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Engaging Community Health Workers/Youth Ambassadors to Improve Health Literacy: Proceedings of a Workshop in Brief (2023)

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Engaging Community Health Workers/Youth Ambassadors to Improve Health Literacy

Proceedings of a Workshop—in Brief

INTRODUCTION

On April 20, 2023, the National Academies of Sciences, Engineering, and Medicine’s Roundtable on Health Literacy hosted a public workshop that explored the use of community health workers and youth ambassadors in promoting health literacy in the community.¹ Held in observation of National Minority Health Month, the workshop featured presentations by grantees of the Department of Health and Human Services (HHS) Office of Minority Health’s (OMH) grant programs: Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19 and the National Infrastructure for Mitigating the Impact of COVID-19 within Racial and Ethnic Minority Communities (NIMIC).^{2,3} The grantees discussed lessons learned in implementing health literacy approaches in community health worker and youth ambassador programs.

The NIMIC initiative was a three-year cooperative agreement between OMH and the Morehouse School of Medicine which ran from July 2020 through June 2023.

¹ For further information, please watch the workshop recording at <https://www.nationalacademies.org/event/04-20-2023/engaging-community-health-workers-youth-ambassadors-to-improve-health-literacy-a-workshop> (accessed May 30, 2023).

² Additional information is available at <https://www.minorityhealth.hhs.gov/omh/Content.aspx?ID=22542&lvl=2&lvlid=8> (accessed May 30, 2023).

³ Additional information is available at <https://www.minorityhealth.hhs.gov/omh/Content.aspx?ID=17500&lvl=2&lvlid=8> (accessed May 30, 2023).

One of the key strategies that this initiative developed was establishing the National COVID-19 Resiliency Network to disseminate culturally and linguistically diverse information. The other OMH-funded initiative, Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19, ran from July 2021 through June 2023 and provided grants to 73 local governments, including 10 serving rural communities and populations. These grants supported efforts to increase the availability and access to culturally and linguistically appropriate health information and to improve responses to public health strategies designed to reduce COVID-19 risk among racial and ethnic minority populations.

Alana Sutherland, a public health analyst, and project officer at OMH, opened the workshop by explaining that OMH was set up to improve the health of racial and ethnic minority populations by developing policies and programs to eliminate health disparities.⁴ One of the office’s primary functions is to support effective approaches for improving health outcomes through demonstration grants by engaging states, territories, tribes, community members, and health care providers. OMH works to develop mechanisms for information

⁴ Additional information is available at <https://www.minorityhealth.hhs.gov/> (accessed June 5, 2023).

dissemination, education, prevention, and service delivery to individuals from socially vulnerable backgrounds, including those belonging to ethnic and racial minority groups.

Sutherland said that during public health emergencies, racial and ethnic minority populations are disproportionately likely to be exposed to various factors increasing the risk of illness and death. One factor contributing to such inequities, she continued, is the fact that not all institutions effectively communicate complex health information in a way that the intended audiences can understand. For example, evidence shows that during the COVID-19 pandemic, lower access among racial and ethnic minority populations to relevant and accurate information affected decision making and healthy behaviors (Abdel-Latif, 2020; Anand et al., 2023; Block et al., 2020; Chen et al., 2022). “It was and still is clear that improving health literacy can contribute to better responses to public health strategies for COVID-19 and related health outcomes,” Sutherland said.

CASE STUDIES

Morehouse School of Medicine’s Innovation Learning Laboratory for Population Health

Arletha Lizana, associate vice president for health innovation and strategy, associate professor of family medicine, and principal investigator for the Innovation Learning Laboratory for Population Health at Morehouse School of Medicine (MSM), explained that the vision for the Innovation Learning Laboratory is to build a state-of-the-art, community-centered learning laboratory to design and implement demonstration projects and translational studies that generate innovative, technology-driven health care models.⁵ All the laboratory’s projects, she said, involve patient, consumer, provider, and community engagement and the use of technology to address an issue or problem the community wants to solve.

Lizana said that MSM has been training community health workers, promotores, and lay navigators for over 25 years.⁶ To date, MSM has trained over 1,500

⁵ Additional information is available at <https://web.msm.edu/patient-care/innovationlab.php> (accessed June 5, 2023).

⁶ Additional information is available at <https://www.cdc.gov/minorityhealth/promotores/index.html> (accessed June 21, 2023).

community health workers to work in a variety of settings and in many areas of health care. Their areas of focus have included reducing emergency department (ED) visits from so-called “frequent fliers” (individuals who frequently access ED services) and increasing insurance enrollment among children and adults. Lizana reported that MSM has two major American Rescue Plan grants from the Health Resources and Services Administration. One grant focuses on using a community-based workforce to build confidence in COVID-19 vaccines, while the second is designed to establish a community health worker apprenticeship program.

One aspect of MSM’s work related to community health workers, Lizana said, is building a community health worker institute. This institute will cover workforce development using two approaches: a rapid training and deployment model and a hybrid community health/worker-registered apprenticeship model. The institute works on curriculum development and adaptations, trains employers on how to effectively incorporate community health workers into their business operations and assists organizations with data for community health worker engagement using data and care coordination dashboards. The institute also provides data training for community health workers on how to read and use data via an app, data dashboard, and website portal all designed specifically for community health workers.

In 2015 MSM started a patient-centered medical “home” and “neighborhood.” MSM soon discovered that while the program had great outcomes with its highest-risk patients, it did not have enough community health workers to serve everyone enrolled in the program. To address this, MSM decided in 2016 to collaborate with the Atlanta Regional Collaborative on Health Improvement to train youth ambassadors with an emphasis on health literacy. The idea behind this decision, Lizana said, is that “adults who experience health disparities in their youth are more likely to have increased morbidity and mortality and that youth with poor health literacy and health behavior efficacy are more likely to continue negative health behaviors in adulthood.” MSM applies structural, youth-led community interventions using social ecological theory, along with community-

based participatory research and academic community partnerships, to achieve optimal adolescent health (Williams–Livingston et al., 2020; Zheng et al., 2021).

Now working with its ninth cohort of high schoolers and young adults, the community health worker apprenticeship program has adapted materials on opioid reduction and mental health worker training for youth and young adults. It has also tailored materials for specific cultures, including Native American, Alaskan Indian, and Haitian American cultures. Lizana explained that the 1-year high school and young adult community health worker training program is intended to engage family, peers, and communities with strategies for better health and wellness. “The program’s objectives are to increase the number of trained community health workers to assist with community health programs in underserved communities,” Lizana said. “We really want to provide a health careers pipeline program and mentorship for underserved students.” Overall, the program is aimed at supporting and promoting the community health worker field, promoting health education and health literacy in schools and communities, and assisting trained high-school-aged community health workers with designing and implementing school-based and community-based health initiatives. In addition, the students provide health monitoring and health literacy activities to their families and community members.⁷

Since 2016 the program has trained 196 high school and young adult community health workers, who have in turn created 43 student-led health initiatives and monitored 391 family and community members monthly. In addition, Lizana said, the program has been selling its curriculum to other organizations since 2020, which has resulted in the training of another 276 high school and young adult community health workers in New York, Maryland, Ohio, Texas, Illinois, and Alabama.

One thing Lizana and her colleagues noticed as they were working with high school and young adult community

⁷ Additional information is available at <https://www.msm.edu/Administration/MarketingandCommunications/MSMNews/MSMNewsDocuments/September2016/FamilyMedicineNewsletterIssue1.pdf> (accessed June 5, 2023).

health workers, she said, was that the students themselves were dealing with many social determinants, such as homelessness and various family issues. Given the rise in mental health challenges among the nation’s youth and young adults and the challenges those living in underserved communities have accessing mental health care, she continued, the MSM team focused on having “the right message with the right messenger at the right time” to engage residents, businesses, institutions, and trusted community leaders to empower young adults to lead efforts to address the youth mental health crisis.

Through the National COVID-19 Resiliency Network, the MSM team began piloting a young adult mental health worker training program. Lizana explained that this 6-month virtual program aligns three focal components to address mental health and well-being among the nation’s youth: mental health literacy training, a community-based mental health intervention, and year-round engagement through mental health screening and reinforcing lessons. The program’s objectives are to:

- Increase the number of trained young adult mental health workers to assist with mental health education in underserved communities.
- Provide mental health monitoring and mental health literacy activities to family members and community members.
- Increase mental health resources and improve health equity in local communities.
- Promote mental health education and mental health literacy in schools and communities.
- Introduce a new cadre of emerging adults to the field of mental health and turn them into workers able to take an active role in the health and mental wellness of their communities.⁸

To date, this program has trained 43 youth community mental health workers, with 105 more individuals enrolled in the program. In addition, MSM has developed FAMSTRONG, a program that includes a family mental health fun box containing a gift card, mental health

⁸ Additional information is available at <https://web.msm.edu/patient-care/innovationlab.php> (accessed June 5, 2023).

comics for each covered topic, and other fun items and activities.⁹ FAMSTRONG also has a complementary app to track progress through various competitions offered during the program and provides supplemental videos to accompany each covered topic. The program has distributed 300 fun boxes, Lizana said, with the goals of strengthening surveillance of mental health within families; improving access to, use of, and engagement with mental health wellness tools; and reducing the stigma associated with mental health challenges in families and communities.

Fairfax County, Virginia, Health Department's Public Health Youth Ambassador Program

Anthony Mingo, Sr., the division director of the Fairfax County Health Department Community Health Development Division, discussed his organization's youth ambassador program. His health department division developed the program as part of its Stronger Partnership, Strong Community, Using Health Literacy to Increase Resilience initiative, a broader health literacy and community capacity-building effort funded by OMH.¹⁰ The public health youth ambassador program trains high school students from African American and Hispanic or Latino communities to serve as community health workers with the long-term goal of increasing the diversity of Fairfax County health professionals.

Regarding employment, wages, poverty, working poor rates, and access to "high opportunity" employment, people of color in Fairfax County fare far worse than their white counterparts. In addition, Mingo said, Black and Brown students in Northern Virginia have less access to educational opportunities and resources at every level of their education than their white counterparts. "Hispanic [individuals] make up over one-quarter of the public school population in Fairfax County at 28.1 percent, and African American and Black students account for 9.8 percent, yet combined, they represent almost 80 percent of the economically disadvantaged students in our county," Mingo said. In addition, he added, Black and Brown youth are disproportionately represented among those living in poverty in Fairfax County, and they

⁹ Additional information is available at <https://www.msm.edu/patient-care/FAMSTRONG.php> (accessed June 8, 2023).

¹⁰ Additional information is available at <https://www.stronger2.org/> (accessed May 30, 2023).

are more likely to spend an hour or more on an average school day going to work to support their families.¹¹ Mingo reiterated that this latter fact makes it imperative that programs such as the youth ambassador program operate within school hours whenever possible.

This program, Mingo said, seeks to support student participants in their selected career trajectories and to give them tools to track their progress to college or university and then to jobs and careers. The idea is to create a path for health practitioners who can come back and serve their communities and produce generational health benefits for their communities. In the program, students discuss current and historical community-focused health issues and topics while completing the 20 comprehensive online modules that MSM developed to establish community health worker core competencies. In addition to completing 91 hours of classroom instruction, the students receive 70 hours of field instruction, which provides them with a first-hand experience in public health. The program also provides additional hours of continuing education focused on supporting students in attaining critical thinking, decision-making, and communication skills, Mingo said.¹² The students also receive mentoring from first- and second-year medical students at Georgetown University School of Medicine.

The program Mingo said, also focuses on building competencies related to health disparities, community engagement, the social determinants of health, care coordination, communication, and building leadership skills that the students can use at home. As part of the student's education, they conduct health checks with their families, such as taking blood pressure or temperature. They also lead and develop a community health project of their choosing, one that uses the skills they gained in the program to produce a health project idea that can positively affect health in their communities using culturally relevant solutions.

¹¹ Additional information is available at https://www.fairfaxcounty.gov/health-humanservices/sites/health-humanservices/files/assets/documents/youth%20survey/ys%20archives/sy2015_16%20fairfax%20county%20youth%20survey%20report.pdf (accessed June 5, 2023).

¹² Additional information is available at <https://msm.edu/Education/PipelinePrograms/Documents/msm-chw-digital-packet.pdf> (accessed June 5, 2023).

To participate in the program, students must be in 10th to 12th grades, live in Fairfax County, have a 2.5 or higher grade point average, complete an application and essay, and come from African American, Hispanic, Latino, or African communities. “The knowledge that our students are gaining in our communities and in this program, we believe will pay forward in their communities,” Mingo said.

Student Presentations

Nayla Bonilla and Yalda Jimenez, both 11th-grade students at Justice High School in Fairfax who want to pursue careers in medicine, discussed their project on low-income health care accessibility. “The focus of our advocacy is to provide accessible health care to those in our community who do not have either insurance or money for medical costs,” Jimenez said. Their target audience is low-income families from the Hispanic or Latino and Black/African American communities. According to Bonilla, she and Jimenez are working in partnership with the Virginia and Fairfax County Health Departments, the Mason and Partners Clinic at George Mason University, the PAN Foundation, Healthwell Foundation, and Inova Health System to develop a health fair for the community. The planned health fair, Bonilla said, will provide health education, nutrition, and cooking demonstrations, information on the importance of dental hygiene, and free health screenings to low-income individuals. Through their volunteering experience at the Mason and Partners Clinic, Jimenez and Bonilla developed a better understanding of how that clinic helps the local Uyghur Islamic community. Additionally, Bonilla and Jimenez said that volunteering experience gave them the opportunity to plan a health fair for their school’s community.

Selam Demeke, also an 11th grader at Justice High School, then discussed her project on road safety in Fairfax County. The focus of this project is to raise awareness of the rise in motor vehicle accidents among Virginia teenagers. The goal is to propose that Fairfax County’s Residential Traffic Administration Program or the Fairfax County Department of Transportation add a pedestrian-activated signal at a busy intersection near her school at which a fellow student walking to school was killed in

2022 by a speeding driver. Demeke explained that the proposed addition of a traffic signal must go through a thorough assessment by the Fairfax County Department of Transportation. To prepare the required proposal, she is meeting with community members and traffic professionals to devise a strategy to gain support for the proposal. She is also using social media, flyers, and other publicity tools to solicit feedback and build support for the eventual proposal. To conclude, Demeke reiterated the importance of building safer streets in the community to ensure that accidents like the one that killed her peer can be avoided in the future.

Advancing Health Literacy in the Alabama Black Belt

Sharlene Newman, executive director of the Alabama Life Research Institute at the University of Alabama, said her project is a collaboration among five communities in Alabama’s Black Belt, with the town of Fort Deposit serving as the lead.¹³ Newman briefly discussed the Black Belt community, stating that “they are very capable, but they have been dealt a bad hand,” as the poverty they experience has roots in historic oppression. She explained that she and her colleagues have been listening to these communities to understand community needs and the problems they face, with the goal of developing youth ambassadors to deliver some of the information and education that would enable these communities to address those needs. The project’s youth council helped organize community events to serve as listening opportunities.

One issue that Newman and her team have heard at these listening events is that, based on past experiences, the communities have a significant mistrust of the health care system. A clinician-patient communication survey that the team conducted found that 55.7 percent of the community members reported that their clinicians did not ask them for their opinion, while 37.3 percent reported that their clinicians did not listen to them. To address this problem, the program trains its youth ambassadors to be health care advocates for themselves and their families, taking advantage of young people tending to be less afraid of asking important questions

¹³ Additional information is available at http://www.uaced.ua.edu/uploads/1/9/0/4/19045691/about_the_black_belt.pdf (accessed June 5, 2023).

of their health care providers. The program also worked with health care organizations in the five communities on improving organizational health literacy and staff interactions with patients to make health care encounters more welcoming so that community members would feel more comfortable when they seek health care. Efforts supporting this goal included health department evaluations, signage, welcome greetings by receptionists, and education on teach-back procedures.

Newman emphasized that an important component of the project is each community's youth council. The idea is inspired by the smoking cessation campaigns of the 1980s, which used youth to convey messages about the dangers of smoking to encourage their parents to quit smoking. The program has empowered students to define what it means to be healthy, engage in health advocacy, and take ownership of their communities and environment.

Newman and her colleagues are now evaluating youth perspectives to get a sense of the effectiveness of the programming and what, if anything, the program needs to change and improve. She said that the program has energized the five communities and helped them learn about chronic illnesses, mental health, and the importance of exercise and dealing with stress. Some communities, she added, have developed walking groups and dancing programs for older adults. Newman and her team are currently looking for additional funding both to continue the program after the OMH grant ends and to develop new programming. "Hopefully, we are empowering youth to create the change they want to see," she said.

Youth Perspective

Jamarrian Wilson, a senior at Calhoun High School outside of Fort Deposit in Lowndes County, Alabama, said that participating in the youth council allowed him to learn more about his community, its people, and their health needs. It also got him to think more about his own and others' mental health and to encourage his family to exercise more. He said that when the Fort Deposit youth council visited York, Alabama, and spoke with its youth council, he learned that they wanted to

have cooking classes they could participate in with their parents to learn how to improve their nutrition. Wilson and his fellow council members arranged for the owner of a vegan food truck from Tuscaloosa to come to York to provide lessons on how to cook healthy meals and to offer samples of vegan burgers and cookies to show how good healthy food can taste.

Newman reported that the program is in the process of being evaluated. It is now looking for additional funding to continue after the grant ends. She reiterated that the community is energized, especially when talking about topics related to chronic illnesses, mental health, and the need to exercise. Some of the youth participating in the program have received acceptance and scholarships to attend Stillman College, a partner institution, that is one of the country's historically black colleges and universities (HBCU). Newman emphasized that the program empowered the youth, as they understand the needs of the community more than anyone else.

Health Confianza Youth Ambassadors

Leonard Trevino, a program manager with the San Antonio Metropolitan Health District (Metro Health), discussed the work of the COVID-19 Community Response and Equity Coalition (CREC). The CREC, Trevino said, came together early in the pandemic when local community partners, individuals, health care providers, and non-traditional community organizations joined forces to create "a unique and formidable" response. These individuals have worked together and discussed how to move forward, applying the lessons learned from the COVID response to other public health priorities in the community now that the COVID-19 emergency has ended. The CREC is still in existence and works to address other public health priorities in the community. At the time of the workshop, over 300 individuals were involved in the effort, including public health leaders in the community, faith-based organizations, and community health workers.

When HHS announced the availability of grants for advancing health literacy, Trevino and his colleagues at Metro Health partnered with the University of Texas Health Science Center at San Antonio (UT Health SA) and

the University of Texas at San Antonio (UTSA). In this partnership, Metro Health is the project administrator, UT Health SA serves as the implementation arm, and UTSA is evaluating the project. Trevino said this was the first time Metro Health has gotten involved in this type of partnership, which he added has been successful.

Jason Rosenfeld, an assistant professor at the UT Health SA Center for Medical Humanities and Ethics, explained that “confianza” means “trust or confidence” in Spanish. This word was chosen for the name of the Health Confianza project to indicate that the project would use health literacy principles to address health equity by improving and enhancing trust between the community and health and social services systems and by building people’s confidence to make the best decisions for themselves. When designing Health Confianza, the partners used a multi-level model based on the social-ecological framework that puts patient engagement and health literacy at the center of the strategic design with interventions developed at the individual, interpersonal, organizational, community, and macro/policy levels (McCormack et al., 2017). Rosenfeld explained that intervening solely at the individual and interpersonal levels would have put the onus on already marginalized populations to change while avoiding the changes that need to happen at the organizational and health care provider levels to improve health outcomes.

Over the past 2 years, Health Confianza’s individual and community-level interventions to improve health literacy have reached over 7,500 individuals in the San Antonio area. At the institutional level, Health Confianza has reached over 1,600 health care providers, community health workers, and other social services actors.

Rosenfeld said that at the organizational level, Health Confianza designed and piloted a “first of its kind” pledge program, convening 10 organizations, to engage in a learning community to become more health literate to serve their populations.

Turning to Health Confianza’s youth ambassador program, Rosenfeld said that since 2021, the project team has collaborated with the San Antonio Independent School District to devise, design, and deploy a sequential

engagement strategy where youth ambassadors have contributed to increasing interest in getting the COVID-19 vaccine among community members. The strategy involved first engaging with school principals who then helped the project team identify student leaders on three high school campuses in San Antonio. The project team trained 92 youth ambassadors, equipping them with knowledge about COVID-19 and the vaccines along with the skills to communicate with their peers, family, and neighbors and encourage them to get vaccinated. The communication skills emphasized in the program included how to set the tone of a conversation, listen actively, use plain language, acknowledge different perspectives, bridge respectfully, and use teach-back to check for understanding.

At a town hall held 1 week to 10 days after the ambassador training, Health Confianza members answered the community’s questions about COVID-19 vaccines, and the youth ambassadors explained the value of and advocated for vaccination and preventive health care. On the same evening of the town hall and into the next day, the program’s partners held vaccine clinics at which community members could receive the COVID-19 vaccine, as well as childhood and influenza vaccines. The clinics administered a total of almost 300 vaccines, or almost 90 vaccinations per clinic, which Rosenfeld said was higher than the average of 16 vaccinations administered at general pop-up clinics. Since then, Health Confianza has conducted 18 training sessions for 113 students, including students from a local middle school. In addition, the program has trained community health workers, faith leaders, and other leaders in the community.

In addition to developing youth ambassadors, Health Confianza created community health clubs based on a peer-to-peer model of participatory education in which groups of people are brought together for learning over a period of months and sometimes years.¹⁴ The core component of the community health club model, Rosenfeld said, is creating a social identity. For example, one club trains young women to become community

¹⁴ Additional information is available at <https://www.mdpi.com/1660-4601/18/4/1880> (accessed May 30, 2023).

health workers, while a club of youth ambassadors has been focusing on COVID-19 health literacy. In addition to forming these clubs, Health Confianza created a 10-session community health club curriculum focused on COVID-19, core health literacy principles, an introduction to the scientific process, and how to identify scientifically accurate information online. This curriculum, which Rosenfeld said is available for anyone to use, includes participatory games, songs, and other fun activities.

Rosenfeld said that one lesson learned from the Health Confianza project was the need to listen to young people to understand what they and their peers find important. Another lesson was the need to spend more time building skills, particularly related to effective communication and generating culturally and linguistically appropriate messages. The project also helped identify the best methods and messages for reaching youth in San Antonio. Going forward, Rosenfeld said he and his colleagues want to establish a mechanism for following the youth ambassadors over time to see how effective the training is and how the youth ambassadors use that training after they leave the program. They also want to enhance the youth ambassador training by forming longer-term community health clubs on campus. Perhaps the most important lesson, he added, was the importance of making these learning activities fun. “If we’re not having fun while we’re doing public health,” he said, “then nobody wants to talk about public health.”

On a final note, Rosenfeld said that Health Confianza has established a memorandum of understanding with the San Antonio Independent School District which states that the goal in the next couple of years is to reach 45,000 students in the district and their families. This includes providing them with ambassador training and helping form community health clubs for both students and parents. Rosenfeld said he also intends to use a grant for training community health workers to create pathways for high school students who have worked as ambassadors with Health Confianza to receive state certification as community health workers. This is another way to show them that they can serve in ways other than in the clinical field if they wish to do so.

PANEL DISCUSSION

To start the workshop’s closing panel discussion, Jill Abell, executive director of patient, caregiver, and consumer experience at Merck and co-moderator of the discussion session, asked the principal investigators of the case study projects how they plan to sustain their work after their OMH grants expire. Lizana said that her program’s sustainability plan has two components: using funds raised from selling the program’s curriculum and hiring some of the high school students the program trained. Mingo said that the Fairfax County Health Department has now subsumed the program and hired staff to continue the program. “We see this as a long-term process to change trajectories directly in our communities of color in Fairfax County, so we are making investments to do that.” He added that his team is creating pathways and partnerships internal to his organization and that Fairfax Public Health Department’s School Health Division is discussing mentorship opportunities. The program is also looking for new pathways for employment, connecting its students with local employers and helping students connect with the Mason University College of Public Health.

Rosenfeld said that he is always looking for new opportunities to collaborate with different donors and that several donors have expressed interest in supporting the project. In addition to the memorandum of understanding, the program has signed with the San Antonio Independent School District, agreements are pending with other nearby school districts as well. Rosenfeld said that Health Confianza employs a train-the-trainer model, which relies on school nurses, social workers, teachers, and parent liaisons to help the youth ambassadors form the health clubs that will help sustain this effort, with his program then serving as a backup resource and mentor. He also said that from day 1, Health Confianza has worked with community health workers to give them the skills and technical information needed to support the program in dealing with mental health and wellness, chronic illness, and other priority issues of the community.

Newman said that since her institute is a rural program, the communities her team works with do not have the

same resources that a city such as San Antonio might have, making sustainability a bigger challenge. Her team is looking for other funding opportunities and is raising funds to help maintain some of the youth activities her program started. Lizana, agreeing with Newman that it is important to provide more funding for rural communities to engage in these types of programs, said that the Morehouse School of Medicine has a couple of programs that partner with rural communities to train young people to serve as community health workers.

Olayinka Shiyabola, an associate professor in the University of Wisconsin School of Pharmacy's Social and Administrative Sciences Department and co-moderator of the discussion session, asked the panelists to identify some things that other organizations should consider when preparing to start a program like those discussed at the workshop. As an example, she asked whether organizational policies could enable working with young people or if background checks are necessary. Rosenfeld said that when Health Confianza started earlier in the pandemic, there was good motivation for the school districts to partner with the program because of the focus on COVID-19 and vaccination promotion. Over the next year and a half, however, it was nearly impossible for his team to get onto the high school campuses to continue the conversation because the schools were so focused on educating their students once in-person school had resumed and wanted no distractions. It was not until he went through the formal process of speaking to the school board, getting approval from the school health advisory committee, and signing the memorandum of understanding that the project moved forward. His advice was to start working with a school district well in advance when planning to partner with schools.

Mingo agreed wholeheartedly with Rosenfeld and highlighted other avenues, in addition to working with schools, for reaching the youth population. These include working with community-based organizations, faith-based organizations, student clubs outside of school, and athletic programs. Mingo said he tries to reach students through multiple avenues, such as through local community colleges and private schools, as well as

through a large social media presence. At the same time, he said, public schools are the linchpin in the process, and to reach students of color, it is important to provide these types of interventions during the school day since students of color are disproportionately likely to have after-school jobs to help support their households.

Abell asked if any of the panelists have been able to envision and form partnerships with local hospitals, clinics, industry partners, or local businesses to engage with students. Mingo replied that his team has focused on forming partnerships that will enable students to fulfill the practicum requirements of the curriculum. These relationships, he noted, allow students to build networks while working in the community. His program has partnered with the Veterans Administration health system, two local federally qualified health centers, private health care providers, and George Mason University's College of Public Health.

Rosenfeld said that Health Confianza has a network of over 40 partners. In addition, his team has been working with the health professional training programs at UTSA to take advantage of existing relationships that can provide students with field experience, show them what a future career in the health field might look like, and demystify the entire medical education process. His team is using that partnership to build relationships with federally qualified health centers and other social services agencies. Lizana added that her team has a grant from the Health Research and Services Administration to develop a registered apprenticeship program. At the time of the workshop, her program was training and deploying 120 community health workers and upscaling at least 20 other community health workers. She and her colleagues are also contacting community partners to find places for the people who are participating in the apprenticeship program, as well as identifying opportunities for full-time employment once the students have completed their apprenticeships. The goal, she said, is to create a pathway into the health profession.

Newman echoed the importance of creating such pathways and said her program partners with Stillman College and other HBCUs for this purpose. Partnering

with institutions of higher education is important in her largely rural area because it provides the students with the opportunity to see and talk to others who are not much older and who are pursuing higher education. Her program has also applied for funding that would enable some students to attend local community colleges and to get additional training while they are in high school to better prepare them for college or joining the workforce.

Posing one last question from the audience, Shiyabola asked the panelists to discuss how they evaluate their programs and determine measures of success. Newman responded that the ultimate indications of success would be for these communities to be healthier and for the students to be more engaged in changing their communities and making them better. However, without the ability to wait 5 to 10 years, her team is basing success on whether the youth council members believe they are getting something from the program and whether they are implementing some things they are learning through the program.

Mingo reiterated that his program has a robust qualitative and quantitative evaluation team led by George Mason University's School of Public Health and Virginia State University. To measure success, the evaluators are administering pre- and post-program tests for each module in the curriculum. He said that the program is working to reengage with students who might need further support after completing the curriculum. It is also using data from the surveys to strengthen the program's strategic planning going forward, particularly regarding fieldwork. He added that the project team is trying to elevate the student voice, which he and his colleagues believe represents the community's voice.

Answering the same question, Rosenfeld said that evaluation is challenging because these projects are intended to tackle big issues while also trying collectively to determine what a health equity outcome looks like. He added that his colleagues at UTSA are evaluating Health Confianza and paying particular attention to measures of trust among the community, social services, and health services. The evaluation team is also looking at measures

of community building and the social support and social capital measures that need to exist within communities to enable success. "We are trying," he said, "to look at some of those measures and how ambassadors can help build that within their own community."

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