



Transcript from November 17, 2022: The High Human Stakes of Ongoing Support for the Community Health Workforce

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Welcome to today's Webinar, the high human stakes of ongoing support for the community health workforce.

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How are you, Monica? Shock? Spawna will now be good

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Good afternoon. Everyone this Webinar is an output of communal health.

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Some of you have been with us since November of 2,020, when we launched the Communevax coalition, and Communal health is the second phase of our work.

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We initially focused on strengthening the community's role in an equitable COVID-19 vaccination campaign.

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At the start of 2022, we adopted the identity Communa health, because we really wanted to say very strongly that a sustainably financed community health sector is critical to the ongoing reversal of health disparities during the Kovat 19 Pandemic and

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It's essential to the further advancement of wellness among communities of color going forward in the United States.

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Both communication, and community health are co-LED by myself.

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I'm with the Johns Hopkins of rail security at the Bloomberg School of Public Health and my co-lead is Dr.

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Emily Bronson at the Department of Anthropology, with Texas State University.

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I do want to thank our sponsor. This Webinar, and the work behind it has been made possible by a very generous grant from the Chan Zuckerberg initiative which is an advised fund of the Silicon valley community foundation So why are we here today 2 reasons and

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Rachel's gonna flash up the first reason the first is to publicly launch what we've called the Communal Health Playbook, and this is a multimedia compilation of field tested strategies and tactics for advancing the community health sector locally and you're going

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To hear today from university researchers and their community partners about all the activities that they've been engaged in.

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So that they could advance their local community health system and help other people, such as you and the audience, with some processes, tactics, and templates.

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That could give you a leg up in the same type of same type of an endeavor.

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And I do want to say, Rachel, if you'll show the next slide we are launching the set of of reports today.

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The community health playbook. But the White House got a sneak preview yesterday, and we do want to give a shout out to the Biden Harris administration and their wonderful advisors for convening the Kovat 19 equity and what works the summit and what works showcase at

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Which 2 of our researchers, Dr. Stephen Thomas and Dr.

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Steven McClure were able to discuss the work they've been doing with their community partners, and so thank you.

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Stephanie and Stephen for representing the coalition.

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Yesterday. So right now I want to tell you a little bit about the agenda over the course of 2
pals.

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You're going to hear from communal health researchers and their local partners.

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As I said, they're coming from communities in Alabama, California, and Maryland.

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And then after the panelist remarks, We're going to take some questions and answers we're
gonna a lot some time for questions from the from the viewers.

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So please be prepared to put any questions you may have in the Q. A.

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Box. So at this point I'd like to hand the virtual mic over to Dr.

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Okay, perfect. Thank you so much. Appreciate it.

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Sanjin Arabi, who's a member of the Commune Health Coalitions National Working Group, and
she's going to moderate our very first panel, Sanjana over to you

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Great. Thank you so much, Monica, and good afternoon, everyone it's wonderful to see.

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Well, here it's my pleasure to introduce my colleague this afternoon.

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Dr. Steven, Thomas, who's the director of the Maryland Center for health Equity at the
University of Maryland School of Public Health. Dr.

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Okay.

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Thomas is also the leader for the community health team operating in Prince George's County.

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Here in Maryland, joining Dr. Thomas on the first panel are 3 representatives of the Wellness
Warrior Network, which will be hearing more about today we have Miss Terry branch of perfect
styles Salon in Newport news Virginia we have Miss Michelle Lamb of the Airport.

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Barber and Beauty Studio of Cincinnati, Ohio, and we have Miss Dorothy Reynolds from impressive styles Bnb.

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And elite cuts. Barber shop in Pine Bluff, Arkansas.

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So Dr. Thomas, if you could, please begin, it would be great to hear you describe, for the audience some of the can you help activities that your team has been undertaking in Prince George's County and beyond and what resources your team and community partners have developed as part of the communal health

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Playbook, and after that I'd love to hear from you and your community collaborators to maybe talk through some of the following questions: so?

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How has a human centered community health, infrastructure continued to exercise on match skills during the COVID-19 pandemic response.

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What further advances and help and well-being can be had if these local champions continue to receive sustained support, moving forward, and then finally why, walking away from a still fragile, community health sector and declaring mission accomplished at the stage of the pandemic might actually cause health

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Disparities to research and cause hard one trust in these communities to fade.

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Oh, thank you so much, Sanjana, and I'm gonna ask the warriors to turn their cameras on and I'm gonna take a chance here and share my screen and hope.

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It all works out there in cyberspace. I want you to give me a thumbs up.

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If you can see this Powerpoint slide. Is that a?

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Yes, thumbs up.

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Okay. Very good. Well, first of all, thank you very much for for this invitation, and an opportunity to to share our successes on the ground.

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And I I I put up our cover of our report, strengthening health, promotion through sustain hyperlocal community engagement, because it just is hot off the press and the Timing.

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Could not have been better in sharing this information with the the White House summit yesterday.

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And you'll see some of our lead warriors there.

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It gives you an idea of the time when we took that photo when everybody was in mass, and let me ask my my warriors out there, to turn their cameras on, and let me introduce them to the audience.

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I am so happy to have with us here today.

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Okay.

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Michelle, I am from Airport, Barbara, and now salon in Cincinnati, Ohio, former Buckeye, Or actually fellow Buckeye, Columbus, Ohio, and and we have Terry Branch precise Styling, from Newport, News

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Hey, Dave!

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Virginia, hey, Terry, my mother! My mother, grew up, born born and raised in Newport News.

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Yes.

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And Dorothy Reynolds, impressive styles and pine bluffs, Arkansas.

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Oh, wow! It's been amazing watching you grow, Dorothy I can't wait to hear from you later.

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Today, so like here's what I would like for each of you to do.

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I'm gonna give you the floor and ask you to say a little bit more about yourself.

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That's not apparent in in these brief intros here, and I'll start with Michelle Lamb.

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I'm gonna stop sharing. And Michelle give us a little bit more.

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About who you are, and what motivates you to be a wellness warrior

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Well, my name is Michelle Lam, and I own the airport, Barbara and beauty studio here in Cincinnati, Ohio, I've been in this industry for 35 years, and i've always done things for the community so this when this was presented to me this

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Was almost like God saying: I saw them in Smbc.

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I wanted to do it, and it came to fruition, but some of the things that I've done in my business.

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I've done voters registration. I have kids reading I'm I'm teamed up with the Cincinnati Public Library to read while your wait.

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I. Post a. C. W. Class to make sure our community carries properly and know the laws.

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No the hold on because you got these acronyms in there.

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Everybody that may not be from sensing he what W. What

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Weapons.

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W. I'm sorry. Consult consider! Oh, God, do you throw me concealed? Carry classes.

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Wow!

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Yes, so I also host, and do that for the community, so that when people carry they can carry safely and note that so I've done numerous things.

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In my community.

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Very good, very good. So I have a little bit more from from the Buckkeye State, and hey, Harry, tell us a little bit more about you that's not apparent in your in your title

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Okay. Well, I am a serial entrepreneur.

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My salon is just one of my businesses. I actually have a publishing company here too, so a little bit like Michelle.

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We, do a lot of things with children, books, and things like that, because I actually have a children's book about my little dog.

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And so we are really big, in the community here. Me and one of my business partner, my partner for the publishing Company, because we are on she's president.

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But I'm actually on an executive committee for Naacp.

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Here, so I'm used to helping our community and and like with kind of smelling with Michelle was talking because I feel to this they don't know.

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I only reason I could say you guys found me was with God because I don't.

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I still don't know how we came in contact. I just got an email, and I decided, Hmm, let me get on here and see what this is about, and and I'm gonna be honest when they start saying doctor, and all these positions and and not I was like wait.

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I'm not adopting. Then I started listening in it, and it didn't start hit.

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No, I'm gonna start interacting. And next thing you know, here we are, and and it's so amazing because I my connection to this start out just wanting to help like usual in my community.

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Yeah.

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And then it became personal when I started losing people. So I'm gonna be that part right there, because that's the title I'll drop to yours like within seconds.

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So we will say that to later. But but I do a lot in our community a lot of my clients.

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Trust me. They they they love me, and they need that. I'm not gonna guide them wrong or see them wrong.

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So this right here was something God sent to me, and I made it a priority. I made it.

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A priority, because each and everything I have 5 businesses I'm a published author.

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I travel on a book tour to several different States. I've gotten awards in the airport and in Atlanta for my folks.

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I've got award in Detroit, and and I do a lot of stuff, but I'll treat this just like one of my babies like if you got 5 keys you gotta make sure they all get love and so this one gets equal.

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Love, and when I tell you I feel so amazing, being amongst these great people I call Michelle and my sisters, and my brothers, and Dr. T.

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I, Daddy! You know he he he tell us the go here do this or this is what we are do, and he just aligned everything. And I just love it.

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I'm just so amazed. I've learned a lot things I didn't know to go along with the things that I do know and it's just every day is something different like yeah, I was in tears behind the scene watching Dr.

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T talk at the can you imagine like the white? And I'm like, why you showing off again now

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Yes.

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You never know, and you have to be open to the process, and and as Mayor Neil will say, stay out of your way when the when the spear is moving. Thank you.

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Yes, yes, yes.

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So much. I'm gonna come back to you. Hey, Dorothy, out there and pine Bluffs, Arkansas?

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Hi!

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Tell us something we don't know

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Well, I started off

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There you go. You're good. Keep going

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Oh, that's started off my career as a social worker and a community advocate.

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So I saw a lot of problems and 6 situations that we're at our neighborhood in our community and assisted.

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I volunteer with youth services in my church, and in my community.

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I am a parent license, parent china, and I love hair.

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So I was involved in health care prior to because of oh, people that had our cancer, and we work with them.

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I became involved with the hair care in the screen.

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15 years ago, when we open our beauty and barbershop we open the barber shop for our fun, and we open the beauty shop because I love hair, and we we heard so many stories about sad people these people came in with problems as you said earlier or someone said that the beauty.

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Surround is a wellness center, because people come to relax, and when they get relaxed and you're scratching their gap or just rubbing their hair.

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They tend to tell you their problem, and you have to be prepared to offer them some kind of solution.

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So, therefore it calls us to research to see. What can we tell them? And when the mayor calls me and asked if he would be a part a bit, the Mississippi that out to myself, this is just heaven sent because we had just had a bad experience with my brother in Law we lost

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Hmm.

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Yes.

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And he was developmentally delayed, and he was in the hospital for a month, and we couldn't talk to him.

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We couldn't go 3, and he didn't survive the Saturday before he has one of his nurses call does and allowed us to talk with him a video chat, and as a no one could tell him and for him to understand what was going on with him and why his

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Family was coming around and from the center where he live.

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What's coming around? Not a bit of the people were familiar to him, so it was not not only a hardship for him like him, but for us, as family.

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Who had to endure this stuff like oh.

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So so, Dorothy, I want you to stay right there because we're gonna open this up and that that's kind of your initial salvo.

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Your your introductions, and I want the audience to know that everyone that you're seeing here in these Hollywood squares represents warriors who have committed themselves to serving their communities even before they heard about commutative acts even before they heard about shots at the child and this

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Webinar today is a little snippet, and when we get into Q A's we can go a little bit deeper but I'm gonna stay here just for a little bit.

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When we talk about being hyper. Local. Dorothy don't want to keep you on the spot, and I want you to take a moment, and I want the audience to take a moment and to look at them look at the image that I have here if I could make this go to a slide, thumbs

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Up. If you can see that slide. Dorothy. Okay, very good.

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I want all of you to look at this slide. A gentleman who showed up in Dorothy's shop on vaccination day and across the country in in these chairs where people show up for their care for their hair care they're actually getting health education and vaccinations

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but I don't know if we imagine this gentleman showing up. So just take a a a moment and tell us who he is. Dorothy

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Dorothy.

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This gentleman is the mix. Yes, can you hear me

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Yes, you're good. You're good

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Okay, okay, this gentleman came in the day we were having this: the shots at the shop planning, and it was pouring down rainy flooding rain on that Saturday, and he was soaking with his coat was just ripping water and we ask them, to pull this code off and he

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Couldn't register himself so one about volunteers help him get registered you gave them paper towel to drive self off put its code in the dryer so we could drive it while he was getting taking care of the he was homeless he walked the screen constantly the

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Barbers in the barbershop. Give them a haircut every once in a while, when he come bye, but he knew nothing about Covid.

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He was afraid of the Covid shots just, but he wanted to come in and find out about Covid, so that he wouldn't get any sicker.

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He had a cold, but he was not running a fever, so our cognition talk to him.

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We reassured him that he needed this Covid shot, but we gave him the vaccination, and we b him and gave them something water and explain to him what he needs to penetrate and that he needs to come back for his next shot his well, he's co with warm and dry and

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He's stayed around. He didn't want to leave because he felt comfortable.

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So we just let him sit in that chair where you see him sitting, and he sat there until he was ready to go, and when he was ready to go, we how them where he could go and get shelter which is the salvation army and we call the Salvation Army to make sure they could accept

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Them, and they told us to send him down and we pointed him 2 blocks down where he needed to go.

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So he got shelter and he's still come by and get his hair cut it.

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Once in a while you get a free haircut, and if there is food in the shop he gets food

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So I I'm gonna take the photo down and I'm gonna ask the warriors.

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I'm gonna come to Terry and and let show us the rest of your shirt. Terry

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Yeah.

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You heard Miss Dorothy, you heard Miss Dorothy is her story just unique to Arkansas, or are you also seeing people who are at the hell?

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No wall who otherwise would not be reached were it not for your shop

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Absolutely. I have a young lady that she keeps her hair up.

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She keeps it signs here cut, and she always comes in and and excuse me, but she always smell like recreational drugs.

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Every time she comes in she smells just like marijuana, and I had to tell her to leave a couple of times and come back because I this smell I just can't take that smell so she was really against the vaccine and we were having a conversation.

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Cause she she loves me, and so she was having a conversation to talk about, I mean we're just having a conversation one day, and so I answer about the vaccine, and she said, No, I don't wanna get that because I don't trust the government, and so, I said okay, I said now

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I'm gonna Miss Terry's gonna be real with you right now, I said so make it make sense for me.

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Now you don't trust the government, but you trust trust the weed man exactly.

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How I asked her and she can do nothing but laugh. She came back to me about 2 weeks later she kept turning around and trying to show me a card, and I didn't reckon I realized she had the card in a hand she just kept trying to turn around because I thought she was just playing around you moving around with me and

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I said, Turn around, I get your hair done now. And she said, No, no, Mr.

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Look. I got my vaccination vaccination, and I told her good for you.

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She's I thought about what you said, and it did make sense, because I said, make it make sense for me.

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I said, you got you take care of yourself in every other way.

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Your hair. You keep your sun nice. Now why are you wanna protect that baby?

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He was too young at the time to receive a vaccination.

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So why would you not want to take care of him after taking care of him and every other way that you can?

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But that way you're not as she'd say.

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I thought about what you said, and it did make sense, and she said, You know what else, Miss Terry?

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I stop smoking weed. That's it. Looking good.

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Yes.

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Look at God, and it was just so amazing to see that young woman in her listen to what I see.

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Yes.

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And so we're seeing that all the time I I I don't know when you tell me to go, but I have my friend that I lost, and I get emotional every time I talk about it.

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Yes.

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Yes.

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Hmm.

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I don't want anybody else to feel I heard. Did I feel every single day I think about my friend and how he had to have a double long transplant as a result of catching Covid, and he lasted 2 and and I think the time that it hit me the most is he came to have breakfast

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With me at my home one morning, and he had he had to take 40 pills a day in order to survive the right in order to live and that was the first time I was seen it. In person.

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He literally had all these peels spread out on the table, and after they took them he he said: You know, Terry, I'm just.

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I'm I'm afraid to go to sleep sometimes at night, and I see why not Kim is stood by, and he laid his head on my test, and he said, Because I'm afraid to die.

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Hmm.

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Yeah. Yes.

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And so to hear that what he passed. 2 years later it came back, and that's one reason why we got to keep things going.

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Cause it came this stuff circle back around, and now he's gone.

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Hmm.

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I'll never see my friend again I'll never be able to just sit watching, looking at my couch or walk in my dog, and coming back at him, saying Where you at I'll put it up at your garage so I find myself looking at the garage like please, I just wish that I could

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Wake up, it was a bad dream, you know, every time I'm driving anything, it just comes back.

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So this stuff is real, and I'm so glad that I'm part of a team that we can make a difference that we can do some things for I did.

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I forgot to mention that I am a part of, and what the Board of directors they are for Mentor House Ministries, which is a organization that help homeless families get back on their feet, and it has a place from the State and all kinds, of things have been going through my mind about even doing things for the people that

00:27:02.000 --> 00:27:04.000

Come there for these for vaccinations and things like that.

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So it's been so many great things and I ideas that come up, you know, concerning the wellness warriors that we do right

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Well, well, but you know what's been amazing is watching the growth and maturation, and and and I want the audience to know they came up with wellness.

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Good.

00:27:20.000 --> 00:27:21.000

Warriors they named themselves, and they ain't. They are not messing around.

00:27:21.000 --> 00:27:37.000

Yeah, I'm gonna come over here to to the Buckeye State in Ohio and and ask Michelle, lam you heard Dorothy story, and now Terry picks right up and says I'm dealing with them too.

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Yeah.

00:27:40.000 --> 00:27:41.000

Yeah.

00:27:41.000 --> 00:27:42.000

People on the edge, people at the hell know. Wall, it is that unique just to their states.

00:27:42.000 --> 00:27:45.000

How about it in Ohio.

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Ohio's just the same. But like the lady said as a designer, a hair doctor is what we are.

00:27:54.000 --> 00:27:55.000

Our our clients and the community have a certain amount of trust in us.

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Okay.

00:27:56.000 --> 00:28:06.000

Okay, when they see that we're doing things and they want to support.

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And when what I can tell you, some of my experiences is when I started.

00:28:07.000 --> 00:28:14.000

Yup!

00:28:14.000 --> 00:28:15.000

This the community was so appreciative that I decided not me by myself, but that I had this actual shot at the shop in my business, and it continued on as long as the sponsors had the money because they were feeding them they had djs but once it kind of died down.

00:28:15.000 --> 00:28:44.000

That's right.

00:28:44.000 --> 00:28:45.000

Then I had to put put boots on the ground myself, so that I think continue to try to help save lives or to help guide them where they could get the proper health.

00:28:45.000 --> 00:29:00.000

Yeah.

00:29:00.000 --> 00:29:20.000

Care or guide them to. I have a a corner in my business where I have health, care, information, they are where, if people don't want to talk to you about something they can go and pick up a pamphlet they have a number of the call you know what i'm saying?

00:29:20.000 --> 00:29:32.000

So what were doing is phenomenal we all all the warriors I know, have done things for people, for their community, for their clients in their business.

00:29:32.000 --> 00:29:42.000

But this takes us to a whole new level of helping, because barber shops and beauty salons is the heart of our community.

00:29:42.000 --> 00:29:43.000

Yes.

00:29:43.000 --> 00:29:44.000

You know, I think, that that is now well recognized all the way to the White House, and and at some point they're going to tell me I'm coming up on time so I'm going to give you an alert right now I want you to.

00:29:44.000 --> 00:29:45.000

Comment on what it would mean, what it would mean at this little frackile infrastructure we've created when we came together and worked together, rode in the same direction, and save lives all the way down to people who are challenge with housing do you hear Dorothy she fed him she clothed him

00:29:45.000 --> 00:29:46.000

The barbers given him haircuts, treated him with dignity and respect.

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If that goes away

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Send your message to the powers that be that are listening.

00:29:48.000 --> 00:29:49.000

I'm gonna start with Terry. What would it mean?

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And why must we keep this hyper local effort? Going, Terry?

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You go first.

00:30:42.000 --> 00:30:48.000

Okay. So here come the Ts. I don't want anybody.

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To feel I know it a lot of people. We lost a lot of people.

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But I I just wanna

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Protect everybody's heart from the hurt that I feel when my friend passed.

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Yeah.

00:31:00.000 --> 00:31:01.000

And you're like we take that away. We a lot out.

00:31:01.000 --> 00:31:14.000

We gonna lose more people because this thing is not gone away, and all the different variants and things that it has been, we still need.

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We still need it. We still need it. We need to make sure that we take care of people continue to take care of people and and stand together like holding hands.

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We were holding hands with our clinical partners like we did had so they did such an amazing job.

00:31:30.000 --> 00:31:35.000

We had our hands with them pretty much and hours literally danced out of our salon.

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You know. And so we need to make sure that we stay on top of this because it's not going anywhere, and if we let it we let loose, I'm afraid that people are gonna go through that hurt cause if people are gonna losing our people

00:31:36.000 --> 00:31:51.000

That's right, and we're gonna lose the trust that's been built.

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Yeah.

00:31:52.000 --> 00:31:56.000

Hey, hey, Miss Dorothy? Closing comments

00:31:56.000 --> 00:31:57.000

Yep! This went away, our community would be going backwards.

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Community would be going backwards, because a lot of times when we're dealing with homeless people who don't know if they have mental health problems.

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On what the issue is, but you have to listen to them, so we need to train volunteers.

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If we don't have resources to train those volunteers.

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We would be at a law. Covid is not going anywhere, if because people think it is, it's continued to get greater, become greater, and we our problem is want to be greater and we won't have the resources to help these people you won't. Have.

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Resources to provide clothing for them, to have of space to put the clothing.

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We won't have

00:32:46.000 --> 00:32:47.000

No no, miss, I'm gonna I'm gonna tell you that we're gonna come back in the Q. A.

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But you and son Genesis shows up. She's ready to pull the cord on me.

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Okay, Michelle, take us home. You got a thumbnail

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Okay, I just a this program that we're doing is fantastic.

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That's right.

00:33:13.000 --> 00:33:14.000

Yeah.

00:33:14.000 --> 00:33:17.000

It's allows us to reach out to our community, but also we need resources to help us to reach out to our that reports.

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You know some things we can do on our own, but resources is what's needed and like I said Barbara.

00:33:24.000 --> 00:33:29.000

Shops, and duty. Shots are the heart of the community.

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That's where you gonna reach the people.

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But you know warriors, warriors are not volunteers when we they're gonna do the fight Songsina and everybody listens.

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But but now we know what they can accomplish, and the lives that they're saving is also saving dollars for our health care system.

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Let's make sure we make some reinvestments back in the very hyper local infrastructure that made that possible, and with that I'm just gonna snap my warriors and say you're awesome.

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Awesome representatives, and turn the floor over to Sanjana.

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So just some food for that there, and Dr. Thomas. So I'll now hand it over to you. Thank you so much.

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You got the floors

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I see

00:34:06.000 --> 00:34:12.000

Oh, well, thank you so much. Dr. Thomas, and and thank you so much to Miss Branch.

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Oh, you okay.

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Yeah.

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Miss Lamb and Miss Reynolds for the incredible stories and insight it's been a joy listening to all of these.

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We do have some time current out for questions from our audience.

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That's tuned in today, and I think yeah, we have about 15 min, so maybe we can serve with a couple of questions that are already in the chat and for those watching.

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If you, if you have additional questions, please feel free to put those into the chat or into the Q.

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And a excuse me, and we'll try and get to as many of those as possible.

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Oh!

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But maybe we can start with first question from Susan, who was responding to Miss Branches story about the woman that you spoke to, and the way you were able to persuade her to get her son vaccinated and perhaps you and and Miss Reynolds and and Miss Lam can can respond.

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To this question. You know whoever wants to take the take the first shot, but in your experience, how has this approach played out with your clients?

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Well, my grandmother always taught me that when you enter a conversation you should all keep it smooth, and the key that person on track without them getting upset or resisting.

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You you always come with a compliment the first thing you gonna you got to point out something good, because then you got them.

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But if you start, you enter that conversation negatively, then they're gonna resist you, and then you lose them.

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So I've always done that in everything that I do.

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I try to do that, and it usually works. That's usually my first go to. That's my go to

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So let's let's say that. And and and I want that audience to recognize that.

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Yeah. Yeah.

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And in some of the people we talk to, and and why they don't go to the doctor, or at least don't go back is because they feel like as soon as they go back to get chastised they get shamed and and so all the warriors here have shown you very interesting communication

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Strategies they don't have to call the deal all at once.

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Cause they're gonna see the people on a routine basis.

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They have a relationship. They have relationships. Hey, miss, lam what techniques are you using

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Yes, well, what I do. Dr. T. And audiences I don't just tell my clients do this, or do that.

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I show them when I had vaccines, booster shots, flu shots.

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I got mine right along with them. I want them to know.

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I'm just not talking to talk I'm walking the walk also.

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Yes, you better do it

00:37:02.000 --> 00:37:09.000

So that's what I do, and a lot of times when you have clients.

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Hmm.

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You already have a relationship so like Miss Terry and Miss Dorothy said when you come to they let it all out so there's nothing wrong with talking to them.

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Yeah.

00:37:33.000 --> 00:37:34.000

Right

00:37:34.000 --> 00:37:38.000

About their health. I have actually been talking to my clients about advocating more for their help, because, as we all know, we go to the doctors and they don't half of the time you don't know what they're talking about they have to break it down, and lay in terms so that you can

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Right

00:37:39.000 --> 00:37:49.000

Understand, and so that's why I encourage my client to do and like I said, I get my blood pressure when I have the nurses here, but I'm doing everything they're doing.

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Good.

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Because I want them to see and I have it on camera.

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So I don't just say I'm not talking.

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I'm showing you

00:37:57.000 --> 00:38:15.000

I love, that I love that, and you know, Miss Dorothy, you know sometimes people are afraid of our own people, especially the teenagers, the young ones, and you, came on and talked about how you walked out on a new corner with these young folks and just started a conversation with them and I want this audience to know that's

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Hmm.

00:38:16.000 --> 00:38:21.000

What fearless warriors do? What's your, what, what, what techniques do you use, Miss Dorothy

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Well, you know, when I drove up to them one of them knew me and the others didn't, but they were listening to the one that no, no, me and one of them says she's pretty cool because so it.

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Wasn't the \$25 gift card that made them come.

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It was the fact that they, one of them, believed in what I was saying, and I showed them.

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I have my I have been vaccinated. Hanging in my car, so they they knew that I had already, like Michelle, said.

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I already been vaccinated, and at that they they felt like the government.

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The story about the development, the dis that and the other. And so I gave them a story about what people take and intake, and they don't question it.

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So they decided. Well, I'll give it a chance. And when they came they saw me get my booster shot, and they because they stood back they did register.

00:39:36.000 --> 00:39:37.000

Say.

00:39:37.000 --> 00:39:38.000

Oh!

00:39:38.000 --> 00:39:39.000

Have grandma?

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At first they just stood back and watched, and when they tell me, get my booster shot, let's say what the leader said, and she can do it out I can do it this little woman think that it if this little woman, and and take this shot, I can do it.

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Okay.

00:39:45.000 --> 00:40:00.000

Same

00:40:00.000 --> 00:40:01.000

Hello!

00:40:01.000 --> 00:40:21.000

So the rest of them follow Zoom and my church owner, subway restaurant, and they hang around up there near the restaurant, and when I see them they give me a high 5 and or tell me I got my other shot I got my booth and so people were always asking why are you walking up to these

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I need them.

00:40:22.000 --> 00:40:25.000

kids you don't know, and my husband said, I walk around with the red flag over my head, but I feel comfortable with them, you know, because of the relationship I have with them in the community, and they believe in me, I I have to model for them.

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And they see something. I'm

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I I just I just love it, and I want the audience to know.

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This is what influencers look like who don't have Twitter accounts and millions of followers.

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You occasionally find that maybe there are other approaches that are more effective. And in general you know what tips might you have for meeting people where they are when navigating these difficult conversations

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They still have tremendous influence. Hey, Sanjana? You got another question in the box

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Absolutely. Thank you all for those really great stories. I have 2 additional questions that I think I'll try and combine because they're they're sort of related.

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And again for for those watching we we might have time for one more after that.

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So please feel free to put your questions in the box. If you haven't yet.

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But the first question is, from one of our coalition members, Dr.

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Rich Krieg, who wants to know just you know, given that you all have such deep history of helping your respective communities what are your thoughts about how we can incentivize other barber shops, and hair salons to engage in these efforts as you have through this project and then a related question from another coalition

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member, Mattie daily, specifically. What resources do you think you need to continue this work

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You want me to go first

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Okay. Yeah, Michelle, you you take it first.

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Well, what I think to incentivize people. Everyone, and we have to be honest here.

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Everyone knows that money and resources help people to come through, because, like I said before, it is a lot of work.

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Okay. And if they're serious about it, but we also want them to train.

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We don't want them to just come in for resources or money.

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We want them to fall in train like we have, and I think that's one of the things that we get.

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Miss Dorothy. Oh, okay, go finish your thought

00:42:25.000 --> 00:42:30.000

People, salons around to do something because it at times it does get very expensive with the things that you have to do and no, no, no, no, no, no, that's fine go ahead, Miss Dorothy.

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I'm good

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I agree that we need more salons and barbershop to join.

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And well, this war you and one thing that I do think that will help is training making it.

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Visible to the phone. We have flyers and all over the place posters, and when people come in they don't just look, but we have them where they can take them out.

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But we need resources to make more of those flyers, and they're not just seeing people.

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They don't know their pictures. The clients, pictures are on those flyers, and it takes money to get those things done.

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We need trained volunteers. We may try and volunteers, so that they can help the care in the message about the work that we're trying to do in the community.

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And people also sink when we have them on my north.

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Help planning. People came in, and they realized that they had illnesses and that they didn't even know they had.

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Yes.

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So when they left, going to their doctor, the doctor wanted to know.

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Well, how did you know about this

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I had, I participated in a clinic, and I had.

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I found out that I had high blood, pressure, or I found out that I'm HIV positive because we had people that were even Hr being positive when they take this back to the community.

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Letting other people know that you can get help when you go to that when you go to that voucher they we're not asking them to just come back because we want clients.

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We want them to come so they can get knowledge. And information!

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Oh, one way.

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Okay.

00:44:28.000 --> 00:44:33.000

Come back. So they get knowledge. I love it.

00:44:33.000 --> 00:44:34.000

Be right.

00:44:34.000 --> 00:44:45.000

Oh! When they feel comfortable, they tell other people, and and then other people.

00:44:45.000 --> 00:44:46.000

Perfect.

00:44:46.000 --> 00:44:53.000

We've had people to come in and ask, Can you see I'm when you're having your next shots in the shop which right now we're doing it working with the high school cosmetology program because the instructor won her students to know and that takes money because they're doing in that same

00:44:53.000 --> 00:45:05.000

Content, so the more we can let people know and info on the community what we're trying to do the output that we're trying to make.

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I think more people will be willing to support our

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So I want the audience to know that all black barber shops and salons are not equal.

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They're not the same. And and so we work with owner operators like these warriors here.

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They've gone through rapid response training for Kovat 19 and they want to make sure that who will ever has that moniker of wellness, warrior also goes through that training and so now we have a post you know in this phase of the pandemic how do I differentiate my business

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In ways that show. I'm a wellness warrior.

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I promote health and wellness, and we're trusted information centers.

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Very important, Terry. Yeah, you're gonna close this out.

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Yeah.

00:45:56.000 --> 00:45:57.000

How do? How do we get more? And what are you gonna look for?

00:45:57.000 --> 00:46:01.000

Before you recruit somebody to become a wellness warrior

00:46:01.000 --> 00:46:02.000

Good. I have. I agree with everything. The ladies, both ladies say, Dorothy and Michelle, I do.

00:46:02.000 --> 00:46:30.000

Wanna add to that that another thing we need is more connections with more clinical partners, better because they did so amazing with us, and we just want to have more clinical partners on top of the the the way to you know get the resources like the flyers and things done because that's that's

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A big part of what we're doing, having the that relationship with the clinical partners.

00:46:31.000 --> 00:46:40.000

To keep this thing going. I was somebody that loaded their community.

00:46:40.000 --> 00:46:41.000

Okay.

00:46:41.000 --> 00:46:45.000

Somebody loves their community because is we are family, whether we know it or not, you know, or whether we say that or not.

00:46:45.000 --> 00:46:53.000

And we wanna make sure that our family, which is our community stay healthy.

00:46:53.000 --> 00:46:54.000

So I want somebody that's dedicated somebody that is willing to do the work.

00:46:54.000 --> 00:47:05.000

Somebody is not, you know. Somebody's gonna treat it like I said before, like the one of their children.

00:47:05.000 --> 00:47:16.000

This is my the my business, is on my children, and I gotta make sure each one gets attached, you know, equally, and somebody just loves the community and wanna really help.

00:47:16.000 --> 00:47:22.000

That that's important to me, and it's not just doing it just for a moment and an email oh, I'm gonna do it.

00:47:22.000 --> 00:47:26.000

Somebody's really dedicated, because this is something that we're dedicated to something.

00:47:26.000 --> 00:47:30.000

I'm not willing to look over here. It takes to take in.

00:47:30.000 --> 00:47:36.000

If I'm not at a meeting that we have, it's because something really I was really in in something else that I just couldn't get over there.

00:47:36.000 --> 00:47:44.000

But you got to believe I'm watching those the read runs of the videos and the things that we do without those because it's really important.

00:47:44.000 --> 00:47:55.000

This is this is my job now, and I don't want to. Every anybody that comes on. I want them to look at it in that way not just like oh, this is my God.

00:47:55.000 --> 00:47:59.000

So. I want that audience to know. Here's the quality control right here.

00:47:59.000 --> 00:48:00.000

Yes. Yeah.

00:48:00.000 --> 00:48:03.000

Alright. Here's the accountability. They keep each other account, and as we branch out we do it through snowball.

00:48:03.000 --> 00:48:10.000

They're gonna reach out to recruit the other wave.

00:48:10.000 --> 00:48:14.000

So sometimes we make it look so easy sound you know. Folks say.

00:48:14.000 --> 00:48:17.000

Oh, I drove by a barbershop. Let me just start, and I we would encourage you.

00:48:17.000 --> 00:48:30.000

Don't do that. If there's any lesson here to share with your audience is that the the in the in these communities we're talking about these businesses, they're small businesses they are sacred spaces and whatever we do in our zeal and excitement, about oh, wow!

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New Methodology, that we don't mess it up, and that you come back to us right here in commutative acts and community health to put your staff through training about how do you do ethics?

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Appropriate, culturally tailored community engagement.

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We have a playbook for you and the song Jen will make sure that we give you a link to our our playbook, and when we look forward to providing an opportunities for your staff and your community. To be part.

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Thank you.

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Of this wonderful network, and with that I'm gonna throw the ball to Sanjana and look forward to the next panel and all of you warriors hang in there and meet your your fellow colleagues coming up next and congratulations that's how we do it we snap them up on on

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Yeah, we do.

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Zoom. Okay, Sanjana. Take it away

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Alright. Well, thank you so much again to Dr. Thomas, and and all the wonderful panelists again, for these incredible insights great way to kick off the Webinar today I'd now like to hand the mic over to Emily Brunson, who will be moderating our second panel with a few other of

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our community health colleagues so, Emily, over to you

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Okay. So let's turn your cameras off. If you're not on

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Thank you, Sanjana. It's my honor to introduce my colleagues, Dr.

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Ney cristo of the San Diego State University School of Public Health and Doctors Stephanie McClure, with the Department of Anthropology at the University of Alabama, Noie and and Stephanie are leaders for the local community community help teams operating in California's Southern region

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And in West Central Alabama, joining Noie and Stephanie are their community partners, so Maria Lemus, who's the executive director of vision account for me, Somo, which I know I just butchered in my apologies Rachel Morano

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Who's the community engagement director at Sbcs.

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And the co-chair of the San Diego County Promotoras, Coalition, and Dr.

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Tina Thomas, who is the senior project, lead for partners that help Alabama.

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So I have a two-part piece here. So Stephanie, and knowing could you please begin by sharing with the audience, the community health activities undertaken in your homes States and what resources your team and community collaborators have developed as part of the community health playbook and after that i'm going to

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Invite you and your community partners to revisit the organizing questions for today's Webinar, which are how a human centered community health infrastructure continues to exercise unmatched skills during the pandemic response what further advances in health and well-being can be had if these

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Local champions received sustained support, going forward, and finally, why walking arranged?

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Why, walking away from a still fragile community health sector and declaring mission accomplished could cause help disparities to research and hard one trust to fade. So I'll I'll turn this over to you

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So no way, and stuff me

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Sure, no way. Thank you. That's very generous.

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Principal investigative for Community, health, Alabama and Tina Thomas, who is the senior project, lead for partners in health.

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Alabama is joining me today, and you'll get to hear from Tina in a few minutes.

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But our efforts here in Alabama have been more of a forming stage effort.

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So when we finished our work with gamutex or stopped because it wasn't really finished, there was more to do, when we finished it.

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What we had seen was that community health workers were really an important part of what made the efforts to get the vaccine out in Alabama really, successful.

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But that that coverage, that presence of community health workers, and that sort of viable on the ground action was very uneven.

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Right and so one of our Advisory Board members said: You know we need a better ground game.

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I don't know if you guys know anything about Alabama.

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But football is really big here, one of our advisory board members is like this is ground game 101 people, and so we decided to take up that challenge and and to try to to to start to lay the foundation.

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For building our ground game, and we did that by developing a needs assessment.

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So we knew that there were people out there who were doing great work with community health workers.

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But that it was it was fragmented and that there was sort of no centralized support that people would know each other.

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So we went about trying to sort of identify all of those efforts and actors to sort of see where they were, and then solicit interest in forming a coalition that would actually try to create that I kind of I like to think about it as a blanket that sort of blanket of the

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Community health, work, workforce with that would be that first layer of comfort and support and response and knowledge about health and the community, not just around Covid.

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19, but towards all health issues and health, equity in general.

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And so what we found in that was that there are these actors that are out there, and they're they were acting on in the COVID-19 situation.

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But there's also ongoing efforts around substance.

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Use around community health around sexual and reproductive health around chronic disease management that have been going on for a long time.

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But there reaches is constrained and again sustainability is an issue.

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So. And then when we asked, Are you interested in forming a coalition that might help to make our efforts sustainable, and to give support to our community health, workers, and to make that important training available to people who want to launch new initiatives featuring community health workers the overwhelming response was

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Yes, so I'll be honest and say we can get to everybody but everybody.

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We got to said yes, and so we in that west we actually ended up connecting with many people, including my colleague, Tina Thomas, with partners in health, because they're because partners in health elevator was launching their own initiative around training community health workers and and so

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We have connected. Several of us have connected, and there is a mesa coalition in Alabama to to sort of set up that that whole structure for community health workers in 5 areas being recruitment training and placement of community health workers peer support and development provider and

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Institutional partners, communication, documentation and evaluation and sustainability and advocacy.

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And this is the vision that sort of came out of our data collection, and is what we've shared in our playbook, and what we want to see is the state moving forward in in developing that that whole blanket and really being able to lift up all local communities in terms of having that that community health

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Worker, workforce that we see is so essential to the to the call towards health equity.

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No way.

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Thank you, Stephanie. I think that we definitely share a lot of commonalities.

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There in San Diego, the community health workers, also known as Promotodas, have been at the forefront of our Covid response efforts and it's become very clear that without their efforts and without their their their work we wouldn't be in the position where we are now where we do

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Have, we have made a lot of progress. Certainly there are areas that we're still working on, especially with the Hispanic Latino, community.

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But certainly with the Promotoras, and the efforts that they have undertaken, I think that we've seen that their value as part of the coalition we have focused our efforts at increasing health equity among vulnerable communities especially hispanic Latinos we we have developed

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A community, guide for researchers, and we have interviewed up sorry we interviewed 18 key informant representatives from the community who have a strong history of working with Hispanic Latinos.

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So I need some water

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So we also interviewed researchers within San Diego State, and also our partner institutions in Idaho, Maryland, and in Virginia, who have taken also similar steps working with community health workers.

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And I'm also joined today with with Maria and Rachel, who will provide us their perspective in working with our local communities

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So I'd like to hand it up to Maria

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Who would you like to go on? Okay, thank you. Noise. First of all, I really want to celebrate the panel before us.

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They were wonderful snaps, and for us what we would do is send it up to us.

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So we would believe that promote us give hugs all the time, and so a big how to all of the panel numbers it was a wonderful discussion, I'm very much centered on Terry, who said that in that I a wellness for how to love their community and that's

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the instance of the promoter. It's what we call the that, said Ratio.

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It is the person who has that the desire that willingness to help our community.

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So we're very much aligned. We want the best for our communities.

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We want the best for our our children. We want the best for our families.

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I think that that's core to a wellness order, and certainly to promote thought across the United States.

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The Christopher and Cultures we have a compromise on is now, and it's close to 20 fifth year, and we started with the idea that these wonderful community leaders wanted to wanna just they continue to share information and they want to implement more information to share to take out to the community

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So we gathered in 1998, and then we gathered in 2,002 and the network of monotonous and community health workers was formed I'm happy to say that Rachel's here and we were one of the founding members of that coalition as

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We, have supported coalitions throughout California, the United States, and other organizations, because they wanted more information.

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They wanted more tools. They wanted recognition for the value. I must say that now that they're looking at the world of bronze that is a community of workers as important and quote essential workers I must remind everybody that we've been here since my grandmother who in here forever and the

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Promotion model, and the Wellness warrior is, has been an institution in all of our community.

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We we now are nationwide because and those wonderful people with the service support are in every community, and they're in every state.

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So lifting up that importance of that person is really important when we talk about take taking away funds and sustainability.

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Volunteers are going to continue to do this work. This was mostly a volunteer activity for many.

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I started as a Bronx as a volunteer, but we do think that now, in this recognition as this as essential workers, although we've been doing this for a long time that there are other issues at stake there's equity issues of pay, of of recognition if you think of a

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Prom at all, and giving them a salary. How that changes that individuals trajectory.

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Because, they're from the community. They're probably one of the persons that we're talking to that hasn't made either in housing or in food, or in children.

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We approach the education and prevention piece in a social, ecological model, that anything that that affects that family, whether from preconception to death, we are involved in that that's why we have so many projects to show but I'm gonna have a really critical to to the support that our community.

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Needs, the sustainability is important, for the Cbos metacal benefit, and with the funding that's coming down nationally.

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Most clinics, hospitals, and plans already have the money their money proportioned out.

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It's community based organization to struggle with soft money day to day, and so we're advancing the proposition that money should be covered up to CPU one so that they can continue to to strengthen their relationship between community and agency, but also so they can hire these community leaders.

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Whether they're wellness. Warriors, whether or the native American community across cultures we have these these wonderful, these wonderful foot people.

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But we want them to be hired. The majority of in our surveys are women.

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It is also women's equity issue, so that we can bring more money into the homework and support the women, and we can promote them within the agency imagine, if a promoter who doesn't necessarily have the education a high school degree.

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Or a va like my mother, who didn't. But she was the promoter that you want.

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Imagine, if you give them a salary, you give them benefits, and you give them an opportunity for retirement.

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How does that change the wellness of that family and the wellness of that community?

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We can extend they help, workforce in a dotted line to community and I want really to to emphasize that, because I think unlike our previous speakers who have businesses, a lot of promotions are either volunteers, harshly paid or stipends and or itun

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Numbers, but really they should be recognized as a workforce.

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Much of what we're do is train constantly training the leadership, the advocacy lifting up that community leader and bringing them to the forefront as not just essential workers. But essential to our communities so i'll leave with different I don't know way that happened that could answer any questions.

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Thank you, Maria. Rachel.

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Thank you. Everyone. Yeah, my my name is Rachel Mooney.

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I'm the community engagement director with Spcs and San Diego California.

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We're a border town, and so we have challenges already that we're working with just by being, you know, so located next to the border.

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But I have the privilege of overseeing 13 promoters that are paid from my daughter's, and their main role is really just to support those families in our community with any type of barriers that they may have in in our main initiative is to help support our children in getting to

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higher education, and so by eliminating those barriers we're talking about health and food disparities.

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Housing and just so so much more when it comes to like crisis support like many of my partners, I'm also the co-chair from the San Diego County promototic coalition, and we have 27 different members like Maria and I that are supporting the work of the

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Promotions. C. Hws. I think many of you might even know our promotion is as community health care workers, and my dear was able to explain the essence of the promotor the community health care workers and we really just really are around supporting that work and increasing the capacity they have within

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Our community to help all of our communities thrive my organization.

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Spcs. We've been around for over 50 years, and we provide, you know, thousands of resources from you know children's mental health and and the wraparound services I spoke about earlier, but no one was able to to prepare us fight for the help inequity that we had that

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Covid brought to all of our communities we have, you know, our one of those that are living in our community.

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They are raising families within our community and they're really there to to support the the families.

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But when you talk about the work that they did pre Covid, where they had contacts with 10,000 community members in either providing them education or resources in crisis, management, health for them to enroll, and sometimes even just reading a bill or something very important that just arrived in their home and with this the the funding that that Covid was

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Able to provide in our community. It took us to over 900% capacity.

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We went from visiting 10,000 contacts to 90,000 contacts in just a year.

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2,020, where other entities had to shut down.

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And weren't able to provide these resources and immediate information for our community.

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Our promoters never went home. They were the essential workers before essential workers was even a thing in our communities, and they were dealing with the hardest hit communities around in in San Diego region.

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Specifically in our South Bay region we had the highest infection rates highest deaths, and our community was scared.

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They didn't know where to turn for that information, but they knew that our community health workers are promoted had the correct information.

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They were our trusted vehicles in that community that we're able to provide this information to our community and help support that technology gap right we were dealing with the technology gap we were dealing with an informational gap we were dealing with trust either right nobody knew where to look for in the

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News who was giving the right information, but they knew that problem of thought as were in their community.

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And they knew how to get some of the Covid money helped us to enable just zoom networks.

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How do you? How do we get people connected now so that we can give them that right in, and it brought the right people together for the moment, so that we could help save lives we were able to bring even you know our Dr.

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Wilma Wooten. She's our Sagio County public health officer was able to meet on a regular basis with some of our community members to give them that first hand information.

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People were seeing this negative type of stuff on the news, and they didn't know where to turn but when that Bromo thought I brought them directly to their community and had them face to face and Zoom Meetings like this that were safe and we were able to bring them together, that's what really really

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Impacted our community. We built trust, and we built strength in those numbers, and I'll talk a little bit more about that later.

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Hi! Coming back. I wanted to take this opportunity to actually introduce my community partner, Tina Thomas, who's the senior project leader with Project, and health with partners in help.

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Thanks. Dr. McClure. Thank you. Everyone today for just the opportunity to be on this panel and just to hear of the amazing experiences from these community partners it's just really an honor and a privilege so as Stephanie stated I do work at partners in health and so for those of

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You who are unaware partners in health, has a long history with the community, health worker, model globally actually for more than 34 years.

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Now it started in Haiti, by Paul, Farmer and his colleagues of Field at all, and Jim Kim, and so we continue that model in Alabama today and for the past 2 years actually since Covid has hit us we really took to task this issue when the City of

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Montgomery, in Montgomery, Alabama, invited us to provide technical assistance primarily through training, through mentoring through pass through funding for community based organizations within the area to do vaccine outreach education covid testing and so just we just really had an

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Amazing outlook in terms of some of the work that we've done thus far so just to kind of give you an an overview of some of the the metrics we've actually provided vaccine education to overs 700,000 folks in the States.

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As a result of you know just the the education that we've done, whether it's in person or online, whether it's through football games that Stephanie has stated.

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Football is a religion in Alabama. And so yeah, just farmers Mark gets you name it.

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Our partners. Were there in the trenches, and so right now we are partnership with the city of Montgomery for a Cdc capacity building Grant, through through Alabama, Department of health and we are training some community health workers.

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I would be removed without acknowledging my my colleague Dr.

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Chin Wei, Kkk: who does that training and that mentorship along with others in the organization as well, who have been veterans at this point with the organization that has served not only in the us but in places like Mexico Haiti Liberia during Pandemic responses when

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It came to the Ebola Virus, HIV tuberculosis, etc.

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So just wanted to give you an overview of that Stephanie.

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I'm really looking forward to looking at the playbook we are actually going to be launching a community health needs assessment for the city of Montgomery, using the the the the power of the community.

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Health workers. So we're really excited about that launching in the spring.

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And yes, Stephanie has invited me also to be a part of the coalition that she's building through the commune of fax or communal health project.

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So we're really excited to help in whatever area that's needed and really to share resources to share knowledge, to share understanding, because we we wanna learn, and we want to be engaged with the community members of Alabama who guide us in this work and we just want to make sure we acknowledge

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In Alabama, and let her talk about her experience, and then our new partnership launching to move forward together

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That, too. So thank you.

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And then I'll just for our part of this panel touch on the last 2 questions and leave the remaining time to my California colleagues, I mean, I think we've really talked about indirectly why this infrastructure this human centered infrastructure is important but

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in terms of what further advances we can achieve. I mean it goes back to the blanket right?

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We want to to have that that benefit that can community health workers bring be part of the local infrastructure all over Alabama, also because we have deploy developing, programs utilizing community health workers and more established programs we can learn from and benefit each other and the if we walk away from this we

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go back to the patchwork and we go back to the next emergency, being something that turns out to be more to be more tragic and more harmful and more detrimental than it need to be.

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Yes, thank you. So you know there's a lot of discussion about, you know.

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Or there appears to be. Some people are claiming that the pandemic is over.

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We need to move on, and certainly we see that with funding right now funding is being diverted to other other priorities.

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So I think it unless I'll ask my collaborators, Maria and Rachel, to speak about.

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What are the consequences of calling this mission accomplished

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Well that you know that's it it's a joke.

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They? It is not accomplished, we're the Recovery State right now.

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Really looking at. How are we how we're approaching the long, the long Covid, how we're approaching all those who were ill, but we're not able to receive services, and the last 3 years we're in a Co.

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Recovery stage right now, and to take money away and support for a community based organizations and for allies really means that we're not even we're not attacking that.

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But we're also not looking at prevention looking at what's coming forward.

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There are other epidemics there's the flu season that we're entered monthly.

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Pox is here, not to many of the chronic disease.

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I think it's a very short-sighted to not look at this in in the long term.

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I mean one thing of my systems, and how these funds are being allocated, and the priority that they're really given the committee help worker title is supposed to include an embrace as an umbrella term for all the other titles, navigators chrs, but in fact when you

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Look at the Committee. Health worker funds that are coming down many of them are tied to medical to medical support which doesn't permit direct access by committee based organizations which is where a lot of promote us are affiliated with and so it takes cbos out of that and

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If you consider them to be a complement to the existing committee.

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Operations, plans, hospitals, clinics, and other organizations, then you're taking out a huge resource that is not going to be able to officially continue to contribute and they won't be paid the sustainability of the organization will be affected, so we're we're looking at

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Recovery at prevention at long term, and I think the support for organizations to continue that that what they've already done informally but really the continuum formally with that with a formal relationship with agency is really critical in the wellness of our community

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And take them

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Thank you, Maria. I think, Emily asked, that we can end this part of the discussion, and then she was gonna moderately the second part. Thank you.

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We're gonna we're gonna circle back, Rachel.

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Hmm! No worries.

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So I'm not forgetting about you. So our panelists have agreed to take a few questions from the audience and so, if you have an already, please write those in the Q.

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And a box. But I I did want to pick up on on a question that was put to our previous panel, and then also what you were just talking about.

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You know? How? How can we continue to support these efforts?

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So what resources are needed and and funding is definitely one of these.

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And so you know, funding for what and and where can this funding come from?

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How can what types of partnerships are necessary and and so on.

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So I know, Rachel, you got cut off, so let's let's turn this back to you first and then go to the rest of the group

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I think definitely as Maria was a littleling to with the you know the state C Hw.

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Type of support. That's coming down. That is specifically connected to health community groups, things like that.

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But not to Cbos directly, cause we're we're literally doing the work.

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Still, I mean it. It hasn't stopped, and in San Diego I I want to say I'm I'm not sure if we're quite in the the time of you know just rectifying everything that's happened because we're still in it we still have people out of

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Housing, we still have people right now. We have a vaccine clinic that's happening today, and we're the only one in that city in Imperial Beach because all the others have shut down.

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So we're being impacted and that's what we're just only one organization that has been able to kinda provide some funds to be able to do that.

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But it's still here, Covid is still here, and the message still needs to be brought out.

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There, of how to have safe gatherings you know the the Hws are doing the best that they can.

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We had, a group of 18. We're back down to the original 13, you know, because of that, and it's just you can only sustain so much.

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You, your community, and you know so we need more of that.

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We need to be able to continue this messaging. Covid was just in my house 2 weeks ago.

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So it is real no matter how much we are doing this work, and we know all the right things to do.

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It's still around. It's still affecting us, and you know, like the our wellness warriors were talking about, we lost so many in our community so many that were affected by this.

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And we just cannot go backwards. We have to create that structure of sustainability around it, where all those partners, because now everyone is going back to their original models of what they were doing in the county level what they were doing in the state level and they need to stay focused on the next pandemic or

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The next, whatever that crisis, but they're specifically priceless that are happening in our under survey communities and those eyes were open for a moment.

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But we can't pretend that it's still not there

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I see? A question came in Dr. T. If there was one policy change that would advance community health workers, what would it be

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For me it would be recognizing the diversity of the community health worker, model that it is not only institutionalized within clinic health and plans, but it exists across racial ethnic communities and so and medium sizes organizations, I think, you guess question about what

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can we do is to for me. It's to build up the sis, the sustainability, the training, the capacity of small and medium size organizations across counties to be able to to engage in this kind of medical warfare that's going on and recognize them as partners right

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No way.

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Now funds go to counties, they go to state, and there's already public health systems in place, but oftentimes those exclude the community.

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The community based organizations who are really doing a work day today.

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They're the ones that went into the fields. The ones who brought up people. They're the ones who did the recruitment walk.

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The the streets were police called on them. I mean there's all kinds of stuff that happens when outreach workers go into the community and that's their communities so breaking for me it would be the systems.

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To recognize the important role of Cbos efforts and for funds to be directed to them.

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Otherwise. As Rachel mentioned. But it's here and still, and we're finding the model with little or no resources.

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Again. We want we want the support want to be able to dig deeper into our community and prepare official prepare them to be partners in the fight against all pandemics.

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All illness.

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I agree absolutely with Maria. What I see in our state is like, I said.

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The patchwork, and also, you know, there's been some state funding.

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That's been awarded to small community-based organizations, to launch initiatives, using community health workers, but at the same time the State doesn't appear to realize that that resource playing field is at level and when you start you know with a with a newer organization that there's things

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That the State could provide for these kinds of initiatives across the board that would help them launch and launch successfully, and and and also would support them.

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Go forward!

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And Stephanie, I want to add, I need with us when Covid hit, and we did get some of the Chw money.

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We're just one of the largest recognized agencies here, but we're still small.

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400 staff right, but a lot of our partners in the community didn't have the issue, so that kind of funding also in the quality, needs to be policies need to be built in.

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So that smaller organizations, medium-sized organizations can also it doesn't just go to the customer, you know. Service.

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The participant costs, but also in the infrastructure needed to be able to build that out.

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So they didn't have the staff capacity to help was the problem.

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Oftentimes that piece that Rachel mentioned was a detriment to the organization, because if they had a bookkeeper and not a finance person, how could they accept 100,000 200,000 they're small agency, and I think that kind of understanding the nuances of

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cbos is important to the systems to the Health Department of the accounting the State.

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Level. It doesn't preclude a cdo from doing the work and they do it anyway, and they do it because it's because that's their calling.

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Hello!

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Yeah.

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But how does the system at the county in the State and the Federal level recognize it and support them? An intentional support of or internal organizational support as well as stop money for staff and for salaries that's really critical to long term vision that we should have

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I think, aside from what's already been mentioned, I think one thing that we need to recognize, you know, so I have veered into philanthropy.

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And and now no longer in philanthropy. But I think about these issues a lot, and I think one thing that's critical also is to have mentorship to those who are being funded because there is a lot in terms.

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You know of capacity building that needs to happen even through mentorship so while staff capacity is important, I think even just you know the knowledge and awareness of for example, reporting on a monthly or quarterly basis these are things that you know if you're dealing with a larger grant the the

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Requirements are more onerous for that, but also I I totally support unrestricted, funding and trusting communities with the money that you know people are assigned, and so I really I I really have like this, model of push back around you know just giving money.

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For for these, organizations or for community health workers, and trusting that that money will be puts apart use without a huge amount of oversight.

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One thing I would hope no is that this: what we recognize is that we should in the same breakfast community health workers that that embraces a bigger discussion than to to talk about community health workers because that will can me operative historically good talked about in terms of the Ri return on investment

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institutional expositions. When really the community piece is not in there, and just to say, can help work or slash community health representatives which are really an important part. We haven't mentioned here, and I think we will enlarge the discussion to bring in community

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So a question came in, and and Stephen, slightly answering this online as well.

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But I want to throw this out to the committee and and tweak it just a bit as well.

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So Susan Eastman was asking: How can we say mission accomplished, which I think we all agree with?

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Maybe Covid is winding down somewhat, but there are plenty of health issues that are here, and to come.

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I haven't had health care in 5 years. I make too much to qualify, and I make too little to afford.

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I need these warriors to keep fighting and so, this is one of the the issues that I think where it it falls off.

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People's radar these types of issues. So you know it's something that isn't talked about a lot on the news.

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Politicians might do a little bit around at election time.

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Usually, and but people forget, and people who weren't experiencing this forget.

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So those are just some ideas.

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And so what is it that keeps you fighting? And and what is it that we need to build in communities to keep up this

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I'd like to start with that question, because I think in Alabama we have this huge issue with Covid having already been done with and over with for a long time.

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Now, and I think one thing that we are now understanding in the recovery stage.

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As Maria was mentioning, bright is the mental health impacts of the loss of life in this state, and also just right.

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You know things like long. Covid, for example, right? The fact that people are disabled now as a result of Covid, and so this is a very polarizing topic in our state in terms.

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Of Covid, like it is very much a very divisive issue.

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But having said that, I I wanna say that really being creative about thinking through other pathways of getting at COVID-19.

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So one thing we're thinking through, and you know the outlook team of partners in health is how can we create something more specific to mental health as opposed to solely COVID-19.

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And so right, just really kind of getting out. COVID-19 in a different way.

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They were doing it, that person to person contact. But they didn't have the staff capacity to provide the data to provide all the support that was needed to to help out in those ways, and so that needs to really be recognized in that model also

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That isn't being addressed because mental health resources are so limited in the State as well.

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So thinking through those issues

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And I think that one of the efforts that we're we're making in that area.

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So we have like I talked about the 13 paid staff, but we also have adopted a model which is our resident leadership.

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Academy, and so we host a 10 to 16 week Academy.

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That really is honing in and working with our residents to help support those who look natural-born leaders, that if you find in our different schools and in our communities that want to do the same type of work as our Chw.

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But like we said, you know not. Everybody can be hired, but when these initiatives are here and gone, residents are always going to live there, so we're empowering our community to be these these wellness warriors for us they're learning about chronic diseases they're learning you

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Know, because before Covid they were already doing this chronic disease of heart health, and how you know it?

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Diabetes, and everything is affecting our community directly, and learning the data, right.

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Many of them didn't know that the food that they were feeding their children is going to increase those levels.

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And so really working with them to build that capacity within our community to be those warriors is one way that we're being able to create that sustainability around this work we've graduated 16 cohorts and over a 152 graduates that are helping and create community improvement

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Projects, in their own very own communities that they're working with.

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So one, or attacking heart, health, others are parks and ricks, and they want, you know, homelessness, issues, and whatever it might be.

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But it's their passion and their project that they're doing to improve their community.

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And the way the health and wellness of everyone around it.

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They create? What are they called listening campaigns?

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So not only are they ripping for themselves, but they're representing 10 other people as well and going out in the comedian asking for opinions and and how can we combat this?

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And they've been at our supervisor meetings when Covid was going away when messaging wasn't being written out in all the proper languages that advocacy piece and hitting those you know making sure that they're being heard and they're being recognized within our communities

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I I think if I can, highlight that I think that's the if we look to what does the community want?

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And what's important for them, and most communities will be able to identify what the issue is and what the solutions are, and we go to that.

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The other model and the organization and the network that we have and the training.

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And we're Rachel has it. But all of us having that I know of the work at the community level, bring in this leadership to say what are the issues? What do?

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You want to do? How do we do it and let's move forward.

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Exactly exactly

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We have a saying that without money, and but yeah, it's it's but really what we want is we want support to continue that.

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Go to the community, ask them, what is, how can we help you?

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Not? What can we do? But how can we help you? Not only identify the issues, but the solution to support them in the way that's best done by them.

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I think that if I can leave with anything it would be rely on the on the intelligence of that community person.

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They may not have a BA. Or a Phd. Or Dr. Ph.

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But they have the smartest people that you will meet if you just listen

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Thank you. And

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They have that lived experience

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Thank you all for your comments today. Really, it's been fabulous.

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Great thanks, so much Emily, and thanks to our 2 panelists, our 2 panels, great moderation, great panelists, and thank you audience for some really engaging questions.

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There were 3 topics that I that I heard repeatedly emerge, and the first is about the community health worker and the workers in the promotoras.

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Stephanie talked about them being a blanket of comfort and support, and Dorothy Reynolds talked about beauty salons being wellness centers, Michelle Lam referred to herself and her peers as hair doctors.

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And Terry Branch talked about Bidly shops and barbershops being the heart of the community. Community.

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Health Workers and Prometheus, and the different forms they take, the wellness warriors.

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These people are delivering care on a daily basis, and so they really are a unique asset that should be elevated alongside our public health institutions and our and our health care.

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Institutions so that's the first thing I heard.

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These are caring providers already before Covid during Covid, and long after Covid, and and let us respect and elevate them and recognize, that role.

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And secondly, is, they they have the trust of the communities in which they're embedded.

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They are driven by, and both Maria Lemos and Rachel Morrison, who brought up the Espiritu Deserversio, the spirit of service and in addition is this sense that they really treat people as whole persons they're not just giving

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Shots. They're not just giving, you know guidance about where to find follow-up diabetes, care, and the like.

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They're worrying about, and they're caring about community members in the most holistic of senses are.

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There are are they are they warm? Are they warm and dry when it's rainy outside?

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Is there food security? How is their housing situation? Are they being treated with human dignity on a regular basis?

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And where can we support them in terms of mental health? And then, lastly, is this issue of resources.

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I think it was Terry Branch said. Resources help!

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People come through. And so we've heard from both our panels that they need multiple kinds of resources.

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Yes. Financial resources. In the case of wellness. Warriors, you know, help with paying for promotional materials, health with having people who can pass on by word of mouth the type of care that's being that goes on and then from our panelists from California the need for direct funds

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To small and medium size. Community based organizations in addition to financial support, they need technical support, and then also in the in the form of training and mentorship, and they need connections with clinical partners.

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So we we thank everyone for coming. Please be well, please check out.

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Communicax org for the community, playbook, and all the wonderful practical guidance that the 3 teams in their community partners have created for you.

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So take care be well and support your local community health system.

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Bye, bye.