Monique Allen Zoom Audio

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**SPEAKERS**

Bill Wagner

**Bill Wagner** 00:00

Before I came to NCMM I was with a rural health network and director of a regional mobility management program. And one of the most well worn paths in the carpet in the office was between the call center and the mobility management staff and the community health worker program. They work very closely together. And our next speaker is a community health worker. And I would like to introduce Monique Allen. And Monique is coming from the Envision community health worker community of practice. Okay, thank you minute. Eight.

00:48

Hello. Oh, let me make sure. So is this red arrow? Correct? All right. I won't touch it right now. Well, I know it's after lunch, just kind of on the third person, I also train so if we need to jump up and stretch, you let me know and we'll get the blood flowing. I am Monique Allen, a community health worker. I work on a national team which is envision but I am also the president of the California Community Health Workers Association, and also a co author with Stanford on a paper exploring individual identity belonging and collective organizing for CHWs in California.

01:35

Huh?

01:43

See, that's because I'm old school and right on my paper. Am I pointing at here? Oh, the arrow, I hit the little green star. Hi. All right. So just briefly, the introduction we'll talk a bit about lived experience was I heard mentioned earlier, Community Trust and then how CHWs can get involved. And just a tad bit on transportation. When I was younger, my parents in low income, one car household both parents work, I was a very ill child. And so as I got a bit older and was in high school, I actually had to ride the bus, to the doctors to the specialist, and all these things, and it was intense. I had female issues. So just imagine you're drinking a gallon of water to go get an ultrasound and you get there two hours later on the bus. There were times where I would have to jump off the bus, use the restroom, rehydrate, get back on the bus with a transfer and try to get to the hospital. So this is a part of my lived experience as well. So how many out come back? How many of you all have heard of community health workers? Oh, I love it roomful of experts. For those that do not community health workers, a frontline public health worker who is trusted who is a trusted member of and or has an unusually close understanding of the communities they serve. This trust or relationship enables the workers to serve as a liaison link intermediary between health and social services in the community to facilitate access to services and improve the quality and cultural competence of service delivery. And that is according to the American Public Health Association's definition. Next you will hear the National Association of Community Health Workers definition, which is a community health worker also builds individual and community capacity by increasing health knowledge and self sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. So lived experience I heard someone mentioned lived experience a bit earlier. Community health workers, a lot of us we do have that lived experience and that's the unique piece that a lot of community health workers hold not only that schooling, but also that lived experience. For me, I was a homeless teen, I was very ill started from nine all the way even through current just actually had some heart issues the past three months. And so those things I can speak to people about and encourage them, you know, through things and recovery and getting through different processes. So help care and services must bridge cultural and linguistic linguistic divides to serve all communities equitably. As trusted community members with lived experience, community health workers and promo authorities have a long history of connecting those not well served by the traditional health care systems with culturally competent health and social services. In California, CHWs and pro mottos are increasingly recognized as a critical part of the workforce. In 2019, the California future Health Workforce Commission recommended scaling the CH W's and slash p, which is for Matilda's workforce to broaden access to preventative and social support services, as well as a team based integrated primary and behavioral health care. So community concerns that I have seen and come across and just in conversation with folks, because like I said, we're working on a national team, I also work with tribes. And in the tribal areas in the lands, there's a huge issue with the roads and getting public transportation. If there's an issue with them, just getting supplies and because the trucks won't drive on dirt roads, we can expect buses to have a route there. And so that's a huge issue on tribal lands, is that transportation in and out, if you're going to the grocery stores or going to different services, they're so far away. And then if you don't have a bus stop, or public transportation in those areas, or if the weather permits, now, that's an issue. So those are some of the issues that you will hear and I'll talk to you a bit later how we kind of discuss these things and find the knees and try to come to solutions. Again, that public transportation access in some areas, some smaller areas, rural areas, tribal lands, it's a bit difficult to even have the bus stop. So if you have any kind of disability, if you're a senior, anything like that is very hard to get any public transportation. I did a visit to Navajo Nation to go to a CHR summit in Arizona, the closest grocery store took about 15 to 20 minutes just to drive to if you have no transportation, or if you're low income, and what if you don't have gas money? That's a task. And so now that's an issue. So now, if you're diabetic, and you need certain meals to make sure you're healthy, but you can't get to the grocery store. So you're eating whatever you can grab. Now that's affecting your health just because of a transportation issue. And so when the doctor is asking, oh, man, your numbers are through the roof. What's wrong with you, you're out of compliance is not out of compliance. It's an issue. It's a you know, social determinants of health. It's it's that transportation issue to where I can't get to what I need. That's the problem. So with community health workers, that's what we do we look for that root problem, what's the root cause it's not that she just doesn't want to go to the doctor or they don't want to take the medication, it may be something else that's throwing the numbers off. So just making sure that we are looking at those pieces as well. Hours of operation is another thing. Because say, for example, I lived in Los Angeles, which was you know, a big area, we had many bus routes, they went both directions. It was you know, smooth sail and you had too many buses coming by you would get confused. But then I moved to Victorville. Victorville, California is a very small area. So when I moved there, I was out there standing on the opposite side of the road because in you know, in LA, your buses go both ways. So me and my infinite wisdom. I stood on the opposite side of the street where I saw a bus stop. I'm like, it's gotta come by here at some point. No, so then I saw the second bus go by and I'm like, this is interesting. So I went into one of the stores because I just moved here and I said, when does this bus come to go the other way? He said, it doesn't. So I said, Okay, out there a goes in a circle. There is no opposite route. You have to wait for that bus to come all the way back around to get on that bus. So anything you know, so if you go Go to school, and you have to be there at a certain time, if you have a job, and you have to be there at a certain time, that might be an issue, the bus has also stopped running at 8pm. That's the top of the last route. So depending on where you live in that loop, you might have to get on that bus by seven o'clock, just to get to where you need to go. What if you have a job and you work nights, or if you get off anytime after that, I also teach sign language at the local college there. Some of my classes are from seven to nine. If you have night classes, you are not getting home. So those are the type of things that we do look at in some of these areas to where how are we meeting the needs of the community.

10:57

So CHW involvement, I will say CHW, that is community health worker. So state associations. Like I said, myself, I am the president of the California Association of Community Health Workers, joining those state associations, because we do have communities of practice. And so in those community of practice meetings, we talk about the needs, and anyone can join those meetings. So community health workers, or their supervisors or their allies, to his community health workers or their health departments. So anyone can join the state meetings. So whatever state you're in, just see where is that local community health worker Association. And it will be amazing to have someone from transportation, be involved in the communities of practice. Like I said, I work on the I work on a national team. So I have communities of practice across all states. So I have community of practice for CHWs. And then there's one for tribal. And then there's one for my Spanish speakers. And so everyone just comes together in those spaces, and then they talk about their issues. And then we they'll will say Hey, okay, what's going on in your area? We'll talk about it. And then it's like, okay, let's work on next steps, how can we resolve these issues? Okay, if your issue is, you know, data collecting data, how do you share it, anything like that, okay, what do we need to do, who needs to be in the room to make these changes and help support whatever we're trying to do here. So, also, jump on the board, have one of these, you know, that will be awesome, because then you're gonna hear the needs, like you would, you know, hear on those tribal communities of practice, you know, what we need help, we need help with the roads, we need help with what's a system. So even if it's something to where you may have, you may not be in that state, but you can offer some information on maybe what you have done in your areas, like, you know, hey, on these dirt roads, maybe we tried this, or there's this type of grant for assistance for you know, different things. So, all input is, is definitely welcome in those spaces. Partnering with local health departments, and community based organizations, the same thing you can, you know, be involved, you know, have a presence at the table to where these transportation discussions and things like that do come up, and you can give that input. And let's see here, having a CH a W on your committees, because that ch w will bring that CHW lens and perspective, when you are making these plans, and you're coming up with different systems. You know, sometimes that community health worker will give you a different perspective that maybe you haven't thought of. And so just seeing if, you know, having that community health worker in the room, and having a seat at that table, can definitely help and have that thought partnership. And CHW so just some of the benefits of having that community health worker on these committees. You know, community health workers know the disparities in the local areas. CHWs understand the communities they serve, most likely they're from that community, or, you know, in that local area, so they understand the needs of the area, just like I didn't know the bus went through the other way, just one way. So then next time, I can say, hey, you know what, stand on that other side of the street. Don't stand over here. You're not gonna get it. Oh, you know, just that they're using utilizing CHWs to conduct surveys and collect data on community needs. You have different entities that do all type of surveys and data collection and do these types of surveys and needs assessments, tapping into those, you know those locations and getting that information and see how you can work with those, you know, needs and address those needs there. So, just a little bit, I wanted to give an example of this program here is just an example of how, when the community comes together, you can make a change. And so this is a program here, and it is the smart growth, America, it was talking about complete streets. And so this is an example here, so it's a complete street, designed and built to build streets that enable safe access for all, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities. This approach also emphasizes the needs of those who have experienced systematic underinvestment or those who whose needs are not met. People living with disabilities, people who don't have access to vehicles, black native and Hispanic or Latin X communities. And so what this is our you know, so you can take a look on here, and it's a long program, and it talks about how they looked at the streets, what makes you know how they can make them safer? You know, if these kids are walking to school, how, what makes the safest street? What is a complete street? Where are the buses? Where is the bike lane? Where are people walking, what's the distance between that and making sure that everyone is safe? You know, like I said, I live in Victorville, very small, we don't have bike lanes or anything like that. So it was not the healthiest of locations, you know, how they call like the blue zones and things like that. So I am personally working with the city to help on that piece to you know, okay, how can we make this a healthier, and you know, just a more health friendly, if you want to walk, you can have somewhere to walk, and it's safe. If you want to ride your bike, if the kids want to go out there, the kids are walking to school, making sure that this is a safe space. And so this is just an example of how when people come together, you can make change on Grand levels. So it's just a matter of people coming together, bringing great minds in the room and having that peer to peer support and connection. So your final tips and takeaways involve CHW in the decision making process, get involved in local CHW associations, partner with local health departments, and CHWs are trusted members of the community and CHWs know the disparities of the community. And that is all for me. Thank you all so much.

18:32

Thank you money