Assisting Students and Families during the COVID-19 Crisis: Diversity & Equity in Action through a Educator-Family-Community Health Worker Intersection

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The current COVID-19 crisis has exposed new and existing issues related to access and equity for our students and families. The following article discusses a model for interconnecting educators, families, and community health workers (CHW) that can integrate diversity and equity for practitioners and educator preparation programs. Integrating CHWs provides a unique opportunity to utilize their cultural responsive skills and knowledge. Implications for practitioners and educator preparation programs are discussed.
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Introduction

In response to the current crisis across the United States and the world, states have closed their public school education for the remainder of the school year (Goldstein, 2020; UNESCO, 2020). Many students and their families were caught in a whirlwind with the sudden "stay home/stay safe" state mandates. In some instances, not only were families thrusted into assisting with instant educational responsibilities and learning, but are now confronted with potential health, economic and social stressors. It is also during this time that the "digital divide" was at the forefront (Goldstein, 2020; Vick, 2020) and became very visible and showed how further separated students and families from the haves and have-nots in regards to information, equitable educational opportunities and in some cases even lack of resources within the community.

It is in this unique situation that provides opportunities for partnerships that work towards social justice for families and their communities. It also calls for educator and leadership education preparation programs at colleges and universities to infuse information regarding

community health workers (CHWs) as culturally responsive liaisons with community resources for future/current educators, their students, families and communities to increase awareness of services available to them.

The Home and School Situation

As early as mid-March 2020, students and their families were thrust into the country's response to stop the COVID-19 pandemic. Schools were closed and parents, if they were fortunate enough to keep their jobs, were beginning to work from home (e.g., Uhereczky, 2020). Public school educators and school service providers were then pushed into moving to variations of virtual instruction and service provision (Goldstein, 2020).

With the changes, unexpected outcomes have been experienced within the home setting and schools. As school districts transitioned to virtual instruction, the digital divide became even more apparent with districts needing to supply computer hardware for students to be able to participate in lessons (Phillips, 2020). Additionally, internet access is also not prevalent in many economically distressed areas (EDAs). Turner, Adame, & Nadworny (2020) further indicate that virtual instruction may add additional burdens to families, as parents may not have the skills necessary to assist their children. Furthermore, as indicated in Turner, et al. (2020) "Many students experience trauma at home — including poverty, food insecurity, abuse and neighborhood violence" (paragraph 40). The current pandemic and economic situation has exacerbated the situation for many families. Adding to the pandemic situation, some school districts have reported losing contact with up to a quarter of their students (e.g., Phillips, 2020).

The Community Health Worker

As indicated on the National Association of Community Health Workers' website "Community Health Workers (CHWs) are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served" (2020, paragraph 1). The CHW, also referred to as promotoras/es, have assisted many in urban and rural settings, historically focused on health prevention, intervention and education in culturally and linguistically diverse communities and serving marginalized residents (Matthew, et. al., 2017; Pérez & Martinez, 2008).

To fulfill their typical roles with hospitals, non-profit and for profit health agencies/collaboratives, and state and federal programs, CHWs are typically trained in the following skill sets: communication, interpersonal skills, service coordination, capacity building, advocacy, teaching, organization, and knowledge based on specific health issues (Texas Health and Human Services, 2020). Not only do CHWs work within communities, as indicated by Pérez & Martinez (2008), CHWs also can advocate for EDA and diverse communities by providing honest information of community needs that could impact public health programs and guidelines. These critical skills have made for a natural progression of CHWs to expand their work into school settings, as schools have become wellness centers (e.g., Lai, et al., 2016).

It is the culturally responsiveness of CHWs and the expansion of well-being programming and education into settings beyond health care, such as school & educational settings, that make these professionals ideal for reaching more community members and assisting traditionally underserved populations in "community preparedness and disaster response" (Balcazar, et al., p. 2200). For example, the CHW is able to view the COVID-19 through the lens of a vulnerable population that may not have access to medical facilities

commonly available to the general population. CHWs find the path to resources and make the information viable/meaningful/useful in connecting the community to the services. Situations are arising during this COVID-19 pandemic where educators and service providers have not been able to connect with families from inner city and rural populations and have come to CHWs to help them find the connection.

The Intersection and Social Justice

With the uncertainty of how schools will open in the fall, a partnership model can easily be developed to assist educators in working with families, that can be introduced in educator preparation programs and by current practitioners. The South Carolina Community Health Worker Association (2020) points out that "although CHWs may have diverse job titles, they are trusted members of the community they are serving and/or have a thorough understanding of the community…" (paragraph 3). Sue, et al., (2019) share that when CHWs master and operationalize trust and credibility, essential skills in working with diverse populations, they become valuable assets to the education team.

For example, in situations where students are not checking into class or families are experiencing health or economic struggles, CHWs' close and direct connections in the community can assist them with locating and referring families to resources that can assist with economic, health and educational needs. This is not to replace school social workers or other school district service providers but to serve as a culturally responsive resource. It is the CHW's cultural responsivity, awareness, and standing connection with their communities that make them an integral part of the educator and family connection, particularly during these difficult times.

As a resource, just like in the health arena, CHWs could also assist educators in developing effective practices for rolling out educational plans and programs for students and families within their schools/districts. They could also provide culturally responsive suggestions for increasing student and family engagement, making educational events more welcoming and increasing active participation. In addition, CHWs can be involved in relating not only correct educational information, but also in educating community members regarding the services and initiatives in their community. CHWs can also provide honest information to school educators regarding issues experienced by students and families in the community, allowing for interventions and partnerships to develop to address those needs. This would ensure increasing equitable access and utilization of educational services and developments.

Conclusions and Implications

The interconnection between educators, families and CHWs, discussed above, not only benefits everyone involved, it infuses diversity and equity into settings and operationalizes social justice. This model validates student and family backgrounds. Implications of the interconnection for educators include training staff in working with CHWs as an additional resource that may already exist within their community and allows educators to create bridges with students and families that are more welcoming and responsive, particularly during the pandemic. Implication for CHWs include additional opportunities for working in pre-K-12 educational settings. This could easily expand into higher educational settings, due to the COVID-19 situation extending potentially into a couple of academic years.

This also has some implications for educator preparation programs. The CHW resource can be infused into coursework in teacher and leadership preparation programs. This can be implemented by having CHWs present in specific courses, allowing for discussions as to the cultural responsiveness of what CHWs do and how they assist in educational settings, as these could vary depending on the community and needs.

Positive implications for families include easier access to services and resources during the pandemic, as CHWs are trained in coordinating effective communication of health and public help as well as resources available in the community, that reach individual families. In addition, as CHWs are from the community, many are able to communicate with families in their native language.

The pandemic continues to be affecting our society. Keeping students and their families in the forefront of educator preparation programs and practitioners, provides the unique opportunity to use this crisis as means for developing new models. It provides the chance to provide equity and access through more culturally responsive and meaningful ways.

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