family Values

Summary

According to CHRs, as family-oriented communities, CHR clients were greatly influenced by their family and children about the COVID-19 vaccine. CHRs reported that their client's saw benefits to vaccination, primarily as a way to be around family, to participate in other social interactions, and a return to normality. This included being able to spend time with family like children and grandchildren again, socializing with the community, and participating in everyday cultural practices. CHRs reported that among the elderly population, seeing their grandchildren was an important reason to get the COVID-19 vaccine. CHRs described how youth also influenced family decisions on vaccination especially as more individuals saw positive outcomes from those already vaccinated.

CHR Quotes

“A majority of them [clients] have gotten their vaccine. The vaccine clinics that we've been hosting here in the community and it's just they're more cautious of who they let into their homes and cautious about like meeting up with family and going to these family events and it's I think it's really taken a shift, because the community as itself they get together for a lot of reasons, especially around the time like when somebody passes, and I think it's all around in different communities here, especially like they had to limit their gatherings and I think that that has really taken a toll on the communities, because they're really family oriented.”

“They miss their family. If they're fully vaccinated and know that their family is fully vaccinated, they can see each other. A lot of them just want things to go back to normal. So they're all willing and they're wanting to do it because of those reasons.”

“[Clients] They've talked about like ‘my kids want me to get it. I want to get it for my kids. I miss my grandkids,’ or things like that.”

Traditional Beliefs

CHRs described traditional beliefs around COVID-19 related to medication and symptom treatment that were present but not widespread. Herbal medications were believed to reduce or prevent COVID-19 infections and symptoms especially for more traditional elderly clients. CHRs were culturally respectful by accepting the role of traditional medicine for elderly clients and encouraging the integration of traditional and western medicine. CHRs respected their client's beliefs by describing vaccines as boosters and supplemental to traditional medicine without infringing on their client's beliefs (e.g. dismissing traditional values or pushing vaccines) which strengthened their relationships.

CHR Quotes

“The vaccine was just where it helps them boost their immune system to fight the disease or the virus. And the same thing that the herbs did but it was more of a booster for them, and it was a plus for them, too. And so those are the clients I have right now where I'm trying to respect their traditional beliefs and kind of give them a new start as well.”

“So they kept telling me that their medication was stronger than our medication. So I respected it. And so I told them this is still provided if you need it. You can take it- it's just an immune booster and we're here to provide it and we're here to assist you with more information if you need it. But I kind of respect their wishes and stopped explaining because they are older than me and wiser.”

Community Vaccine Access & Barriers

This section of the report outlines the barriers CHR clients experienced in accessing the COVID-19 vaccine. Focus group topics for discussion included:

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

Summary

Although each CHR Program and Tribe are distinct, access to reliable transportation and consistent reminders for appointments were the primary logistical issues experienced across CHRs. CHRs facilitated home visits and helped schedule or set reminders for appointments to assist their clients and bridge the gaps to accessing vaccines for eligible clients.

CHR Quotes

“Well, I think transportation, for one. The other, just being forgetful, not remembering when they're second dosage is, missing that appointment or let's see what else? I know with one of my patients, they're hard of hearing so they could get the call and say, ‘oh, yeah, okay.’ And just saying okay, and not realizing they're agreeing to that appointment time and then not knowing they missed it type of deal.”

“Just being able to get the vaccine to- like transportation. Also, like I said earlier, the majority of them don't meet the requirements and they're unable to get it.”

CHR Strategies to Address COVID-19 Misinformation & Build Vaccine Confidence

This section of the report describes the ways in which CHRs addressed COVID-19 misinformation and how they tried to build confidence in vaccines. To do this, CHRs employed a number of strategies, such as providing COVID-19 health education, connecting people to trustworthy sources of information, and sharing their own vaccine stories. Below are several examples of the specific ways in which CHRs addressed COVID-19 misinformation and built vaccine confidence in their clients.

CHR 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?**

Provide Education

Summary

CHR discussed the ways they provided accurate information to address COVID-19 and vaccine misinformation to increase the likelihood of making an informed decision. CHR understand people were afraid and lack trust in COVID-19 information, particularly in the federal government. CHR attempted to generate confidence in factual COVID information by searching for facts, and in the vaccine by providing education to clients. In this way, CHR believed they reduced vaccine hesitancy and reported clients expressing a desire to get vaccinated after their concerns and questions were addressed.

CHR Quotes

“I just wanted to add that there's a lot of fear, especially when we went out in the community, door-to-door campaign, a lot of them were scared of the vaccine. A lot of them refused it and some of my clients, they said, just catching it again- one particular person was refusing because he said, ‘I don't want to get COVID again.’ But I felt just educating that person changed his mind, and so now he's getting the vaccine, and I think that has a lot to do with just education and educating the public.”

“They would ask, ‘if I get the vaccine, am I going to get COVID-19?’ And so I let them know, ‘no, if you get the vaccine, there's no actual live vaccine in the COVID-19 vaccine, so there are symptoms of getting the shots- sore arm. You could get sick, but you're not going to, it's not COVID-19. We're not injecting you with COVID-19.’ So kind of explaining that and then when we go to the vaccines, they have a print up that they hand out. I'll sit there and I'll read it to them, if not get that beforehand and kind of sit with them to explain with them. But a lot of them have been pretty good about it and wanting to get the vaccine after you explain that to them.”

Refer and Connect to Trusted Sources

Summary

Not only did CHRs provide reliable information to their clients, but they also referred and connected people to reputable sources when they encountered clients with questions or doubts around COVID-19 or who believed in misinformation. Trusted sources of information included tribal newsletters, websites, and social media pages, the Centers for Disease Control and Prevention, and health care providers. Some CHRs discussed the importance of being respectful of people's beliefs and opinions as they shared the facts to help gain people's trust and share truthful information.

CHR Quotes

“I just always encourage them if you have questions always call your PCP [primary care provider], call them and ask them, you know because their primary care physician knows more about their health and their well-being and because we're just there to give them this information and feedback to them. But if they have further questions about their symptoms or anything, I always encourage them back to their PCP just because they'll have a more understanding of what they're looking at.”

“The patients stated that they didn't want to receive the vaccination because it's the devil and it's the mark of the beast. So this person happened to be a church member of where I used to attend, so I was doing my best to not bring out my Bible, but I kept it at a professional level and I explained to her what information we receive from CDC and from time to time, I do my best to check the CDC website. It's just good information to get from time to time to check up on their page as well.”

Act as Role Models

Summary

According to CHR CHRs are trusted and influential role models to their clients and in their communities, both inside and outside of the work capacity. CHRs believe people trust CHRs to provide accurate and updated information, look upon them for guidance, and follow their lead. CHRs were aware that they are role models and therefore, dedicated time to staying informed and updated on all things related to COVID-19. In this way, they were prepared to answer their client's questions with confidence, refer them to reputable sources of information, and help them make informed decisions. Particularly for the vaccine, CHRs reported using their own experience with the vaccine to communicate with clients who may be vaccine hesitant. CHRs prioritized being supportive of people's autonomy and respectful of their opinions and choices.

CHR Quotes

“I would have to say just knowing all the guidelines like that, [are] current and being able to provide that. Be consistent in communication with everyone and just being supportive and encouraging. But yeah, I think once you know your sources and know what information to give them, I feel that clients they'll be more understanding and more encouraged to- I'm trying to think of the word. But I feel like once you know all the facts and everything and you provide that to the clients, they'll feel more comfortable and coming from a knowledgeable person.”

“I used myself as an example and I told her, 'I've got my shot, and this is how I felt. This is the only thing that I felt was just my arm aching. I did get COVID back in May, I was positive. But since the work that I'm doing right now, I decided to get the vaccine. To protect my family.' She kept telling me she heard this, or she heard that about the vaccine.”

CHR Experiences During COVID-19

This section of report outlines CHR experiences during COVID-19 and included the following exploratory topics for discussion during the focus group:

- ◆ **What are the ways COVID-19 has changed the way you do your work as a CHR?**
- ◆ **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?**

Changes in CHR Professional Experience

CHRs discussed the ways in which their work changed during the pandemic, including how they adapted to incorporate COVID-19 prevention behaviors in their day to day work and how the social interaction between CHRs and their clients was affected.

CHR COVID-19 Prevention Behaviors

Summary

CHRs described the ways in which their work changed as a result of COVID-19, including risks related to COVID-19 exposure and feeling a sense of responsibility and leadership in the community. Because the services they provide are essential to the community, CHRs continued offering home visits throughout the pandemic when many offices or departments worked from home and thus, reported feeling more at risk for COVID-19 infection during community visits with their clients. They also felt responsible in caring for the community (especially elders who are highly valued) and took extra precautions to protect their clients, themselves, and their own families. CHRs regularly engaged in COVID-19 prevention behaviors such as frequent hand-washing, mask wearing, and wiping down surfaces including vehicles used to transport clients to medical services.

CHR Quotes

“As far as home visits, it was just more of like just being cautious. When going into the patient's home once we restarted like just taking just being vigilant of everything. Being aware know what's going on, and if they're sick, we'll still do their meds because they still need to take their meds, but we'll just do it outside their home and then we leave it by the door, and they'll come and get it.”

“Yeah, and it's tough, too, because we're putting ourselves at risk by going out and there's that risk of us catching COVID and taking it home to our family. So on our end,

it's kind of like we have to be safe as well to protect ourselves, to protect our clients, protect our own families. So a lot of that took a lot of remembering to wear your PPE [personal protective equipment] there because there's like something new. You're going out and you're like, 'oh, shoot my mask.' Now it's a habit. I got masks in the car. I have PPEs in the car. So anything we have it, we're ready."

Social Interaction

Summary

According to CHRs, the pandemic caused abrupt changes in the nature of CHR work, particularly in social interaction with their clients. Since CHRs provide vital services in their communities, they continued working throughout the pandemic including offering home visits. Although CHRs continued to do their work in the community in the typical modalities used (i.e. face-to-face home visits), they reported spending less time with clients in order to mitigate COVID-19 risk and therefore, had less opportunities to develop and maintain relationships with their clients. CHRs reported missing the personal connection with their clients, which was more difficult to establish due to reduced social interaction during COVID.

CHR Quotes

"I'll kind of quickly observe their home if they need help with anything. And then I take vitals. Ask them what they need and then I'm out. But before the whole COVID I was usually there for about an hour. Talking to them, filling their med boxes but now it's just it's a lot quicker. The visits are quicker."

"My supervisor just thought it was best like not to go into their home, get their meds, fill them outside in the car or bring them back to the office fill them here and take them back. And for me, I felt bad because I couldn't have a conversation with my clients and you want to know how they're doing, and then like when somebody goes to the hospital it's like, 'oh my gosh like what did they go for? Are they going to be okay?' And it was just more of the interaction for me, because I'm social I like to be social and for me not being able to go out and talk to my patients and check on them was very different for me."

Challenges

CHR's 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.

Limited Ways of Supporting

CHRs felt defeated when they wanted to help but were limited in their ability to do so due to limited staff and/or lacked the tools, resources, or information to help clients. CHRs shared personal anecdotes of when they felt defeated, expressing that even when trying their best to help their clients and meet the community's needs, the situation during the pandemic was sometimes out of their control and they felt confined in what they could do to provide support. Impacted by COVID-19 on both professional and personal levels, CHRs lamented the loss of their clients and in some cases their own family members. As many in the community, CHRs were also concerned the community's health system was unable to provide needed services and resources to the community.

CHR Quotes

"I actually came from a rehabilitation, it was like a detox and also like a treatment Center there in the community and we actually saw an increase of a lot of elderly that started coming in, ever since the pandemic and the sad part was because of the COVID, we only had to limit our services to a certain amount of people that came into our facility so when they came in, we only allowed one client one female one male at a time and that really set us back and also the community just because we couldn't house them and give them that service that they needed, so we had to reach out to our outsourcers and make sure that we provided that for them."

"As a CHR worker, when I was constantly hearing the airplane leave, the E.R. being packed in, and then losing my relatives, two of my cousins, and those were the times I felt defeated that I'm supposed to be out there. I'm supposed to help prevent all this from happening. It was just like there were times where I would be at home and cry at night just because I couldn't do enough, and starting our numbers were rising from twenty-five. I mean, even when it was one, losing that one patient was enough and we started rising to twenty-five, thirty, thirty-five. It was like, 'What are we doing wrong?' It being out of our hands but losing my relatives were the times I felt defeated and just wishing that there were so many things I would have done to help prevent."

Overwhelming Changes

CHRs described feeling defeated by the overwhelming ways in which their work and lives changed due to the pandemic, including sudden significant changes in the ways they could conduct their work and reach and help people. CHRs were overwhelmed, feeling scared at the uncertainty and helpless as they saw how the pandemic was severely impacting their

communities – there was great need – yet they were short staffed or lacked the resources and tools to be able to meet the needs. One CHR reports feeling like their community’s CHRs were under pressure to provide services while working with inadequate resources, including a team that was too small to reach the entire community, while another shared how the pandemic affected their own mental wellbeing.

CHR Quotes

“The shortages of supplies, even in the store like the toilet paper, food and Clorox wipes and not finding Clorox and just everything that happened in the beginning was when I felt like really defeated and I didn't know how to help the community because I was also scared myself. I didn't know what to expect and listening to the media, reading stuff on social media. It was really difficult during that time. And then, the mental health of everything was just like really affected and not having like my outlets to utilize because everything was shut down, there was so many changes that just happened all at once, and when that happened, my mental health just declined and it was just like a really, really dark time.”

“So, in the beginning when COVID was almost 300 plus there were only five us that worked as CHR and it was Monday, sometimes Monday to Sunday, eight hours or maybe even 10, and trying to service the whole Tribe. And I think that was one of the biggest defeats, like hearing what the community was saying about us. Just like we're not educated, we shouldn't be doing this type of work. ‘I’ve had COVID for so many days and a CHR hasn’t come over or they haven’t delivered.’ Expecting so much out of us and there’s only a small handful of us.”

Successes

CHRs 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.

Meeting Client and Community Needs

Summary

As the primary frontline public health workers on the ground assisting clients through unique situations to meet their individual needs, CHRs shared that their work, even that which was unrelated to COVID, continued in the face of the pandemic. CHRs went above and beyond to reach and support their clients and develop deep, meaningful relationships, and learn how to

best serve their community. CHRs described specific examples of how they reached clients and attempted to meet people where they were at, such as driving clients to appointments for health care services, bringing the COVID-19 vaccine to them, and gathering essential supplies to send to communities experiencing shortages.

CHR Quotes

“I've gone to where a patient needed physical therapy, and this is like in the beginning where everybody was scared and services were on hold, but I still went out and picked up a patient and drove them into Phoenix. Take them to their physical therapy appointments, and I feel like if I was scared to do that and refused to do it, I don't know who would have and this patient would have missed out on the opportunity to receive that treatment. But other than that, I don't feel like I've been defeated anywhere, I just always worked around and just been really safe myself and make sure that I was safe, make sure that the patient was safe. And I still continued to provide services and do what I needed to do.”

“We did have some patients that are homebound, double amputee can't really get around well, but we did offer the vaccine to them and then they'll just get it at their house and we just went to their house to get the vaccine, so we try to offer it to everyone, and then, if there's like for some reason that they can't and they do meet the criteria, like their mobility and stuff like that, then we try to find some other ways, and we also had an event for COVID testing where we even had some of the employees go to their patients homes that can't come to the big event.”

Feeling Empowered in Supporting Clients

Summary

CHR's felt empowered in their work when they were providing valuable support to their clients and communities, ultimately helping save lives as part of a comprehensive health care team. CHR's were able to provide resources and support COVID-19 prevention and mitigation efforts in unique ways like no other workforce across client social determinants of health. 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 recognizing their essential contributions to the community, CHR's felt valued and connected to their work and community.

CHR Quotes

“But, knowing that mortality rate is lowest, that uplifts me. So, I'm glad that I'm a part of that. We're all a part of it and that was our effective way of- in a sense of defeating COVID. Even though it might have taken some lives, but in the end, I like to think that because of us, like the doctors said, ‘because of us there is more people that get to celebrate their birthdays’ and that really stood out to me and it's really heartwarming.”

“This COVID brings out the CHR in you. So for one, I can say that it made me realize how important CHRs are to the community. Just as how important a doctor is to the hospital. We're out there out in the field one on one with the families or the patient and we get to see firsthand a person's health issue, and so now it just makes you more aware, it just made me love my job even more. Bottom line just being there for the elders and people that need us as well that aren't elders.”