

Impact of Covid-19 on Community Health Workers in Massachusetts

Results from MACHW Online Survey: November to December 2020
and Priorities from the February 2021 Covid-19 Debrief Webinar

BACKGROUND

Community Health Workers continue to be on the forefront in health care and community-based settings as essential frontline workers during the Covid-19 pandemic. The goal of this anonymous online survey was to understand challenges posed by the Covid-19 pandemic on community health workers, both professionally and personally.

There were 4 different sections in the survey:

- Part 1: How has Covid-19 pandemic impacted the work of CHWs, including changes to their job responsibilities and support from their organizations/employers
- Part 2: How the Covid-19 pandemic impacted clients CHWs work with, including access to services and resources
- Part 3: How the Covid-19 pandemic impacted CHWs on a personal level to understand stress and well-being of CHWs
- Part 4: How MACHW can support CHWs during this time.

The online survey was distributed via the MACHW mail list, the MACHW Facebook page and during a CHW listening session sponsored by the MDPH Office of Community Health Workers. The survey was open from November 24th to December 28th 2020. There were a total of 121 respondents with only 1 respondent declining participation, with no reason given. However, only 92 respondents completed the entire survey and 29 left some questions unanswered. Completing the survey took about 7-10 minutes.

FINDINGS

Part 1: Work

Most respondents (82%) had worked in their current position for a year or more. Since March 2020, as a result of the pandemic, 45% worked remotely all the time, about 38% worked remotely some of the time, and about 17% worked at their work site all the time. Regarding their experiences with working as part of a team, 8% of respondents reported not being part of a work team, while 19% were in a primary care work team, 15% were in a behavioral health work team, 26% were in a social services work team, and 32% reported an “other” type of work team.

Although Covid-19 has changed the scope of work for 41% of CHWs, their job descriptions do not reflect the changes according to 52% reported of respondents.

Employers are providing support, adequate safety training, and making proper personal protective equipment available to the workforce (65% of respondents feel supported by their organization ; 62% received proper personal protective equipment (PPE); and 69% said their employer had provided them with safety training). Based on these responses, organizations are being supportive and responsive to the safety of CHWs. However, it will be important to learn about how employers can support the 40% of CHWs who do not feel supported by their employers.

Regarding supervision, 57% of respondents were satisfied with the quality of their supervision during the pandemic. Here again, it will be important to learn more about how the quality of supervision could be improved for the 43% of CHWs who did not report satisfaction with the quality of their supervision.

In terms of safety, 78% of respondents also agreed that their employer had developed protocols to keep them safe at work during the pandemic. About 78% of respondents agreed that their employer was allowing the flexibility to manage the demands of work and home during the pandemic. However, about 32% of respondents reported being afraid of losing their job in the next year because of the pandemic.

On the whole, CHWs felt very or somewhat satisfied with their work (Figure 1). However, when comparing job satisfaction before and after the pandemic (figures 1 and 2) there was an increase in dissatisfaction (13%) since the Covid-19 pandemic began.

Figure 1. All in all, how satisfied would you say you were with your job BEFORE the Covid-19 pandemic (March 2020)?

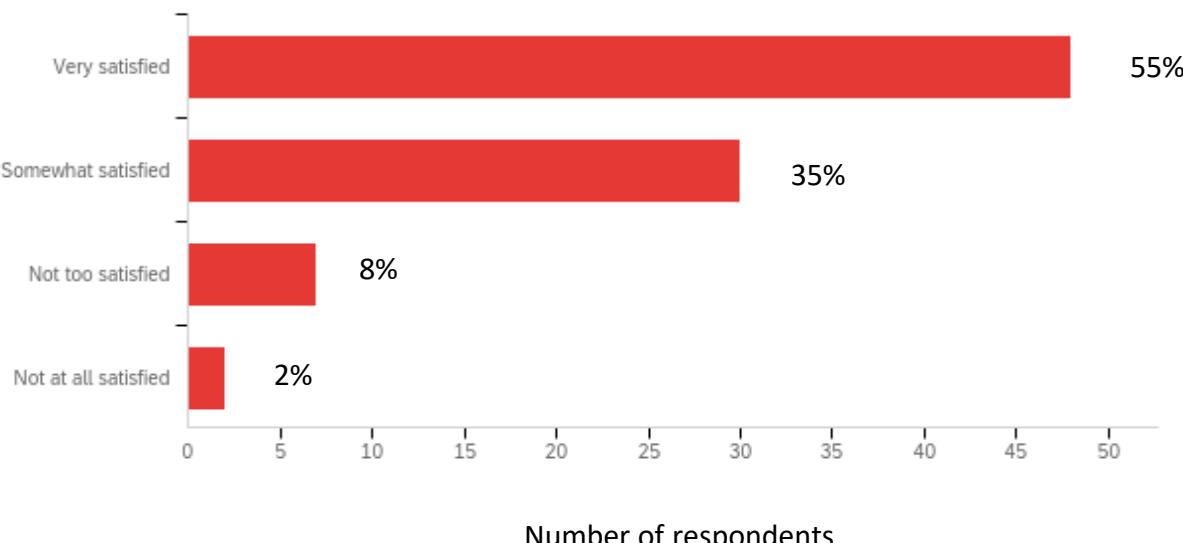
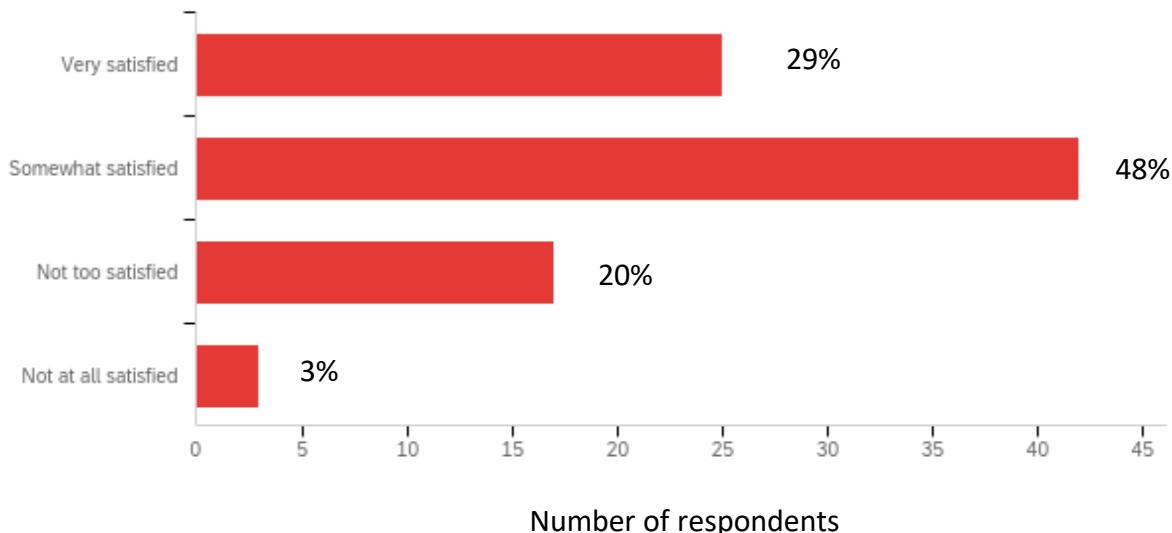


Figure 2. All in all, how satisfied would you say you are with your job SINCE the Covid-19 pandemic began (March 2020)?



Part 2: Clients

About 73% of CHWs reported being able to serve their clients and communities through telephone or video calls. In fact, most CHWs were included in telehealth sessions with their teams and felt comfortable doing telehealth sessions with their clients.

Regarding outreach activities, about half (47%) of CHWs reported their outreach activities increased. It will be important to learn more about the type and scope of outreach activities since 18% reported their outreach activities stayed the same and 35% reported their outreach activities decreased. Clients are having a hard time showing up for appointments (52%). However, in spite of the client-CHW limitations posed by the pandemic, 60% of CHWs reported being able to establish trust with clients during the pandemic. Figure 3 describes the changes in client work as experienced by CHWs during this time.

Figure 3 notes the increases in client needs; 20% of CHWs reported that their clients are more likely to be unemployed, more likely to need free/low cost food (23%), more likely to have problems with housing (20%), more likely to need substance use services (15%), and more likely to need mental health services (22%).

Figures 4 and 5 highlight the urgency of adequate mental health training for the CHWs themselves and to better their clients.

**Figure 3. Since the beginning of the pandemic, I am observing the following in my clients:
(check all that apply)**

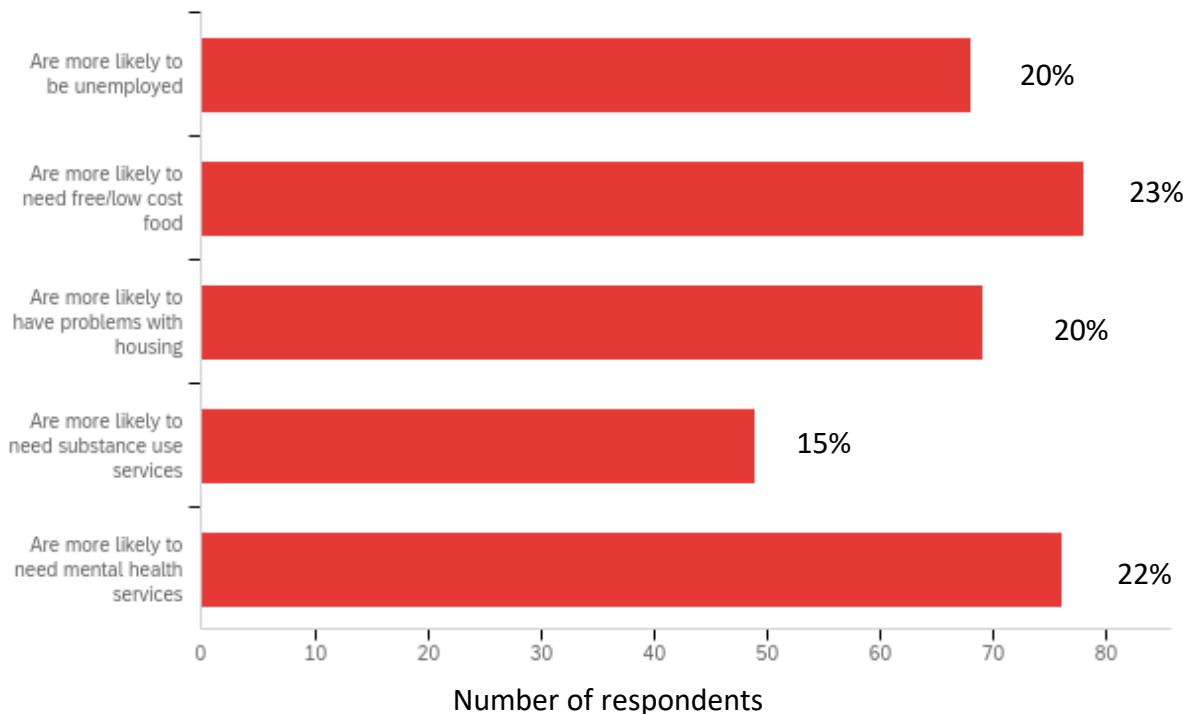


Figure 4. I would benefit from training in mental health skills: (check all that apply)

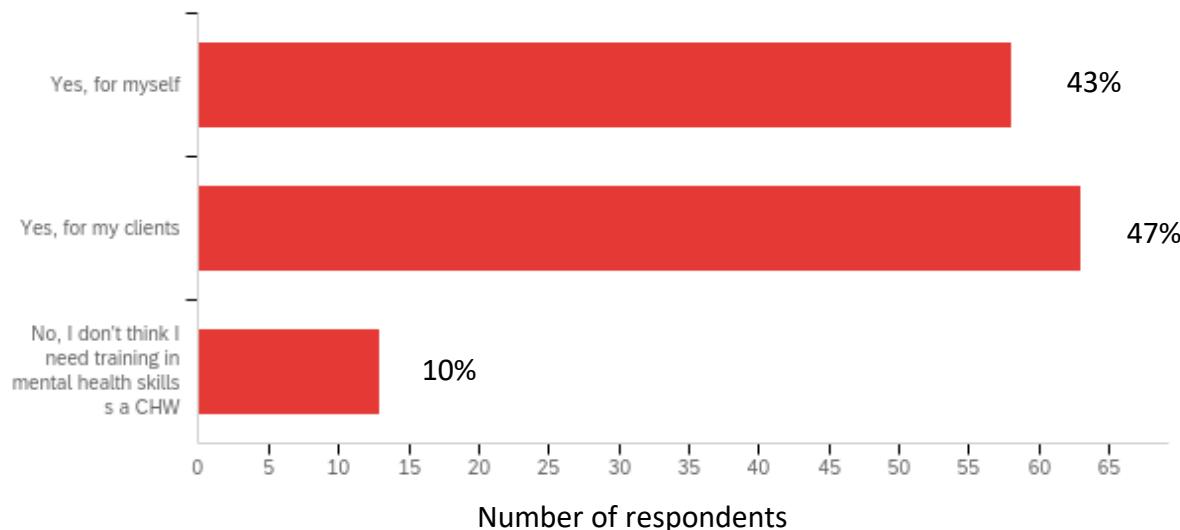
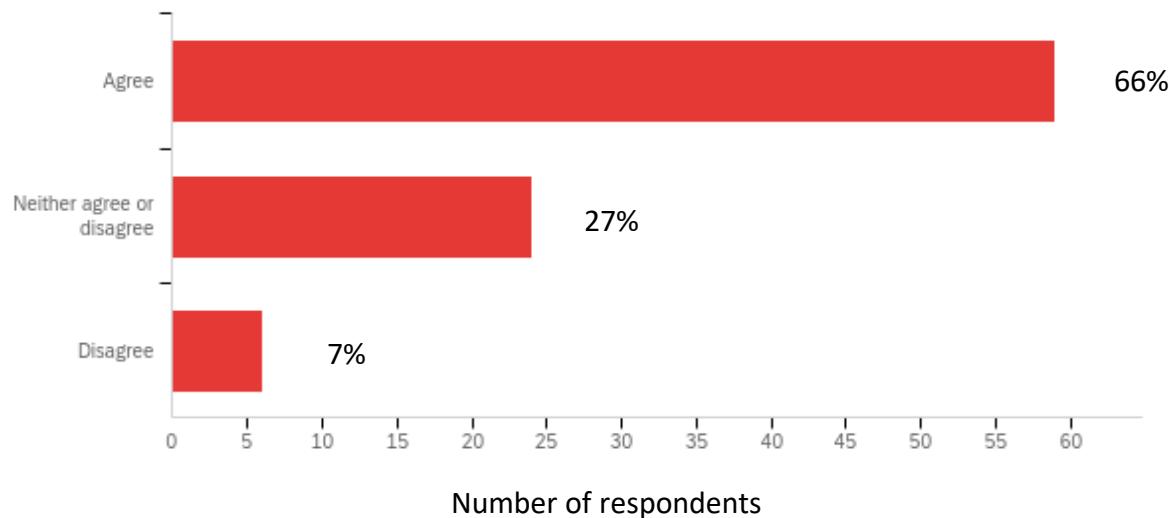


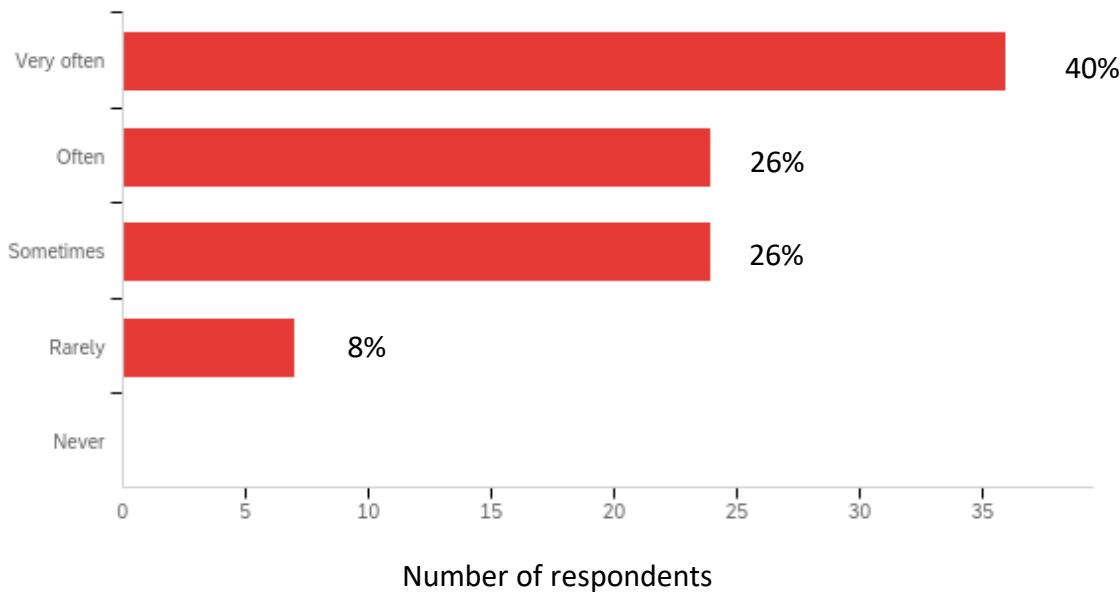
Figure 5. Especially now because of Covid-19, I need training to support my clients with mental health needs.



Part 3: Personal Impact

The pandemic has had a significant impact on the mental health of the workforce and on CHW well-being. 66% of respondents agreed that since they pandemic started, their work has been much more stressful. About 66% of respondents said they felt used up at the end of the day (often or very often) when compared to sometimes (26%) and rarely or never (8%). On the whole, respondents reported their physical health as poor (11%), fair (31%), good (37%), very good (15%) and excellent (6%). When asked about their mental health, respondents reported their mental health as poor (13%), fair (37%), good (37%), very good (12%) and excellent (1%).

Figure 6. Since the pandemic started, how often have you felt used up at the end of the day?



The survey also asked CHWs about their own situations regarding their concerns about housing, employment, and food security. An alarming 41% of respondents reported they often or sometimes worried about food running out before they had more money to buy more, while 28% reported the food they bought didn't last and they ran out of money to get more food.

Figure 7. Since the pandemic started, me and my family have worried whether our food would run out before we got money to buy more.

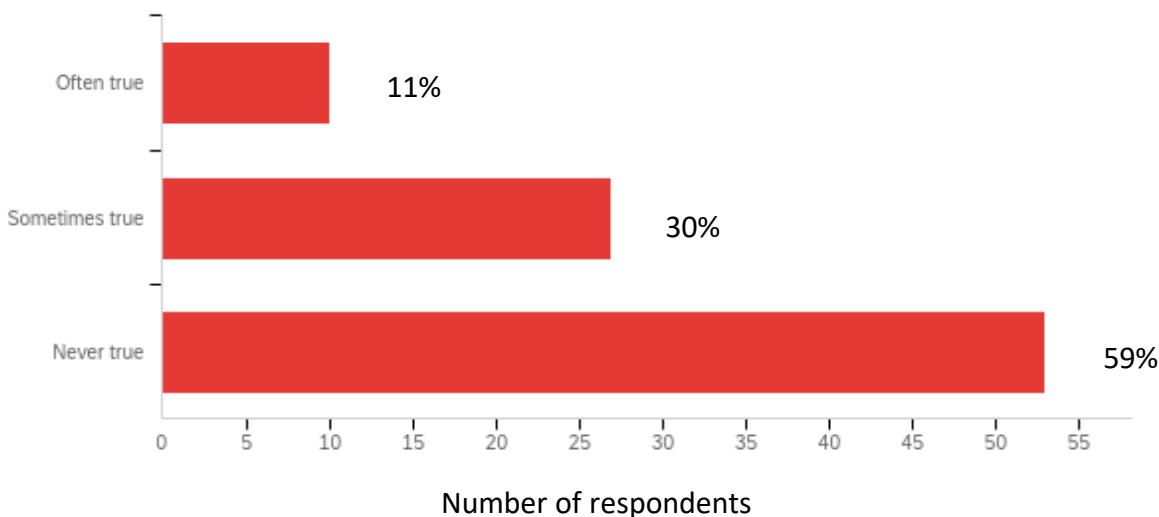
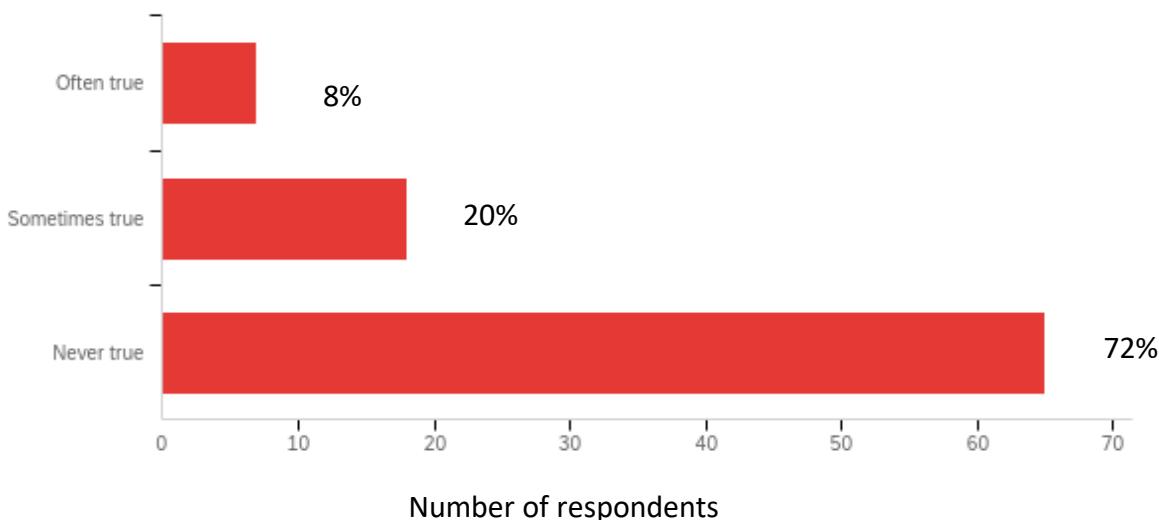


Figure 8. Since the pandemic started, the food we bought just didn't last, and we didn't have money to get more.



Part 4: Ideas for Support

Unfortunately, no CHWs responded to questions asking for support. It is unclear exactly why this was the case. However, due to the continued political and pandemic-related stressors during this time, it is likely that respondents may have been experiencing survey fatigue.

February 2021 Covid-19 Debrief Webinar

MACHW presented results back to CHWs using interactive session to understand how to best serve CHWs during this time, especially since CHWs may be fatigued by the different surveys and webinars now widely available. During this session, MACHW employed various polls to understand potential differences by workplaces between community-based organizations and clinical organizations (health systems or health centers). There were no major differences between CHWs employed in community-based or clinical organizations.

On the whole, the findings from the survey were re-affirmed. About a quarter to a third of CHWs during the debrief webinar reiterated that they need more support during this time. When asked to prioritize goals for MACHW to move forward in this next stage of the pandemic, CHWs overwhelmingly prioritized advocating for workplace changes and supports, including changes to job descriptions, pay and social support in the workplace.

RECOMMENDATIONS

- 1. Focus on supporting the well-being of CHWs and on strategies to reduce stress.**
 - Develop regional groups that meet regularly to support CHWs, especially those that are not finding support through their organizations
 - Partner with MassSupport, a state-sponsored crisis counseling program to improve coping during the Covid-19 pandemic through coping groups to help CHWs that want to talk more about how the pandemic has affected their work
 - Connect CHWs with steps for accessing behavioral health care and supports for their own well-being through regional community connections
- 2. Advocate and facilitate workplace supports for CHWs**
 - Employers should change job descriptions to reflect pandemic related job responsibilities; pay increases should also reflect any additional job responsibilities
 - Employers should be mindful to pay CHWs a living wage considering that many CHWs are struggling with food insecurity
 - Employers should explore engagement and satisfaction, especially given the high levels of stress on CHWs and the health care and social service workforce as a whole

March 2021

3. Strengthen CHW workforce during the Covid-19 era

- Advocate for training in mental health skills, including psychological first aid and other trauma-informed models for behavioral health prevention and promotion.
- Partner with employers to strengthen supervision for CHWs, preferably with CHW leaders
- Encourage participation of CHWs in pandemic-related planning activities within their workplaces to increase leadership opportunities and facilitate workplace programs that take into account CHW role

ACTION STEPS

1. On March 4th 2021, MACHW partnered with Dr. Luana Marques at Mass General Hospital to offer a one-time webinar on managing stress. In addition to this session, CHWs were encouraged to access a free online course to continue to build coping skills during this time: [Mental Health for All Online Course](#)
2. MACHW has partnered with [MassSupport](#) to provide debrief coping groups for CHWs across the different regions in April and May. These are one-time groups (with the option of one additional follow-up) to foster strategies for managing stress and to build mutual support for CHWs working or living within specific regions.
3. MACHW will continue to advocate for better wages and on the job safety and support and this past year has partnered with [MassCOSH](#) for CHW-specific support.
4. Finally, MACHW is in the process of partnering with local organizations to reinstate the CHW Advocacy Day on June 15th 2021.