Comagine Health



Community Health Worker (CHW) Guidebook

A Comprehensive Online Booklet for Community Health Workers (CHW/CBW/CHN)

NOVEMBER 2023

comagine.org



A Comprehensive Online Guidebook for Community Health Workers (CHW)

This online booklet will provide CHWs with knowledge and resources to support their work in promoting COVID-19 vaccinations and increasing screenings for chronic diseases.

This project is funded by a grant from the Washington State Department of Health. The Washington COVID-19 Community-Driven Outreach program launched in December 2022 and concludes in May 2024.

This program is focused on supporting communities with the state's lowest vaccination rates and disproportionate levels of chronic diseases such as diabetes and hypertension, mainly Black and African American communities in Clark, King, Snohomish and Spokane counties.

In this project, our community-based organizations are the Martin Luther King Jr. Family Center, Southwest Washington Accountable Community of Health (SWACH) and YMCA of Greater Seattle.

Comagine Health | Martin Luther King Jr. Family Outreach Center | the YMCA | SWACH

Funding for this guidebook was made possible (in part) by the Washington State Department of Health through a grant from the Centers for Disease Control and Prevention.

The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Washington State Department of Health or the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Navigation Key:

CLICK HERE FOR MORE INFORMATION

Click for additional resources

This interactive table of contents helps you navigate throughout this booklet.

Introduction to Community Health Workers (CHWs)

Definition of CHWs 4

Role of the CHWs 4

Importance of Social Determinants of Health 4

Chronic Disease Self-Management

Chronic Diseases among Black/African Americans 6

Impact of COVID-19 on Chronic Disease 7

- Prediabetes/Type 2 Diabetes 8
- Cardiovascular Health 10
- Impact of Tobacco Use on Emphysema and Chronic Obstructive Pulmonary Disease (COPD) .. 12
- Arthritis 13

Updates on COVID-19 and Illnesses

COVID-19 Updates 14

Flu 15

RSV Infection and Vaccine 16

How to Keep yourself and Family Safe during Fall and Winter Season 17

Influenza (Flu) and COVID-19 Similarities and Differences 18

People at Higher Risk for Complications from Flu 18

Core Skills for CHWs

Review of Skills 20

Motivational Interviewing 21

- MI Template 22
- OARS and the Engage, Focus, Evoke and Plan process 22
- ABC's of Navigating Difficult conversations 26
- Review of Skills 27

Core Skills for CHWs

- Example of ABC's Steps to navigate a difficult conversation 27
- Navigating Difficult Conversations with Individuals who may be Vaccine Hesitant 29

Addressing Myths about COVID-19 Vaccines 31

- Misinformation vs. Disinformation, Confirmations Bias, Distrust 31
- Steps You can take to Addressing Myths 32
- Psychology of Attitude and Change 32

Power of Storytelling 33

Cultural Competency 33

Communication: Verbal vs Non-Verbal 34

CHW Spotlights

Difference between a helpful and harmful health message for the Black and African American community 36

How health messages have hindered CHWs in addressing and assisting community members in achieving their goals 37

CHW Resources

My Plate Chart 38

Healthy Meal Planning: Tips for Older Adults 38

Healthy Food and Aging Resources 39

Screening Tools for Prediabetes and Type 39

Screening Tools for Cardiovascular 40

Helpful Resources to Fact Check Information 41

Care Connect of Washington 41

COVID Testing and Treatment Resources 41

Social Media Messages

Optional: Chronic Disease Health Messages 44

Stay Connected with Comagine Health .. 46

References 47

Introduction to Community Health Workers (CHWs)

Definition of CHWs

- CHWs, or Community-Based workers and Community Health Navigators, are trained public health workers who serve as a bridge between communities, health care systems and state health departments.
- They are trusted members of their community that share information and encourage healthy lifestyle behaviors to help reduce health disparities.

Role of the CHWs

- CHWs are community frontline workers who play a vital role in understanding the needs of the community they serve
- Valuable and trusted community members that create connections between communities and health care systems
- Advocate for their communities to receive resources and services
- Provide culturally tailored health education and health information and create meaningful connections with individuals to make positive health behavior changes

What are Social Determinants of Health (SDOH)?

- Social determinants of health (SDOH) are the non medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change and political systems. Together, they account for 50% to 60% of health outcomes and are a key contributor to health and health care disparities.



Importance of Social Determinants of Health In Community Health

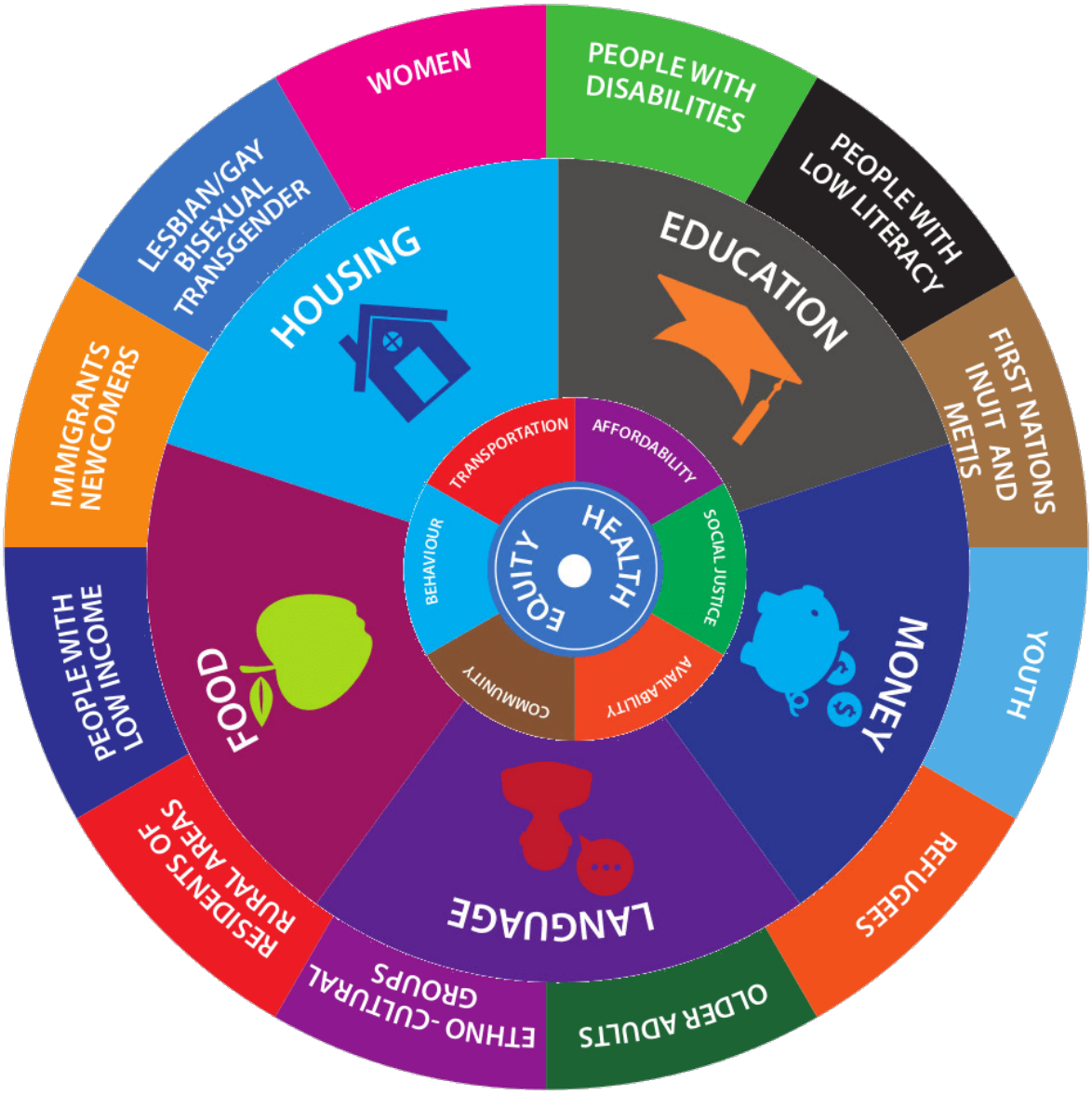
Understanding SDOH as a CHW is important because it opens your eyes to barriers in an environment to make it understand better what resources the individual needs to support their health and well-being.

Here is why it matters:

- Identifies barriers to health care and services
- Helps with tailoring health education programs/interventions
- Promotes health equity by working to reduce health disparities

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks. -- Healthy People 2030

Grey Bruce Health Equity Tool



CLICK HERE FOR MORE INFORMATION

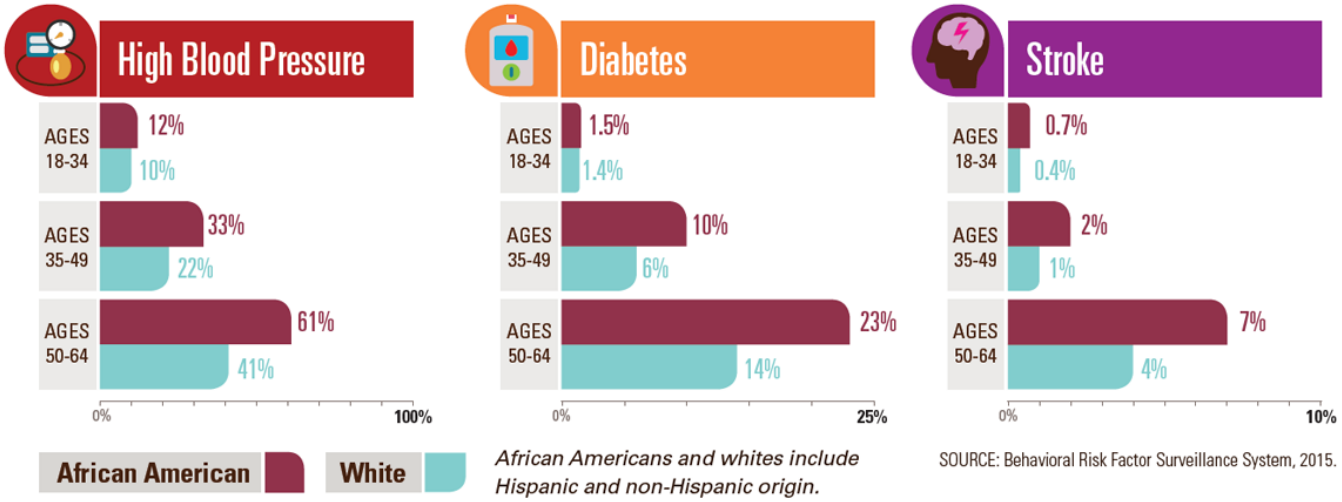
Grey Bruce Health Equity Tool

Source: Moving Health Equity Forward Committee, an action group of the Bruce Grey Poverty Task Force:
https://www.publichealthgreybruce.on.ca/Your-Environment/Healthy-Communities/Health-Equity

Chronic Disease Self – Management

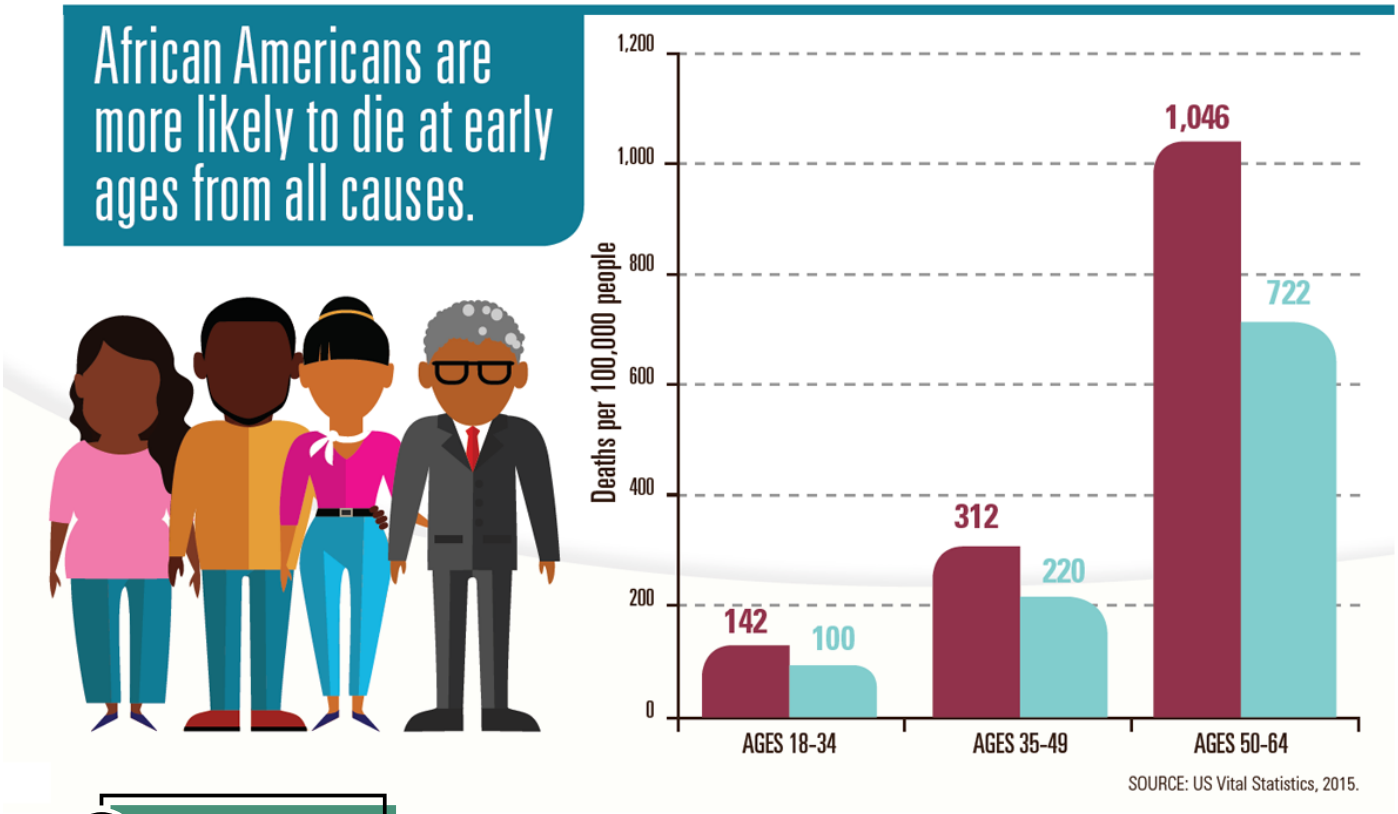
Chronic Diseases among Black and African American

- Young Black and African Americans are living with chronic conditions that mainly affect older adults.
- Social factors such as unemployment, systematic and structural racism, living in poverty and low-quality education play a role in access to quality health care.
- Compared to Whites, Black and African Americans are at higher risk for heart disease, diabetes, obesity and cancer.
- Presence of COVID-19 has led to widening health disparities in the health care system.



African Americans and whites include Hispanic and non-Hispanic origin.

SOURCE: Behavioral Risk Factor Surveillance System, 2015.



SOURCE: US Vital Statistics, 2015.

CLICK HERE FOR MORE INFORMATION

African American Health from the Center's for Disease Control and Prevention (CDC)

Impact of COVID-19 on Chronic Disease

The pandemic has created several challenges for individuals with one or more chronic diseases. It has made it more difficult for individuals to manage their health effectively. The impact o f COVID-19 on individuals with chronic diseases has disproportionately impacted Black and African Americans.

The following are common chronic conditions in the Black and African American community exacerbated by COVID-19:

- Prediabetes and Type 2 Diabetes
- Cardiovascular health
- Emphysema and Chronic Obstructive Pulmonary Disease (COPD), often a result of long-term tobacco use
- Arthritis

COVID-19: Then and Now

The Public Health Emergency impacted chronic disease self-management in many ways:

- The prevalence of chronic conditions increased as many people delayed or neglected routine or emergency medical care
- Chronic disease self-management programs halted service delivery and program enrollments
- Increased funding strengthened the community health worker workforce
- Virtual delivery options for chronic disease self-management programs like the National Diabetes Prevention Program were developed



CLICK HERE FOR MORE INFORMATION

The Impact of COVID-19 on Chronic Conditions

Prediabetes and Type 2 Diabetes

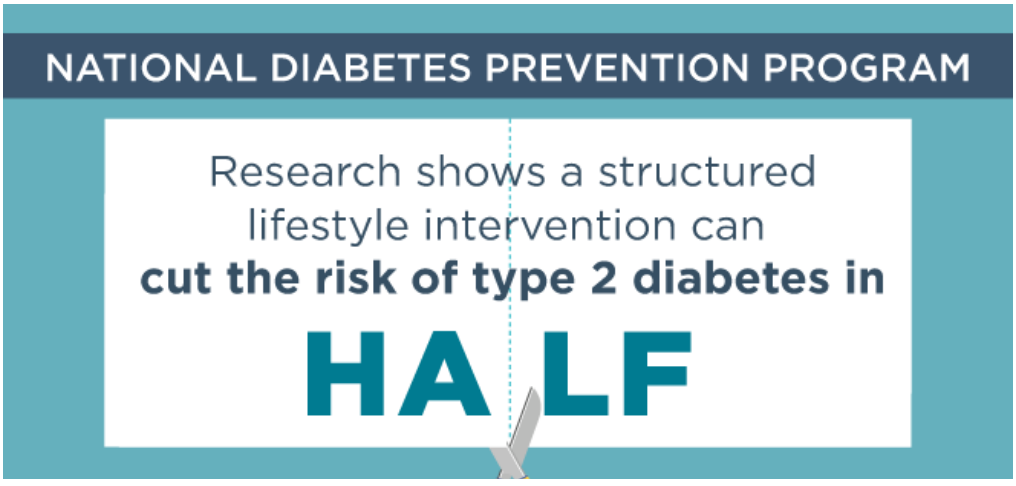
Prediabetes means your blood glucose (sugar) levels are higher than normal—but not high enough to be diagnosed as diabetes. 96 million adults in the US—1 in 3—have prediabetes. Prediabetes can lead to heart disease, stroke, and type 2 diabetes, the most common form of diabetes. Prediabetes can often be reversed by early treatment as well as moderate lifestyle changes such as increasing daily physical activity and starting to eat healthy.

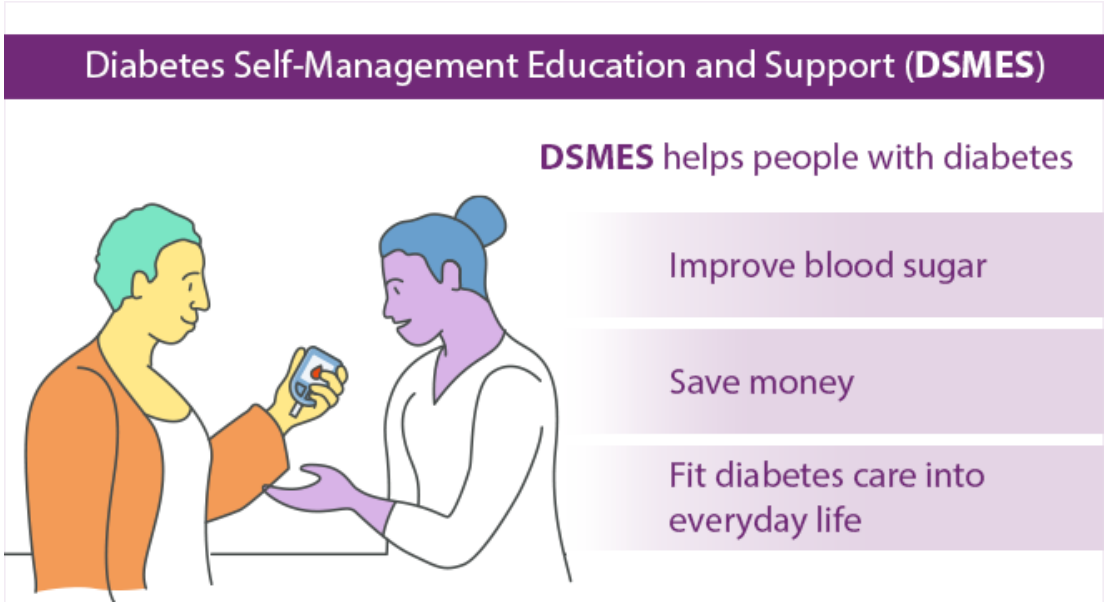
With type 2 diabetes, your body cannot properly use insulin (a hormone that helps glucose get into the cells of the body). You can get type 2 diabetes at any age. Still you are at higher risk if you are older, overweight, have a family history of diabetes, are not physically active, or are a woman who had gestational diabetes. Gestational diabetes is a kind of diabetes that some women get when pregnant. Even if a woman's blood sugar levels decrease after her baby is born, she is at higher risk of getting type 2 diabetes later in life.

Risk Factors

If you have these risk factors, you may be at higher risk than others for prediabetes and type 2 diabetes:

- You are overweight
- You are 45 years of age or older
- Your parent or sibling has type 2 diabetes
- You are physically active fewer than three times per week
- You gave birth to a baby that weighed more than 9 pounds You had diabetes while pregnant (gestational diabetes)





How Does Diabetes Affect African American Populations?

Diabetes is the eighth leading cause of death in the United States. It is more common among people who are members of some racial and ethnic minority groups and groups with lower socioeconomic status.

Following are the percentage of people in the United States with diagnosed diabetes from 2018 to 2019:

- Non-Hispanic Blacks – 12.1%
- Hispanics – 11.8%
- Non-Hispanic Asians – 9.5%
- Non-Hispanic Whites – 7.4%

National Diabetes Prevention Program

The CDC-led National Diabetes Prevention Program (National DPP) is a partnership of public and private organizations working together to deliver an affordable, evidence-based lifestyle change program to help people with prediabetes prevent or delay type 2 diabetes. Working with a trained Lifestyle Coach, program participants learn to make better food choices, be more physically active, and find ways to cope with problems and stress. These lifestyle changes can cut their risk of developing type 2 diabetes by as much as 58% (71% for those over 60).

Although the lifestyle change program is available nationwide, enrollment is low among some groups at higher risk of type 2 diabetes. To increase enrollment among these groups, CDC helps national organizations start and sustain programs in areas with fewer resources to address health disparities.

CLICK HERE FOR MORE INFORMATION **Prediabetes and Type 2 Resources**



Cardiovascular Health

Heart Disease

Heart disease is the leading cause of death in the United States. “Heart disease” refers to several types of heart conditions, including coronary artery disease, heart attacks, strokes, heart failure, and high blood pressure. In the United States, the most common type of heart disease is coronary artery disease (CAD), which can lead to heart attack. You can significantly reduce your risk for heart disease through lifestyle changes and, in some cases, medicine.

Risk Factors

- Hypertension
- Diabetes
- Obesity
- High Cholesterol
- Physical inactivity
- Smoking

Choose Healthy Habits

Reducing the risk of Cardiovascular Disease (CVD) involves adopting a healthy lifestyle. You can choose the following habits to help prevent heart diseases.

- Choose healthy foods and drinks
- Keep a healthy weight
- Get regular physical activity
- Don’t smoke
- Limit alcohol intake
- Control stress

How Does Heart Disease Affect African American Populations?

In 2019, African Americans were 30 percent more likely to die from heart disease than non-Hispanic whites. Although African American adults are 30 percent more likely to have high blood pressure, they are less likely than non-Hispanic whites to have their blood pressure under control. African American women are nearly 50 percent more likely to have high blood pressure, than non-Hispanic white women.

Take Charge of Your Medical Condition

1. Regular Check-ups: Schedule routine visits to healthcare provider for measuring blood pressure, cholesterol and diabetes screening.
2. Medication adherence: Take prescribed medications and adhere to medical health guidance.
3. Lifestyle modifications: Make healthy choices and lifestyle changes to improve overall heart health.
4. Awareness of Symptoms: Be aware of symptoms such as chest pain, shortness of breath and dizziness. Seek medical attention promptly if any arise.

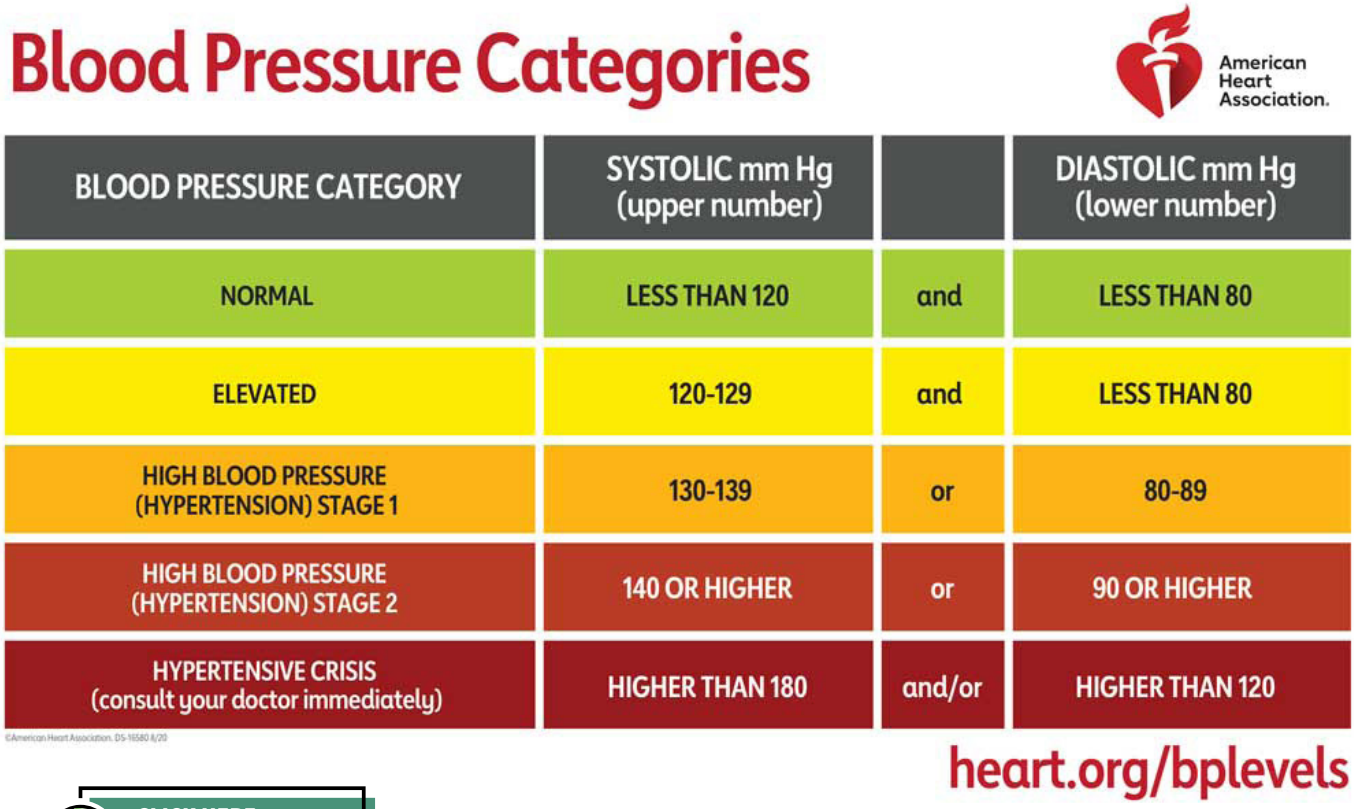
Control Your Blood Pressure

Blood pressure measures the force of blood pushing against the walls of the arteries. If your blood pressure stays high for a long time, you may suffer from high blood pressure (also called hypertension).

High blood pressure increases your heart attack or stroke risk more than any other risk factor. Find out your blood pressure numbers and ask your health care professional what those numbers mean for your health. If you have high blood pressure,work with your health care professional to lower it.

Your blood pressure is recorded as two numbers:

- Systolic blood pressure (the first number) – indicates how much pressure your blood is exerting against your artery walls when the heart contracts.
- Diastolic blood pressure (the second number) – indicates how much pressure your blood is exerting against your artery walls while the heart muscle is resting between contractions.



CLICK HERE FOR MORE INFORMATION **Blood Pressure Categories**



Impact of Tobacco Use on Emphysema and Chronic Obstructive Pulmonary Disease (COPD)

Smoking is the primary risk factor for developing Chronic Obstructive Pulmonary Disease and Emphysema. This group of diseases impacts airflow and causes breathing-related problems. Physicians can use a Spirometry test to measure pulmonary or lung function to screen for COPD and other related breathing issues.

There are large disparities related to tobacco smoking and cessation:

- 1 in 7 Black adults in the U.S. smoke cigarettes
- Higher levels of secondhand smoke and early exposure are present in Black and African American children
- Black adults receive less clinical advice to quit smoking. Only about 56%of non-Hispanic Black adults who smoke reported receiving this advice in 2015
- Black adults are 65% less likely to receive advice to quit than non-Hispanic Whites
- Less than 30% of non-Hispanic Black adults who smoke reported using cessation counseling or medication when trying to quit.
- The use of tobacco-cessation quitlines among non-Hispanic Black people also remains low

How COVID-19 has impacted Black /African American Communities with COPD and Emphysema

- Greater risk of developing severe illness and death from COVID-19
- Respiratory death rate was 1.4% higher in 2020 than in 2017-2019
- Respiratory disease was listed as a contributing factor in conjunction with COVID-19 for 29.8% of deaths in the black community
- Respiratory death rates were higher among Blacks than Whites

CLICK HERE FOR MORE INFORMATION **Tobacco Cessation**

Arthritis

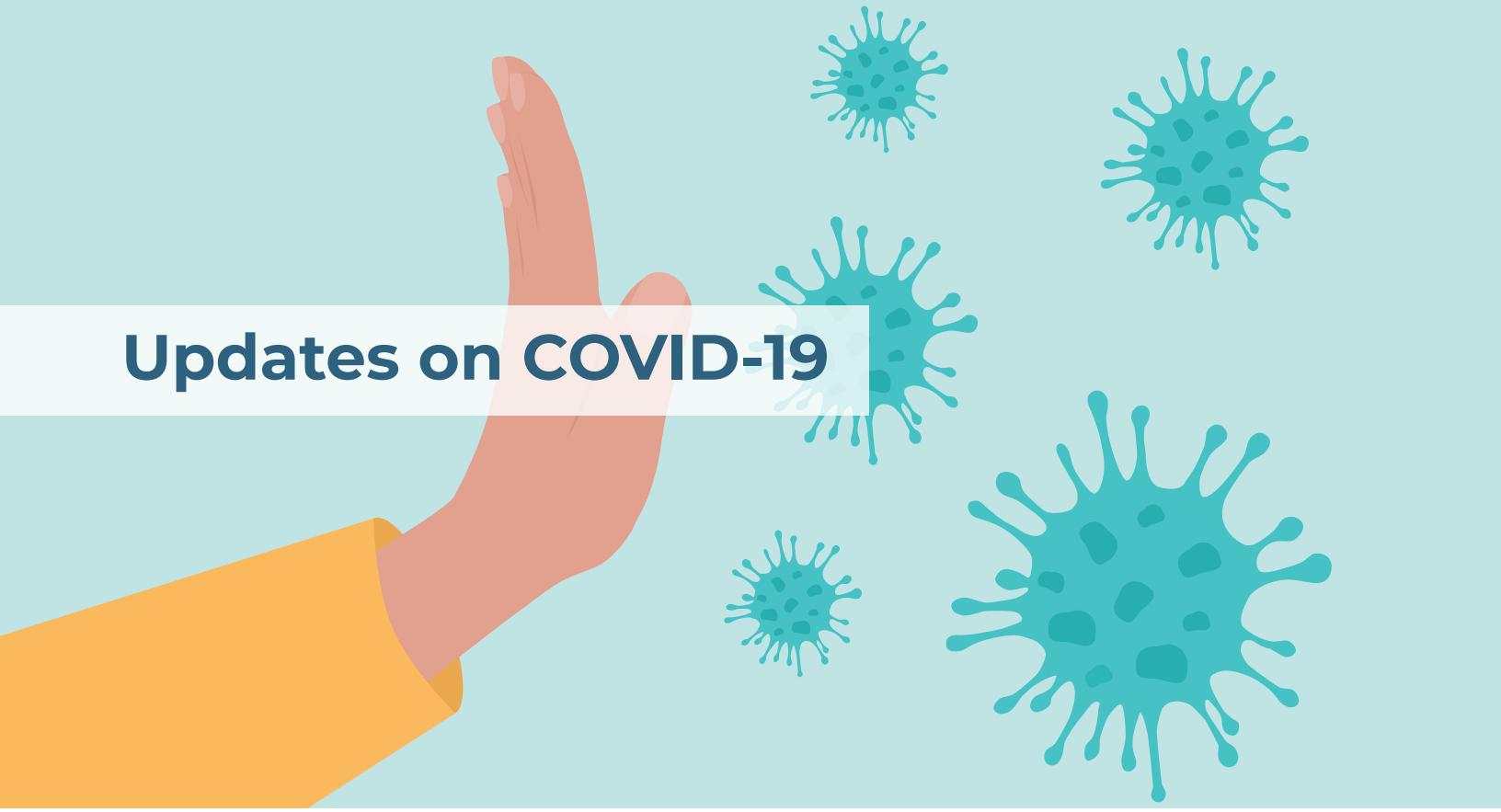
- Arthritis is a common health condition affecting millions of people around the world. It can affect people of all ages, but it's particularly known to affect older adults 65 years or older.
- This condition affects the joints/tissues and causes inflammation, which can cause pain, stiffness and limited mobility.



How COVID-19 has impacted Black and African American Communities with Arthritis

- Pre-COVID, arthritis impacted the Black and African American community more significantly in pain levels and management of the chronic disease. Studies have shown that osteoarthritis is more prevalent and is the most common type of arthritis.
- The COVID pandemic has added stressors to individuals living with arthritis,including how to manage the pain
  - Led to changes in the way pain management services are delivered
  - Most moved virtually which may not have effective to individuals who really saw progress in person
  - Led individuals to increased stress and anxiety which will trigger arthritis pain

CLICK HERE FOR MORE INFORMATION Arthritis



Updates on COVID-19

What's New on COVID-19 and Vaccines

Current Status

- The United States government announced that May 11, 2023, will be the end of the federal COVID-19 public health emergency.
- Testing, treatments and vaccines will remain available for the public.

Updates on Testing, Treatments and Vaccines

- Access to vaccines will not be affected by the end of the COVID-19 public health emergency.
- Vaccines will remain available to all ages.
- At-home testing kits may not be waived or provided free of charge by insurance providers.
- Treatment to prevent severe COVID-19 symptoms will remain free.

Guidelines for COVID-19 Exposures

- Be aware that COVID-19 exposures still happen
- Get tested immediately if you have been exposed
- If you tested positive for COVID-19
  - Wear high-quality masks around others
  - Stay indoors for five days and increase distance from others
  - Contact your health care provider immediately or check treatment locations in your community

COVID-19

Stay Up to Date with Your Vaccination.

You are Up to Date When:	
Everyone aged 5 years and older	You are up to date when you get one updated COVID-19 vaccine, at least 2 months after getting the last dose of COVID-19 vaccine.
Children aged 6 months—4 years	You are up to date when you get all recommended doses, including at least one dose of updated COVID-19 vaccine.

COVID-19 Brochure

Flu

Flu and flu vaccine

Influenza (flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat and sometimes the lungs. It can cause mild to severe illness, and some people, such as people 65 years and older, young children and people with certain health conditions, are at higher risk of severe flu complications. The best way to prevent the flu and reduce the risk of its potentially serious complications is by getting a flu vaccine each year.

Flu Symptoms

Flu can cause mild to severe illness, and at times can lead to death. Flu symptoms usually come on suddenly. People who have flu often feel some or all these symptoms:

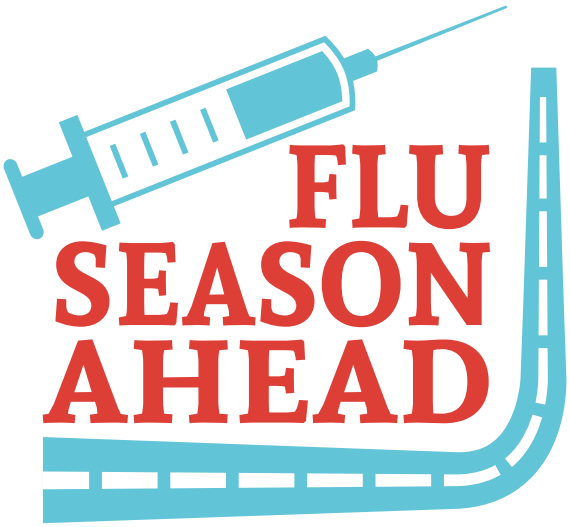
- Fever or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (tiredness)
- Some people may have vomiting and diarrhea, though this is more common in children than adults

Flu Vaccine

Influenza (flu) vaccines (often called “flu shots”) are vaccines that protect against the four influenza viruses that research indicates will be most common during the upcoming season.

There are different flu vaccine manufacturers and multiple flu vaccines that are licensed and recommended for use in the United States. If you have questions about which vaccine is best for you, talk to your doctor or other health care professional.

The most important thing is for all people 6 months and older to get a flu vaccine every year.



Flu Vaccine Cost



Adults

- Medicare Part B covers Flu Shots at no cost.
- Most insurers cover the annual flu vaccine as preventive care, and often at no cost to the insured.
- Free and low-cost flu vaccines may be available from local health centers and state health departments for those who qualify.

Children

All children can get access to all recommended vaccines, including flu, COVID-19, and RSV (Respiratory Syncytial Virus), for free through their family's insurance or through the Vaccines for Children Program.

Respiratory Syncytial Virus (RSV) Infection and Vaccine

Respiratory syncytial (sin-SISH-uhl) virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be dangerous for babies, toddlers, and older adults. RSV season in most regions of the U.S. starts in the fall and peaks in winter. FDA approved vaccines are available to protect older adults from severe RSV. Preventive options are available to protect infants and young children from severe RSV.

Symptoms

People infected with RSV usually show symptoms within 4 to 6 days after getting infected. Symptoms of RSV infection usually include:

- Runny nose
- Decrease in appetite
- Coughing
- Sneezing
- Fever
- Wheezing

These symptoms usually appear in stages and not all at once. In young infants with RSV, the only symptoms may be irritability, decreased activity, and breathing difficulties.

New Immunization to Protect Against Severe RSV

This year, CDC (Centers for Disease Control) has recommended multiple, new immunizations to protect those most at risk of getting sick with RSV: infants, toddlers and adults 60 years and older. The adults 60 and older may receive a single dose of RSV vaccine. The decision to vaccinate an individual patient should be based on a discussion between the healthcare provider and the patient.

Who Does it Protect	Type of Product	Is it for everyone in the group?
Adults 60 and over	RSV Vaccine	Talk to your doctor first
Babies	RSV antibody given to baby	– All infants younger than 8 months are born during or entering their first RSV season. – Infants and children 8–19 months (about 1 and a half years) old who are at increased risk for severe RSV disease and entering their second RSV season
Babies	RSV vaccine given during pregnancy	1 dose of maternal RSV vaccine during weeks 32 through 36 of pregnancy, administered immediately before or during RSV season

Flu Vaccine Cost

Adults

- Medicare Part D covers RSV vaccine at no cost.
- Private health plans are required to cover RSV vaccines for adults 60 years and older.
- Check with your insurance for more information.

Children

Children can access all recommended vaccines, including flu, COVID-19, and RSV (based on their age), for free through their family's insurance or through the Vaccines for Children Program.

How to Keep yourself and Family Safe during Fall and Winter Season

Take these actions to help keep you and your family safe from respiratory illnesses, including flu, COVID-19 and RSV.

- Get vaccinated if possible.
- Vaccines for Flu and COVID-19 are your best defense against respiratory illnesses.
- Avoid close contact with people who are sick.
- Stay home and stay safe if you are sick.
- Cover coughs and sneezes with a tissue or elbow.
- Consider wearing a mask in indoor or crowded places
- Wash your hands regularly with soap and water. If there is no soap available, use alcohol-based hand sanitizer.
- Clean and disinfect surfaces that may be contaminated with viruses.
- Take antiviral drugs if your doctor prescribes them.



https://www.cdc.gov/flu/pdf/freeresources/general/poster-take-3-fulltext.pdf

Influenza (Flu) and COVID-19 Similarities and Differences

Both COVID-19 and flu can spread from person to person between people who are near or in close contact with one another. Both are spread by large and small particles containing viruses when people cough, sneeze, or talk. These particles can land in the mouths or noses of people who are nearby and get into the respiratory tract. In some indoor settings with poor ventilation, small particles containing viruses might spread longer distances and cause infections.

Most spread is by inhalation of large and small droplets; however, it may be possible that a person can get infected by touching another person (for example, shaking hands with someone who has the virus on their hands), or by touching a surface or object that has virus on it, and then touching their own mouth, nose, or eyes.

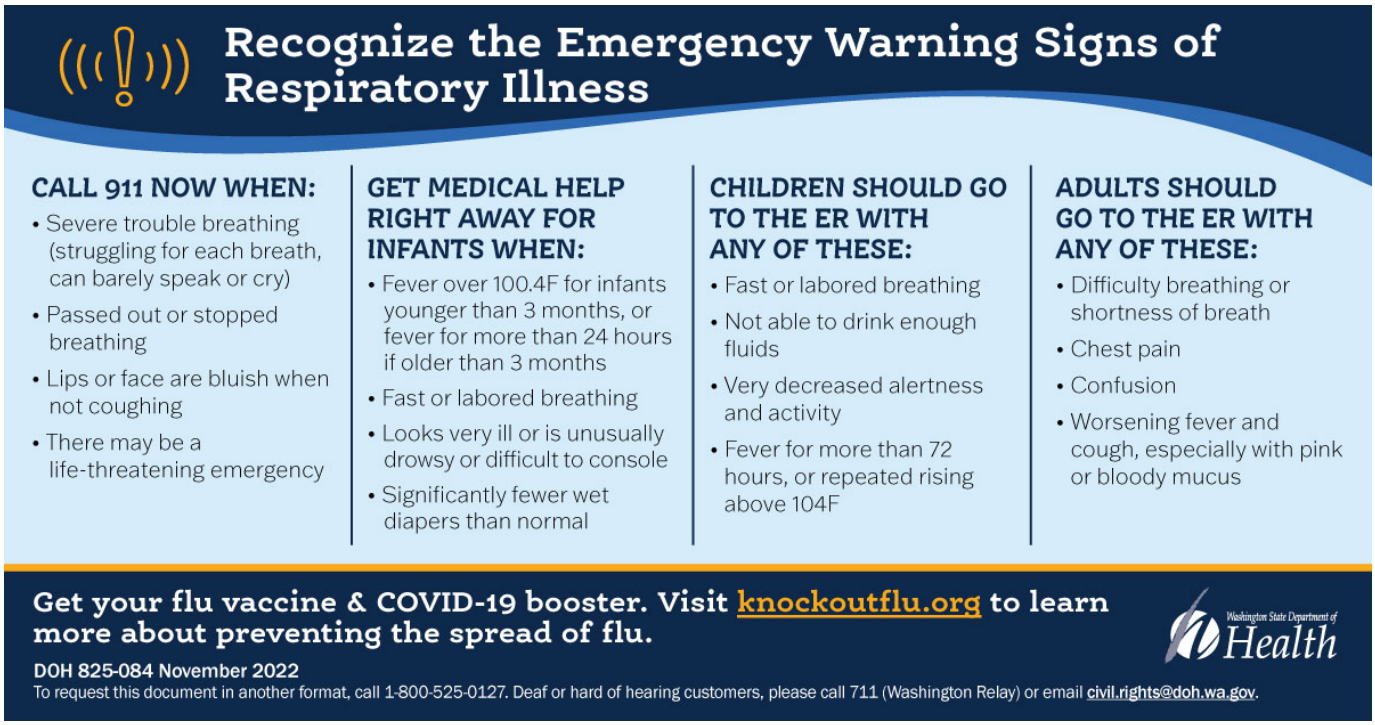
https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm

People at Higher Risk for Complications from Flu

- Adults 65 years and older
- Children younger than 2 years old
- Asthma
- Neurologic and neurodevelopment conditions
- Blood disorders (such as sickle cell disease)
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD (Chronic Obstructive Pulmonary Disease)] and cystic fibrosis)
- Endocrine disorders (such as diabetes mellitus)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Kidney diseases
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- People who are obese with a body mass index [BMI (Body Mass Index)] of 40 or higher
- People younger than 19 years old on long-term aspirin- or salicylate-containing medications.

https://www.cdc.gov/flu/highrisk/index.htm#who

- People with a weakened immune system due to disease (such as people with HIV or AIDS, or some cancers such as leukemia) or medications (such as those receiving chemotherapy or radiation treatment for cancer, or persons with chronic conditions requiring chronic corticosteroids or other drugs that suppress the immune system)
- People who have had a stroke
- Pregnant people and people up to 2 weeks after the end of pregnancy
- People who live in nursing homes and other long-term care facilities
- People from certain racial and ethnic minority groups are at increased risk for hospitalization with flu, including non-Hispanic Black persons, Hispanic or Latino persons, and American Indian or Alaska Native persons



CLICK HERE FOR MORE INFORMATION COVID-19 information

Core Skills for CHWs

The following are essential community outreach and engagement skills that every CHW should develop to effectively connect with community members to empower behavior change and participation.

Motivational Interviewing

The client-centered and collaborative approach is aimed at helping individuals work towards their own goals by strengthening their motivation for a better health outcomes or change.



Power of Storytelling



A powerful tool used to share experiences and knowledge that captures the attention of the community and can be used to educate and inspire healthy behavior change.

Cultural Competency

Ability to understand and work effectively with individuals from diverse cultural backgrounds and delivering tailored health interventions and resources that meet the unique needs of that population.



Communication Verbal vs Non-verbal



Ability to communicate with the use of words(speak or write) to convey messages. Non-verbal communication is conveying messages without the use of words but rather body language, facial expressions and tone.

Motivational Interviewing

Best Practices for Motivational Interviewing



This month we focused on applying the core skill of motivational interviewing to navigating difficult conversations around vaccination within the community. This skill is essential to promoting positive peer relationships and informing positive health behavior choices. We welcomed our colleague and friend, Wendy Armour, a Community Health Navigator at the YMCA of Greater Seattle, to share best practices for applying motivational interviewing to difficult conversations. She emphasized the following principles to ensure positive engagement with community members:

1. **Validate.** Validate the persons experience by reflecting their emotional response
2. **Educate.** Give realistic expectations and share your concerns framed around safety and best-practice guidelines.
3. **Motivate.** Use motivational interviewing to assist the community member in moving toward self-management strategies
4. **Activate.** Collaboratively set goals with your client. Create opportunities for the community members to have control in creating their action plan.
5. **Reflect.** Take time to reflect on the conversations you have had and what you could do better in the future.
6. **Collaborate.** Share power and control which means to work together in partnership, identify and pursue common goals, dance rather than wrestle.

She also provided specific recommendations and reminders when navigating difficult conversations. These reminders are summarized below:

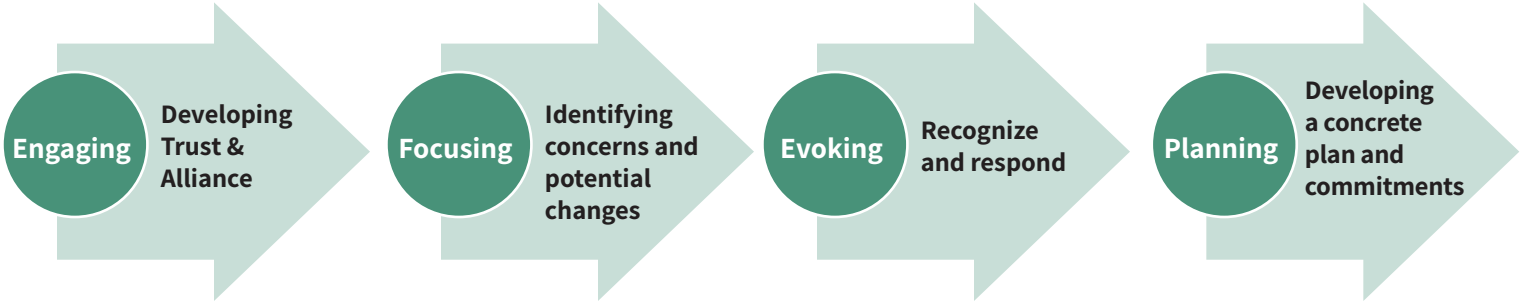
1. Listen First	**2.** Be clear and transparent about how you feel and the outcome you are hoping for	**3.** Look at the issue from the individual's perspective, not your own
4. Take a Break	**5.** Agree to Disagree	**6.** Take care of and look after yourself. Self-care is vital to your ability to support the community.

Finally, Wendy reminded the cohort of the importance of self-care. She said, "In the same way that you can plan for difficult conversations with a community member, you can plan for your own needs as well."

Motivational Interviewing Template

This MI template will guide CHWs in conversations with community members to talk about behavior change and reinforce motivation while creating a safe space. Review the chart below and sample sentence starters for more information:

Four Processes in Motivational Interviewing:



Here are reflection questions to help evaluate CHWs progress while in these processes:

1. **Engaging:** Am I collaborating with the individual, or pushing against them?
2. **Focusing:** Do I and the individual share an understanding of the concerns?
3. **Evoking:** How is the individual demonstrating hidden strengths that might help them accomplish change?
4. **Planning:** Did I effectively collaborate with the individual in naming their next steps and acknowledge their commitment to change?

Use OARS Acronym and Apply the Logic Flow to your Conversations:

O - Open-ended questions

A - Affirmations

R - Reflective listening

S - Summaries

		Sample Sentences	OARS
Phase 1	Start the conversation with small talk:	• I appreciate you talking with me today. What brings you to this event? • Who did you come to this event with? • What were you hoping to learn today?	**O**pen-ended questions **A**ffirmations **R**eflective listening **S**ummaries

		Sample Sentences	OARS
Phase 2	Move into specific topics:	• I am really interested in talking about X and I am curious what you think. Is this a good time to hear your thoughts? • **I learned a lot about *X* from this event. What did you learn today?** • What about *X* surprised you? • How can I answer some of your questions? If it is not a good time: • No worries! Can I give you my contact information in case you change your mind?	**O**pen-ended questions **A**ffirmations **R**eflective listening **S**ummaries
Phase 3	Then, figure out what the concerns are:	• What concerns did you have about *X*? Let's talk about it! How can I help fill in some gaps for you? • **I would be concerned about that, too! What is one reason why you feel that way?** • What have you tried before to make a change? If no concerns: • It is important to feel confident in your decision about *X*. Would you please share with me your reasons for being confident about this decision? • What led you to make the decision(s) you made? • **On the one hand it seems that *X* has made you feel…, on the other hand it may be possible that it also...**	**O**pen-ended questions **A**ffirmations **R**eflective listening **S**ummaries

		Sample Sentences	OARS
Phase 4	Now, let's address their concerns by connecting them to resources, referring them to a medical professional, or other social services:	• You clearly are a resourceful person. Here's a few more resources that I think could add to your already existing toolbox and maybe make things just a little easier. • It sounds like *X*. Is this accurate? If so, I recommend *Y*. • Here is what I heard so far (insert summary of the challenge and intended choice). Based on this, I know a program that could be a good fit for you. Would you like to look at it together? • **I hear you. Many people have the same concerns about *X*. It's important to have all the information you need before deciding. Would you like to look at credible sources and address misconceptions you may have heard?**	**O**pen-ended questions **A**ffirmations **R**eflective listening **S**ummaries
Phase 5	Finally, let's make sure they leave the conversation feeling more prepared than how they started the conversation:	• I have enjoyed talking with you today and learning more from you. **How do you feel about what we have talked about today?** • So, you feel like *X*. What might you do differently when you leave here today? • **You are wondering if you should do *Y*. What is the first thing you hope to do when you leave here today?** • **Today, we talked about a lot like *X*, *Y*, and *Z*. And you shared with me that you had concerns about A and wanted to change *B*. Did I miss anything?** • Anything you want to add, or correct? • **I am really impressed with all you have done so far.** What can I help you with today or soon? • I hope I can be a continued resource for you. Are there other ways you think we might be able to work together?	**O**pen-ended questions **A**ffirmations **R**eflective listening **S**ummaries



Motivational Interviewing Tips and Tricks

Remember to show respect and ask individuals if they have the capacity to discuss specific topics for that day

You might want to say (Examples):

- *"Would it be alright with you if we take a few minutes to discuss COVID-19 vaccines?"*
- *"What are some reasons that influence your decision to not get vaccinated?"*

Acknowledge concerns and be committed to listening and working with individuals to provide tailored information

You might want to say (Examples):

- *"I hear you, many people have the same concerns, it's important to have all the information you need before making a decision. Would you like us to work together to find credible sources and address misconceptions you may have heard?"*
- *"I understand that you may have concerns about COVID-19 vaccine. I'm here to listen and help you make an informed decision."*

Highlight the benefit of taking action

Example phrase could be:

- *"Let's talk about the benefits and how it can protect you and the people around you?"*
- Discuss the positive outcomes that could occur

ABC's of Navigating Difficult Conversations

Navigating a difficult conversation is something you as a CHW do every day. It is easy to mistake a lack of action or change from the community member for a lack of success. However, this is not true!

These four steps can help guide you through the process of having a difficult conversation, so you can achieve the best results based on your interactions:

STEP 1

Assess = Assess the situation for motivation for change. What does their body language tell you? Are there cultural differences and barriers? How are your surroundings? Is the physical environment safe? Does the emotional environment lend itself to a productive or necessary conversation?

STEP 2

Begin = Begin the conversation based on your assessment. Do you ease into the topic because the community members are hesitant or avoidant, or do you start with information because they are enthusiastic and ready to make changes?

STEP 3

Choose = Choose which course of action to take. Was the community member engaged and receptive to the conversation? Are you able to make key decisions right then and there, or do they need time to think things through? Do you keep trying to change their mind, or let it go until the next conversation?

STEP 4

De-stress = Make time and space to practice self-care. What activity are you going to participate in to recenter yourself after having a difficult conversation? What brings you joy, comfort, relief after a stressful day or moment(s)? How will you develop the habit of meeting your needs in addition to the community needs with whom you are serving?

Review of Skills

Assess Motivation for Change = Body Language + Barriers + Cultural Differences + Surroundings and Safety

Begin	Ask about their day	Ask for permission to start the conversation	Ask a question to understand their perspective	Ask what kind of health outcomes they want to achieve	Humor or something lighthearted	**Your choice...**
Choose	Affirm choice and push back	Affirm choice and walk away	Create a plan	Share a story to empathize and relate to the individual	Share a story to demonstrate or inspire an alternative	**Your choice...**
De-stress	Be active (walk, yoga, dance)	Call a loved one	Meditate for 20 minutes	Treat yourself to something new	Eat your favorite meal	**Your choice...**

Figure 1. ABC chart to provide suggestions of actions for engaging and navigating difficult conversations with community members. Print this chart out and customize it according to your community and their specific needs from you as a CHW.

Example of ABC's Steps to Navigate a Difficult Conversation

The topic of conversation in this scenario is building vaccine confidence with a community member. It is taking place at the community center and CHWs are talking to people about the importance of receiving the new COVID-19 vaccine. Please review the following to get a better understanding of the ABC's step process.

CHW: Hey how are you doing? Have you been to the booth yet to get your vaccine?

Community Member: Oh no, I only came for the food. I don't want to get the vaccine. I have my own opinion about it.

CHW: I respect your opinion. What doesn't interest you about it? Maybe I can help fill in some gaps.

Community Member: I don't know... it just doesn't feel safe. Everyone I know has gotten sick from it and now they are telling me to get it every year? That just doesn't feel right.

CHW: That's a very valid concern. I also felt that way but then I spoke with my doctor about vaccine safety and felt loads better. Can I share with you what they told me?

Community Member: Sure, but I still haven't gotten COVID, and I am fine without the vaccine.

CHW: Oh, I am so glad you have not gotten COVID-19. But did you know that the virus changes over time and a new variant is going around this season? So, the updated vaccine can protect you against this new variant. The COVID-19 vaccines help our bodies develop immunity to the virus. After receiving the vaccine, some people may develop fever or body aches, but that's not actually the sickness. That's just your body building immunity to the virus! So, if you encounter the COVID-19 virus, your immune system is prompted and already knows how to fight it; the vaccine will protect you from severe disease, complications and long COVID.

Community Member: That makes sense, but I still need time and information before I can make a decision that is best for me**.**

CHW: I totally understand. The most important thing is that you have the information so you can be confident in your choice. Here is my contact info and a brochure with more information.

Community Member: Thank you!

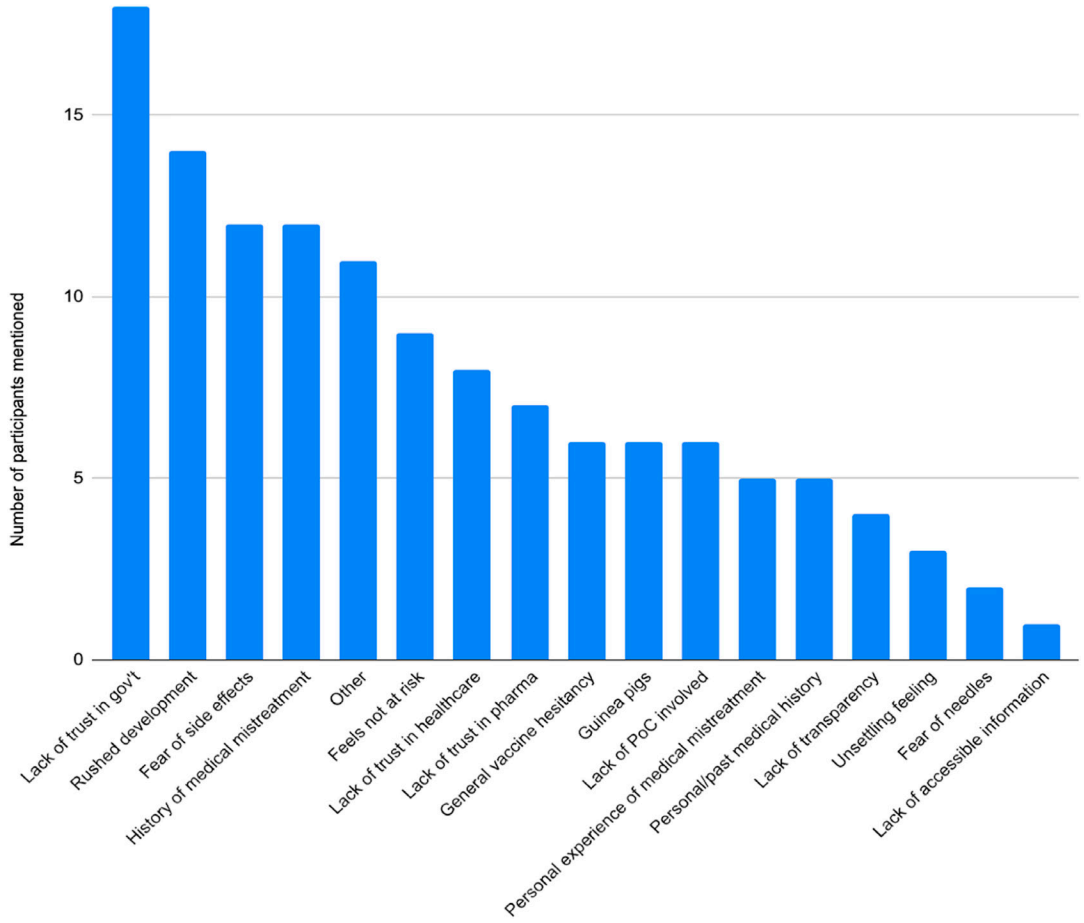
CHW to other CHW: That was a tough one. I don't feel like I was able to fully get through to her. I think I am going to take 5 and call my mom.

Figure 2. Example conversation between a community health worker and community member discussing hesitancy to receive the COVID-19 vaccine to build vaccine confidence within the community.

Navigating Difficult Conversations with Individuals Who May be Vaccine Hesitant

Driving Force of Vaccine Hesitancy in Black and African Americans

- Vaccine hesitancy is attitudes towards some vaccines- individuals may delay or refuse vaccines even when the services and supporting evidence are available
- Influences of vaccine hesitancy can be grouped into three:
    - Contextual influences
    - Group or individual influences
    - Vaccine specific influences
- Since COVID-19 started, it has led to high levels of vaccine hesitancy Black and African Americans are more likely to be vaccine hesitant than White Americans
    - Common concerns amongst Black and African Americans are:
    - Distrust and doubt with government and healthcare systems
    - Believe the vaccine may have rushed and fear side effects
    - History with medial mistreatment against Black individuals in America
    - Lack of access to COVID-19 vaccine information and credible sources

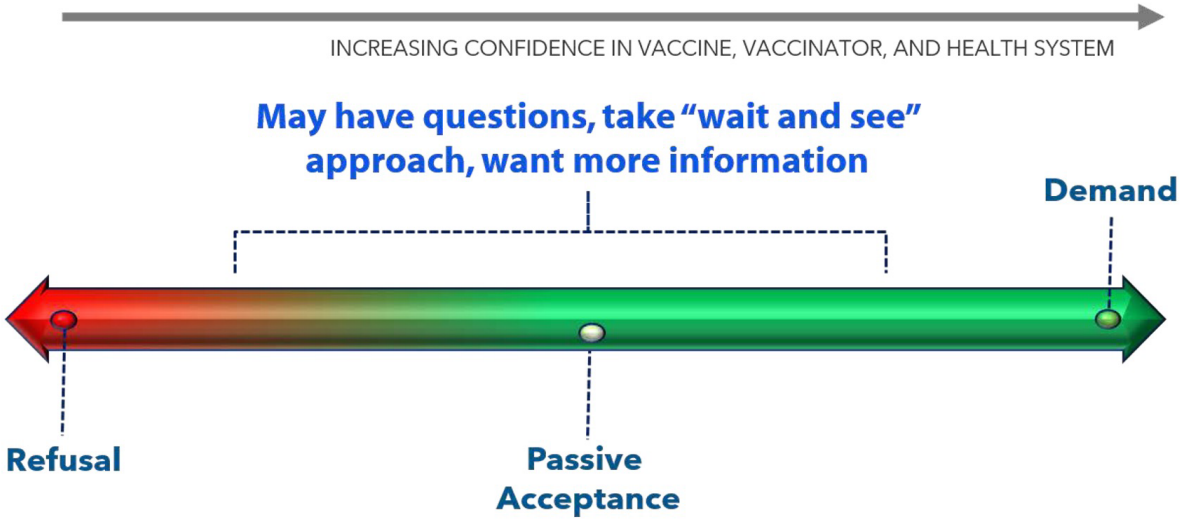


Source: Sekimitsu, S., Simon, J., Lindsley, M. M., Jones, M., Jalloh, U., Mabogunje, T., Kerr, J., Willingham, M., Ndousse-Fetter, S. B., White-Hammond, G., & Altman, W. (2022). Exploring COVID-19 Vaccine Hesitancy Amongst Black Americans: Contributing Factors and Motivators. American journal of health promotion: AJHP, 36(8), 1304–1315. https://doi.org/10.1177/08901171221099270

Approaches to Build Vaccine Confidence with Black and African Americans

- Avoid correcting vaccine-related misinformation it may create negative responses
- Emphasis the risk of COVID-19 and benefits of receiving the vaccine
- Leverage Motivational Interviewing skills that motivate individuals to make healthy behaviors
- Build trust and transparency and address concerns with up-to-date information
- Work collaboratively with individuals to combat myths and fact check information

Willingness to Accept a Vaccine Falls on a Continuum



Motivators Amongst Black and African Americans to Accept COVID-19 Vaccine

As a trusted messenger for the community, be aware that the motivators for vaccination vary, and it's important to amplify so individuals can take the next steps to accept the vaccine.

- More time and data to show vaccine safety and effectiveness
- Positive experiences from family and friends
- Improving the accessibility to vaccine centers and appointments
- Ability to attend social gatherings
- Protecting family and friends
- 1:1 session with a culturally responsive health professional

Addressing Myths About COVID-19 Vaccines

COVID-19 quickly became a highly politicized public health topic in 2020, contributing to the spread of misinformation. It has also worked alongside historical justifications of vaccine hesitancy to perpetuate disparities in vaccination among communities of color.

Messaging around vaccination throughout the pandemic has made it difficult to distinguish misinformation from disinformation. It has also uncovered beliefs around vaccination rooted in a deep distrust of the United States government due to historical trauma among communities of color. When engaging the community, it is important to distinguish misinformation from disinformation in addition to understanding the factors influencing a community member's belief around vaccination.

Some of these factors are defined below:



Misinformation is false information shared by people who do not intend to mislead others (CDC)



Disinformation is false information deliberately created and disseminated with malicious intent (CDC)



Confirmation Bias is a person's tendency to process information by looking for, or interpreting, information that is consistent with their existing beliefs (Britannica). Encountering information that challenges the beliefs we have may make us uncomfortable. The natural response to discomfort is to avoid it, so people may become defensive, frustrated, angry, or combative. It is important to remember that this is a natural response and one that should be met with the opposite reaction: compassion, patience and open-mindedness.



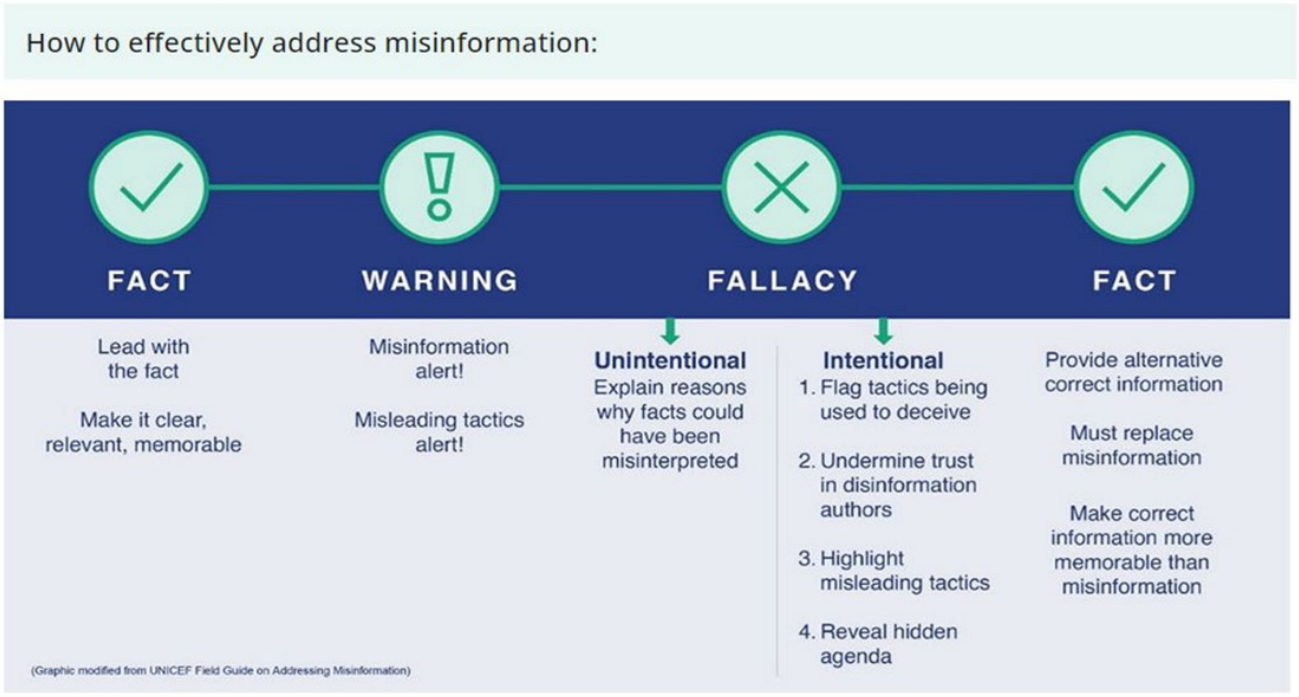
Distrust in the United States government and vaccination information is a learned response from many communities of color attributed to a history of unethical research and treatment like the Tuskegee Syphilis study. Understanding the source of the distrust or the hesitancy when speaking to a community member will help you navigate the conversation with more compassion and patience and, in the best case, allow you both to develop a strategic pathway to address the concerns the community has in a way that they can safely and comfortably engage and process.

Effectively Addressing Misinformation and Beliefs

Understanding these elements may offer a pathway for individuals to change their beliefs free of our own biases. Below are steps you can take to address misinformation or beliefs supported by false information to empower community members to get and stay vaccinated:

1. Identify trends of misinformation in your community so you understand where, when, why and how misinformation is spreading
2. Engage with and listen to your community to understand what beliefs they have and are committed to
3. Avoid repeating false information as a method to dispel the belief
4. Share accurate, clear, easy-to-find and easy-to-digest information
5. Partner with other trusted community members and community organizations to strengthen belief and confidence

Source: https://www.cdc.gov/vaccines/covid-19/health-departments/addressing-vaccine-misinformation.html



This diagram created by the CDC offers a sequence you can follow to address misinformation effectively . It is important to recognize the unintentional component of the diagram as it discusses the value of centering truth in all conversations through facts and discourse around why some facts may have been misinterpreted or misrepresented to justify false information.

It is equally important to be mindful that believing in misinformation or holding a belief that is not supported by science is very different from holding a belief because there is a lack of trust in the facts themselves. Therefore, while we are presenting the CDC as a source of truth, we are also mindful that the CDC also has a history of damaging public trust. As trusted messengers, Community Health Workers and Navigators are pivotal in repairing trust to ensure barriers are overcome, and community members get what they need. **Trust is required before resources can be impactful in the community.**

Psychology of Attitude and Change

Beliefs and attitudes are difficult to change once they are affirmed. Here are some strategies to engage belief and attitude change borrowing from the field of Psychology:

1. Familiarity and fluency commit things to memory
    a. Make correct information familiar and fluent by repeating truth and science
    b. Attach photographs and anecdotes (stories) to the correct information
2. Document evidence and simplify the facts
    a. Consider health literacy when documenting and presenting the truth to ensure the truth is easier to understand than the false information
3. Present facts or details of the misinformation to show rather than tell why the misinformation is misinformation
4. Call it as you see it! Provide warnings that misinformation may be present before engaging in the discussion

Source: https://www.sciencedaily.com/releases/2018/09/180924144022.htm



Share Your Story

Core Community Outreach and Engagement Skills

Power of Storytelling Helpful Tips

- Focus on how the stories benefit partnerships in and with the community
- Find natural convening spaces that allow authenticity e.g., the barbershop, the religious center, the grocery store.
- Where does your community gather? How can you meet them where they are?
- Evoke, encourage and empower community
- Authentically engage with all layers of the story: challenge, choice, outcome and hope
- Let **MOMENTS** drive the story. Understanding how your community perceives and receives information through the moments you share with community members will help you better understand the stories that are embedded in the work you are doing together

Cultural Competency Helpful Tips

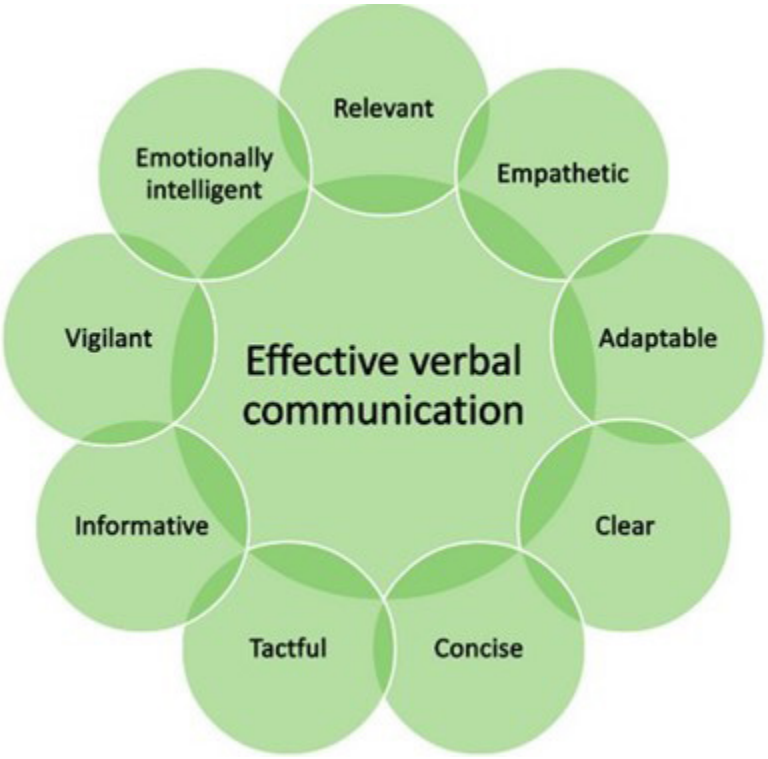
- Allow individuals to make their own decisions about their health and wellbeing
- Show cultural understanding by educating yourself about cultural beliefs or values regarding health care
- Avoid making assumptions or generalizations regarding a specific community and be respectful to experiences and viewpoints
- Provide health education materials that are in plain language and easily understood and accessible
- Approach interactions with humility and be willing to learn from individuals
- Seek input and cultivate meaningful connections

Communication: Verbal vs Non-Verbal

Verbal Communication: Reading in the Lines to Understand the Story

Verbal communication is the use of conveying meaningful messages through words. The community decides which words and messages are impactful.

REACCTIVE is an acronym that describes general characteristics of effective verbal communication and should be tailored according to the community in which you work.

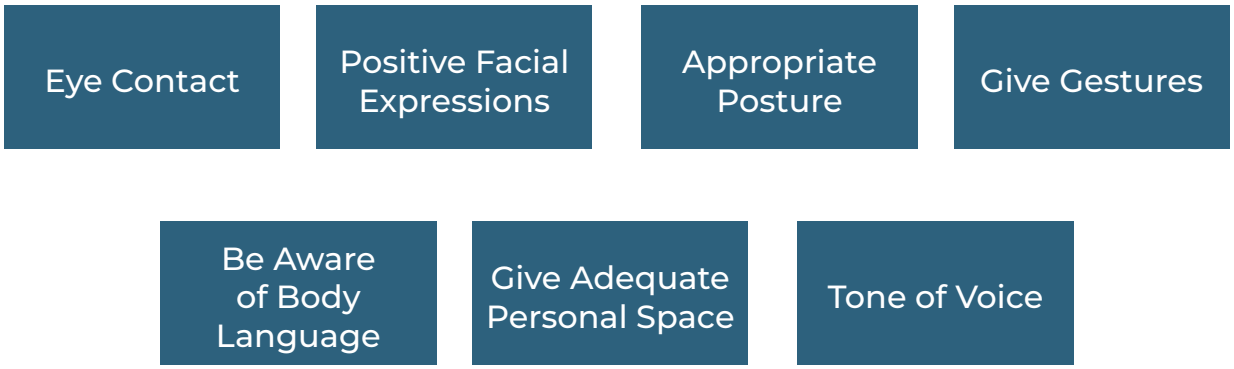


- **Relevant** information allows people to connect the dots on the information you share and how they can use it.
- **Empathy** opens up a conversation and allows it to keep moving.
- **Adaptability** encourages new perspectives and new strategies to be shared, therefore expanding knowledge and resources. It also allows you to meet the community members where they are.
- **Clear and Concise** keeps the community members engaged and present.
- **Tactful and Informative** meets the community members where they are to provide the best support based on the environment and individual capacity to engage. It is prioritizing the right information at the right time rather than the right information at the wrong time.
- **Vigilant** ensures you are always watching for signs of engagement and disengagement to know how to proceed.
- **Emotionally Intelligent** is what you are when you apply all of the above in your communications.

Non-verbal Communication: Reading BETWEEN the Lines to Understand the Story

Nonverbal communication is the ability to communicate without the use of words. This type of communication involves facial expressions, body language and gestures to convey your message.

As a CHW, we must be **self-aware of the messages** we give off during our community engagements. Here are common non-verbal communication cues that CHWs should essentially pay close attention to when interacting with the community:



Enforcing positive body language such as maintaining eye contact and appropriate posture, adequate personal space and positive tone of voice. These non-verbal cues convey to an individual that you are **paying attention and that you are approachable**.

Important Things to Remember when Using Non-verbal Communication:

- Avoid displaying defensive body language (crossing arms etc.)
- Maintain comfortable level eye-contact that respects cultural preferences
- Familiarize yourself with diverse cultural non-verbal expressions and adapt accordingly during the interactions
- Be self-aware of your own needs and take breaks when needed



In the October CHW monthly training, Comagine Health team had the privilege of co-facilitating with two panelists. **Brandi Williams a community-based worker at Southwest Washington Accountable Community of Health (SWACH)** and **Tewodros M. Ayele a Community Health Team Manager at YMCA of Greater Seattle**. The spotlight below provides a summary of their lived experiences and expertise as seasoned CHWs discussing the victories and challenges of health messaging in their communities.

Question: What is the difference between a helpful and harmful health message for the Black and African American community?

Tewodros shared a personal and relevant experience highlighting the overwhelming emotions health messaging caused on his close friend. He shared the health message circulated in social media to inform parents about heavy metals in baby formula and how they should not buy it. He emphasized the importance of connecting with experts who can provide him with more information on heavy metals in formulas so he could relay the message back to his friend in a culturally tailored way. Tewodros stated *"There should be some kind of educated information from a subject matter expert to the community, so I reached out to a pediatrician and did a workshop exactly about heavy metal, so people know they have a better understanding of helpful messages."*

Teddy took a culturally responsive approach to provide information to his community and was able to navigate potentially harmful health messaging. His success in doing so allowed him to become a trusted messenger about the topic.

Question: How have health messages hindered CHWs in addressing and assisting community members in achieving their health goals?

Brandi discussed her perspective on how health messaging has always hindered her engagement efforts with the Black and African American community because of the historical trauma and mistrust in the health care system. As an African American herself, she shared her personal experiences navigating the lack of trust with her community members. Brandi shares "I have trust issues with it also, so I have to be very honest with that when I speak to the community and the families that I help... I think that that's pretty much the only way I achieve that goal is by just being honest."

Brandi emphasizes transparency in her approach to tackling existing mistrust and trauma within her community. By sharing her own concerns, she is fostering connections and building trust with community members by validating their experiences as Black and African American community members.

Conveying Positive Health Messages to the Community

Health messaging or communication is a form of verbal or written messaging aimed to change health behaviors. The goal is to influence and empower targeted populations to make better choices or stop certain habits. Effective and persuasive messaging uses research-based materials, understand targeted population's demographic and beliefs. Examples of messaging include brochures, media channels and newsletters or group discussions and community events.

CHWs play a key role in identifying the effectiveness of a health message before conveying the message or information to the community. For example, you may see a pamphlet or social media post that talks about risk prevention or lifestyle changes, but it may not be perceived well in certain communities because it does not align with cultural beliefs or attitudes. It's very important as a CHW you know your community well and maintain the trust you have acquired.

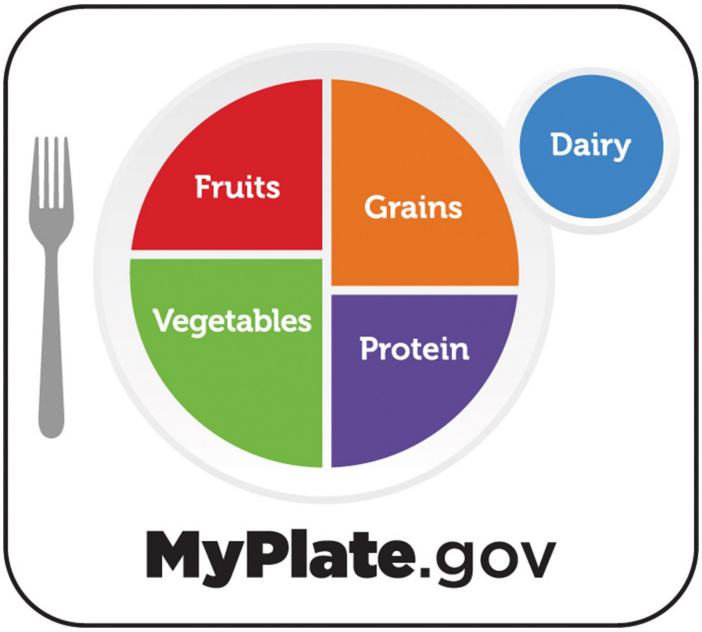
CHWs Should Convey Positive Health Messages for Several Reasons:

1. Reduces stigma about certain health conditions and seeking out care
    a. In some communities, certain health conditions or health behaviors are highly stigmatized and frowned upon when discussed
    b. Visible and positive health messages can soften the stigma and make it easier for community members to seek out professional care or bring up their own concerns
2. Inspires motivation for change
    a. Well perceived health messages can inspire community members to take the steps to better their health
    b. It provides a sense of desire and reassurance the same outcome can happen
    c. Learning about success stories or benefits of behavior change can trigger motivation
3. Builds Trust
    a. CHWs can build or maintain trust with community members when the health message you have shared leads to positive health outcome or change
    b. It reassures trust in your knowledge and dedication to support the community member to achieve their health goals

Key Resources for CHWs

My Plate Chart

MyPlate is a visual reminder to make healthy choices from each of the five food groups. MyPlate.gov offers tips and resources that support healthy dietary patterns. Learn how to make MyPlate work for you" Visit MyPlate.gov to help community members make healthier choices.



Healthy Meal Planning: Tips for Older Adults

- Enjoy a variety of foods from each food group to help reduce the risk of developing diseases such as high blood pressure, diabetes, and heart disease. Choose foods with little to no added sugar, saturated fat and sodium.
- To get enough protein throughout the day and maintain muscle, try adding seafood, dairy, or fortified soy products along with beans, peas, and lentils to your meals.
- Add sliced or chopped fruits and vegetables to meals and snacks. Look for pre-cut varieties if slicing and chopping are a challenge for you.
- Try foods fortified with vitamin B12, such as some cereals, or talk to your doctor about taking a B12 supplement.
- Reduce sodium intake by seasoning foods with herbs and citrus such as lemon juice.
- Drink plenty of water throughout the day to help stay hydrated and aid in the digestion of food and absorption of nutrients. Avoid sugary drinks.

Healthy Food and Aging Resources

WA Department of Health and Washington State Department of Social and Health Services – Nutrition Resources

- Fresh Bucks
  - City of Seattle program provides enrolled customers with a monthly benefit to purchase fruits and vegetables from farmer market
  - https://www.seattlefreshbucks.org
- SNAP (Supplemental Nutrition Assistance Program/EBT) Matching Program
  - Incentive program when you use SNAP card and markets match
  - https://doh.wa.gov/you-and-your-family/nutrition-and-physical-activity/healthy-eating/snap-match-programs/snap-market-match
- The Senior Farmers Market Nutrition Program (SFMNP)
  - Provides fresh fruit and vegetables to lower-income seniors and supports local farming by increasing the use of farmers markets, roadside stands, and community supported agriculture. Produce is also purchased directly from farmers for delivery to seniors
  - https://www.dshs.wa.gov/altsa/home-and-community-services/senior-farmers-market-nutrition-program
- Stay Active and Independent for Life (SAIL)
  - Strength, balance and fitness evidence-based program for adults 65 and older
  - https://doh.wa.gov/you-and-your-family/injury-and-violence-prevention/older-adult-falls/stay-active-and-independent-life-sail
- Centers for Disease Control and Prevention
  - https://www.cdc.gov/chronicdisease/resources/publications/factsheets/promoting-health-for-older-adults.htm

Prediabetes and Type 2 Screening Tools

CDC Prediabetes Risk test

- Takes 1-2 minutes to complete. All ages can take the risk test
- Health traits that people would know are included such as age, height and weight
- Does not ask about blood sugar or cholesterol levels

Link for test: https://www.cdc.gov/prediabetes/takethetest

American Diabetes Association Type 2 Risk Test

- Takes 60 seconds to complete risk test. All ages can take the risk test
- Health traits that people would know are included such as age, height and weight
- Provides an option to email test results
  - Includes tips for preventing Type 2 diabetes

Link for test: https://diabetes.org/tools-support/tools-know-your-risk

Do I have Prediabetes?

- Takes 1-2 minutes to complete. All ages can take the risk test
- Provides an option to email test results
- Connects individuals with prevention programs in their area if they have scored high

Link for test: https://doihaveprediabetes.org/take-the-risk-test/#

Cardiovascular Health Screening Tools

Check, Change, Calculator - American Heart Association

- Takes 5 minutes to complete
- Only for ages 40- 75 years old
- Provides a blood pressure chart
- Must know cholesterol levels and blood pressure level
- Must know your Medical history

Link to test below: https://ccccalculator.ccctracker.com

Cardiovascular Risk Calculator - Pan American Health Organization

- Only for ages 40- 75 years old
- Health traits that people would know are included such as age, height and weight
- Must know your systolic pressure (mmHg) - top BP number

Link to test below: https://www.paho.org/cardioapp/web/#/cvrisk

BMI Index tool - American Diabetes Association

- Takes one minute to complete
- All ages can take the risk test
- Must know your height and weight

Link to test below: https://diabetes.org/tools-support/tools-know-your-risk/bmi-calculator

BMI Index Tool -Pan American Health Organization

- Takes one minute to complete
- Must know your height in centimeters and weight in kilograms
- All ages can take the risk test

Link to test below: https://www.paho.org/cardioapp/web/#/bodymassindex

Helpful Resources to Fact Check Information

- Washington Department of Health
  https://doh.wa.gov/emergencies/covid-19/vaccine-information/frequently-asked-questions
- Centers of Disease Control and Prevention
  https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html
  https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html
- World Health Organization
  https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-vaccines#:~:text=All%20vaccines%20approved%20by%20stringent,severely%20ill%20with%20COVID%2D19.
- Vaccine Safety Net- Global Network of credible websites that provide reliable vaccine safety information
  https://www.vaccinesafetynet.org/vsn/network
- GAVI Alliance
  https://www.who.int/europe/about-us/partnerships/partners/global-health-partnerships/gavi-alliance

Care Connect of Washington

Care Connect Washington is a network of more than 100 care coordinators in Washington state that provide support to resources and services to sustain and better community health.

Services and resources include help with applying to unemployment benefits, subsidized housing or childcare, food assistance programs such as SNAP or WIC, Apple Health, and more.

https://doh.wa.gov/emergencies/covid-19/care-connect-washington

COVID Testing and Treatment Resources

Receiving free COVID-19 kits per each household

Every U.S. household may place an order to receive four free COVID-19 rapid test delivered directly to their home. The tests will detect the currently circulating COVID-19 variants and are intended for use through the end of 2023. You do not have to pay for shipping or entering information of your bank account or credit card. You only need to give a name, an email, and a shipping address.

Register in the following link: COVID Home Tests | USPS

If you need help placing an order for you at-home tests you can call: 1-800-232-0233 (TTY 1-888-720-7489)

Free over the counter COVID-19 test

All Health Insurance covers eight free over the counter COVID-19 test per person per month. There are two ways to get your tests for free:

1. Use a pharmacy or store that your health plan designates “in network” where you will be charged $0.
2. Get reimbursed by submitting a claim to your insurance plan.

Check with your health insurance provider to find an in-network pharmacy or to know what receipts or other documentation you will need.

Beware of the fraud if anyone calls, texts or emails you and states that they are from the federal government and want to help you to order free kits. Do not give your bank account, credit card information and social security to anyone for free kits.

Reference:

Health insurance covers at-home COVID-19 tests | Consumer Advice (ftc.gov)

Free COVID test kits are back: Here's how to get yours | Consumer Advice (ftc.gov)

How to get your At-Home Over-The-Counter COVID-19 Test for Free | CMS

Free COVID-19 Testing Sites

The U.S. government will continue to make COVID-19 tests available to uninsured individuals and underserved communities through existing outreach programs. These services will be provided through a HRSA health center, Test to Treat site, or ICATT location.

HRSA Health Center

Health centers are community-based and patient-directed organizations that provide affordable, accessible, high-quality primary health care services to individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and veterans.

Health centers integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care. Health centers reduce health disparities by emphasizing coordinated care management of patients with multiple health care needs and the use of key quality improvement practices, including health information technology.

Low- or no-cost COVID-19 tests are available to everyone in the U.S., including people who are uninsured, at health centers and select pharmacies. Contact your health care provider or your state or local public health department for more information.

You can find health centers that offer testing services in your state via the following link:
Community-Based Testing Sites for COVID-19 | HHS.gov

Reference: What is a Health Center? | Bureau of Primary Health Care (hrsa.gov)

Test to Treat Site

While vaccines remain the most effective way to prevent COVID-19 infection, there are also treatments available for people who are infected with the disease. These treatments may help individuals avoid severe illness, hospitalization, and death.

The Test to Treat initiative is available at thousands of locations nationwide, including pharmacy-based clinics, federally funded health centers, long-term care facilities, and community-based sites. In May 2022, the program was expanded to include federally supported Test to Treat sites, which reach vulnerable communities. Test to Treat partners include some of the nation's largest pharmacy chains.

First, patients are either tested on site or can bring in a positive test result from another testing site or an at-home test. Then, COVID-positive patients will meet with a qualified health care provider (either on site or through telehealth) who will determine whether the individual is eligible for the COVID treatment pills (Paxlovid or Lagevrio). If an individual is eligible, they will receive a prescription and can have that prescription filled on site.

As of July 6, 2022, state-licensed pharmacists may also prescribe the oral antiviral Paxlovid to individuals who meet certain requirements.

You can click on the link below to find "Test or Treat" locations near you.

COVID-19 Test to Treat Locator English (arcgis.com)

If you need help finding a place to get medication, you can call 1-800-232-0233 (TTY 888-720-7489)

Reference: Fact Sheet: COVID-19 Test to Treat | HHS/ASPR

ICATT Location

The CDC Increasing Community Access to Testing (ICATT program) will continue to provide no-cost COVID-19 testing for uninsured people that are symptomatic or exposed. More than 19,000 ICATT sites in US will offer no-cost COVID-19 vaccines under the CDC Bridge Access program to adults without health insurance and adults without full vaccine insurance coverage. An estimated 10,000 ICATT sites continue to support testing and disease surveillance needs at non-emergency levels.

The COVID-19 testing locator helps you find no-cost COVID-19 testing locations and contact information. Each provider handles their appointments differently, so you need to schedule your appointment directly with them. Click the link below to locate the nearest site to your location.

No-Cost COVID-19 Testing (cdc.gov)

You can also find available community-based COIVD-19 testing sites for free or low cost via U.S. Department of Health and Human Services website:

Community-Based Testing Sites for COVID-19 | HHS.gov

Reference: https://www.cdc.gov/icatt/index.html

Social Media Health Messages

Optional: Sharable Chronic Disease Posts

Spread health messages on your own social platforms! Here are **optional** posts and infographics for you to share. Feel free to customize and add your own unique touches.

Do You Have a Chronic Condition? You Are Not Alone

Customizable social media graphic promoting chronic disease
self-management WA programs

Here are optional resources you can add to your captions:

- National Diabetes Prevention Program: Find a Program | Diabetes | CD
- Walk with Ease: Welcome to Self-Directed Walk With Ease! | Washington State Department of Health

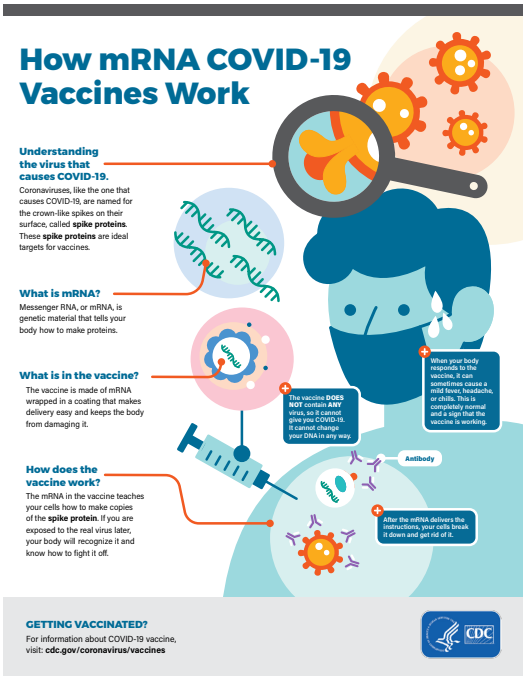
Click here for Canva graphic



How mRNA COVID-19 Vaccines Work

Provides understanding of how the COVID-19 vaccines work and process within your body

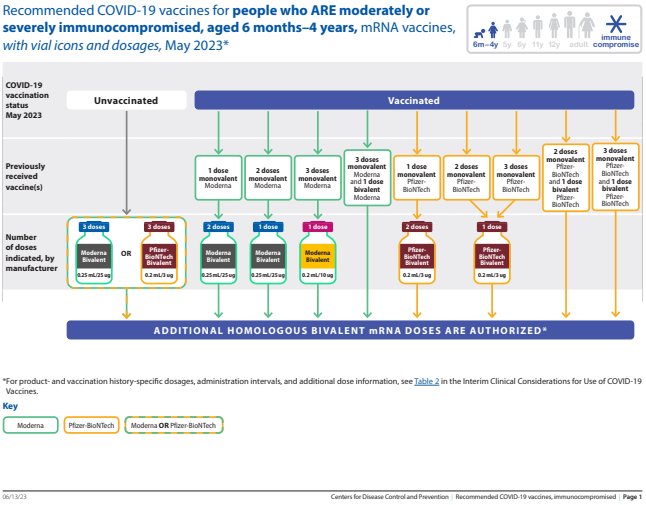
Click here for graphic



Recommended COVID-19 Vaccines

Provides recommendations about COVID-19 vaccines for people who are moderately or severely immunocompromised aged 12 years and older

Click here for graphic



Guide to Navigating 2023-2024 Respiratory Diseases this Fall

This trifold is a go-to resource for CHWs and community members to stay informed about the updates on the COVID-19 vaccine for 2023-2024 and respiratory diseases illness. Provides helpful tips on vaccine cost and locators for your community. Discover all the helpful tips included in this guide and be sure to hand them out to everyone to stay healthy this fall season

COVID-19 Brochure



Stay Connected with Comagine Health

For more information on latest events and community events or resources please contact the WA COVID-19 Outreach Community Health team:

Community Health Team
Joanna Den Haan
Director, Community Health
Office: (231) 350-8228
jdenhaan@comagine.org

Rana Amini MD, MBA
Manager, Community Health
Mobile: (971)-394-6450
ramini@comagine.org

Hailey Hernandez, MPH
Improvement Advisor
Mobile: (224) 336-8065
hhernandez@comagine.org

Shukri Farah
Associate Improvement Advisor
Office: (971)-394-6445
sfarah@comagine.org

Comagine Health is a national nonprofit health care consulting firm. We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the health care system.

If you are interested in learning more about Comagine Health work, please visit our site:



References

- **Centers for Disease Control and Prevention COVID-19 Vaccinations by County:** https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=Vaccinations
- **Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap:** https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html
- **COVID-19 and Chronic Disease: The Impact Now and in the Future:** https://www.cdc.gov/pcd/issues/2021/21_0086.htm
- **Racial Discrimination, Inflammation, and Chronic Illness among African American Women at Midlife: Support for the Weathering Perspective:** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8183614
- **National Diabetes Statistics Report 2020. Estimates of diabetes and its burden in the United States:** https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf
- **Heart Disease and African Americans:** https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19
- **Centers for Disease Control and Prevention Arthritis Types:** https://www.cdc.gov/arthritis/basics/types.html#:~:text=Arthritis%20means%20inflammation%20or%20swelling,include%20joint%20pain%20and%20stiffness
- **Chronic Disease Profile:** https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-334-Black.pdf?uid=643dae35e0152
- **CDC-Building Confidence in COVID-19 Vaccines Among Your Patients: Tips for the Healthcare Team:** https://www.cdc.gov/vaccines/covid-19/downloads/VaccinateWConfidence-Immunization-Coordinators_508.pdf
- **Building Trust In Vaccination:** https://coronavirus.jhu.edu/vaccines/report/building-trust-in-vaccination
- **An Overview of Motivational Interviewing by Lauren Quick-Graham, MSW, LCSW, LCAS, CCSI:** https://comagine.org/filebrowser/download/984
- https://www.cdc.gov/chronicdisease/resources/publications/factsheets/promoting-health-for-older-adults.htm
- https://www.myplate.gov/
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html#:~:text=MYTH%3A%20A%20COVID%2D19%20vaccine,you%20sick%20with%20COVID%2D19.
- https://www.cdc.gov/flu/pdf/freeresources/general/poster-take-3-fulltext.pdf
- https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters
- https://doh.wa.gov/you-and-your-family/illness-and-disease-z/flu
- https://www.cdc.gov/flu/spotlights/2022-2023/flu-vaccination-recommendations-adopted.htm

- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html
- https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/communicable-disease-surveillance-data/respiratory-illness-data-dashboard
- https://www.cdc.gov/media/releases/2023/p0914-uninsured-vaccination.html
- https://www.nia.nih.gov/health/healthy-meal-planning-tips-older-adults
- https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf
- https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm
- https://www.cdc.gov/flu/pdf/freeresources/general/poster-take-3-fulltext.pdf
- https://www.cdc.gov/flu/highrisk/index.htm#who
- https://www.ruralhealthinfo.org/toolkits/health-promotion/2/strategies/health-communication
- https://www.ncbi.nlm.nih.gov/books/NBK338333
- https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-022-00828-z
- https://www.cdc.gov/icatt/index.html
- https://aspr.hhs.gov/TestToTreat/Pages/fact-sheet-covid19-t2t.aspx
- https://bphc.hrsa.gov/about-health-centers/what-health-center
- Health insurance covers at-home COVID-19 tests | Consumer Advice (ftc.gov)
- Free COVID test kits are back: Here's how to get yours | Consumer Advice (ftc.gov)
- How to get your At-Home Over-The-Counter COVID-19 Test for Free | CMS
- https://www.cdc.gov/flu/index.htm
- https://doh.wa.gov/you-and-your-family/illness-and-disease-z/flu
- https://www.cdc.gov/rsv/index.html
- www.cdc.gov/vaccines/programs/bridge/index.html
- www.cdc.gov/vaccines/programs/vfc/index.html
- www.doh.wa.gov/emergencies/covid-19/masks-and-face-coverings

Comagine Health

Contact Us:
comagine.org/contact