



LOMA LINDA UNIVERSITY
HEALTH

Institute for Community Partnerships

Community Health Education Workers

End of Year Report

Prepared for Chaffey Joint Union High School District

"Our community needs it [CHEW Program] and now it's going to need it even more."

-- Focus Group Participant (Parent)

July 1, 2019 - June 30th, 2020

The Loma Linda University Health Institute for Community Partnerships (LLHU-ICP) implemented a pilot intervention with the Chaffey Unified School District and El Sol Neighborhood Educational Center in order to provide specialized services to some of the most at-risk students and their families in the district to reduce the risk of suicide and improve resiliency in the community for students and their families. Implementation began July 1, 2019- June 30th, 2020, the project completed interventions with families and baseline data collection on social determinants of health and focus groups. Additionally, through the work with multiple school districts, LLUH-ICP developed a CHEW intervention model to maximize the deployment of two community health education workers (CHEWs) to close the gap between district resources and families in need. The core objective of this specialty service delivery is to provide intensive support services directly to families of at-risk district students. The outcomes from that work and model developed for future CHEW programs is outlined in this report.

Primary Program Outcomes

While CHEWs performed a number of specific outreach and enrollment activities, the primary objective of the intervention was to measure the social determinants of health impacting students and their families and to support the district suicide prevention efforts, making this last year a baseline for data collection and intervention. The program intended to identify the social determinant risk factors for students and measure parent and school administrators' perceptions of the CHEW interventions, identify the top social determinant barriers experienced by families, and to provide referrals and linkages to supportive public and private sector resources to families the CHEWs interacted with.

Summary of Findings

The primary data collection objective was to identify the social determinants of health impacting families in the district, contributing to risk factors for students and their family members and to create a baseline measurement in order to understand how students who have high needs are impacted by the social determinants.

Social Determinants of health highlights

The data found in this report are from the 2019-2020 school year at both Chaffey High School and Alta Loma High School. Data were gathered from a total of 83 home visits assessing educational and health barriers of students/ families. The top barriers impacting students and their families, based on the frequency at which CHEWs intake assessments, are related to poverty (food insecurity, income insecurity) and the pressures of income on single parent households. Student behavior and student mental health were second and third, respectively, which are associated risk factors from the underlying, root causes of poverty.

Top 3 Barriers –

- Social Determinants of Health
- Student Behavior
- Student Mental Health

Top 3 barriers

- Social Determinants of Health
 - Food insecurity
 - Poverty
 - Single parent household
 - Clothing
 - Divorce or separation of parent or significant family member/ guardian
- Student Behavior
 - Lack of motivation
 - Excessive screen time
 - Lack of interest in school
 - Ditching
- Student Mental Health
 - Anxiety
 - Other (ADHD, trauma, difficulty focusing)
 - Low self-esteem
 - Depression

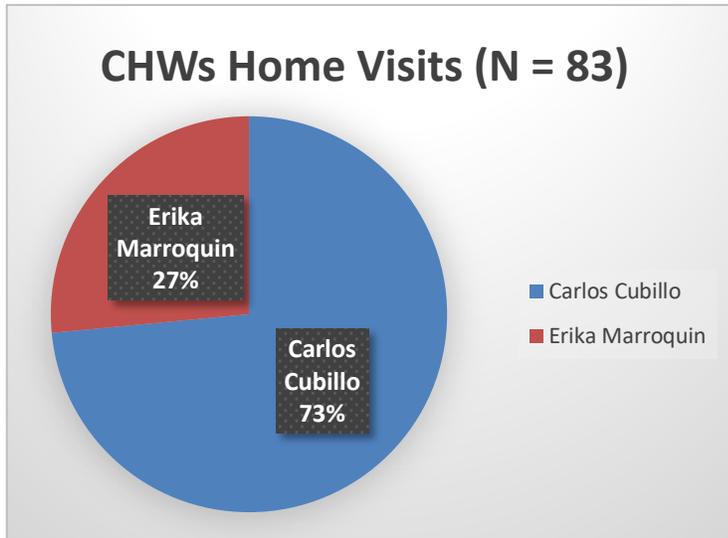
"She helped some kids out in some very tough situations that they felt uncomfortable talking to others about." –
Focus Group Participant on CHEW (Staff)

Highlights

- An Alta Loma family received free medical services for a parent. A physician and nurse conducted home visit and provided free of charge care at SACH clinic.
- Food distribution began at Chaffey and now has evolved into a weekly food drive with a total of 254 Chaffey families receiving food boxes (details below).
- CHEWs involved 4 parents in food delivery drop off and food bank pick-ups to resource more families.
- CHEWs invited Telecare Corporation to provide information to parents on accessing mental health resources specific to crisis stabilization.

Data Collection

Table 1

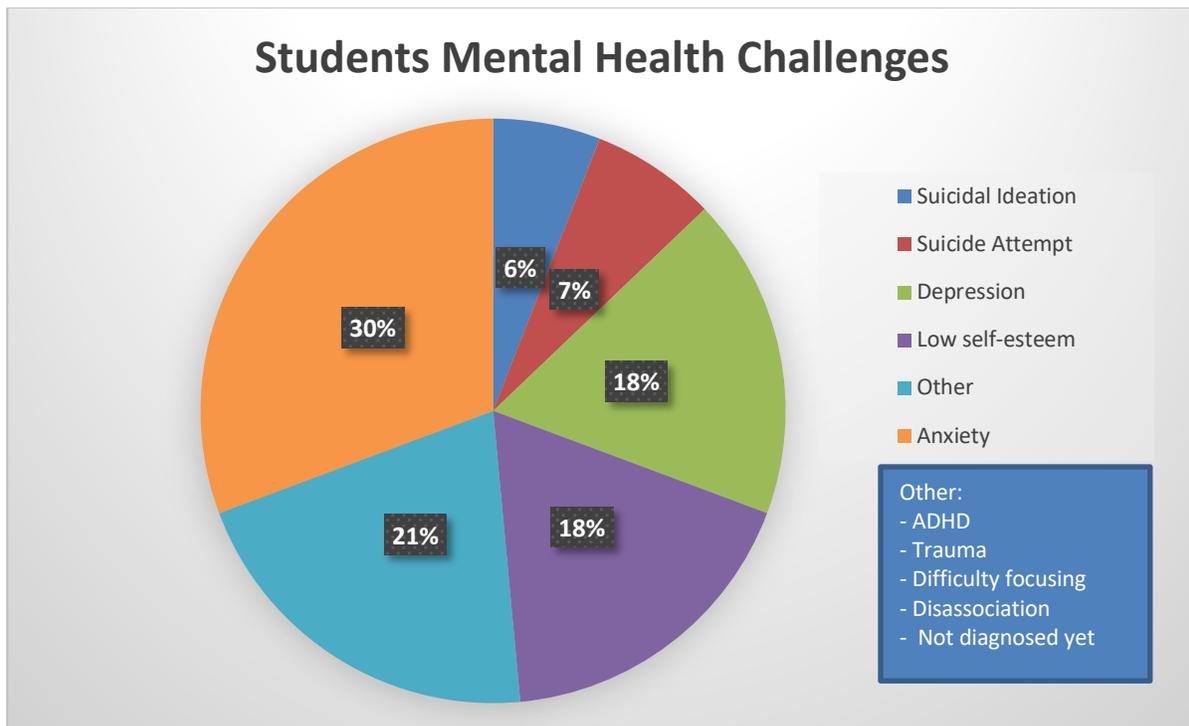


Two CHEWs, Erica Marroquin and Carlos Cubillo performed 83 home visits with families in the district from October to March, to link students and their families to resources and provided referrals to ensure families connected with social, health, and mental health resources in the district and in their community.

The chief concern in the district on prevention efforts related to reducing the risk of suicide and linkages to mental health, the CHEWs were vital in

collecting data on the top mental health challenges and risks among students experiencing an increase of risk due to the social determinant challenges and needs experienced by their families. The following challenges were experienced by students in the district: anxiety is the leading mental health challenge among youth (see table 2).

Table 2



Additionally, students experience a range of risk behaviors, which can be difficult to source to the root cause. When assessing the families and students the CHEWs were able to identify common behavioral and health behaviors that are associated with students who were referred to them for assistance. Table 3 identifies the most common behavioral risk factors with lack of motivation, excessive screen time, and ditching as the three most common risks.

Table 3

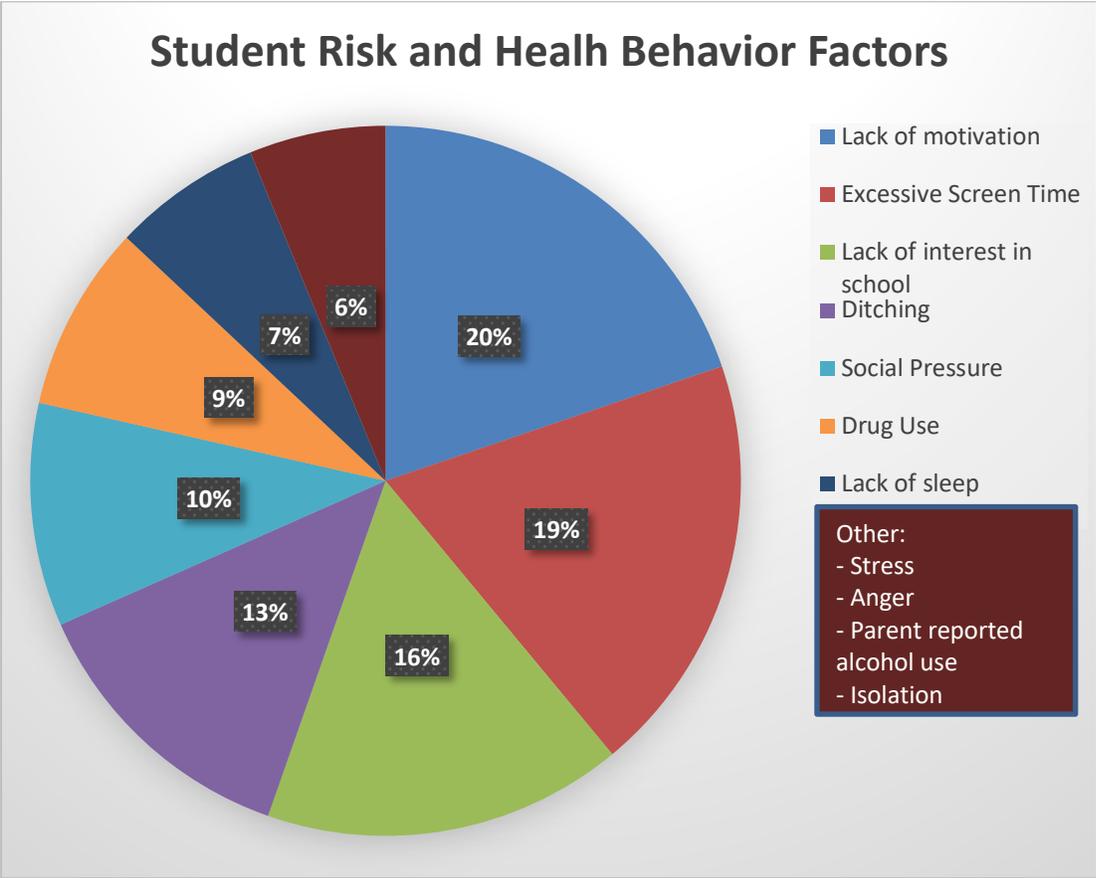
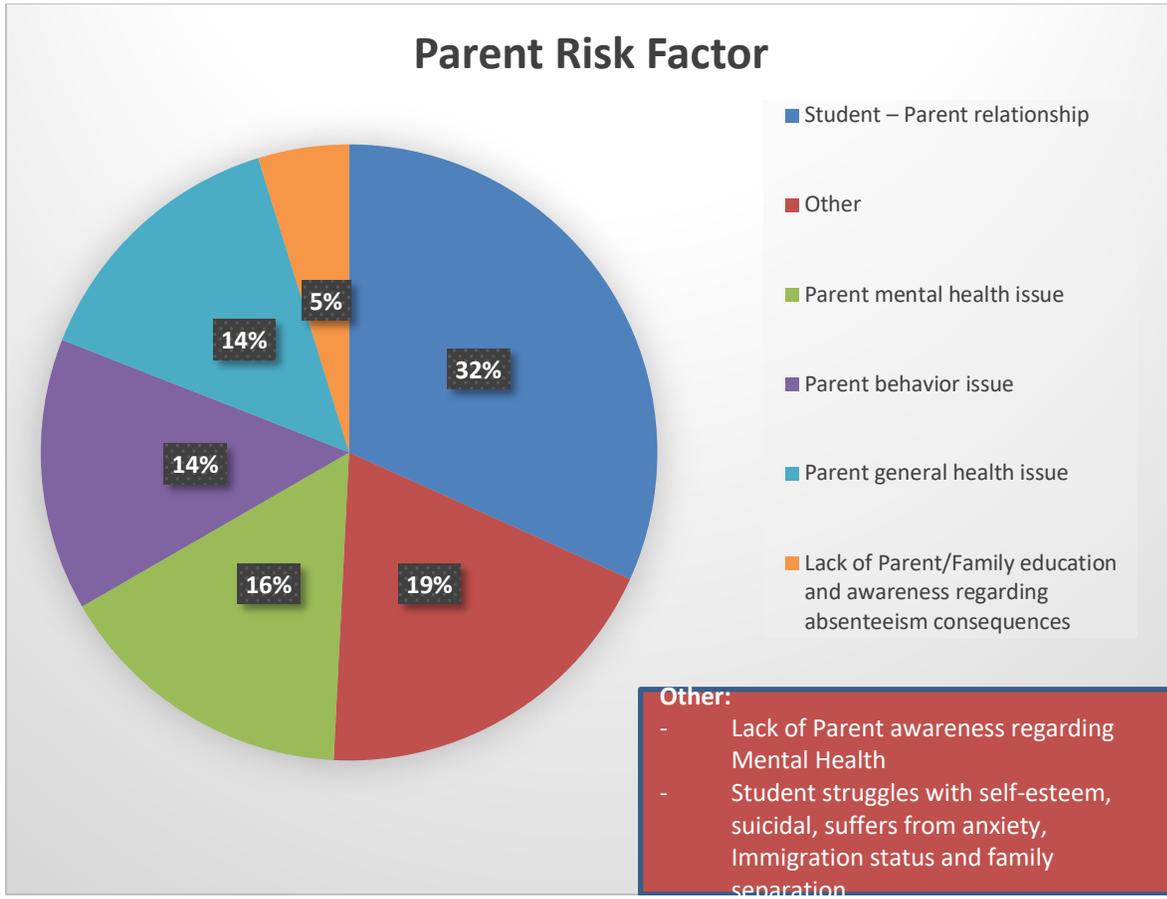


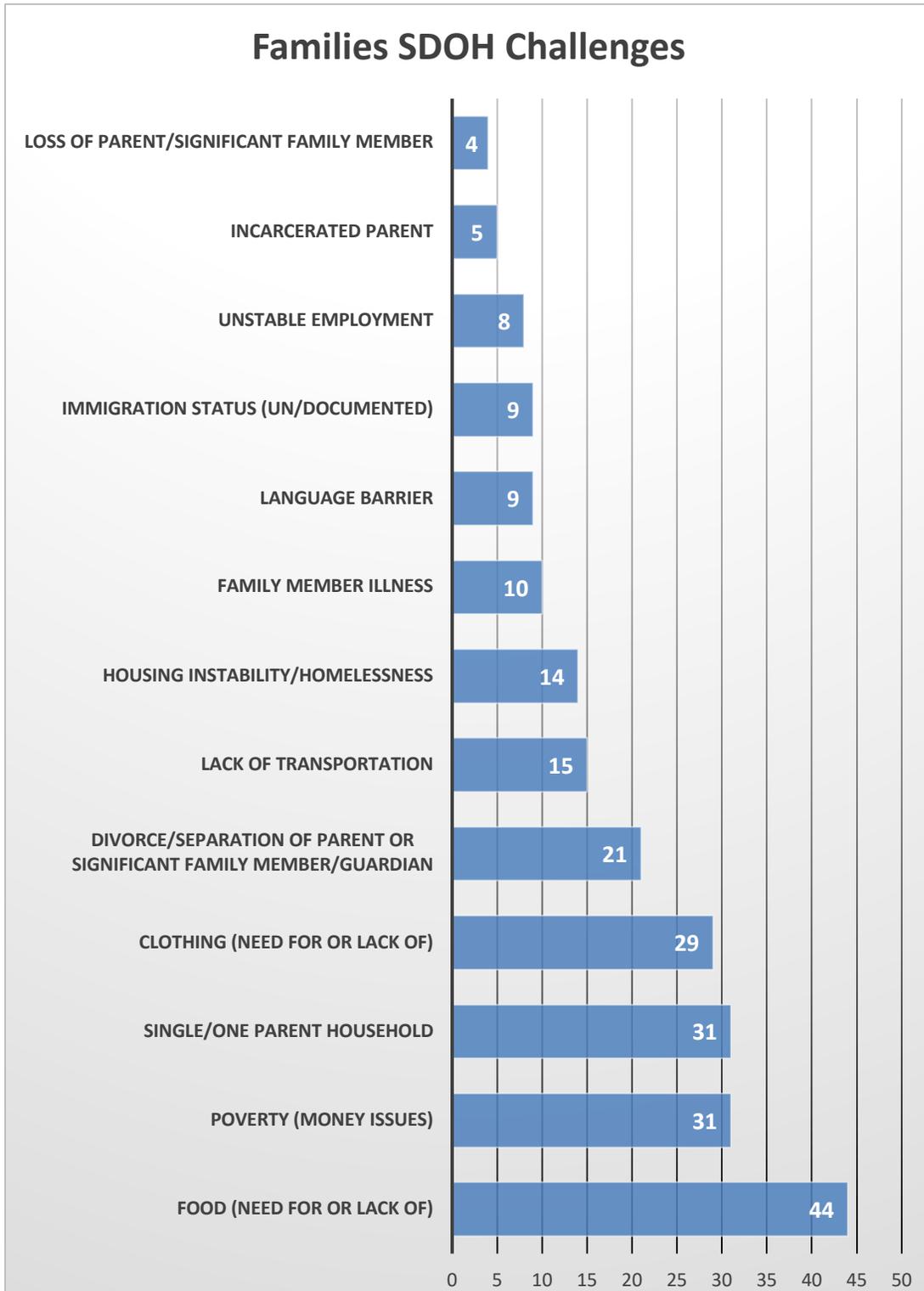
Table 4 illustrates the risk factors associated with parent behaviors that contribute to challenges student and family face, with the student-parent relationship as the number one factor, and factors such as lack of parent awareness as to mental health and threats to the family unit through separation/divorce, and immigration as the second most influential factor on student success.

Table 4



CHEWs were able to identify the primary challenges experienced by families, with food insecurity as the number one social determinant of health challenge (SDOH). See table 5.

Table 5



One of the critical measures for CHEWs work is to track where referrals are made, the following is a breakdown of referrals to social and public or health service providers in order to link families to critical services

Table 6

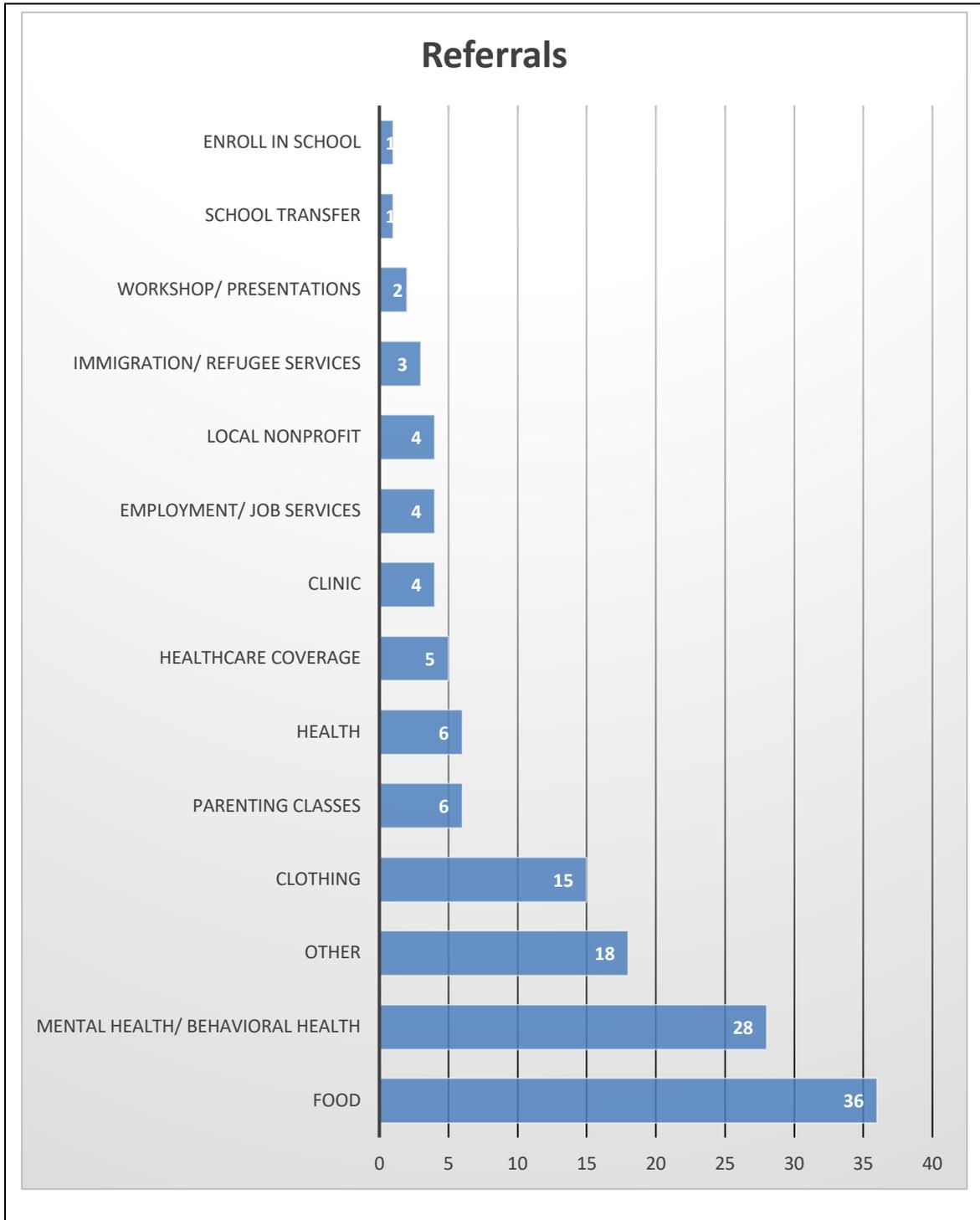


Table 7

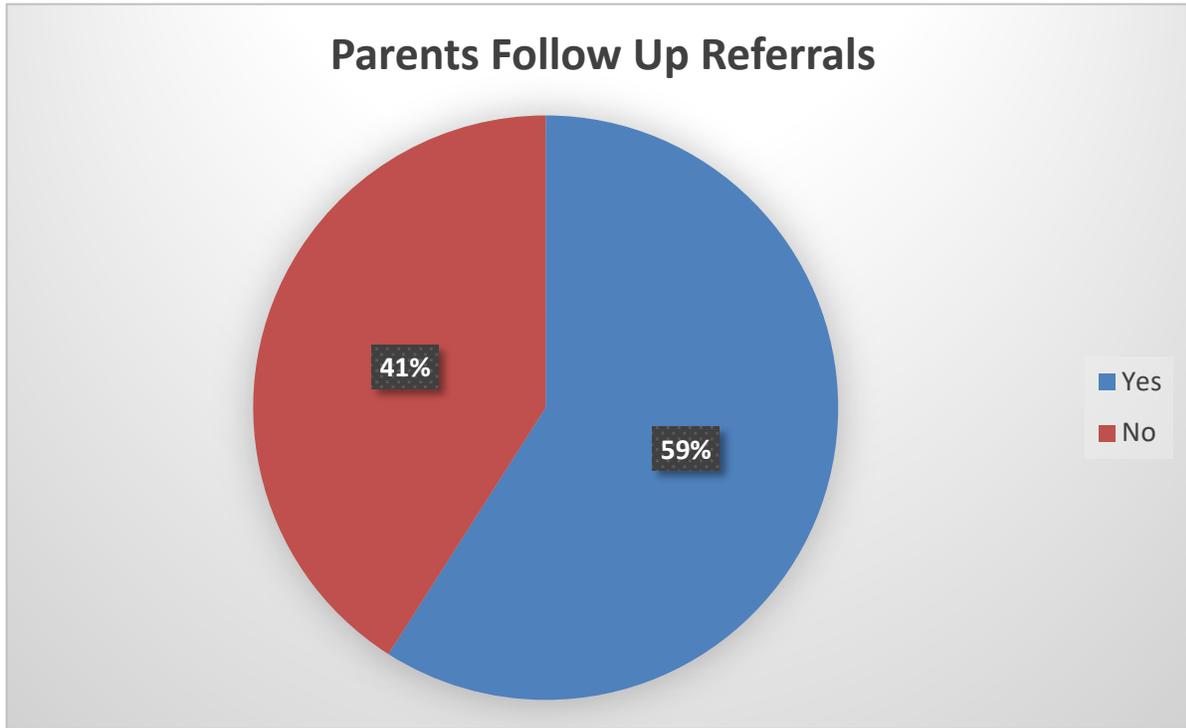
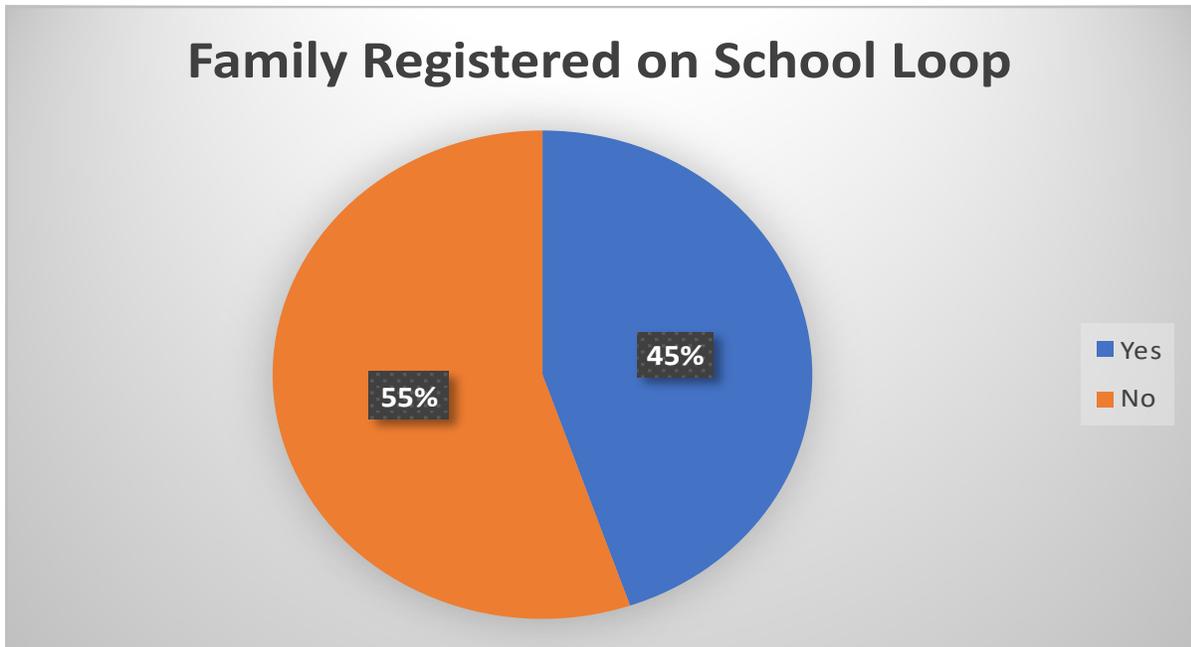


Table 8



CHEWs also tracked how well parents followed-up on referrals and linkages to services as shown in Table 7 and if students were registered in the school loop parent information system Table 8.

Focus Group – Qualitative Analysis on CHEW Outcomes

To further contextualize the effectiveness of the CHEW intervention, focus groups with parents and administrators were conducted. The focus groups involved standardized questions, third party facilitators, verbatim transcriptions, translation, and recorded comments that were coded by analysts. Through axial coding, or trending the participant's comments the following themes surfaced. CHEWs are seen by both parents and administrators as an extension of the school district, teachers, and school administration. As intended, CHEWs are functioning as bridge builders between community members and service organizations. For Chaffey, the CHEWs are essential for trust building with students and families and in order to effectively make recommendations and referrals. Participants also identified that the CHEWs appropriately build trust through both cultural and community relationship-building and help link students and families to short-term and long-term resources.

"He was able to go out and do those home visits as well and find out you know, maybe deeper issues what could be going on in the home."

–Focus Group Participant (staff)

Other themes and perspectives on the CHEWs voiced by parents and administrators were:

- CHEWs stepped up during a critical time and were positioned to do so
- CHEWs persevere/are persistent/go the distance, take initiative, and find out/get things done to be helpful, they go above and beyond
- CHEWs often act as mentors that (being community members themselves) are additionally able to walk alongside families
- CHEWs promote partnerships between multiple entities

On how CHEWs enhanced student/family relationships with the community, participant responded

"More than anything I think [their/CHEWs] home visits and going into their home. They felt so comfortable with [CHEWs]. And so much so it was like [the school/district] reaching out, even in their homes that we care about them."

–Focus Group Participant (Staff)

One primary area of concern voiced by participants was the acknowledgement that though there are some community resources, isolation and lack of access to resources, defined primarily as health, mental health, and educational resources, have been difficult to access. In response to CHEW outreach and education, parents experienced or can experience information overload vs. the need for specific/appropriate/direct information. As the intervention model is refined, CHEWs are trained to prioritize information and to respond to the most pressing immediate concerns succinctly.

Finally, from a systems perspective, two primary recommendations emerged from the collective input of participants:

- 1) There is a need to ensure more parents know about the CHEW Program and in order to support the CHEWs;
- 2) Across the school district, communication is good/abundant but there is also a need to integrate systems (increase communication, increase trust building exercises between teams, program crossover participation, raising awareness of program to staff and parents)

Outreach Calls to Families & Addressing Food Insecurity During Covid-19

"[Our CHEW] shown us empathy with others, with the other families. [Our CHEW] shown us how to work in groups, as parents ourselves, so we can work with each other and to respect each other. "[Our CHEW] taught us to lose our fears, that our voice matters. That has given me a lot of strength, that our voice counts."

-Focus Group Participants
(Parent)

With the impact of Covid-19 on schools and families since Mid-March, the CHEWs shifted from home visits to conducting outreach and risk-screen calls to district families to continue to provide support and connect families to food bank resources through Loma Linda University Health's food box delivery emergency response program and a partnership with the Community Action Partnerships of San Bernardino County program.

Starting March 17th, CHEWs were reassigned from field-based work to telephone outreach. While many calls went unanswered, the CHEWs were able to consistently connect with families and screen for food insecurity. The food delivery was the only activity they did face to face, following public health precautions to reduce risk of Covid-19 exposure.

- Two CHEWs made on average 140 calls a week since March 16th- June 30th, for a total of almost 2,240 calls.
- The two Chaffey CHEWs joined the 4 SBCUSD CHEWS to address food insecurity across the Inland Empire, mainly between the east and the west valley. As of July 2nd, 2,469 food bank boxes were delivered across San Bernardino County.
 - 254 Chaffey families receive food boxes consistently ranging from once per week to monthly since early April.

Lessons Learned

In the implementation of the CHEW interventions in the district, some important lessons emerged that can guide future efforts and increase the impact and efficiency of the operations of CHEWs working in the school district. To maximize the CHEW's effectiveness, they need direct access to families with the most need; ideally, the CHEWs should work with one school entity or team in responding to requests through referrals. This would allow the district to streamline referrals and triage them by level of need and allow the CHEWs to focus their interventions where they are needed most. Also, there needs to be additional time, activities, and communication to allow for trust-building between the CHEWs and school site staff coordinating with the CHEWs in order to build the relationships that support an integrated and team approach to vet, triage, and respond to families. In addition to establishing trust with teams, CHEWs need approval to work with families validated by the school lead they are working with.

"Obviously this CHEW program just hit it out of the park this year. Really, I just, I am so happy that we have this program on our campus. It's a big difference this year." "[Our CHEW] was everywhere." "[Our CHEW] everywhere."

--Focus Group Participant
(Staff)

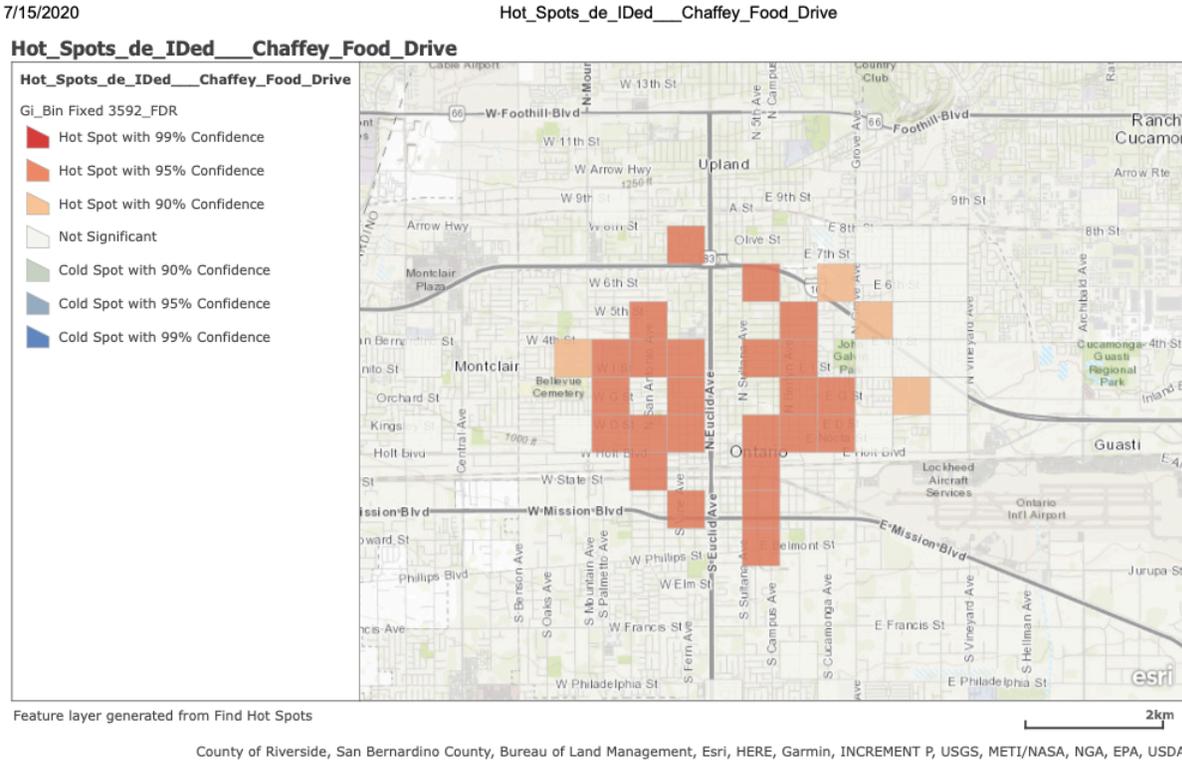
Future Opportunity - Where we can go from here

To improve the day-to-day operations and impact the CHEWs can have on district families, school counselors could provide referrals to link the families who most need the time investment with the CHEW to help them navigate complex resource needs. As mentioned by a senior CHEW, "Time is the medicine", and the CHEWs are at their best when they work with families who require a time investment to sort through and respond to immediate concerns for resources and services. Working with high needs families is ideal for CHEWs to continue their impactful work. Naturally CHEWs gravitate toward and immediately respond to families with high social determinants of health as seen in Figure 1. As the program moves forward, focusing on lower income high school would produce promising results. Secondly, the CHEWs need to be known throughout the district. Marketing their services and educating school administration teams and their support staff on what the CHEW's role would decrease the amount of time and energy CHEWs may spend advocating for their own positions and educating various district staff on their value. As CHEWs begin to connect with families, a formal and accessible space is necessary to build rapport with students and families in private. Furthermore, CHEWs require a certain level of autonomy while working with families who are referred to them and in accessing information that will aid in the support they provide. To improve current systems, a workplace readiness period of 1-2 months with the partnering team(s) (counselors, outreach workers, etc.) is recommended to establish trust, learn clear pathways for students and families to be referred, introduce and assist the team(s) in understanding the CHEW's role, formalize communication protocol, and provide feedback on where the CHEW can serve student/ families best.

Improvements to the school-based CHEW intervention day-to-day operations, and processes, can result in an increase in family case load for the CHEWs with in a

given year and improve the outcomes for students and their families experiencing significant resource challenges and hidden barriers to overcoming such challenges.

Figure 1 Families who received food boxes during Chaffey High School food drive.



Conclusion

The Chaffey CHEW program, which models a partnership between an academic healthcare system, community-based organization, and a school district has been a pioneer workforce development model in our region but more so, the outcomes from this pilot demonstrate that when CHEWs have consistent, long-term engagement with families, there is significant impact. Additionally, consistent screening for social determinants on behalf of the CHEWs sheds a light on the root cause issues that impact the well-being of district students and their families. Poverty is the most significant barrier to student success and their ability to take full advantage of opportunities and resources the district may offer. Investing in CHEWs is promising for school districts, especially given the CHEWs ability to run projects like vaccination, emergency response outreach, and other services the school district needs throughout the year. Finally, families have indicated high levels of satisfaction in their interactions with CHEWs given the familiarity CHEWs have in terms of lived experience and culture. The integration and merging of the CHEW program with the school district systems allows for exponential benefit when there are shared aims and goals that are directly led by community input. There is powerful potential in continuing to combine, and then draw information from, the vast *contact and education systems* developed by the district with the personal *contact and support methods* developed by the Community Health

Worker movement. With the model for intervention now clear and the outcomes promising, school districts looking to reach the most underserved and at-risk youth in their systems can benefit from long-term and consistent implementation of CHEWs who through trust and relationship-building, help the most at-risk families better access the resources, understand the importance of education, and most importantly, infuse equity into the system for often underestimated youth and families.