THE INDIANA HEALTH EQUITY COUNCIL COMMUNITY HEALTH WORKER MODEL FOR ADDRESSING COVID-19-RELATED DISPARITIES: PHASE 1 FINDINGS

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BACKGROUND

- **Problem:** COVID-19 widened health disparities
- Inadequate community health preparedness plan and community health workforce
- **Solution:** Leveraged a multisector collaboration:
  - Indiana Department of Health Office of Minority Health (OMH)
  - Indiana Community Health Workers Association
  - Purdue University Community Health Workforce Development Institute
- Infrastructure for the Indiana Health Equity Council (INHEC) Community Health Worker (CHW) Model
  - Nine trained OMH Health Equity CHWs in nine state Public Health Preparedness Districts
  - Generate and implement evidence-based efforts addressing COVID-19-related health disparities

OBJECTIVE

- To generate areas of concentration for CHW-led efforts addressing COVID-19-related disparities in Indiana Public Health Preparedness Districts.

METHODS

- Qualitative study among INHEC members
- **Data collection:** demographic surveys and audio-recorded focus groups facilitated by trained Health Equity CHWs (Image 1.)
- **Data analysis:** transcripts coded deductively
- Emergent themes identified across four categories: 1) current efforts, 2) facilitators of efforts, 3) barriers to efforts, and 4) areas of concentration for efforts moving forward via district action plans (DAPs)
- Member checking to assess accuracy of findings

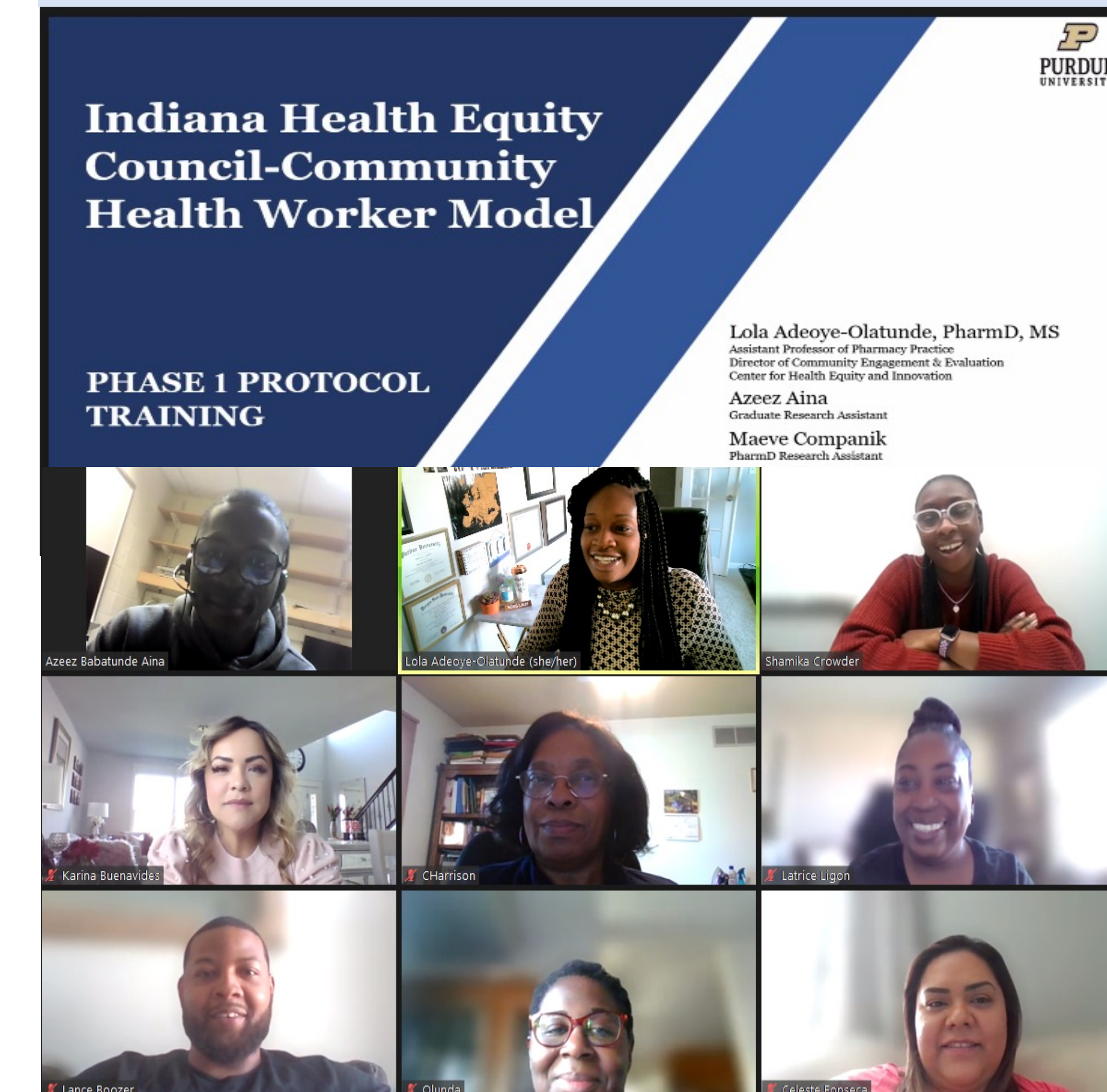**Image 1.** Health Equity CHWs receiving protocol training before facilitating council focus groups

RESULTS

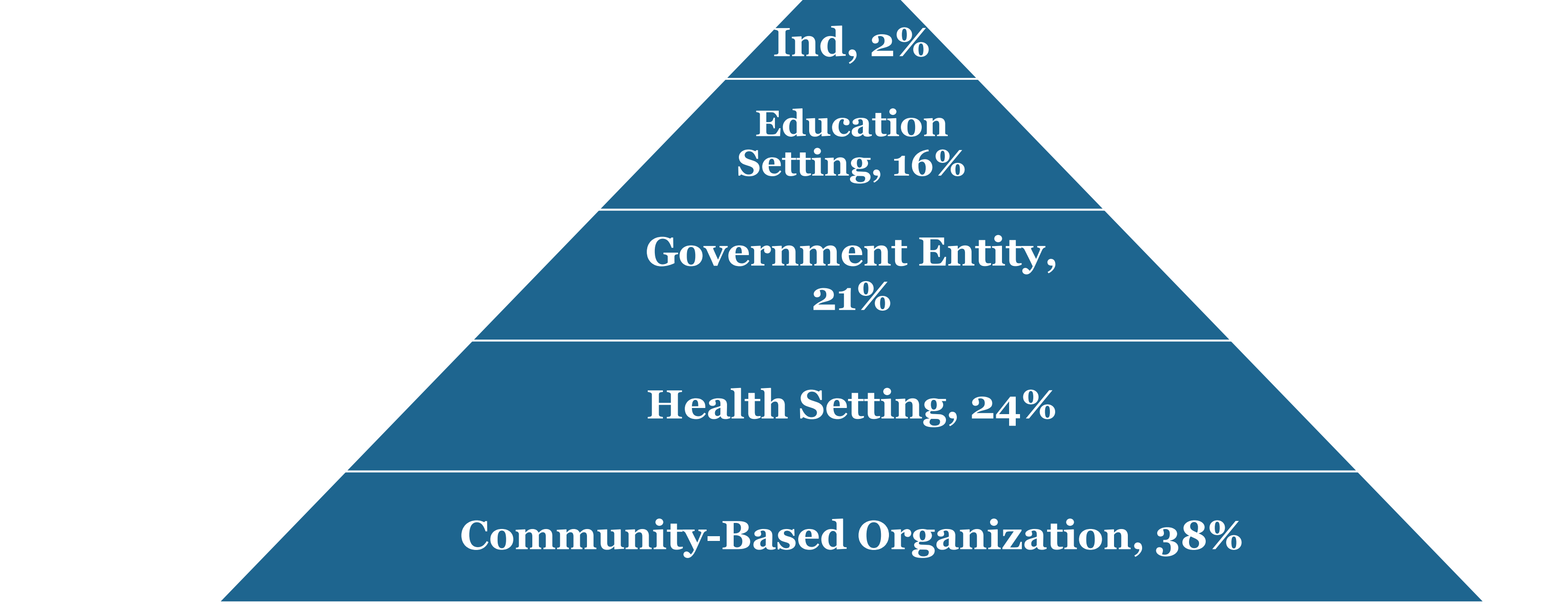**Figure 1.** Focus group characteristics and participant demographics

15 Total focus groups

836 mins Total duration of focus groups

58 Total participants

Participants' ethnicity
- Hispanic 10%
- Non-Hispanic 90%

Participants' roles
- 23% Certified CHW
- 7% CHW
- 70% Performs a CHW Role

- Ind, 2%
- Education Setting, 16%
- Government Entity, 21%
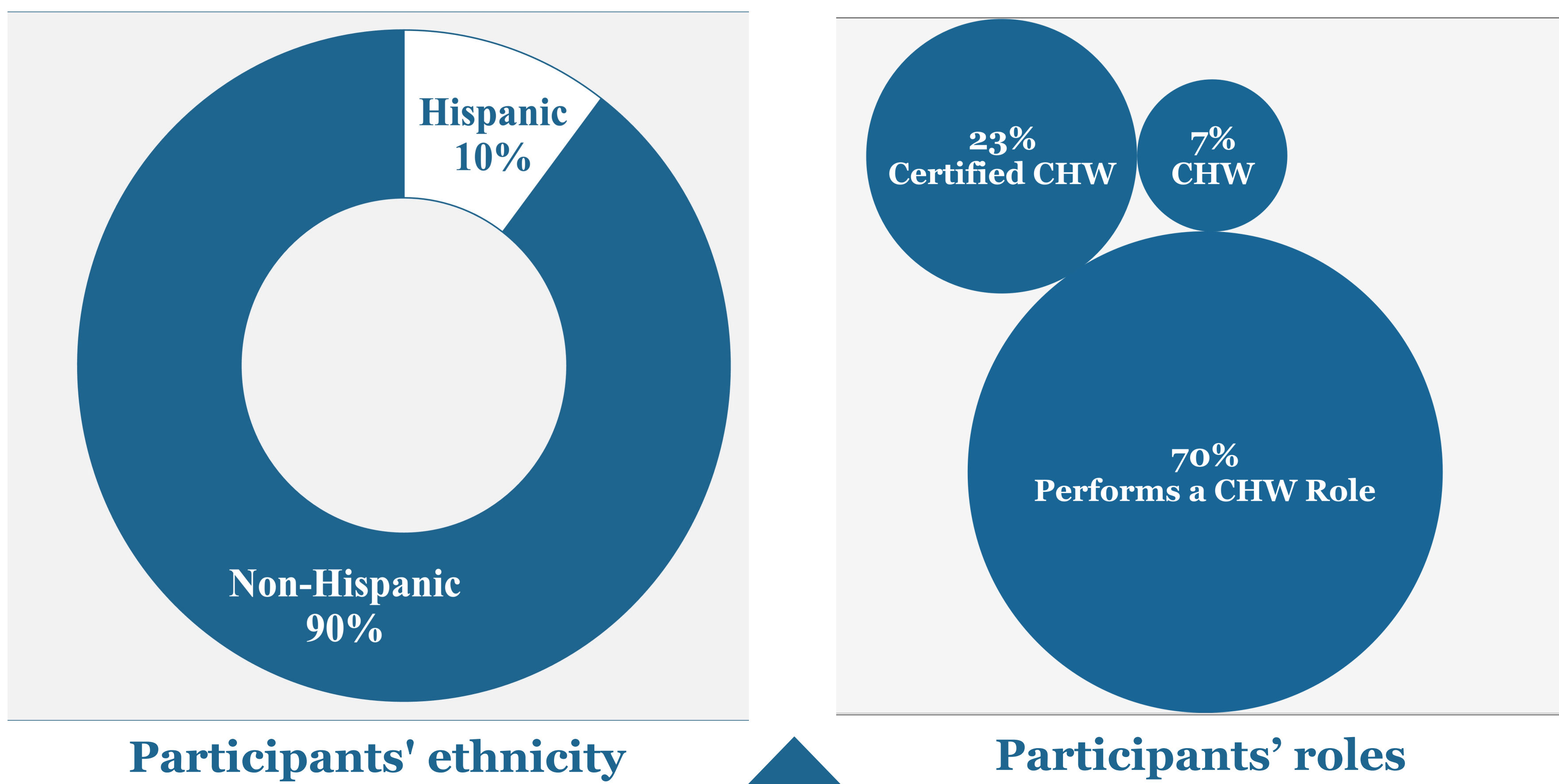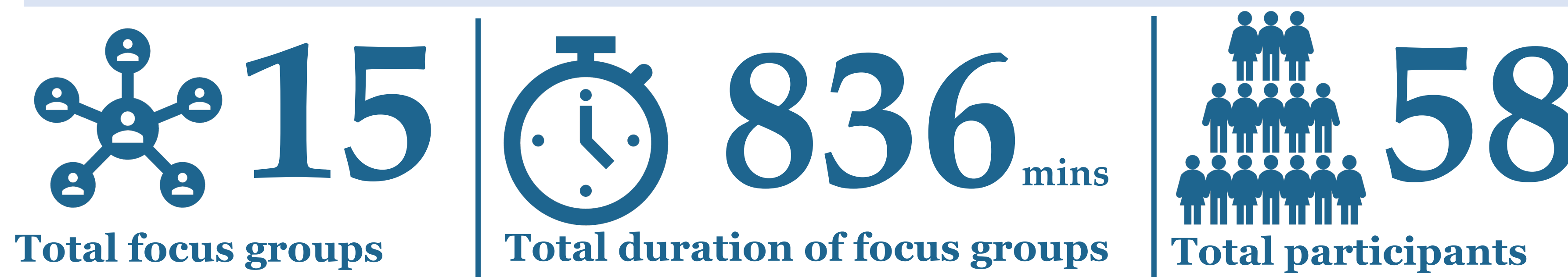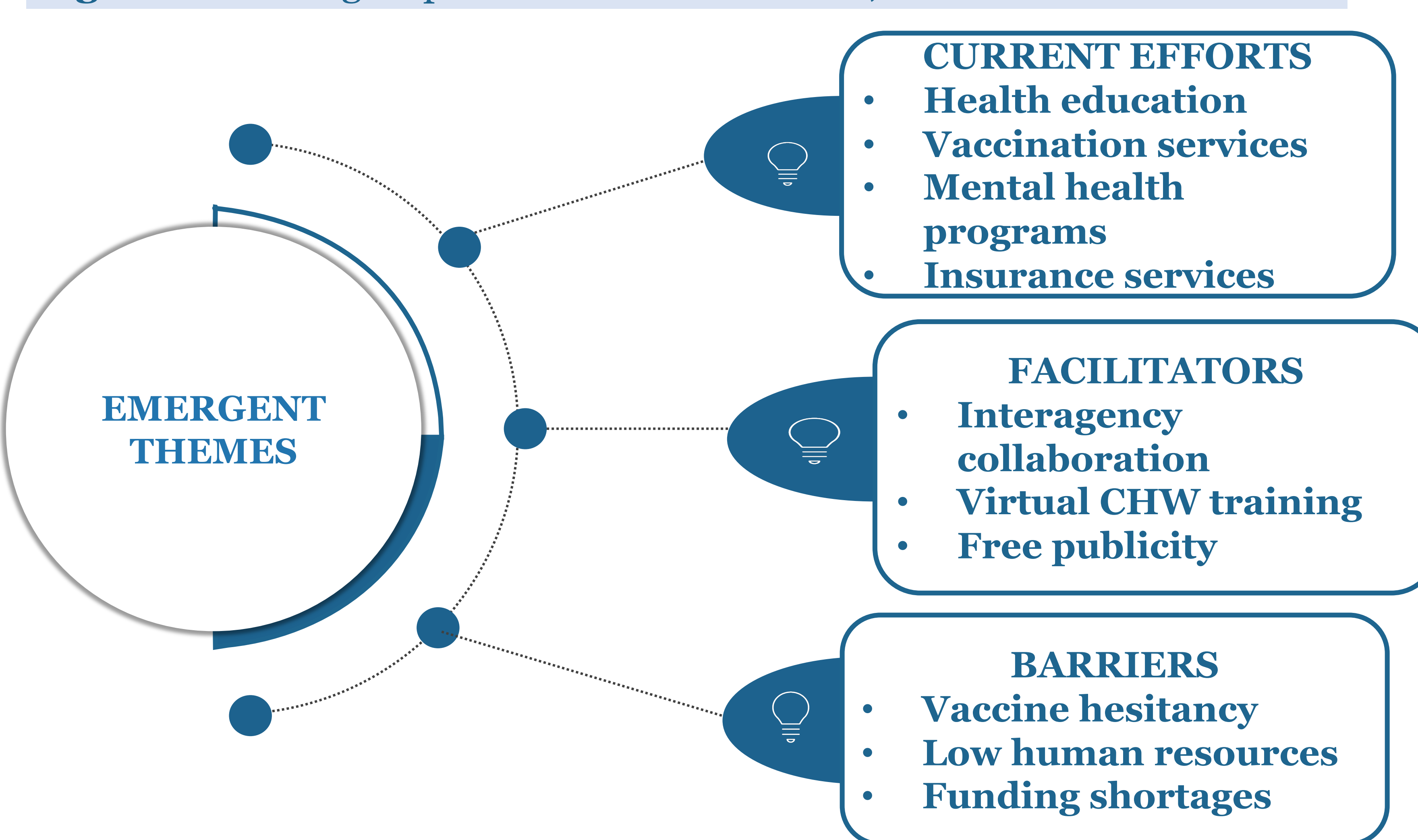- Health Setting, 24%
- Community-Based Organization, 38%

Figure 2. Focus group themes: Current efforts, facilitators and barriers

EMERGENT THEMES

CURRENT EFFORTS
- Health education
- Vaccination services
- Mental health programs
- Insurance services

FACILITATORS
- Interagency collaboration
- Virtual CHW training
- Free publicity

BARRIERS
- Vaccine hesitancy
- Low human resources
- Funding shortages

Figure 3. Focus group themes: Areas of concentration for district action plans (DAPs)

DISTRICT 1
1. Disease prevention program
2. Coping skills to manage psychosocial impact of COVID
3. Programs that address SDOH

DISTRICT 2
1. Funding advocacy
2. Build community trust
3. Acculturate health education
4. Vaccination

DISTRICT 3
1. Build & sustain community trust
2. Mental health service
3. Maternal & infant health programs

DISTRICT 4
1. Acculturate communication resources
2. Health education
3. Programs to address SDOH

DISTRICT 6
1. Address barriers to efforts
2. Prioritize health equity
3. Build community trust

DISTRICT 7
1. Programs that address SDOH
2. Transportation service
3. Vaccination service
4. Mental health
5. Community engagement

DISTRICT 5
1. Outreach on vaccine education
2. Acculturate health education
3. Programs that address SDOH
4. Community engagement

DISTRICT 8
1. Address key barriers to health
2. Incorporate community history & value in programs
3. Develop a communication strategy

DISTRICT 9
1. Identify barriers to healthcare access
2. Health education
3. Inform legislators about public health issues
4. Implement awareness program

FUTURE DIRECTION

- Findings will inform phase 2 of this study where evidence-based DAPs will be implemented
- Model structure and DAP process will be adapted for sustainability and scalability

ACKNOWLEDGEMENTS