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**Exploring the Use of Community Health Workers in
Teen Pregnancy Initiatives**

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Objectives for Today's Webinar

1. Relay extant knowledge, evidence and research about using CHWs to address health outcomes, specifically teen pregnancy.
2. Examine different strategies for using CHWs, and assess the opportunity for CHWs to address teen pregnancy.
3. Demonstrate how an evidence-based intervention, Families Talking Together, was successfully adapted for delivery by CHWs.

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**Brief Review of Disparities in Teen Pregnancy
in
the United States**

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Family-Based Approaches

Advantages to family-based approaches:

- Research demonstrates parents are the primary socializing agents of children and that adolescents want their parents to be involved.
- Family-based approaches recognize that parents are experts on their adolescent children.
- Interventions can be implemented in the context of the family's value system.
- Information can be tailored for the parent and specific adolescent.
- Timing is flexible and interventions can be on-going.
- Can be implemented in line with cultural and religious beliefs.
- Parents are motivated to keep their children safe and healthy.

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Family-Based Approaches

Criticisms to family-based approaches:

- Adolescents are peer-oriented, not parent-oriented.
- Parents lack information and perspectives to be effective.
- Cannot work in 'dysfunctional' family system.
- Parents are too busy or are considered 'hard to reach'.
- Programs typically reach few families (low parental involvement)

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Family-Based Approaches

- Successful outreach to parents requires innovative recruitment strategies.
- Need programs that will reach parents where they are.
- ✓ Community health workers present an opportunity: Serving as the link between community, family and teen.

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Community Health Workers as Critical Outreach and Delivery Mechanisms

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Community Health Workers to Reach Families

Who are community health workers (CHWs)?
There is no single accepted definition of CHWs, but they have been commonly described as having the following characteristics:

- They typically live in the communities they serve.
- Their expertise is often based on knowing their communities.
- They generally target hard to reach populations.
- They are individuals with a strong commitment to their communities whom others often turn to for advice, support and tangible assistance.
- CHWs are also known as promotores, lay health advisors, patient navigators, and peer health educators.

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Community Health Workers to Reach Families

Variations among community health workers
CHWs have been associated with the health care delivery system in the U.S. and in other countries and may differ along the following characteristics:

- Paid vs. volunteer
- Full-time vs. part-time
- Receive formal training vs. informal preparation/education
- Based within clinics or agencies vs. separate CHW programs
- Focus on improving overall health vs. targeted health issue or problem

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Key Studies on the Nation's CHWs

Formal participation of trained workers in the CHW role has been documented in the U.S. since the 1950s-1960s.¹

National Community Health Advisor Study (1996-1997)¹

- Identifies core roles and competencies of community health advisors.

National Community Health Worker Advocacy Survey (2010)⁴

- Component of the "CDC-funded Arizona Prevention Center community-based research project investigating the impact of CHW community advocacy on community engagement to address health disparities."
- Aimed to identify CHW characteristics, training, and job activities related to community health worker advocacy.

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Defining the Role of CHWs

- Seven core competencies of CHWs identified by the National Community Health Advisor Study (1996-1997)^{1,2,3}:

- Bridging/cultural mediation between communities and the health care system
- Providing culturally appropriate and accessible health education and information
- Assuring that people get the services they need
- Providing informal counseling and social support
- Advocating for individual and community needs
- Providing direct services
- Building individual and community capacity

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Key Characteristics of CHWs in the US

- CHWs are common in the **Southwest and Border Region** of the country.¹
- CHWs are primarily **female and Latino/Hispanic**¹ (note: CHW models have been implemented by non-Latino, non-female workers).
- The majority of CHWs have education **above high school level** and are **based in non-profit** organizations or **community health clinics**.¹
- On the job training & conferences** most commonly utilized training approaches.
- CHWs frequently engage in **outreach** efforts, often conducting **outreach in homes, community centers and schools**
- Commonly work on **chronic disease, prevention and health care access**.

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**The Evidence Base for the Utilization of
 Community Health Workers**

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Interventions Using Community Health Workers

Previous research on interventions delivered by community health workers have demonstrated improvements in:

- Utilization rates of mammograms
- Diabetes type II self-management care
- Access to maternal and childhood health services
- TB cure rates
- Physical activity
- Rates of smoking cessation
- General nutrition knowledge

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Advantages of Community Health Workers

CHWs have access to hard-to-reach populations:

- CHW's have historically worked in areas where ethnic minorities are not well-served by the mainstream healthcare system and who may not be linked to care ^{1,9}
- CHW's are from the communities they serve and are uniquely positioned to understand and engage with the specific issues facing a community ^{1,3,7,9,10}

CHWs are trusted by the community members they serve:

- They are often respected, well-known members of the community and serve as advocates for individual and community needs ^{8,11,12}

CHWs eliminate barriers that impede an individuals' access to services and care:

- When there is a lack of consistent medical care professionals, CHWs are a consistent source for medically accurate information, free of cost ¹
- CHWs provide educational resources that are culturally and linguistically appropriate ^{1,7,9,10}

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Advantages of Community Health Workers

CHWs provide a form of support that kin and immigrant peers may be less likely to give:

- CHWs help patients navigate the mainstream healthcare network, by brokering interactions between the patient and institution of the 'host society'.^{2, 8,9,10}

CHWs increase knowledge regarding certain health outcomes or behaviors:

- CHWs' flexibility and cost-efficiency allows patients to have one-on-one visits in a culturally sensitive manner using resources tailored to the community's needs.⁴

CHWs maintain patient participation in follow-up care and screening for chronic disease:

- CHWs provide additional support and encouragement for health-promoting behavior outside of the traditional medical setting by visiting their clients' homes, reminding them of their appointments and encouraging participation in upcoming screenings.^{3-6,9,10}

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CHW Programs: Potential Challenges

- The lack of consensus about the role of CHWs can impact their integration into the organization and their ability to perform tasks and fulfill responsibilities.
- The research is indeterminate about what makes CHWs "effective".
- No established uniform training or evaluation processes for CHWs.
- CHWs may have other jobs and commitments, making it difficult to schedule meetings or monitor performance.

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CHW Programs: The Opportunities

By utilizing CHWs within an agency or by delivering programs through CHWs, organizations can:

- Increase organization's cultural competency
- Develop community leadership
- Support work experience and teach organizational and leadership skills
- Potential to increase cost-efficiency
- Identify families in need and bring them into care.

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Community Health Worker Models

Health Education: Provide communities with medically accurate information about prevention and treatment, when applicable.
Example: Inform parents of the importance of immunizations for their children

Case Management: Assist individuals to make appropriate use of services such as screening and/or follow-up services.
Example: Act as patient navigators who assist families negotiate complex service systems and assist clients' capacity to deal with providers.

Outreach: Access and serve traditionally underserved populations who are missed by mainstream healthcare providers.
Example: Reach individuals or families who are difficult to access and persuade them to come in for services such as health care screenings.

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Community Health Workers and Sexual/Reproductive Health

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Sexual/Reproductive Health

While the use of CHWs for adolescent sexual/reproductive health is less documented relative to other health and nutrition concerns, CHWs have been successfully used for efforts such as:

- **HIV prevention**
 - Example: The Centro San Bonifacio HIV Prevention Program- Community health promotion project which increased HIV knowledge and changed self-perceptions of HIV risk.¹
- **Testing and access to screening (women's health) services**
 - Example: In-home educational intervention conducted by lay health workers improved rate at which women obtained clinical breast exams and mammograms.²
- **Sexuality and reproductive health education**
 - Example: Promotoras Pro-Salud, which provided a series of classes to participants and taught about sexuality and reproductive health (i.e. birth control, STIs, physiology), led to increases in correct condom use.³

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CHWs and Sexual/Reproductive Health

Important considerations and unique contributions of CHWs to sexual and reproductive health interventions:

1. CHW interventions are often developed from information provided by community members.^{1,2}
 - This form of development enables the priorities and needs of each community to be addressed and reflected in the intervention.²
 - The community specificity is a unique aspect of CHW interventions that can also be a challenge if reproduced on a larger scale.

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CHWs and Sexual/Reproductive Health

2. CHWs deliver interventions in environments that are familiar, informal and often more comfortable than a medical doctor's office.
 - This form of development enables the priorities and needs of each community to be addressed and reflected in the intervention.³
 - The community specificity is a unique aspect of CHW interventions that can be a challenge if reproduced on a larger scale.
3. The duration of interventions vary and can be a single session of 30 minutes or 100 hours of multiple sessions over the course of many months.²
 - The variations in community intervention styles allows community members to find programs and workshops that best fit their needs.

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Case Example: Delivering an Evidence-Based Intervention with Community Health Workers



The National Campaign
to Prevent Teen and Unplanned Pregnancy



Visión y Compromiso



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Note: This project and curriculum is funded in part by a grant from The California Wellness Foundation (TCWF).

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CA Wellness Program & Families Talking Together (FTT)

- FTT is a CDC funded family-based program, demonstrated to be efficacious in delaying sexual debut among Latino and African American adolescents
- **Aim:** Use the evidence-based parent intervention (FTT) to prevent and reduce sexual risk behavior among Latino 11-14 year-old adolescents.
- **Location:** Ten CA communities with high teen birth rates and large Latino populations were targeted.

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Factors Considered Prior to Implementing CHW FTT Program

- 1) Environmental scan of existing programs and current CHW knowledge
- 2) Community assessment of acceptability & feasibility of CHW program
 - E.g. potential barriers and existing community resources
- 3) Assessment of CHW training needs
- 4) CHW Training
 - Curriculum, PPT slides, protocol for delivering training
 - Decisions on materials needed for training, training content, time and number of trainers needed
- 5) Assessment of CHW level of skill
 - Set up supervision and follow-up to provide on-going support in field

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Highlights from Training

Curriculum Developed: Promotora curriculum developed as a guide to train promotoras to implement FTT with fidelity.

Dosage: 4 days of training in Tulare, CA (July 2012)

Human Resources: 10 promotoras (to reach 25 families each) + 3 trainers

Training Content:

- The problem of Latina teen pregnancy in the U.S. & CA
- Key components of *Families Talking Together*
- Outreach and recruitment strategies
- Delivery of intervention
- Follow-up with families
- Evaluation procedures

• **CHW Assessment:** Promotora preparedness demonstrated and system to provide on-going field support put in place.






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Findings and Implications

Training and delivery:

- Nearly all promotoras reported explaining all essential components of the intervention to the parents.
- Generally, promotoras felt comfortable about delivering the intervention and reported strong fidelity in delivering all components of the intervention.
- Promotoras were able to reach participants in residential settings and were comfortable reaching out to parents.

Implication:

These results indicate that community health workers or promotoras can outreach to hard to reach families and be trained to deliver sexual/reproductive education.

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Findings and Implications

Intervention outcomes:

- Communication intentions:** Almost all parents strongly agreed that they planned to talk with their teen about not having sex after the intervention (98%).
- Communication:** Significant improvement in the percentage of parents reporting talking to their teen about not having sex (68%→87%).
- Increased monitoring and supervision:** Post intervention, over 90 percent of parents strongly agreed that by setting clear rules and expectations about not engaging in sexual activity, they will reduce the chances that their child will get pregnant or get someone pregnant

Implication:

These results demonstrate that community health workers or promotoras can be utilized to effectively deliver sexual and reproductive health education.

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Implications for CHW Development

Role of Promotoras:

- Promotoras are trusted by and have access to their communities.
- Promotoras are motivated and eager to promote sexual health in their communities.

Training:

- Promotoras can be trained to deliver sexual/reproductive health interventions.
- Promotoras benefit from skill development in targeted areas.
- Continued access to supervision and support is essential for successful intervention delivery.

Recruitment:

- Promotoras can reach participants in residential settings and are comfortable outreaching to parents.

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Implications for CHW Development

Intervention:

- Promotoras can deliver the Families Talking Together intervention as intended.
- Promotoras are able to reach Latino, Spanish-speaking, immigrant mothers to participate in sexual/reproductive health programs.

Outcomes:

- Pilot intervention demonstrated improvements in parent-adolescent communication about sex and parental strategies for reducing adolescent risk behavior

Evaluation:

- Despite accomplishments, there were challenges with completing the evaluation components of the intervention, indicating the need to focus on evaluation.

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Deciding if a CHW Program is Right for You

- **CHWs must be carefully selected, appropriately trained and continuously supported¹.**
 - Acquire resources and engage appropriate partners.
- **CHW programs are not one size fits all.**
 - Identify evidence based interventions appropriate for your community.
- **Adaptation of evidence-based interventions must be responsive to community need while maintaining program efficacy.**
 - Ensure full understanding of the intervention and the adaptation process.
- **Successful CHW programs require realistic expectations, proper planning, and appropriate estimations of the effort and input required to make them work².**
 - Assess community need, demand and capacity.
 - CHW programs should be driven and firmly embedded within the communities themselves.
- **Determining program success and outcomes requires program evaluation.**
 - Identify a framework to guide rigorous evaluation of your program.
 - Utilize findings to tailor program and implementation process.

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Reminders

- JSI and our team of experts are available to provide ongoing one-on-one T&TA
- **Webinar recording** will be in Training archive of JSI project website as well as **Fall e-Newsletter on CHWs** → <http://rhey.jsi.com/>

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Thank You!



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