Community Health Workers and social change in Canada: a growing workforce

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Presentation Objective

To discuss…

- A recent surge in interest has emerged in the US, Canada and other high-income countries to examine the role of community health workers (CHWs) in achieving health equity

Published article.

Community Health Workers in Canada and in the US: Working from the Margins to Address Health Equity

- Torres, S., Balcázar, H., Rosenthal, L., Labonté, R., Fox, D. J., & Chiu, Y. (2017). *Critical Public Health*.

(Photo- LAZO)

Definition

- "A community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counselling, social support and advocacy"

(Community Health Worker Special Primary Interest Group, APHA, 2008, San Diego, CA.)

Context

A continuum of CHW Models…

Integrated within Canada's formal healthcare system

- Public health units
- Community health centres

Independent of Canada's institutional healthcare system

- Community-based organizations
- Ethno-specific organizations (Torres, 2013)

Context : CHW Models Across Countries

Characteristics	Brazil	Iran	Canada
Universal health care system	√	√	√
Universal CHW program	√	√	–
Size of workforce	240 K	31k	Unknown
Workforce is recognized	√	√	–
Operate at municipal level	√	Rural	√
Members of health care delivery teams	√	√	Limited
Full-time and salaried	√	√	Limited
Public health (prevention & management)	√	√	√
Primary care (maternal care, oral care, elderly care)	√	√	CHRs only
Community action (sanitation, environment)	√	√	–
Political action (Lobby & advocacy)	√	–	In progress

Legend (√ = Yes); (– = No)

(Torres, 2011)

Context; CHW Models Across Countries

Influence on Practice	Brazil	Iran	Canada
Standard training	√	√	–
Mandatory training	√	√	Limited
Minimum education level	√	√	Varies
Technical tasks re primary care	√	√	CHRs only
Technical tasks re public health	√	√	√
Supervision (by trained professional)	?	Limited (Quality)	Varies
Workload exceeds demand	√	√	√
Financial incentives are scarce	√	√	√
Educational opportunities are lacking	√	√	√

Legend (√ = Yes); (– = No)

(Torres, 2011)

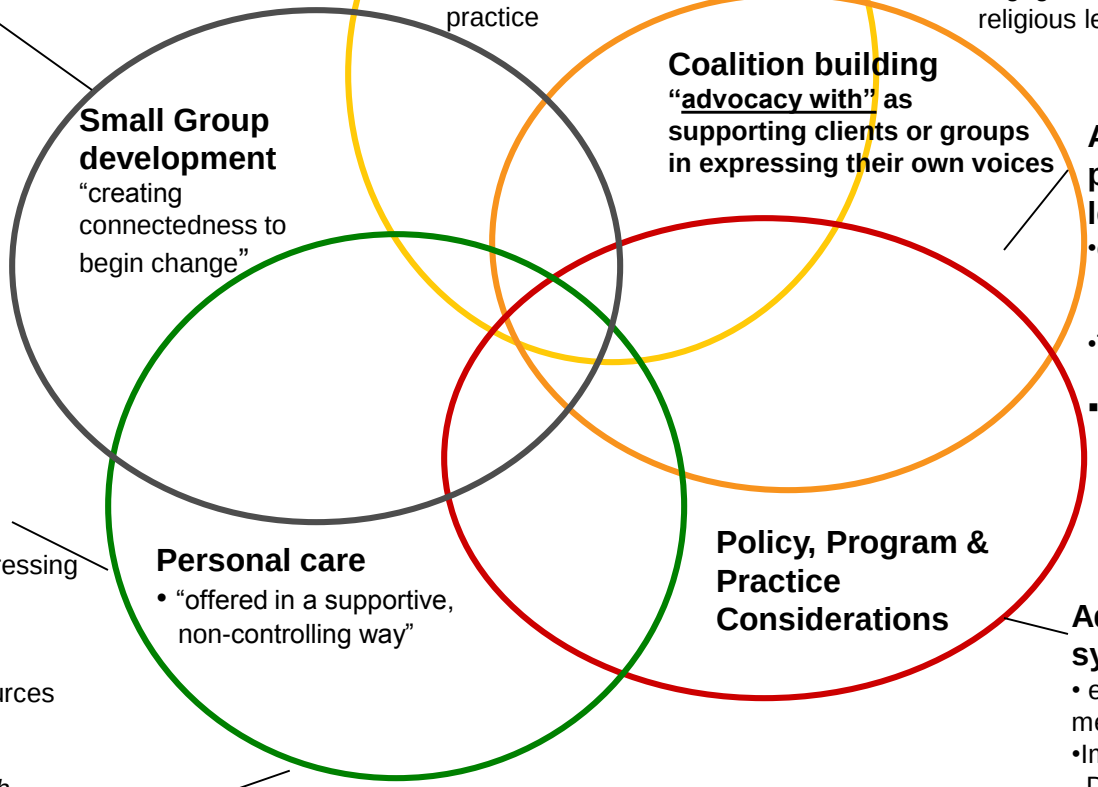
Holistic work

Community Health Workers Network of Canada

Réseau des travailleurs et travailleuses en santé communautaire du Canada

- CHWs' practice may be seen as a hybrid of peer support worker, settlement counsellor, social worker, friend and mentor for their clients
- CHWs have the potential to empower and engage communities experiencing harsh social, political, and economic circumstances

Dimension of the Multicultural Health Brokering Practice



Connecting parents & families with each other
- •mothers mutual support group
- •parenting workshops
- •Youth-led youth groups
- •family recreation groups
- •micro-economic development projects

Community mobilization
- •development & dissemination of salient information for families through ethnic media & other natural channels.
- ▪community organizing training
- ▪ engagement of community & religious leaders.

Advocacy at the providers & institutional level
- •collaborative care with mainstream service providers.
- •Training in culturally competent care.
- ▪Cross-sectoral alliances to address difficult social health issues.

Advocacy at the systemic level
- • engage grass-roots community members in policy discussions.
- •Immigrant seniors forum-Democracy in Action, 2009

Listening & being attentive to the multiple factors affecting children & families.
- •one-to-one holistic care (addressing health determinants).
- •family-oriented support
- •connecting & liaison with mainstream services & resources

* Labonte, R *Issues in health Promotion series #3. Health promotion and empowerment: Practice frameworks.* Toronto: Centre for Health Promotion, University of Toronto & ParticipACTION,1993.

Ms. Yvonne Chui
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- Factors facilitating or hindering CHWs' workforce empowerment

Structural factors

- Facilitate access to health and social services of underserved populations
- Remove barriers based on sexism and racism, disability, homophobia, socio economic status
- Target the social determinants of health
- Support CHWs' focus on breaking the isolation and marginalization that some populations face
- Support of CHWs' lobby and advocacy efforts

(Torres et al., 2017)

Organizational factors

- Diversified and stable systems' funding of CHWs and competitive wages with other health and professional workers
- Recognition and acceptance of CHWs by other professionals (health, social services)
- Enhancement of CHWs' work to build community capacity and to forge collaboration between communities and local systems

(Torres et al., 2017)

Upcoming Research

Exploring the role of cultural brokers as intermediaries between immigrant and refugee families and child welfare workers

- **5 Canadian Universities**

- Sara Torres, **Laurentian University.**
- Sophie Yohani, **University of Alberta.**
- Henry Parada, **Ryerson University.**
- Nancy Ross, **Dalhousie University.**
- Caroline Andrew, **University of Ottawa.**

- **2 community Partners**

- Kathy Campbell, **the Edmonton Region Child & Family Services (CFS), Children's Services**
- Yvonne Chiu and Monique Nutter, **the Multicultural Health Brokers Cooperative (MCHB-Coop), Edmonton**

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Outcomes

- **Community level** (community dialogue, collaboration –engagement of communities)
- **Provincial level** (collaboration with and engagement of practioners and policy makers – policy change)
- **National level** (networking, awareness raising – adoption of collaborative model)
- **Academic** (conference presentations, journal articles, student training– development of curricula)
- **Social media** (awareness about community-based and system-based collaboration – prevention of entry and or re-entry of children into provincial care)

Conclusion

- CHWs face barriers as a workforce shaped by socio-structural factors, such as gender discrimination, racism, and poor socioeconomic conditions
- Targeting both system-level and workforce-level changes in how CHWs are treated would greatly enhance the health and social services systems
- CHW work for social change will continue…

Torres et al., 2017

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Thank you

Questions