



TRANSFORMING SCHOOLS

# Community Health Workers

**IN ACTION**

By Katia Riddle for Children's Institute

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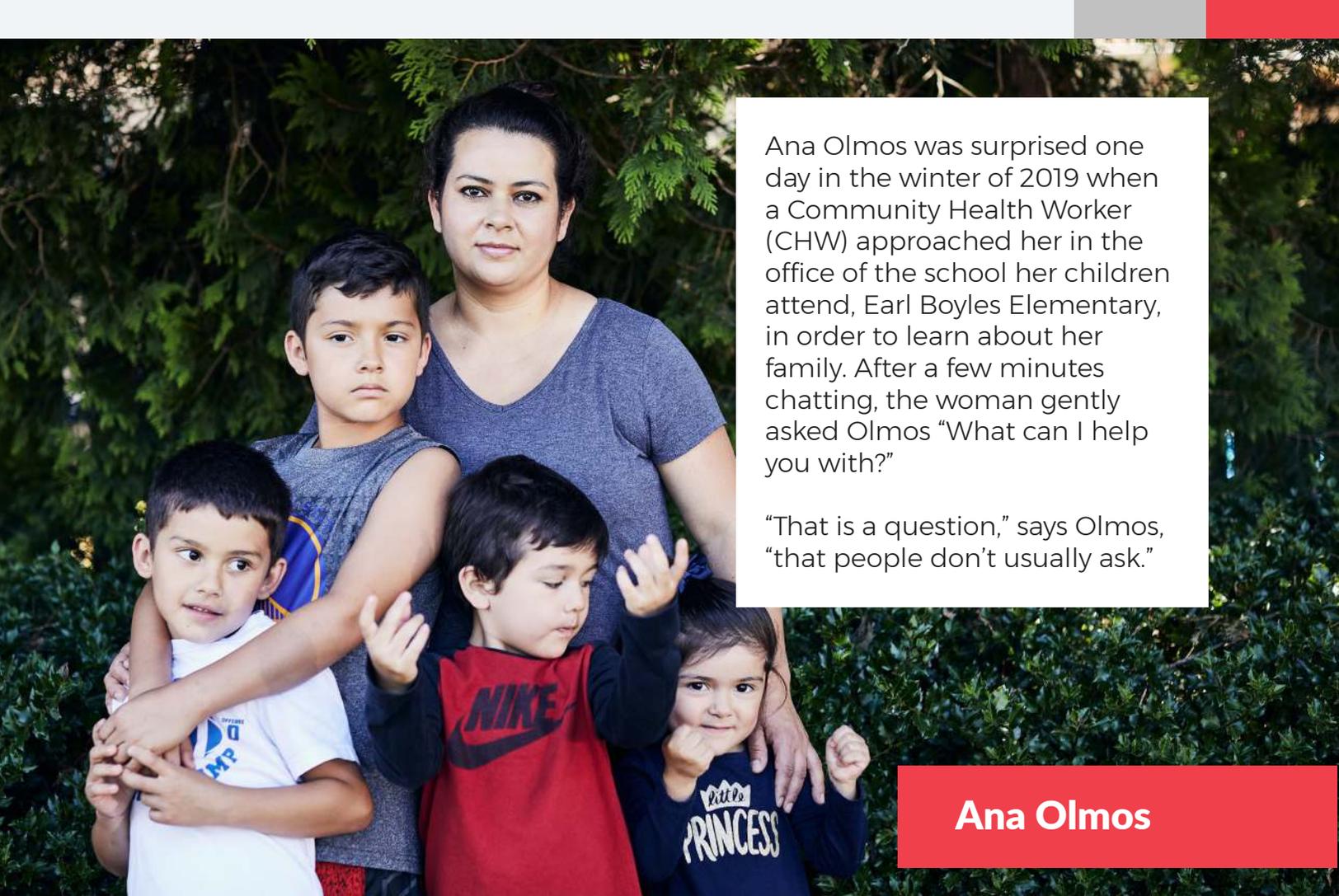
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Ana Olmos was surprised one day in the winter of 2019 when a Community Health Worker (CHW) approached her in the office of the school her children attend, Earl Boyles Elementary, in order to learn about her family. After a few minutes chatting, the woman gently asked Olmos “What can I help you with?”

“That is a question,” says Olmos, “that people don’t usually ask.”

## Ana Olmos

With four young children and two intermittent jobs between Olmos and her husband, the family struggles. Over the following months Lilya Yevseyeva would help Olmos get diapers, winter coats, food and even toothpaste. Beyond easing their family’s strain, says Olmos, Yevseyeva’s help provided another less tangible asset: real trust for a person at her children’s school, someone to whom she could reveal any challenge or problem.

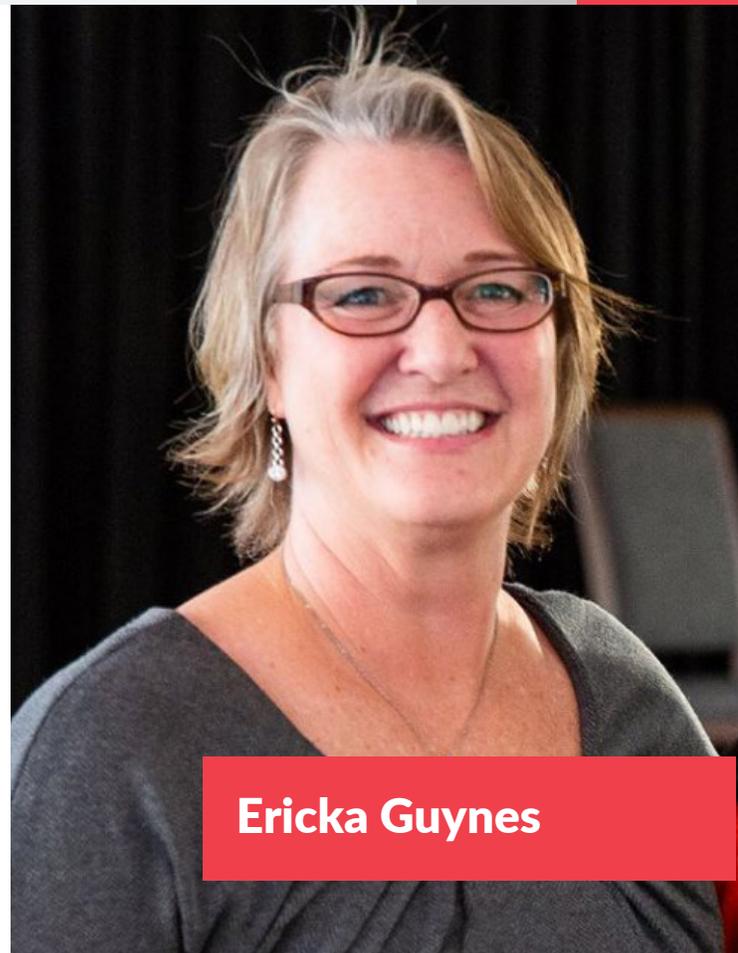


*Sometimes at school,” says Olmos, “It’s hard to ask a question without feeling like you’re asking too much.”*

It’s unusual for families and students to be able to access this kind of help through a school. Earl Boyles Elementary is part of a unique pilot program predicated on a body of research showing that a child’s mental health and academic success are directly related to the well-being of the entire family. A CHW such as Yevseyeva, based full-time at Earl Boyles Elementary, empowers the school to address a family’s comprehensive health needs.

“I think of all the flyers we give out—the robocalls, the texts, trying to reach families that may otherwise be isolated from the school,” says Earl Boyles Elementary Principal Ericka Guynes. “It’s just not the same as someone coming and knocking on the door and saying ‘How can I help you?’ ‘Can I get this prescription filled for you?’ ‘Can I take you to the doctor?’”

In addition to the full-time CHW, four volunteer community ambassadors work closely within the Earl Boyles community. Also trained in community health, these ambassadors help families navigate a range of challenges. Health care and access to it are a primary focus, but the list of stressors this team helps families triage and cope with includes children’s behavior issues, housing, trauma, abuse, incarceration, and undocumented immigration.



**Ericka Guynes**

Nearly 75 percent of students qualify for free and reduced lunch at Earl Boyles Elementary, and housing instability and food insecurity are also very high.

With more than two dozen languages spoken in the Earl Boyles community, these health workers are a precious asset for reaching families in need.



*To be able to connect in Spanish or Vietnamese or Russian,” says Guynes, “it’s a high level of trust and power that we may otherwise never be able to get to.”*

While community health work is a growing profession, most such workers are not working in an educational setting full-time, nor is there a well-established pathway to placing a CHW in a school, in Oregon or nationally. The process of establishing a full-time CHW and volunteer team of community ambassadors at Earl Boyles Elementary has spanned a number of years and demanded innovation. And while the program has been a success, its future is still precarious.

The purpose of this report is to demonstrate the significant power of such a program, as well as the challenges, learnings, and emerging best practices around it.

## Schools are an ideal setting for community health work

In previous community health work in non-school settings, Lilya Yevseyeva would see clients in their homes, but felt this was often a burden for families, as it required scheduling and tidying homes for visitors. In the school, “I just run into them in the hallway,” she explains. “If I don’t talk to you today, I’ll see you tomorrow.”

At Earl Boyles Elementary, Yevseyeva splits her time between case management, community outreach, and workshop facilitation on topics such as safe sleeping for infants or healthy cooking.



Across the practice of community health work, these small engagements with individuals are labeled as “touches” or “care steps.” Beyond their immediate purpose, these interactions provide opportunities to get to know a family. It can take dozens of care steps to build the level of necessary trust to really help; at Earl Boyles Elementary this process can happen quickly.

Principal Ericka Guynes says she sees the impact of the community health work at her school almost daily. In one memorable circumstance, she recounts, several students—siblings—needed prescriptions refilled.

Yevseyeva drove the students’ mother to the pharmacy. During the car ride, she got to know the family and learned of other issues they were grappling with, including homelessness and a custody battle. As a result, Yevseyeva went on to help them take advantage of more resources.

This kind of assistance can make the difference in preventing a family from losing their home, helping them navigate the court system, or keeping kids from quitting school altogether.

*I just wouldn't have had the opportunity to get to know this mom or establish this kind of trust and intimacy,” says Guynes. “I’m asking myself: Would we ever have been able to help her so quickly without a Community Health Worker? No. No way.”*



Community  
ambassadors  
at Earl Boyles  
Elementary



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**Josette Herrera**

Josette Herrera has six children, and her youngest—age 11—finished his final year at Earl Boyles Elementary in 2020. Volunteering as a community ambassador, she says, has helped her make sense of her own story. “I grew up in a family where we dealt with addiction, domestic violence, abuse, and alcoholism,” she explains. “I knew that. But until I took the community health work training, I never really paid much attention to it, I guess.”

In this role, Herrera estimates she’s participated in at least a dozen training sessions and conferences. In addition to community health work, topics have included sexual abuse, parenting, leadership, and domestic violence. The training has empowered her to help people in the community grappling with these issues, by either providing emotional support or directing them to other resources.

On a rainy February morning as she walks into the school, Herrera waves hello to parents, admires toddlers and babies, and helps children into their classrooms. There aren’t many children at the school she doesn’t know by name. Though the role doesn’t necessarily require it, Herrera has a near-constant presence at the school.

Because the Earl Boyles community is so rich in diversity, it would be literally impossible for one person to reflect the cultural profile of the school, and yet

staff realized that was exactly what was necessary for the program to elevate and leverage parent engagement. They began cultivating and training a demographically broad group of volunteer ambassadors a year after the Community Health Worker was in place at the school.

Herrera has lived in the community since 2006, when she found her way to an apartment in the neighborhood as a single, pregnant mother of four children. Now, as an established community member to whom people turn when they need support, she says there is almost nothing that surprises her, or that she can’t relate to. “I’ve been homeless, I’ve been in jail, I’ve been in a domestic violence situation,” she says.

Herrera was one of the school’s original ambassadors, starting in 2016. She says she plans to continue the role even as her youngest son moves on to middle school.

Cindy Banh, another ambassador, was born in Vietnam. Banh speaks Chinese, Mandarin, Vietnamese, and English. She has a son in third grade, and was recruited into the ambassador program when he was enrolled in the school's preschool program. Banh translates for families who don't speak English, and is called on regularly for parent-teacher conferences or to translate homework or notices sent home.

These small communications, however, can lead to more meaningful discussions—like the difference in expectations in American culture versus Chinese, or how families can access resources like the school's food pantry, a free zoo pass, or a clinic on car-seat safety. "I'm helping them understand the whole way of life in America," Banh says.

The value of the ambassador role became even more clear in the spring of 2020, when Earl Boyles Elementary closed along with the rest of Oregon schools in accordance with the governor's emergency Stay Home, Save Lives order. Because 40 percent of families in the community were food insecure even before the pandemic, many were already living in crisis. Moreover, undocumented residents had very few safety nets, including emergency unemployment insurance.

As the school staff worked hard to establish distance learning, the staff at the school's neighborhood center worked alongside them to distribute food and direct people to other resources and emergency services where possible with the ambassadors working on the front lines.



**Cindy Banh**

In her role as translator, for example, Banh worked with families who needed homework help or assistance with technology. She became a one-person bilingual tech support center as she spent hours on the phone with parents who were trying to understand how to set up their students' online school chats or fix computers. "Honestly, if they didn't have me, I have no idea what they would be doing," Banh says.

Erika Hernandez, who oversees the school's neighborhood center, observed that the community ambassadors became an indispensable resource as the existing inequities were amplified through the pandemic. "The teachers and school staff did initial outreach to families, but I really counted on the ambassadors to bring in those families that were unreachable at first," she explains. Hernandez estimates that in the first weeks of the crisis the neighborhood center was able to reach at least 20 percent more families that were in housing or food crises but reluctant to engage—often out of fear around lack of documentation.

As the recipients of emergency federal funds to culturally specific organizations, the school's neighborhood-center partner was ultimately able to distribute cash for housing to many of these families during the pandemic, regardless of their documentation. Moreover, says Hernandez, being in touch with these families helped the neighborhood center understand the fundamental needs of the community in crisis. at a time when finding and communicating with people was harder than ever.

"To me, this is what a community school really is," she says.

A portrait of Erika Hernandez, a woman with dark hair pulled back, wearing a black V-neck shirt and large, ornate gold earrings. She is smiling broadly and looking slightly to the right. The background is a brick wall.

**Erika Hernandez**



## The future of community health work at Earl Boyles

Initial funding for the CHW position at Earl Boyles and training for the community ambassadors was funded through Health Share, one of Oregon's coordinated care organizations, as a small, short-term pilot project. Though this structure provided a promising start to a public funding model, a clear path to scaling this approach throughout the state did not immediately emerge, and the funding for this demonstration project was not sustainable for Health Share. An ideal funding approach would involve a collaboration between multiple public funding streams, to protect programs from relying disproportionately on one source.

Subsequent funding has come through a grant awarded from a local foundation, which has been renewed every year, though relying on philanthropic funding is also not sustainable or ideal. Lacking predictability, it's unclear what the future of Earl Boyles Elementary community health work will look like.

What is certain is that the position and group of ambassadors have become a critical part of the school, and that the staff have come to depend on it. Earl Boyles Principal Ericka Guynes is hopeful the community ambassador program in particular will become stronger and grow to include even more representatives from other backgrounds in the community.

In fact, Guynes herself is one of the program's biggest assets. Unconventional public programs such as this one need champions inside the systems they're embedded in. By cultivating this team of community health workers, Guynes, the school staff, and all the other partners involved in this program have ultimately helped the community build its own capacity for resilience and independence—and set an example for the rest of the state, showing the power of a community health approach in schools.

## 1. Sustainability is a challenge

Though the Earl Boyles Elementary CHW was funded initially by a round of public funding through one of Oregon's coordinated care organizations, the funding has continued through a grant from a local Oregon foundation. Ideally, a CHW in the school would be prioritized and funded with revenue from both school districts and public health care systems, and included as part of a reliable and blended funding model that leverages money from federal or state levels.

Moreover, pay is also a challenge. The average hourly wage for a CHW in 2019 was \$22.55, according to the U.S. Bureau of Labor Statistics. According to a representative from Oregon's Health Authority, pay is the number-one challenge CHWs face across the state. It is a relatively low wage for a job that can be quite grueling. Given the direct connection between time spent getting to know community members and efficacy, turnover associated with low wages can be a handicap for CHWs everywhere. The position at Earl Boyles Elementary is subject to these same constraints.

Finally, while this position is located in the school, it is facilitated through a partnership with Immigrant and Refugee Community Organization (IRCO), which provides expertise for training and hiring Community Health Workers. This structure introduces another level of coordination, supervision, and accountability within a school system, and can be a challenge.

## 2. Ambassadors would benefit from clinical supervision

Community ambassadors at Earl Boyles Elementary are given training in community health work, but unlike paid CHWs they do not have clinical or formal supervision.



I

## Challenges and lessons learned through Earl Boyles Community Health Workers and Ambassadors

And yet, the issues they're called on to help address include physical and substance abuse, housing and medical crises, and undocumented immigration. In interviews for this report, ambassadors described being called in the middle of the night to rush people to emergency rooms, to consult on unplanned teenage pregnancies, and to provide counsel for domestic violence victims. One ambassador explained that simple home visits ostensibly focused on topics like nutrition can easily turn into an intervention around abuse.

While their training provides a foundation for addressing these scenarios, it is not a substitute for oversight from trained clinicians and professionals. Staff with the Early Works initiative expressed concern that the ambassadors would themselves experience trauma in the course of this work.



### 3. Few pathways to employment

In the original conception of the community ambassador program, a goal was to provide training and ultimately employment opportunities to its participants.

In fact, one of the ambassadors is, at the time of this writing, working as a part-time health assistant at the school—a direct result of her community health work and school engagement. In addition, at some points throughout this program the ambassadors have been paid with stipends for discrete bodies of work.

However, while the ambassadors on the whole have been the recipients of useful training, the position has not evolved into a clear launch point for consistent employment. In part this is due simply to a lack of opportunities, both at the school and in the Earl Boyles community. As a result, staff have expressed concerns around equity as the school benefits significantly from this unpaid workforce.

Conversely, several ambassadors observed that community members felt more comfortable confiding in them with the knowledge that the ambassadors were not officially part of the school system—preserving their volunteer status may also help facilitate communication.



## II

## Benefits of Community Health Workers

As front-line Community Health Workers who help people navigate social and health systems, CHWs have a capacity to improve well-being that reaches far beyond their formal credentials. Without a medical degree, they can improve diabetes management or cardiovascular disease; without working as a school administrator or teacher, they can improve classroom success; without training as an obstetrician, they can improve birth outcomes for babies.

They can also save the system a lot of money.

Studies have shown that individuals and communities working with CHWs have less frequent emergency room visits, more frequent cancer screenings, and more efficiently managed chronic conditions such as diabetes and heart disease. Moreover, the role has proven social benefits, including better school attendance and post-incarceration re-entry into the workforce.



*As members of the community themselves, they understand the histories, current and past trauma, resilience, and needs and concerns of the community in a way that people who are outside the community simply cannot do,” says Beth Poteet, who works for Multnomah County Health Department and helped establish Oregon’s current CHW training program. “These relationships they have with community members are essential for improving health.”*



Across the United States, CHWs are employed in clinics, nonprofits, universities and public health departments. Poteet says CHWs played an especially critical role in the spring of 2020 when public health officials in Oregon were establishing the most effective way to communicate across the state during the pandemic. “Community health workers were some of the front-line folks,” she explains. “They can deliver the message, for example around social distancing, in a way that is both linguistically and culturally appropriate.”

The magic of community health work is in the impact it can have on upstream social factors called Social Determinants of Health—including housing, incarceration, access to healthy food, environment, access to care, health coverage, poverty and graduation rates. Some researchers suggest CHWs can influence even less measurable forces such as social networks, or freedom from bias or racism.



*Physicians and other medical professionals—their positions really aren’t designed to provide that type of support,” says Betty Izumi, a public health researcher at Portland State University who has worked extensively with CHWs. “But Community Health Workers are responsible for holding those relationships and tackling barriers to service.”*



## Benton County's Public Health Department creates another model for school partnership

In Oregon's Benton County, a partnership between the county health department and the school district helped embed bicultural, bilingual CHWs full-time in two elementary schools and one middle school. With almost 35 percent of the residents in this county earning less than \$10,000, and a significant Latino population, families trying to access health care in Benton County have tremendous economic, language and cultural barriers.

The school-embedded CHWs are aligned closely with a team of 24 other CHWs who work in other community settings.



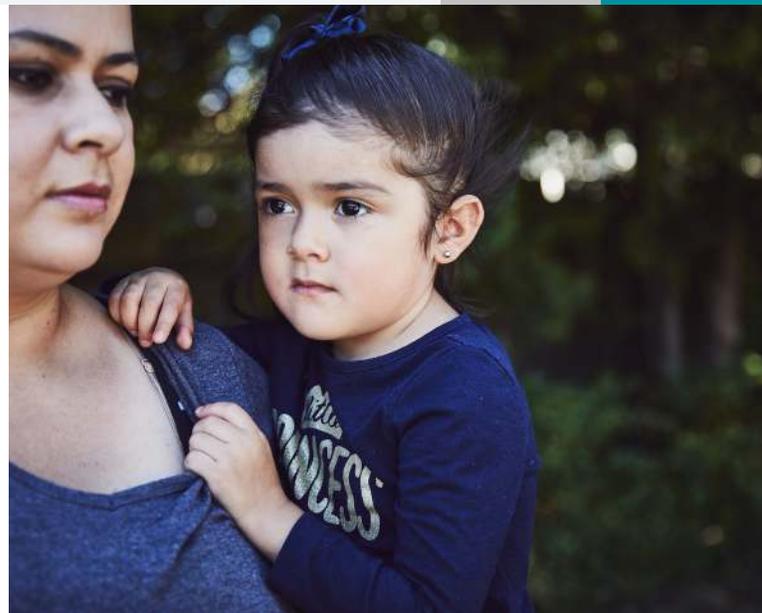
As part of this larger network, *"all the CHWs are able to help families with any range of services,"* says Kelly Volkmann, a program manager at Benton County who oversees the program. *"They can enroll families with the Oregon Health Plan, and assist with food, housing vouchers, and transportation."*



In the program's first year, the county's public health department reported that well-child visits among children tracked in these schools increased from **28** to **51** percent, and vision screenings from **34** to **57** percent.

## The future of community health work at Earl Boyles

The school saw a tremendous increase in parent engagement. “All of a sudden we had parents coming to parent-teacher conferences who had never gone before, just because they hadn’t understood it was important,” says Volkmann. “Even though there had already been a bicultural PTA, parents previously felt like they couldn’t go. Now, some schools have started their own support groups within the PTA.”



The program was initially funded in 2014, through a grant from Oregon Health Authority, but the district’s school administrators were so pleased with the impact at the schools that they agreed to cover half the cost moving forward. As a collaboration between the Corvallis School District and the Benton County Health Department, it has since grown in scope, adding a third school and position.



*“We have always had a community health center and mental health counselor on-site,” says Aaron Hale, who is the principal at Lincoln Elementary, a participating school. “But I have never seen families access these resources the way they have since the health worker started working on-site. We have better school attendance. It just allowed us to hear families’ voices in a way we never could before.”*

Volkmann advises other districts and public health departments that are interested in establishing programs such as this one to start small, build meaningful partnerships and allies, and focus initially on quality training as a number-one priority.

Community health work is having a moment in Oregon right now.

While CHWs have been working on the front lines delivering services for hundreds of years across cultures, the role has often been formally overlooked. That started to change in 2010 with the Affordable Care Act, which acknowledged the important role CHWs play and laid the groundwork for states to establish CHW training programs and paid positions. The U.S. Department of Labor has recorded a significant jump of CHWs since then, with the workforce growing by 27 percent from 2012 to 2015.



## IV

### Pathway to policy change for community health in Oregon

Recognizing the growing demand for culturally specific community health workers, the Oregon Latino Health Coalition partnered with the Multnomah County Health Department to create the nonprofit Oregon Community Health Workers Association (ORCHWA) in November 2011. Today this organization provides training and oversight, and has become a national leader in determining best practices and setting policy around community health work.

Oregon is one of the states that has recently formalized a role for CHWs in delivering health care. As of January 2020, Oregon is requiring CCOs to embed traditional health workers—an umbrella term that includes CHWs along with other occupations such as health navigators, doulas and wellness specialists—in their networks. These organizations are responsible for delivering services to nearly 1 million people.



## The future of community health work at Earl Boyles

How this requirement will manifest on the ground in Oregon will vary significantly in different locations. Yet it is an important first step to formalizing the role health workers play in the state, and an acknowledgment of their tremendous return on investment for the health care system as a whole.

Currently in Oregon, a CHW certification requires 90 hours of training, and there are more than 1,000 CHWs across the state. There are more than 50,000 employed across the country.

Though there is not a clear pathway for embedding CHWs in schools, those who work at Earl Boyles Elementary and other high-needs schools point out that the intersection between the social determinants of health and early education is significant, and reaching families through schools provides an access point that can otherwise be hard to find.

Expanding community health capacity inside schools would be a natural next step for public health in Oregon, and includes a role not just for CHWs, but also for other credentialed non-traditional health workers such as culturally specific Community Education Workers, or CEWs. Already in Multnomah County there are seven of these important educators working with hundreds of African American, Native American, Latino, Somali and Burmese families across the county, focusing on early childhood with families that have children yet to reach school age. By partnering with these educators, CHWs can create seamless support that begins in the home and continues in the school.



## The community health journey at Earl Boyles Elementary

The community health program at Earl Boyles Elementary in the David Douglas School District evolved out of a unique, long-term project called Early Works, a partnership with the elementary school and the Oregon-based policy organization Children’s Institute. The initiative has three primary areas of focus: early learning, family engagement, and health.

As an effort to blend and braid public programs and funding streams at one elementary school, the initiative demonstrates the power of state- and federally-funded early education and wraparound programs for children in a high-needs population.

As a demonstration project, it’s an effort to build public buy-in for the importance of early childhood education, and to influence policymaking and public investments. The project has evolved over the last decade to include many community partners.



Evolution of the community health program at Earl Boyles includes these key milestones:

2012

+ Partnering with Head Start, Early Works staff start a pre-K program at the school, creating a key access point for reaching families with young children before they enter kindergarten. The project has evolved over the last decade to include many community partners.

2015

+ Researchers from Portland State University and community members finalize the Community Health Needs Assessment findings, which identify significant cultural and economic disparities to accessing health care and social services in the community.

... 2015 continues on next page

2010

+ Early Works project begins at Earl Boyles Elementary

2014

+ Portland State University researchers partner with culturally diverse community members to spend a summer collecting data through an in-depth survey on the health needs of families in the Earl Boyles community.



... 2015 continues from previous page

- + Leveraging the Community Health Needs Assessment, Early Works staff form a neighborhood advisory council that includes parents, in order to plan for a neighborhood center at the school.
- + The neighborhood center opens, offering an important point to centralize information for programs and services the community can access. The council recognizes the need for a community health worker to facilitate this engagement.
- + For staffing and technical expertise on community health work, Children's Institute and Earl Boyles administrators turn to another community partner, Immigrant and Refugee Community Organization (IRCO).



... 2016 continues on next page



### 2016

- + Coordinated care organization Health Share comes on board as an initial funding partner for the community health program at Earl Boyles
- + The first Community Health Worker, Rebeca Márquez, begins at Earl Boyles Elementary. In her first year on the job, Márquez helps organize and run flu-shot events, eye checks for students, and dental clinics, among other things. She and the staff organize a memorable community fair in a local park with face-painting, bounce houses, free food and informational booths from community resource organizations.



2017

+ The community ambassador program begins at Earl Boyles Elementary, with start-up funding from CCO Health Share of Oregon. Four community ambassadors are selected from the community based on their interest, passion for building community health and resilience, and availability to commit significant time to this role.

... 2016 continues from previous page

+ Staff at the Children's Institute learn about a program in Chicago, Logan Square Neighborhood Association, in which parent mentors work in classrooms. They wonder if a similar program with parent ambassadors could help meet the goal of building community capacity at the Earl Boyles Neighborhood Center, and helping more families connect to services and resources.

2018

+ As the program matures, strong school and community connections have grown. The CHW and community ambassadors have become integral to the school community, making families feel welcome in the school building and ensuring teachers and school staff are kept up to date about the variety of health, housing and social service resources available to families. Every year the team hosts a variety of community events that connect families to resources, celebrate the cultural diversity of the neighborhood and build a sense of community togetherness.



VI

Budget

The following table reflects the initial 2017 budget for the community health work program at Earl Boyles Elementary. Initial investment in such a program may vary depending on factors including geography, partnership costs, training, and administrative structure.

Personnel	Includes clinical supervision, salary and benefits	\$62,000
Support	Includes staff development, training, and insurance	\$56,000
Administration fees from partner organization	Includes evaluations and oversight	\$12,000
<b>Total:</b>		<b>\$130,000</b>



Photo credit: Jay Fram  
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