MODERATOR:

Welcome to today's Coffee Break presented by the Applied Research and Evaluation Branch in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

We are fortunate to have Colleen Barbero as today's presenter, she is a Health Scientist on the Applied Research and Translation Team.

My name is Lauren Taylor and I am today's moderator. I am an ORISE Fellow on the Applied Research and Translation Team.

Before we begin…

All phones have been placed in SILENT mode.

Issues or questions:
- ❏ Q & A box on your screen
- ❏ AREBheartinfo@cdc.gov

MODERATOR:

Before we begin we have a few housekeeping items.

All participants have been muted. However, to improve audio quality please mute your phones and microphones.

If you are having issues with audio or seeing the presentation, please message us using the chat box or send us an email at AREBheartinfo@cdc.gov

If you have questions during the presentation, please enter it on the chat box on your screen. We will address your questions at the end of the session.

Since this is a training series on applied research and evaluation, we hope you will complete the poll at the end of the presentation and provide us with your feedback.
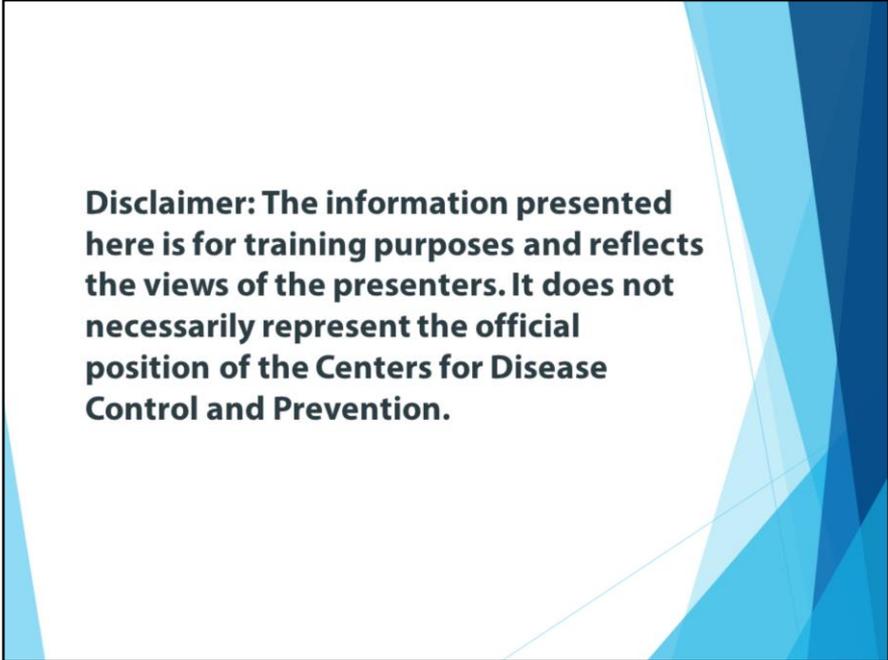
Disclaimer: The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

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So, without further delay. Let's get started. Colleen the floor is yours.

Acknowledgements

Caitlin Allen

Refilwe Moeti

Sharada Shantharam

Cassandra Dove

Gail Hirsch

CHW Workgroup at CDC

Thanks Lauren. Today we are going to talk about a new guide and checklist for including community health workers or CHWs in health care. Before I begin, I would like to quickly recognize those who contributed to the development of this tool.

The agenda for today's presentation is to first discuss the basis for including CHWs in health care, introduce the new CHW Guide and Checklist, provide additional resources for CHW integration; and then, at the end, we will take any questions you may have.
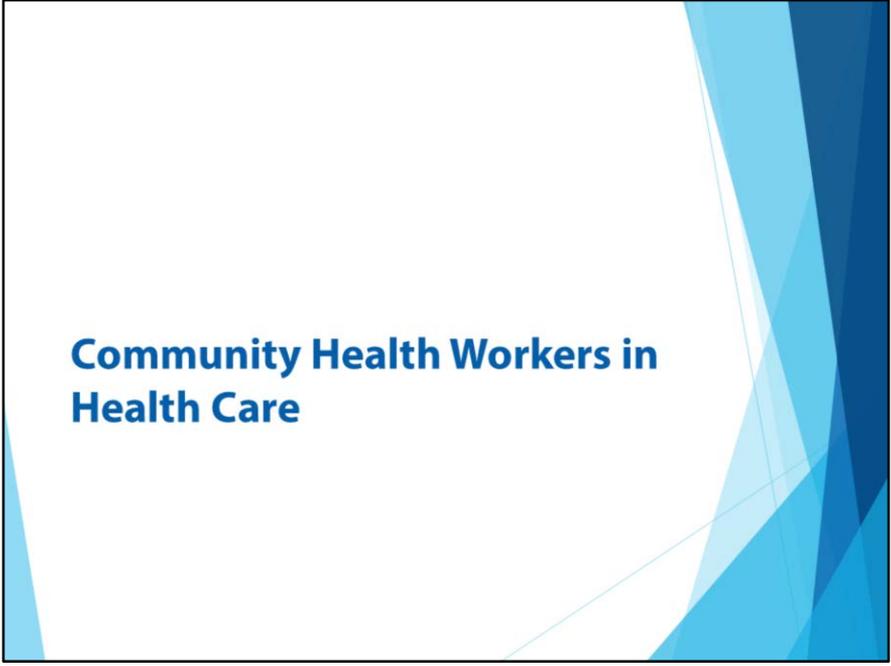
Community Health Workers in Health Care

To understand CHWs in health care we first need to understand who CHWs are.

Who are Community Health Workers (CHWs)?

▶ A community health workers (CHW) is a frontline public health workers who is a trusted member and/or has an unusually close understanding of the community served

Source: APHA CHW definition: https://www.apha.org/apha-communities/member-sections/community-health-workers

The APHA defines a CHW as a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a link between health care and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
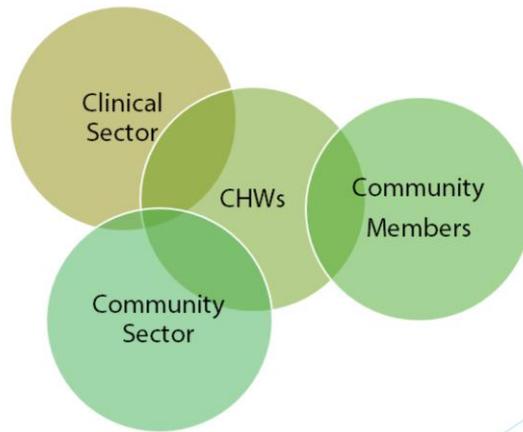
As shown on this slide, CHWs traverse clinical and community settings, thus serving as a community-clinical linkage
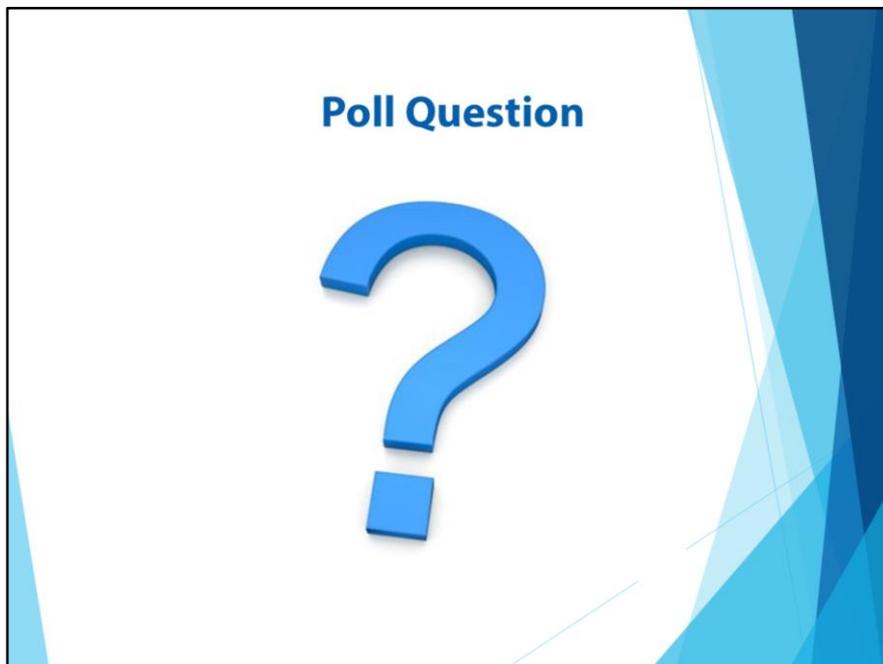
Before we go any further we have a quick poll question for the audience to complete. We would just like to gauge the frequency of involvement that you all have with CHWs.

The question is: How often do you interact with CHWs in your role?

Never
Rarely
Occasionally
Often

Why Include CHWs in Health Care?

▶ CHWs have personal relationships with patients that facilitate communication

▶ CHWs are also knowledgeable about community resources

CHWs have the potential to positively impact the health care system, by improving health, reducing costs, and increasing patient satisfaction. CHWs bring life experience and community credibility that allows them to build personal relationships with patients. These relationships facilitate communication, health information flow, and quality care. CHWs are also knowledgeable about community resources, for example, they may be able to connect a client who doesn't have enough healthy food to eat with a local food pantry.

Examples of CHWs in Health Care

- A public or private health plan could engage CHWs to provide home-based education about chronic disease prevention in a high-risk community they serve
- A hospital could engage CHWs to work in its emergency department to follow up with patients who just had a heart attack or stroke
- A community health center could engage CHWs to provide screenings for high blood pressure or diabetes at local churches and community events

Next let's consider some examples of how CHWs are currently engaged in health care.

- As a first example, consider how a public or private health plan could engage CHWs to provide home-based education about chronic disease prevention in a high-risk community they serve.
- As a second example, consider how a hospital could engage CHWs to work in its emergency department to follow up with patients who just had a heart attack or stroke.
- As a third example, a community health center could engage CHWs to provide screenings for high blood pressure and diabetes at local churches and community events.

In your work, you might be seeing other examples of CHW inclusion in health care.

Barriers to Including CHWs in Health Care Settings

▶ Physical barriers
▶ Policy and legal barriers
▶ Cultural barriers

While there are many examples of CHW inclusion in health care, it is not without challenges. There are physical barriers related to creating space for CHWs, updating electronic systems so that CHWs can use them, and ensuring CHW safety when they are out in the community. Policy and legal barriers may include liability related to CHW access of medical records and sustainability. Lastly, there are cultural barriers. The U.S. health care system as a whole tends to value educational credentials over life experience, and may not immediately recognize the unique value of CHWs.
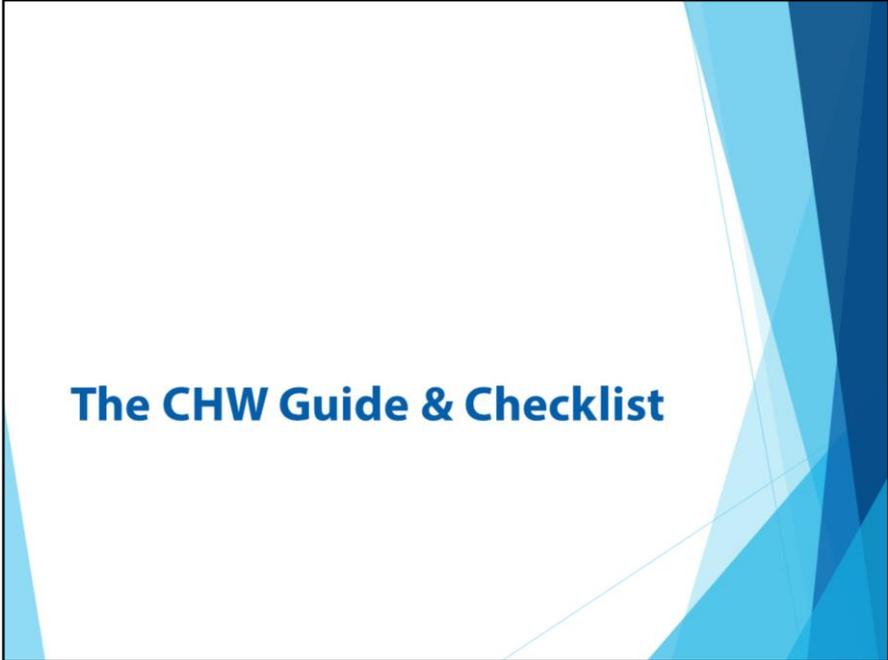
The CHW Guide & Checklist

To help address barriers associated with including CHWs in health care we developed the CHW Guide and Checklist for practitioners. This tool is based on the CDC Community-Clinical Linkages Framework and Guide. I'll now provide an overview of the CHW Guide and show how it aligns with the Linkages framework.

Who Can Use the CHW Guide & Checklist?

▶ Hospitals
▶ Health care systems
▶ Public health researchers
▶ Community organizations
▶ Anyone interested in including CHWs in health care

Before we begin, let's talk about who the Guide is for and how to use it. The CHW Guide is a resource for public health practitioners, including individuals and organizations working in a variety of roles and settings to carry out the process of including CHWs in health care settings and interventions. While this tool is for anyone who is interested in including CHWs in health care, there are several potential users who may find it especially helpful, including:

- Hospitals that are looking to engage CHWs for their unique experiences, knowledge, and skill set;
- Health care systems that are looking to engage CHWs to address social determinants of health;
- Public health researchers who are working with practitioners to analyze the impact of CHWs for particular populations; and
- Community organizations that are seeking to bridge the gap between the health care system and those they serve.

The following should be considered when using the CHW Guide and Checklist. First, you can use this tool in part or as a whole, and you can apply it during planning, implementation, evaluation, and/or quality improvement. Importantly, when using the CHW Guide and Checklist, you should seek to work collaboratively with CHWs, involving them in all analysis and decision making. Otherwise, linkages will not be successful.

So now that you know who the CHW Guide and Checklist is for and how to use it, let's talk about what is in this tool. Both the CHW Guide and Checklist are organized based on seven strategies from the Community-Clinical Linkages framework, pictured on the far right on this slide.

On the left of the slide are the seven strategies from the CCL Guide, adapted for the task of including CHWs in health care. You'll notice that the preliminary implementation stages are reflected in the first three strategies, and these range from doing your homework to learning about the different sectors involved in the linkage, to meeting with and negotiating with stakeholders . The next four strategies represent later stages of implementation, and they range from being clear about the linkage's operational structure, all the way through to evaluation

We do recognize that, in practice, these are not discrete and linear strategies. Many are interwoven throughout.

Similar to the CCL Guide, for each strategy in the CHW Guide, there is a Rationale, Key Considerations, Potential Actions Steps for Public Health Practitioners, and Implementation Resources section. There is also a full Checklist reflecting all seven strategies. This information can inform your action plan for CHW inclusion.

We'll now walk through each strategy and provide a brief description. I'll also show you an example of what is actually in the Guide for the first strategy of learning about CHWs. I'll be moving quickly through this section, but note that today's slides will be posted on the CDC website in a few weeks.

Let's get started. Strategy 1 is to Learn About CHWs. Familiarizing yourself and your organization with the unique role of CHWs in health care and relevant implementation factors is essential before beginning the process of improving CHW inclusion and integration. You can use national literature to learn about CHWs. To get an accurate picture of the state and local CHW landscape, it is also useful to have to single, comprehensive source in a state that compiles and synthesizes state- and community-level information about CHWs.

Strategy 2 involves identifying and engaging key stakeholders from the community and clinical sectors who are building the CHW linkage. By meaningfully engaging all of the many and varied stakeholders including CHW organizations you can learn about the driving forces behind integration, where potential barriers lie, and how to effectively employ CHWs.

Strategy 3. Negotiate and Agree on Goals, Objectives, and Activities

▶ Need for formal goals and objectives

▶ Opportunities for meaningful CHW input

Strategy 3 involves negotiating and agreeing on goals, objectives, and activities related to the CHW linkage. As part of this strategy it is key to develop formal goals and objectives, identify key decision makers, and create opportunities for CHWs to provide meaningful input on how to reach goals. The CHWs in your organization or program will be the most knowledgeable about the barriers to putting your plans into practice.

Strategy 4. Know Which Operational Structure to Implement

▶ Formal protocol that include hiring criteria

▶ CHWs provide input at multiple levels
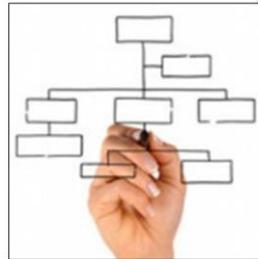
Strategy 4 involves knowing which operational structures to use to implement the CHW linkage. First, formal protocols and systematic communication about CHWs must be integrated into current organizational systems. Explicit hiring criteria can help ensure that the CHWs you bring on have the right qualities and skills for the job. You also need to create opportunities for CHWs to provide input on the interventions they deliver as well as to contribute to larger policy and systems development. For example, as an employer, you could support your CHWs being involved with the state CHW association by giving them time off work to attend meetings. Your CHWs' work on developing the workforce at the state level could benefit your organization in the long term, for example, CHWs may be key to advancing training and certification that opens up new financing streams.

Strategy 5. Aim to Coordinate and Manage

▶ Need for clear job definitions

▶ Communication channels

▶ Training for clinic staff

Strategy 5 involves aiming to coordinate and manage the CHW linkage. To do this, you will need to clearly define your CHWs' scope of practice, duties, caseloads, and supervision. You also need to think about how CHWs are going to use the electronic health record and other tools and channels for communicating with the health care team. Other clinic staff may also need to be trained on how to work with CHWs.

Strategy 6. Grow Your Inclusion of CHWs

- ▶ Understand your intervention theory
- ▶ Estimate costs
- ▶ Keep current on financing options

Strategy 6 involves growing your inclusion of CHWs. Over time, your organization, program, or system may want to engage more CHWs, expand the scope of services delivered by CHWs, and/or widen CHW reach to more populations. Planning for growth requires understanding the theory behind the interventions that include CHWs, estimating the organizational costs and resource implications associated with CHWs, and knowing about external financing mechanisms that could help cover costs.

Strategy 7. Evaluate Interventions Engaging CHWs

- ▶ Engage stakeholders (again!)
- ▶ Create ongoing data collection systems
- ▶ Share and use results

Standards
Utility
Feasibility
Propriety
Accuracy

Engage Stakeholders
Describe the Program
Focus Evaluation Design
Gather Credible Evidence
Justify Conclusions
Use and Share Lessons Learned

Source: Centers for Disease Control and Prevention. Framework for program evaluation in public health. MMWR 1999;48 (No. RR-11)

Lastly, strategy 7 involves evaluating interventions engaging CHWs. Evaluation will help you to show the value of your efforts to stakeholders, inform quality improvement, and support increased sustainability and growth. The evaluation process involves engaging stakeholders, collecting data, working to show outcomes, and sharing and using results.

This concludes the overview of the seven strategies in the CHW Guide and Checklist. Next I'll show you an example of the rationale, key considerations, action steps, and implementation resources, for the strategy of learning about CHWs.

Example: Rationale & Key Considerations for
1. Learn about CHWs

Rationale
Learning about CHWs and aspects that influence their successful inclusion into health care systems and care teams is an important starting point for implementation. Before beginning any effort to change an intervention, organization, or system it is essential to review existing literature and/or assessments in order to identify assets, facilitators, gaps, and barriers. Familiarizing yourself and your organization with the unique role of CHWs, and facilitating and hindering implementation factors, will allow for a smooth transition throughout the rest of the implementation process.

Key Considerations
In the last two decades, there has been tremendous growth in the CHW field and interest in CHWs' integration in health care systems, as reflected by hundreds of peer-reviewed journal articles and gray literature such as briefs, guides, toolkits, and websites.

At the state and community levels, efforts to engage CHWs are often fragmented and conducted along different discrete categorical diseases (e.g., asthma, HIV, heart disease, type 2 diabetes) and by different types of initiatives (e.g., faith-based initiative, health care initiative). To get a true picture of the landscape, it is useful to have to single, comprehensive source that compiles and synthesizes state- or community-level information about CHWs and related implementation factors. This could include the extent to which health care and social service providers utilize CHWs, target populations for CHW programs, or funding mechanisms that pay for CHW services. Ideally, this shared collection would help to leverage existing resources and ease the burden of having to develop new resources. This resource can also highlight assets, facilitators, gaps, and barriers.

This slide shows the rationale and key considerations for learning about CHWs. As you can see, the rationale focuses on how this strategy is expected to aid in implementation. Then the key considerations lays out the history, context, and goals behind the strategy.

Potential Actions Steps for
1. Learn about CHWs

Potential Action Steps for Public Health Practitioners

- Review existing CHW literature.
- Use mixed methods approaches to review existing, or conduct a new, state- or local-level surveys or other assessment of: CHWs, health care systems, community members.
- Explore existing local, state, or regional efforts taking place (e.g., coalitions, research), including existing core competencies.
- Document concrete, specific gaps and/or compelling needs that CHWs could assist health care teams to improve their patient outcomes and clinic operations.
- Identify the problem that needs to be addressed within the community/organization, with a focus on how CHWs may help address the problem.
- Map existing gaps or community needs onto CHW competencies.
- Familiarize yourself with your state's laws and/or other policies regarding CHWs (e.g. certification, financing).
- Identify certification and other legislative efforts in other states.
- Communicate with other organizations/sites that have included CHWs in health care teams, systems, and services.
- Contact your state or local public health agencies to learn about tools and resources on including CHWs in health care delivery.

Next are the potential actions steps for public health practitioners to learn about CHWs. As you can see, the bullets on this slide provide tangible, specific tasks related to assessing the CHW landscape, CHW research, and local opportunities to engage CHWs.

Implementation Resources for
1. Learn about CHWs

Implementation Resources

Community assessment: A community assessment is a way of asking community members what they see as the most important needs and strengths of that group or community. It can include informal data collection (e.g., conversations with neighbors) and formal data collection methods (e.g., surveys). Generally, the needs that are prioritized are the ones that the selected approach addresses.

- Chapter 3. Assessing Community Needs and Resources. The Community Tool Box, Center for Community Health and Development, University of Kansas. 2018. Chapter 3 of The Community Toolbox teaches readers methods on how to evaluate community issues, needs, and resources. Section 7, in particular, addresses conducting a Needs Assessment specifically.

Environmental scan: An environmental scan can be used to learn more about ongoing efforts that target similar goals or topic areas. An environmental scan can identify opportunities for supporting or building on these efforts and help avoid duplication.

Association of State and Territorial Health Officials CHW webpage: ASTHO provides technical assistance resources including presentations and issue briefs on working towards statewide CHW training, certification, and financing.

National Academy for State Health Policy CHW Models: NASHP maintains a webpage detailing each state's CHW workforce development approach and legislation, and provides state-specific CHW organization and health agency contacts.

The implementation resources section then provides specific approaches, theories, models, tools, and sources of information that can be used to complete the action steps. This slide provides just a sample of the resources included in the Guide for learning about CHWs. For example, you can see how the resources shown on this slide could help practitioners complete the action steps related to assessing the CHW landscape.

The CHW Checklist is provided at the end of the CHW Guide. On this slide is the 2-page Checklist tool. As you can see, the first section of the first page, circled in blue, addresses the strategy of Learn About CHWs. Overall the Checklist is designed to be a conversation starter, but neither the Guide nor the Checklist address the nuances of incorporating CHWs in the day-to-day activities of a program in a clinical setting. There are additional resources being developed by others for this task.
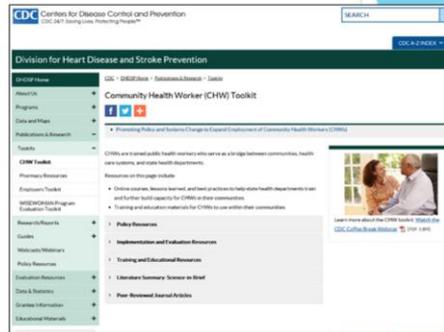
Hopefully at this point you are thinking that the CHW Guide and Checklist could be useful for your work. If you are interested today, you can email me, Colleen Barbero, at vrm5@cdc.gov, and I will add your name to the early distribution list. Also look for an email announcement about this product later this year.
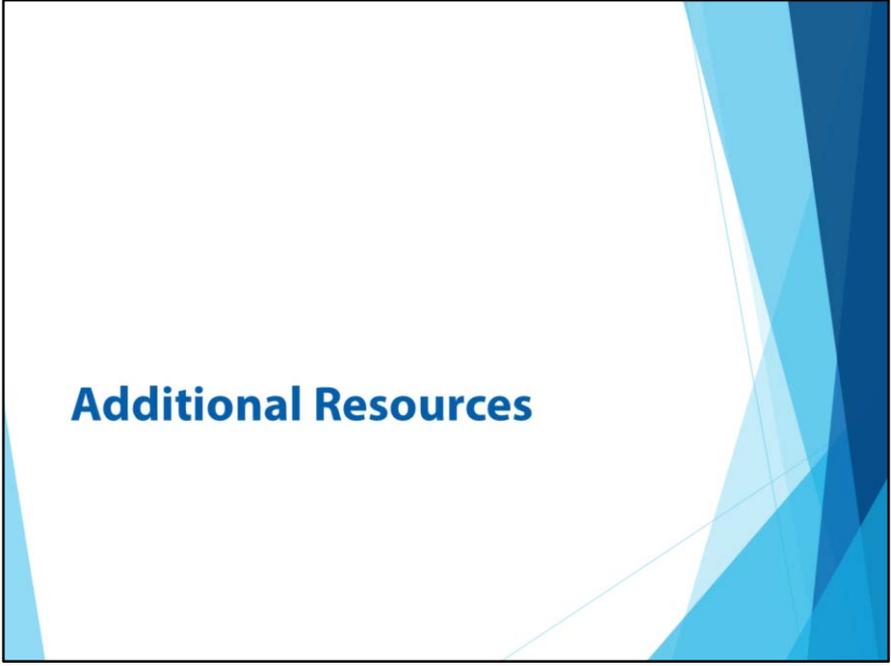
Additional Resources

Lastly, I will provide several additional resources for the work of including CHWs in health care.

This slide provides several places you can go on the web for additional resources on CHW inclusion and integration. The CDC CHW Toolkit webpage is where the CHW Guide and Checklist will be posted. The other websites provide a variety of resources relevant to CHW program and policy planning and implementation. Note that this is just a small sample of the organizational websites included in the CHW Guide. If you are working on related resources and tools that aren't mentioned in the Guide, please let us know.
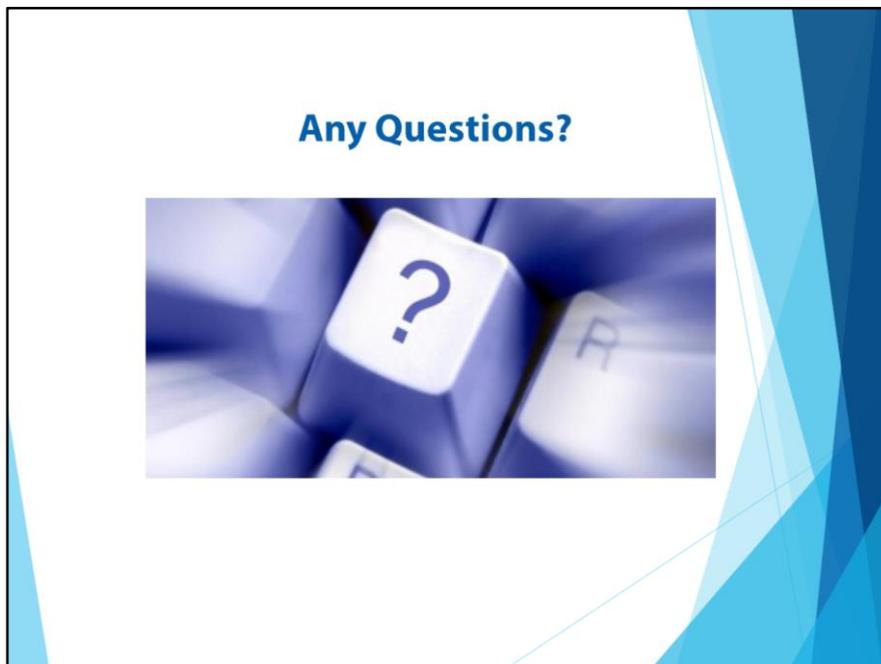
Any Questions?

MODERATOR:

At this time, we'll take an questions but first we'll check to see if any questions have come in through the Q&A box.

If we have questions ask the questions posed by the attendees to the presenter

If we do not have questions, proceed with the script below

Since it appears that we have no questions at this time from the audience, we have some questions that we wanted to ask that might be insightful to our participants.

Questions:

1. Does the tool provide specific ways to engage and involve CHWs?
Yes, within each strategy and its actions steps there are some considerations for how you can engage with CHWs. For example, if you go back to the slide providing potential actions steps for learning about CHWs, there is a suggested step of exploring existing local, state, or regional CHW efforts taking place, for example, identifying existing CHW

coalitions.

2. Does the tool assess organizational readiness for CHW integration?
While the results of checklist will give you a sense of how ready your organization or program may be for implementing a CHW linkage, we don't specify a minimum level of readiness or a required checklist score. Every organization is different so you will have to decide which factors could pose the biggest barriers. You can also use the Checklist to plan for increasing implementation capacity over time. For example, you could plan to set up a data collection system over the course of a year, in preparation to start calculating the return on investment of engaging CHWs in health care interventions.

3. Does the Guide provide evaluation studies or other evidence and examples?
Yes, several of the how-to resources provide examples and evidence. You can always contact us if you are looking for other good examples, for example, of culturally competent evaluation.

Please stay with us for two short evaluation poll questions
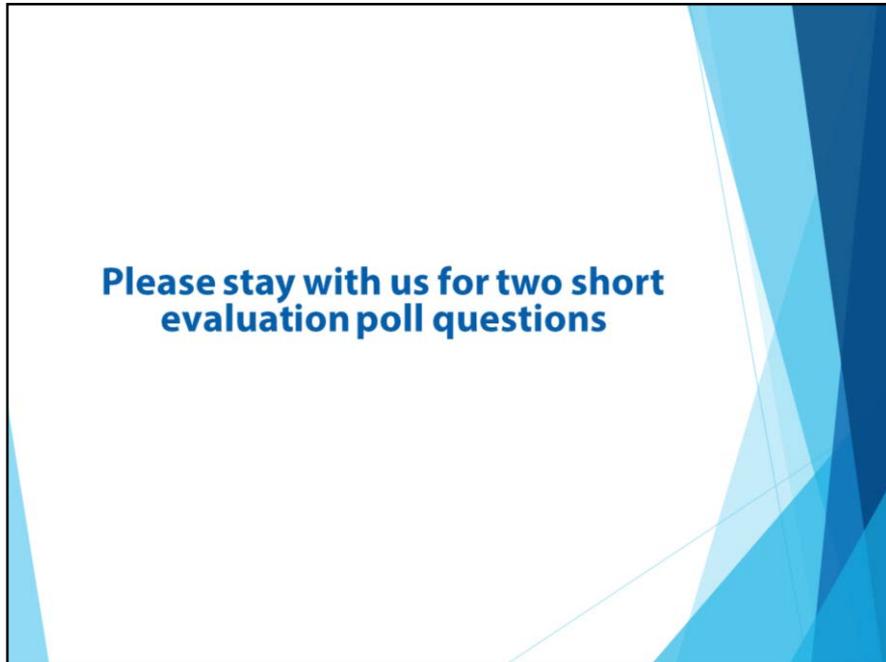
MODERATOR:

Next, please stay with us for two short poll questions.

Please allow a few seconds for the poll to pop up on your screen. We will pause for a few moments after the question is presented to give you time to answer. One moment everyone.

Moderator present poll question. Make sure to read the following after presenting each.

The **[first, second]** question should be showing, it read **[read question and potential answers]**

Please respond with the appropriate answer at this time.

The level of information was
Too basic
About right

Beyond my needs

The information presented was helpful to me.
- Yes.
- Somewhat.
- Not at all.

Reminders!

All sessions are archived and
the slides and script can be accessed at:
https://www.cdc.gov/dhdsp/pubs/webcasts.htm

If you have any questions, comments, or topic
ideas send an email to:

AREBheartinfo@cdc.gov

Thank you for your participation!

As a reminder, all sessions are archived and the slides and script can be accessed at our Division website. Today's slides will be available in 2-3 weeks.

If you have any ideas for future topics or questions, please contact us at the listed email address on this slide.

Next Coffee Break

When: November 13, 2018

Topic: Evaluating Health Equity in CVD Prevention Programs

Presenters:
Jasmin Minaya-Junca and
Ashley Marshall

National Center for Chronic Disease and Health Promotion
Division for Heart Disease and Stroke Prevention

CDC

MODERATOR:

Our next Coffee Break is scheduled for November 13, 2018 and is entitled "Evaluating Health Equity in Cardiovascular Disease Prevention Programs".

Thank you for joining us. Have a terrific day everyone. This concludes today's call.