

# Stanford SOCIAL INNOVATION<sup>Review</sup>

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## ***Supplement: From Philanthropy to the Front Lines*** **Bringing Health Care Into Communities**

By Ahmed Souguez & Jokho Farah

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and programming, but also in your approach to internal and external storytelling. Create a sense of community and shared experience among your audiences, and adapt your communications to lift up the ways in which people embrace collective action at a global and local scale. For example, through a virtual meeting, we were able to bring the stories of our non-profit partners to Medtronic employees in an inspirational way. Medtronic employees have a personal stake, and close-to-home experience, with the crises we're facing today. This meeting allowed them to learn how our investments are directly reaching community organizations, explore how to play a part in our efforts, and most importantly, listen to the stories of the real heroes who are reaching the underserved.

**Be thoughtful about your long-term impact** | For philanthropies moving quickly, ensure that programs you support will create a long-term effect on the people you serve. Things shouldn't return to normal after a global crisis like COVID-19. Rather, we have an opportunity to build safe, strong, equitable, diverse, resilient, and inclusive communities. Those on the front lines must overcome the challenges before us, but our global community also must grow stronger in the days ahead. Even in the midst of a crisis, ensure specific outcomes are in place to measure short-term impact and that nonprofit organizations you partner with are equipped to continue to provide results in the future.

## HOW CRISIS SHAPES US

The way an organization leads and reflects its values in its response to crises is a litmus test of its core mission and can build or shatter trust. In one moment, all the hard work you put in day-to-day to advance your objectives can dissolve. Our personal experiences while in the midst of crisis changed our approach to communications and community engagement, and it gave a deeper perspective on what really matters. It is because of those experiences that the Medtronic Foundation was able to create a response that will shape our reputation, and most importantly, our ability to drive meaningful change long into the future. ●

**Allison Frailich** previously served as communications director for the Medtronic Foundation. She now serves as global director in the Medtronic corporate communications department, where she leads inclusion and diversity communications.

**Liz Lund** serves as director of strategic operations and community investment for the Medtronic Foundation, where she oversees a portfolio of targeted community investment opportunities that support diverse communities, address food security, build community resiliency, and provide STEM support for underserved people.

# Bringing Health Care into Communities

Community health workers at the front lines of the pandemic are providing essential care for underserved populations.

BY AHMED SOUGUEH & JOKHO FARAH

**F**rom balconies in New York City to the National Assembly in Kenya; across Spain, Italy, Turkey, Singapore, India, and many other nations around the world—some of the most inspiring images from the pandemic have shown leaders, celebrities, and everyday people clapping, ringing cowbells, and banging on pots to recognize and give gratitude to the health workers on the front lines of the COVID-19 response.

This global acknowledgment was heartening to see, considering that frontline health workers too often go unrecognized. Yet, they are playing a critical role in caring for those communities most effected by the pandemic, while at the same time risking their own lives. Especially in underserved communities, frontline workers like community health workers (CHWs) are helping vulnerable patients to reduce their risks by understanding symptoms and seeking testing and treatment early.

In the United States, the need for such support is greater for people who live in communities of color, which have been disproportionately exposed to the virus and are more likely than people in white communities to not receive care they need or to experience severe disease or death. According to the Centers for Disease Control and Prevention (CDC), Black Americans are 2.1 times more likely to die of COVID-19 and 4.7 times more likely to be hospitalized than white people. Hispanic Americans have a 4.6 times greater risk of hospitalization and 1.1 times greater risk of death than white people as well.

When the coronavirus hit the United States in early 2020, health officials in Minneapolis, Minnesota—including the clinical staff at the People's Center, a Federally Qualified Health Center (FQHC)—had concerns about the potential for the virus to spread in the city's Cedar-Riverside neighborhood. This area is home to the largest Somali population in the world outside of East Africa, and it includes

many refugees who live in public housing. In fact, one high-rise building in the neighborhood has more than 4,000 residents, making social distancing a challenge and placing residents at higher risk of exposure.

But even with higher risk of contracting COVID-19 in their densely populated neighborhood, People's Center staff discovered many residents didn't want to get tested. Based on their experiences with health care in Somalia, staff found some local residents weren't used to seeing a doctor for preventive care. In Somalia, they would only see a doctor on rare occasions, and only when they could afford it. Instead, people typically would rely on their community's support and home remedies. Some feared they couldn't afford to see a doctor or, if they did test positive, they would be taken to the hospital against their wishes and separated from family. Others were afraid to see a doctor due to fear of being mistreated.

Social and cultural barriers like these aren't unique to Minneapolis and its Somali American residents. Across the world, some of the most important factors contributing to poor health are rooted in social determinants of health, including the cost and affordability of care, language barriers, lack of experience with health systems, transportation needs, child-care, safety, and other social issues. Traditional health systems are often ill-equipped to address these barriers. So, now more than ever, CHWs are playing a significant role in bridging these gaps and helping underserved people access the healthcare they need.

## SURMOUNTING BARRIERS TO BETTER HEALTH

For Minneapolis' Somali American community, mental health needs have created a significant barrier to better overall health. Many patients carry scars from their experiences in Somalia that have only been exacerbated since the pandemic and its economic effects began.

The country was formed in 1960 from former British and Italian colonies, but it collapsed into civil war in 1991 when the military regime of then-President Jaalle Mohamed Siad Barre was overthrown.

In Somalia, mental health isn't a widely recognized health condition, even though it affects a significant portion of the population. The World Health Organization estimates that one in three Somalis is affected by some type of mental illness. That compares to one in five US adults who live with a mental illness, according to the National Institutes of Health. And a study of adolescent Somali refugees

basis just to have a chance to socialize. The clinical staff checks her blood pressure and asks her if she's keeping up with her medication, but rarely is there a medical issue. After chatting for an hour or two with the staff, she'll say goodbye, and the staff knows they'll see her again in a few days. Even during the pandemic, CHWs continue to visit with her, using masks and appropriate precautions. Like a lack of exercise or unhealthy eating habits, loneliness caused by social isolation is considered to be a significant health risk.

Similarly, another People's Center patient is working to lower his high blood pressure and

gram "Project CARE" (Community Action to Reach Empowerment) that aims to help more people manage diabetes and improve their cardiovascular health. Additional CHWs make regular home visits to build trusting relationships with their patients so we can identify concerns early and maintain a focus on better health. CHWs also bring tools and support directly to patients, with in-home blood pressure and blood sugar checks, wellness classes in the community, regular exercise sessions, and healthy cooking demonstrations.

The People's Center is also working to reduce the incidence of COVID-19 in the local community by contacting more people in South Minneapolis and encouraging them to feel comfortable seeking COVID-19 testing. The center is bringing testing closer to where they live to reduce potential access barriers by establishing mobile testing units in public housing buildings within South Minneapolis. The project was coordinated with support from several Medtronic employee volunteers who have expertise in managing complex projects, such as bringing new medical devices from research and development to market. Anyone in the neighborhood can access testing just steps from their homes at mobile People's Center testing sites. People's Center staff also provide education and tips on social distancing, wearing masks, and isolating for those who have symptoms so they can avoid spreading the virus. The goal is to build greater trust within the community, so People's Center staff can identify and end outbreaks quickly before they take hold in the neighborhood.



***Patients participate in a culturally inclusive prenatal care model that integrates prenatal visits with mindfulness therapies and more.***

resettled in the United States found a history of trauma and acculturation challenges directly diminishes well-being. At the People's Center, many of the patients treated have never heard of post-traumatic stress disorder (PTSD), and far fewer know it can be treated. Left untreated, mental health conditions like PTSD can affect other areas of a patient's health. The patient may forget to take their medication regularly, visit their clinic for a checkup, or steadily manage chronic conditions.

When patients arrive at People's Center with mental health concerns, it's the staff's goal to meet these needs alongside the patient's other health needs. For example, an elderly patient visits the clinic on a weekly

manage his glucose levels to avoid diabetes, but high rent and financial challenges have led to anxiety and depression. The CHWs learned he wasn't able to afford his rent, which increased his risk for serious health issues. When our CHW identified these health challenges, the People's Center was able to connect him with a local case manager, who helped him find a more affordable apartment and access rent support programs that could help him bridge his financial gaps without fear of being evicted. With rent and financial support, he was able to focus on his health again. He started on a path to better health by resuming his diabetes and blood pressure medications and better managing his anxiety and depression.

In partnership with the Medtronic Foundation, the People's Center is extending its reach into the community with a new pro-

## **BUILDING CAPACITY THROUGH TRUST**

Successful CHW-led programs often rely on building trust and having a deep understanding of the local community's needs, culture, and history. When the COVID-19 pandemic required the People's Center to move many medical visits online to slow the spread of infections, our CHWs discovered that patients didn't trust virtual care or consider it a "real" doctor's visit. Many thought they had to see the doctor in person, and they would often arrive at the clinic at the time they were supposed to sign on to the virtual-care platform. Some thought online care would be substandard if they didn't sit face-to-face with their doctor and leave the clinic with a prescription after the visit. The People's Center CHWs guided patients through the process, from making a virtual appointment to accessing the technology on their personal devices to meeting with their

doctor and determining a treatment plan. They also ensured patients had the right technology and were comfortable using it on a regular basis for their health-care needs. Ultimately, with help from CHWs and more experience with telehealth, patients understood that meeting with a doctor online could help them address their health needs without risking exposure to COVID-19 during an in-person visit.

CHWs who are also members of the local community can bring a deep understanding of issues like these and quickly build trust with patients. They can help learn about health-care options and treatments that they might not have heard of or could even fear. For patients who are immigrants, CHWs can help translate differences in health systems, such as how to navigate them, how to make appointments, and what to expect during a visit. And when a patient's symptoms or concerns are difficult to diagnose, CHWs are trained to ask more questions, probing further to understand the root of a problem and identify the right support services—at the clinic or in the community—to address challenges and concerns. They are a tremendous asset to confronting and addressing racial disparities in COVID-19 infection and recovery.

### SERVING THOSE WHO SERVE US

In communities large and small, some of the same people who have experienced higher infection rates are often frontline workers—those our communities rely on to serve us in grocery stores, restaurants, packing plants, farms, childcare, home care, or other critical operations that have remained open throughout the pandemic. These are the people who have taken significant risks to keep essential parts of our economies open.

CHWs are often shoulder-to-shoulder with these other frontline workers, yet they may be underappreciated and undervalued as they help their communities manage risks and reduce the spread of the virus. While the global and national debate about health workers accelerates, rarely are CHWs explicitly referenced. They should be. As much as ever, they deserve our support as we work to overcome this global pandemic. ●

**Ahmed Souguez** is patient experience manager at the People's Center, where he leads the call center, interpreter services, and health insurance exchange navigation. He immigrated to the United States from Djibouti, Africa.

**Jokho Farah** is a physician focused on advancing health equity, population health, and quality improvement efforts. She serves as chief information officer and chief quality officer for the People's Center and also serves on the Minnesota Department of Health's COVID-19 Task Force.

# Tapping the Power of Virtual Volunteers

As the pandemic forces everyone to work remotely, employees are taking their activism and volunteerism online.

BY SYLVIA BARTLEY & EMILY LAUER-BADER

**T**he crises of 2020, including the COVID-19 pandemic and the racial injustices it has magnified, have required employers to rise to the challenge by not only adapting to a virtual work environment, but also responding to the increased demand from employees to connect and give back to their communities.

In recent years, employees have increasingly raised the bar as to what they expect of their employers. More employees, especially Millennial and Generation Z workers, now call for workplace-based social activism. A 2018 MetLife survey found that 76 percent of American employees expect their companies to make a difference in the local community. In fact, three out of four working Americans polled in 2019 by JUST Capital say they would choose to work for the more just company, even if it paid less. Business leaders can no longer sit on the sidelines when social crises arise. Employees expect companies to act and to provide opportunities for them to get involved, too.

This year's circumstances have only increased that sentiment. A growing number of people and corporations are calling for lasting systemic change inside and outside of work. Millions of protesters have taken to the streets to demand action. Millions more are creating changes big and small in their own communities, from removing racist monuments to running for political office. For example, a record number of Black women are running for public office this year, and at least 122 Black or multiracial Black women filed to run in the 2020 election cycle, according to the Center for American Women and Politics. Dozens of cities across America—from Appleton, Wisconsin, to Dayton, Ohio, to Memphis, Tennessee—have declared racism a public health crisis. Such actions have shown that individuals can make a significant difference in their communities. People can change the course of the COVID-19 pandemic, as well

as the pandemic of social inequities that has been brought to light.

### MOBILIZING IN TIMES OF CRISIS

The optimism is real, but meaningful progress won't be easy. The coronavirus pandemic has changed the way the global community lives, works, and socializes. It has also changed how people volunteer.

Since the pandemic began, organizations around the world have transitioned their in-person volunteer activities to virtual volunteering as they respond and address health disparities in communities. One of those groups is Project HOPE, a leading global health and humanitarian relief organization that works to empower health-care workers to save lives. From the early days of the outbreak, Project HOPE was on the front lines in Wuhan, China, and its response efforts quickly ramped up globally as the outbreak became a pandemic.

From the start, training health-care workers and equipping them to triage and treat COVID-19 patients was one of the organization's most pressing needs. In partnership with health and medical experts from Brown University, Project HOPE created a live remote training program, which allowed hospitals in Wuhan to rapidly bolster the number of frontline workers available to care for thousands of patients that were quickly filling hospitals and surge centers.

When the virus spread outside of China, Project HOPE knew the need for frontline workers grew exponentially. In response, Project HOPE partnered with the Medtronic Foundation and the community development social enterprise PYXERA Global to train a virtual cadre of Medtronic employees with previous clinical experience to deliver training to hospitals and clinics around the world.

Working remotely, Medtronic volunteers helped mobilize more frontline health-care workers. Since the project kick-off in June 2020, Medtronic volunteers have completed