

Partnering with Community Health Workers to implement health literacy practices in the COVID-19 pandemic: Impacts in Albuquerque

Authors

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Objective

Integrate basic Health Literacy (HL) practices into delivery of COVID-19 education in community settings by Community Health Workers (CHWs), including teach-back, plain-language, and language access, complemented by motivational interviewing.

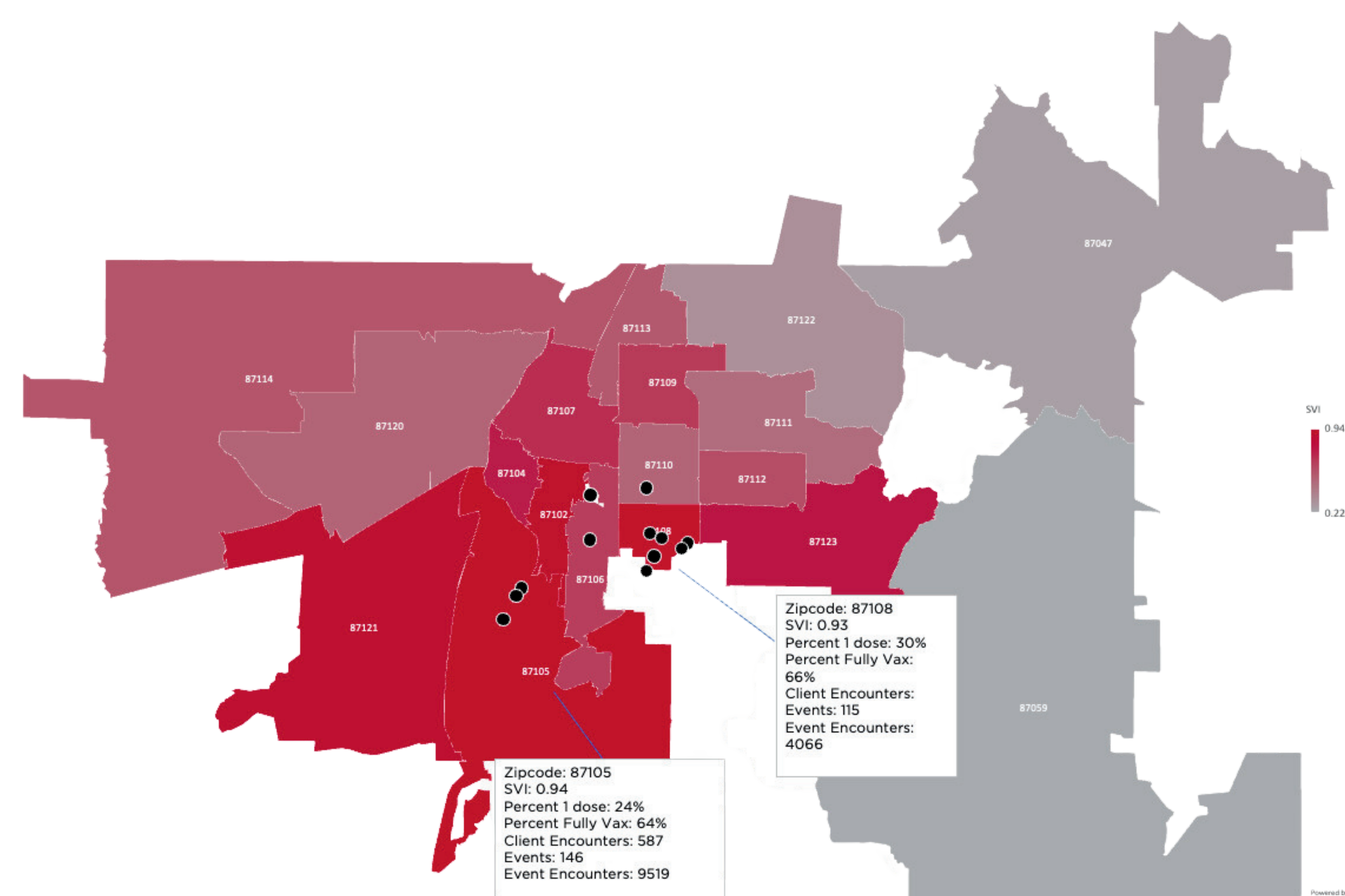
Methods

The City of Albuquerque partnered with 13+ CBOs and UNM to develop a CHW training “ecosystem” to disseminate COVID-19 health education using health literacy practices. We collected and created visualized population health data to identify geographies of need and project outcomes to implement and monitor coordinated service efforts.

- CHW’s use curated HL basics to improve delivery of medically accurate, community-voiced, culturally relevant health information;
- Information access in multilingual communities is improved with health materials written by/for community members;
- Program needs, processes, impacts defined through iterative, participatory QI where CHW input informs design;
- Actionable program and population data about their communities is accessible to CHWs

Integrating Health Literacy Practices through Community Health Workers closed the vaccine booster gap by **three-fold**, reducing disparities from **13.4% to 4.9%** in high social vulnerability communities **within 6 months**, demonstrating the power of multilingual, community-driven health education.

City of Albuquerque - Social Vulnerability Index (SVI)



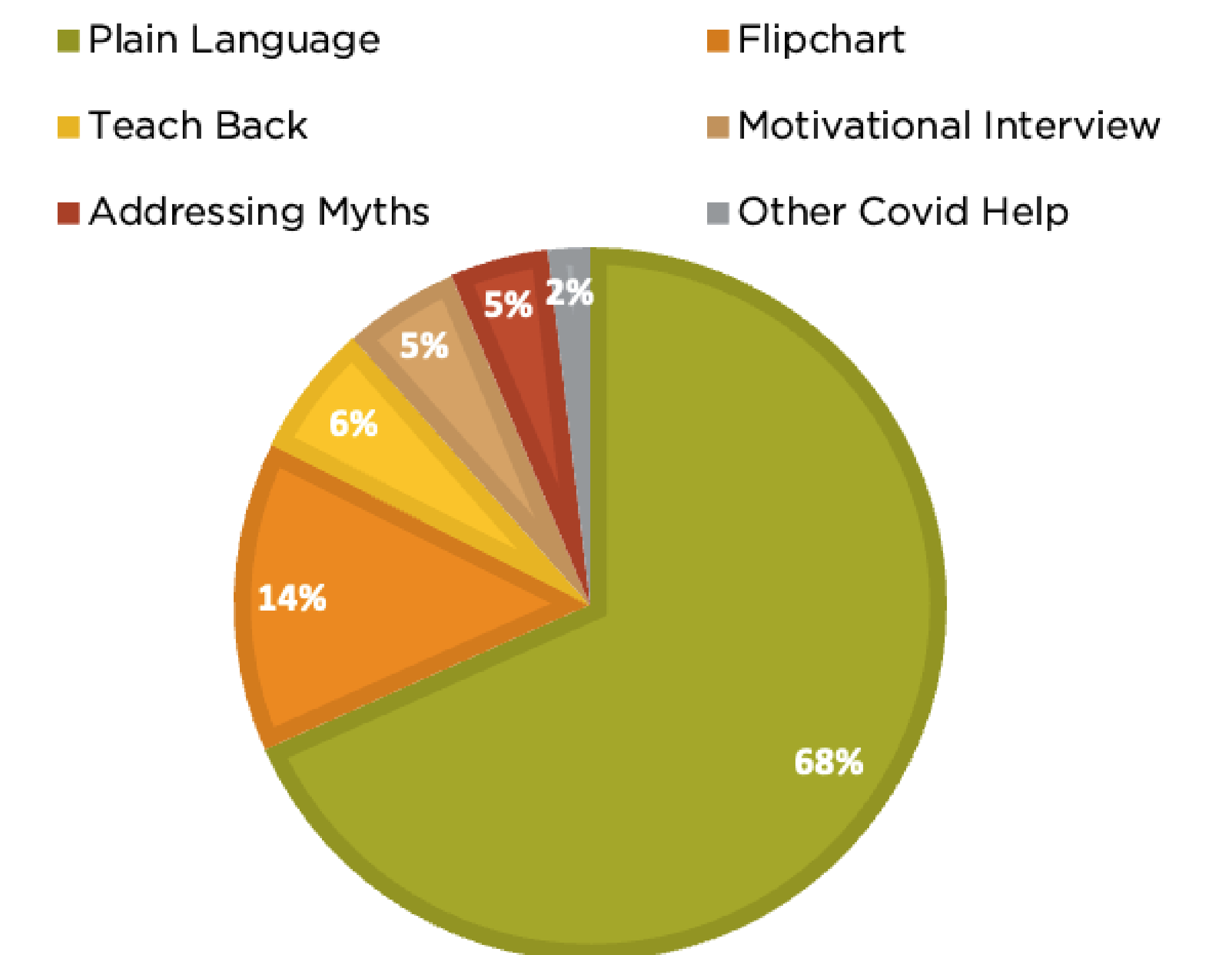
Results

The booster gap closed for those with a high social vulnerability index (SVI) versus those with a low SVI, reducing this disparity nearly three-fold (13.4% to 4.9%) in six months. CHW’s engaged with 4,627 clients in focused neighborhoods at community events promoting vaccine equity. More than half of client encounters occurred in a language other than English, including 39% in Spanish, and 93% of client encounters occurred in the persons typically used language.

Conclusion

Our multisectoral approach showed a robust impact in vaccine uptake in communities that are experiencing high social vulnerability and succeeded in using HL as a vehicle for improved population health in an urban area.

HEALTH LITERACY TOOLS USED



Language Used in Client Interaction

