

Designing and Implementing a Qualitative Research Project in partnership with Community Health Workers (CHWs): A Participatory Action Research Process

CALIFORNIA ASSOCIATION OF COMMUNITY HEALTH WORKERS

Caroline Murtagh¹, BSc, Michelle Gimenez¹, MA, Carol West², CHW, PSS, MBBCH, BSc OT, Jennifer Newberry¹, MD, JD Affiliations: 1 Stanford School of Medicine, Stanford University; 2 California Association of Community Health Workers

Phase II. Research Workshops

Background

Community Health Workers (CHWs) play vital roles in connecting patients to clinical and social supports. Given their positionality as both community members and healthcare workers, CHWs are vulnerable to challenges in the workplace as they face similar social, economic, and resource barriers as the patients whom they seek to serve within healthcare systems ill-equipped to address their needs (Table 1). This highlights the need for platforms where CHWs can advance their interests and those of their communities. In California, this is especially urgent given the recent Medi-Cal expansion that provides reimbursement for CHW services and will shape the responsibilities of this workforce. Thus, CHWs must be involved in decision-making about their

Strengths

- High levels of trust within communities
- Knowledgeable of local social support and clinical services and referral systems
- Understanding of challenges that patients face to accessing care and innovative ways to overcome barriers
- Offer preventative and supportive care to improve patient outcomes at lower costs

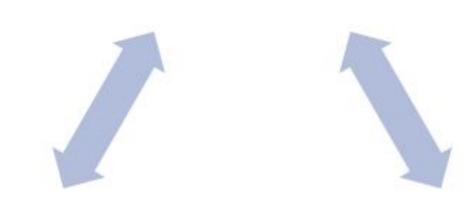
Challenges

- Grant funding mechanisms often structure short-term vertical programs focused on one disease rather than holistic needs
- Often unstable job positions with insufficient pay
- Lack of recognition by other healthcare and social support workers impedes CHW integration onto teams
- Lack of peer-to-peer support programs
- Insufficient training given complexity of cases supported

Table 1. Strengths and Challenges of the CHW Workforce

The California Association of Community Health Workers (CACHW) consists of one group of CHWs throughout California that seeks to build a platform where CHWs can collaborate and organize at a state level. As part of their initial efforts to understand the interests of their colleagues across the state, Stanford Research Team and asked for our guidance and experience as researchers to develop a project that explores perspectives of CHWs toward their work and advocacy goals. Within this project, Stanford a participatory action research process to empower CHW Facilitators to become leaders in research (Figure 1).

Participatory: CHWs, who are most impacted by outcomes of the study, are involved in every step of project ideation and implementation



Action: Research workshops implemented with frequent opportunities for reflection on desired project design and outcomes.



Figure 3. Participatory action research approach

Objectives

In order to contribute to research and practice regarding strategies for including CHWs in academic initiatives that shift power toward communities in developing, implementing, and disseminating academic products that directly affect them, this presentation, which describes the process used for a larger study, seeks to:

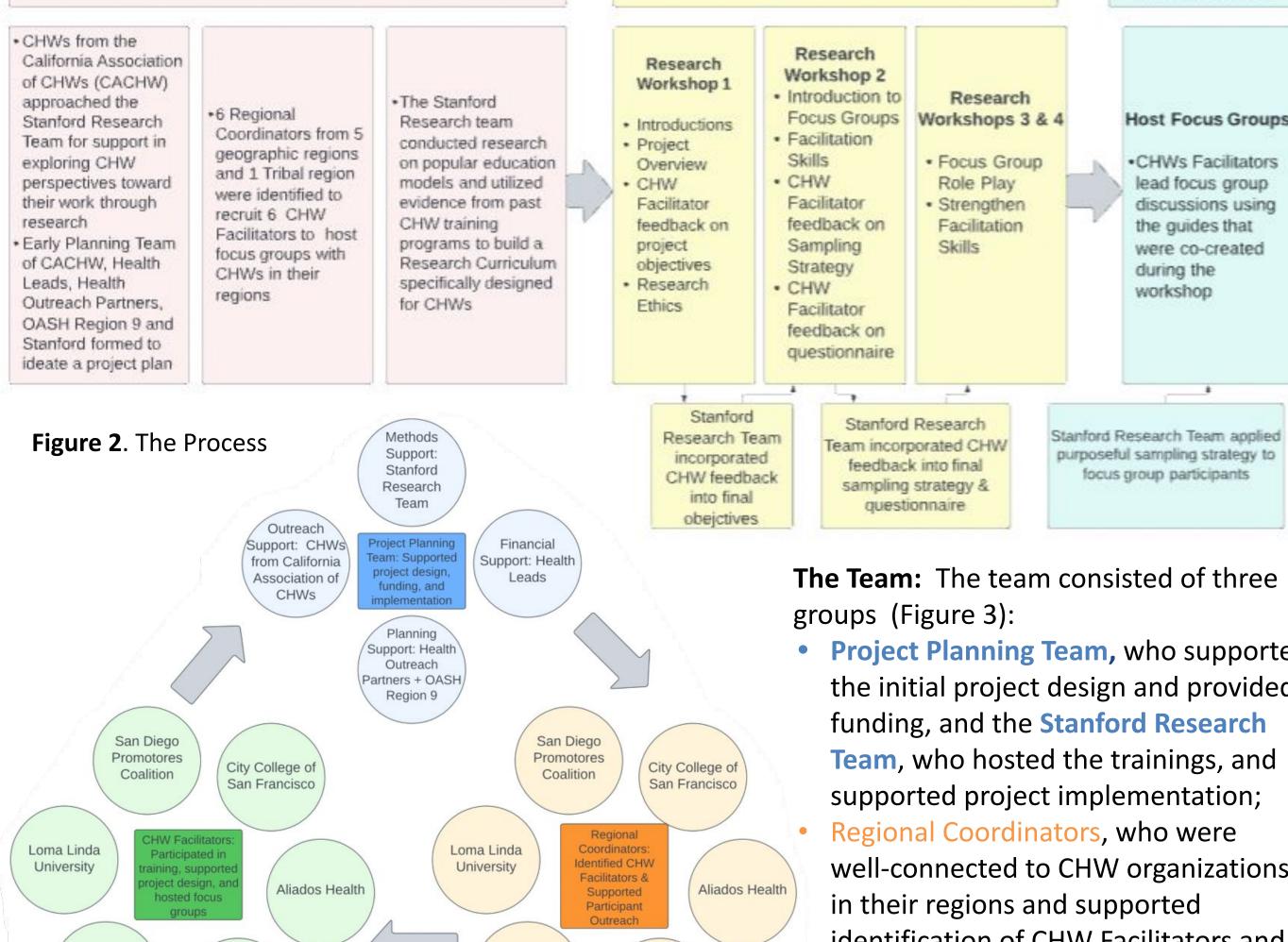
- •Describe a participatory action research process to develop and implement a training curriculum that promotes capacity building for CHWs to engage in a larger research project that also benefits their work;
- •Identify recommendations for academic and community-based stakeholders to partner in the development of research that promotes health equity.

Methods

The Process: In order to conduct participatory action research, the team implemented their approach in 3 phases: (I) Project Planning & Team Formation; (II) Research Workshops; and (III) Focus Group Implementation (Figure 2).

Phase I. Project Planning & Team Formation

Los Angeles



Project Planning Team, who supported

Phase III. Focus Group

- the initial project design and provided Team, who hosted the trainings, and
 - well-connected to CHW organizations identification of CHW Facilitators and groups for participant recruitment;
- CHW Facilitators, who attended trainings and hosted focus groups.

Results

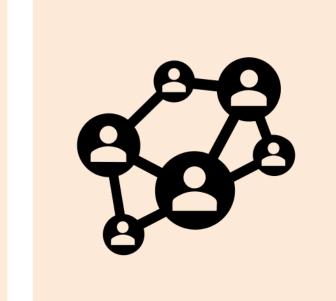
This process resulted in the development and implementation of a training curriculum to prepare and support CHWs to engage with and lead research initiatives that directly impact their workforce and communities. Specific deliverables are outlined in Table 2.

| | Description |
|--|---|
| Development of the CHW Research Training | The eight-hour curriculum, designed for Zoom to enable CHWs from across the state to participate virtually from work or home, includes a facilitator guide and accompanying slides and activities. The curriculum |
| Curriculum | draws on popular education methods to promote participation and mutual learning that builds upon and elevates the facilitation skills that CHWs already offer given their roles in delivering health services in their communities. It includes didactic, discussion, and role play activities to prepare CHWs to design and implement qualitative research projects. |
| 6 CHW Facilitators + 2 CHWs from CACHW trained to | 6 CHW Facilitators from 5 geographic regions and 1 Tribal region across California were trained in the curriculum along with 2 CACHW representatives. As part of the curriculum, the CHWs also provided input to |
| design and host focus group discussions | the design of the larger study. The 6 CHW Facilitators each went on to host a Focus Group with CHWs from their respective regions. |
| Co-creation of the sampling strategy for the larger research project | As key members of the research team, the CHWs trained through the curriculum shared characteristics that represented the diversity of the CHW workforce to be included in a purposeful sampling strategy that was used to build a representative sample for the larger study. |
| Co-creation of the questionnaire for the larger | As key members of the research team, the CHWs trained through the curriculum identified topics that were most important to them to explore through focus groups, piloted a draft questionnaire based on these |
| research project | topics, and provided feedback that was used to design the final version that they would use as Focus Group Facilitators. |
| Development of a | To implement the purposeful sampling strategy co-created with the CHW Facilitators, which included the |
| oreliminary CHW | desire to select for diversity in organizational setting, race/ethnicity, and gender identity/sexuality among |
| Organization Database | CHW participants, a CHW Organization Database was developed based on a historical but outdated |
| | database used as a starting point, existing networks of the CHWs, and a comprehensive internet search. The database includes CHW Organizations throughout California that could be contacted for participation in the |

Table 2. Outcomes of the Participatory Action Research process used to involve CHWs in every step of the research process.

Lessons Learned

Lesson 1: The use of multiple local networks, established through the Regional Coordinators, supported the formation of a statewide team. The Regional Coordinators had pre-existing relationships and trust with their local communities, which positioned them to identify CHWs that were leaders in their regions that might be interested in serving as Facilitators. Once CHW Facilitators were identified, the use of Zoom and email enabled the team to meet and communicate regularly to form connections, even as individuals were based in geographically distinct regions.





Lesson 2: Flexibility and understanding of diverse interests were important for partners to collaborate to achieve the project outcomes. The Stanford Research Team was flexible in hosting trainings on evenings when the CHW Facilitators had finished work and offered make-up sessions for those with conflicts. This was especially important given the role that CHWs serve as community caretakers, which can lead to unexpected schedule changes and shifting responsibilities. Additionally, community partners such as CACHW actively learned about research processes that differed from their typical organizing approaches to guide project activities.

Lesson 3: Frequent communication among partners with alignment toward a common goal was necessary to overcome institutional barriers in community-based participatory research. While necessary to disseminate findings to a broader audience and ensure best ethical practices, the IRB established procedures that made data sharing difficult while working with partners who were not traditional academic institutions. Additionally, while academic institutions often provide funding to compensate time of researchers, the team had to seek outside grants to fund CHW Facilitators and participants, which led to administrative burdens of obtaining and transferring funds. Frequent meetings were necessary to clarify roles and troubleshoot obstacles. When faced with challenges, the team returned to their alignment toward the common goal of elevating CHW voices through research.



Conclusions & Next Steps

This project demonstrates the importance of and strategies for including CHWs as leaders in research. Given their proximity to communities directly impacted by health inequities as both community members and service providers, CHWs can ensure research processes and outcomes are accepted by and feasible for those that they intend to benefit, closing the gap between innovation and dissemination.

This participatory action research process is part of a larger study that explores CHW perspectives toward their identities, work, and opportunities for organizing. The next steps in this project are to analyze the focus group findings and collaborate with the CHW Facilitators to present preliminary results to CHW stakeholders at a Virtual Summit as an early platform for organizing within the workforce.

Acknowledgments

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Contact

For further inquiries regarding this study, please contact Caroline Murtagh at cmurtagh@Stanford.edu. Thank you!