Community health workers

Who are the community health workers?

(inspired by the definition of the American Public Health Association (APHA))

A community health worker (CHW) helps to reduce health inequalities. The CHW works on the front line and has a transcultural attitude[1]. He/she is a trusted member of the community[2] in which he/she works or has a particularly good relationship with it and knowledge about it. Through this relationship of trust, the CHW acts as a liaison between the health and welfare services and the community in vulnerable neighbourhoods. This facilitates access to services and improves its quality. A CHW increases knowledge about health and works in an empowering way. In this way, he/she builds the capacity of the individual and the community. To this end, the CHW deploys activities such as health education, informal counselling, social support and advocacy. The Community Health Worker sensitises care and welfare professionals about the importance of low-threshold communication. In addition, he/she informs them about the effects of social determinants of health[3] on the lives of patients.

Overview of CHW Roles in the Belgian Project
elaborated on the basis of the work of the CHW Core Consensus Project (c3project.org)

1. **Bridge-builder between individuals, communities and health and welfare professionals**

2. **Provision of culturally appropriate health information**

3. **Navigation in the health care system**

4. **Providing coaching and social support**

5. **Standing up for individuals and communities**

6. **Strengthening health literacy at individual and group level**

7. **Outreach work**

8. **Participate in evaluation and research**

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Bridge-builder between individuals, communities and health and welfare professionals

a. Informing individuals and communities about the way in which the health and welfare system works and how to use it.

b. Helping health and welfare professionals to better understand how the person with a health need views and experiences the contact with health care services, with a particular focus on the importance of personalised and low-threshold communication.

c. Facilitating communication between the person with a health need and care or welfare professional

Provision of culturally appropriate health information

Providing the necessary information to:

a. help people to recognise their health needs, understand them better and take control of their health situation.

b. help organisations, care or welfare professionals to adapt their communication style to the specific characteristics and needs of the person seeking help and the community.

Navigation in the health care system

a. Lead to care and welfare organisations and facilitate follow-up

b. Reduce barriers to accessing primary health care (e.g. with regard to mobility, financial barriers, language barriers, among others).

c. Documenting and maintaining data at the individual level of the person being helped.

d. Informing carers and staff of local organisations (e.g. OCMW ...) about the assets and challenges of the community in response to an individual request for support.

Providing coaching and social support

a. Providing coaching and social support.

b. Mapping out the range of primary care and welfare services in the community and making them available to residents so that they are able to contact them independently when needed.

c. Motivating and encouraging people to make use of care and other services. Providing the initial connection if needed and then enabling them to take it on independently afterwards.

d. Supporting self-management.

e. Planning or leading group interventions.

Standing up for individuals and communities

a. Bringing the needs and vision of community health to the attention of health actors and policy makers by advocating for social change.

b. Capture signals such as structural barriers or deficiencies in the organisation of the health system by monitoring and listening to the people in the community and creating a safe environment for them to express their needs and concerns.

c. Inform and sensitise caregivers and employees of local organisations (e.g. OCMW ...) about the barriers of the community in response to an individual request for support.

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Strengthening <u>health literacy</u>[4] at individual and group level

a. Strengthening individual health literacy.

b. Strengthen health literacy by organising or facilitating group sessions and information sessions on topics tailored to the target group, such as diabetes or vaccination.

c. Exchange of experiences and individual capacity building among CHWs.

Outreach work

a. Reaching out to people living in vulnerable circumstances in their own environment and (proactively) offering help and support to improve health and well-being.

b. Follow-up of contacts with individuals, families and groups in the field of health and social services.

c. Communicate the role of CHW to local bodies and at community events.

d. Build a network and detect resources that support outreach work.

Participate in evaluation and research

a. Being involved in the evaluation of CHW services.

b. Participation in evaluation and research activities:
   - collection and interpretation of data
   - exchange of results and findings.

Footnotes

1. Characteristics of a transcultural attitude:

- Treating each other as equals.
- Being aware of one's own values and standards and their subjectivity.
- Being open to other viewpoints and wanting to learn from each other.
- Being interested in the viewpoint of others, however different.
- Let himself be guided in his daily life by those elements from other cultures that he sees as positive.
- Has an eye for the similarities as well as the differences.
- Approaches each person as a person, not as a member of a particular ethnic group.

(Literature consulted: Hoffman, E. Intercultural dialogue, theory and practice of the topoi model)

2. Community:

The term 'community' is used in different ways, depending on the context, making it an 'all-encompassing' concept. We use here a more restrictive and precise definition, namely "a structured social system of people living within a precise geographical space (city, village, neighbourhood)". In the same sense, the World Health Organisation (WHO) defines community as follows: "A group of people who often live in a well-defined geographical area, share a culture, values and norms, and have a place in a social structure that is consistent with relationships that the community has created over time. Members of a community acquire their personal and social identity by sharing beliefs, values and norms that were designed by the community in the past and may evolve in the future. They are to some extent aware of their group identity, have common needs and want to satisfy them" (WHO, 1999).

3. Social determinants of health:

As defined by WHO refer to "The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems" (source: https://www.who.int/health-topics/social-determinants-of-health)

4. Health literacy:

Health literacy is the knowledge, motivation and ability of people to access, understand, assess and apply health information in order to make health care, disease prevention and health promotion decisions and to maintain or improve quality of life. (Definition of health literacy proposed by Sørensen et al. (2012) and adopted by other leading authors (Kickbush et al., 2013; Nutbeam & Muscat, 2021)).

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