

# GEORGIA HEALTH POLICY CENTER



## 2019 Georgia Community Health Worker Stakeholder Forum Summary

June 27, 2019



## 2019 Georgia Community Health Worker Stakeholder Forum Summary

The 2019 forum was held on June 19<sup>th</sup> at the Loudermilk Center, with approximately 110 participants registered to attend. The Kaiser Permanente Educational Theater led an opening exercise to kick off the forum.

Chris Parker of the Georgia Health Policy Center welcomed the participants, shared the purpose of the day, and led an introductory exercise for participants to greet each other at their tables.

Kia Toodle, the Chronic Disease Prevention Director welcomed the group on behalf of the Georgia Department of Public Health (DPH). She shared that the Community Health Worker (CHW) initiative is charting a path for Georgia, and that DPH needs the stakeholders' vision, knowledge, expertise, and support to CHW certification and licensure happen in Georgia.

Christine Wiggins, Deputy Director Office of Adolescent, School Health and District Coordination presented "Georgia CHW Initiative: Where We've Been, Where We Are, What's Next". (The presentation is attached as Appendix A) During her presentation, she:

- acknowledged the Advisory Board and Steering Team as being core partners and moving the initiative forward, in addition to the expanding group of core partners, and everyone who assisted with the forum;
- took an inventory of who was in the room by sector and role;
- discussed outcomes of past forums and the work that has been done between each;
- defined each of the three groups (CHW Advisory Board, CHW Network, Government employees) that would break out for further conversation and stakeholder input;
- Next steps – finalizing training programs including a curriculum that can be adapted for all communities throughout the state, pilot a training program w/ Care Coordination Systems, online platform and guidelines for CEUs, and further developing the grandfathering process; and
- asked the group to think about their roles in the process, what is needed to clarify those roles.

The forum participants divided into three breakout groups for further conversation and feedback: the CHW Coalition, facilitated by Berneta Hayes of Georgia Watch; the CHW Network, facilitated by Lisa Renee Holderby-Fox, a community health worker; and government employees, facilitated by Christine Wiggins.

In the CHW Coalition breakout session, participants were asked about the purpose of the group and to name a few short, intermediate, and long-term goals for the coalition. The suggested purpose of the CHW Coalition was to advocate for and to raise the awareness and visibility of CHWs including supporting education and professional development opportunities for CHWs. Surveying the public to understand the awareness and perception of CHWs was named as a short-term goal. Spearheading a social media initiative to increase awareness, and

advocating for reimbursement by Medicaid were included among the intermediate and long-term goals, respectively.

Participants in the CHW Network breakout session were asked to share their thoughts on several questions including: What would be the purpose of a CHW professional network? What would be some the benefits and barriers? Participants shared that a CHW professional network would serve as a support system for CHWs, be a foundation for advocacy and policy creation, and provide unity and collaboration among CHWs. They stated that professional development and the continuity of standards and practices would be some of the benefits of a CHW. Conversely, getting diverse groups on the same page and the diverse state demographics could be barriers to the network.

In the government employees breakout session focused on the different training curriculum tracks, the current status of CHW in the employees' respective areas, and need for CHW services in specific focus areas.

The afternoon session focused on two training programs – Care Coordination Systems, which will be piloted statewide, and the Morehouse School of Medicine High School Community Health Worker training program. Carrie Harnish and Sherry Ohly of Care Coordination Systems gave an overview of Care Coordination Systems and its technology to support CHWs. They also discussed the online, in-person and field training for CHWs and for supervisors, that is based on a national curriculum and meets national CHW Core Consensus (C3) standards.

Arletha Livingston and Christopher Ervin of Morehouse School of Medicine gave an overview of the high school CHW training program, and shared that 55 students have been trained so far and that 23 students will be enrolled in the 2019 cohort. Morehouse School of Medicine is introducing a pilot of the program in rural communities starting in Columbus. The presentations are attached as Appendix B.

Forum participants were asked to give feedback on what they liked and felt was missing from each of the training programs. They were also asked to share their thoughts about the state offering both a clinical and a community training track, and what they perceived to be the differences between the two. Following is some of the feedback from the table discussions:

**What did you like about what you heard about each of the training programs?**

"I like that each of the programs had a future plan and goal. A lot of programs implemented or proposed lack a future plan but each one did. Therefore, I gained hope for the health of Georgia's community."

"I'm excited about professional development and continuing education programs. I also like community-based training opportunities."

"I like how the trainings touched on activity being in the community as well as online. This gives you a chance to learn and put the practice to work. I like that the curriculum will give CHW's a foundation to follow and not just an informal approach."

**What, if anything, do you feel is missing from each training program?**

"One thing we should be considering is how this program would look in Georgia. Are there Georgia-specific barriers or needs to be prepared for?" (for Care Coordination Systems)

"I think training should be more focused on the area of the CHW path. For example, a case manager should receive more specialized training in areas of gerontology, pediatrics, assessments, behaviors, prevention, etc."

"I would like to have more information about working with individuals with intellectual and developmental disabilities and about ongoing coaching, and ensuring fidelity to the model."

**What are your thoughts about Georgia offering two CHW training tracks (clinical and community)? What would be the difference the two tracks?**

"I do not believe that two tracks should be offered. There should be one core CHW training, then offer specialization via continuing education and/or tracks after the core training. A clinical focused training moves the CHW scope away from what it was originally designed for. CHWs are the link, not the clinical piece."

"Having two training tracks allows for in-depth rather than generalized instruction. As long as they are connected or work in tandem, by including courses in both for example, I think it works."

"I think they should be integrated actually to build cultural competency of health care and to get to the health gaps communities experiences. The difference- one is to ensure health literacy and management and the other is helping you in building a supportive environment so you can take care of your health."



Throughout the forum, participants were asked to share feedback about what needs to change as the state pursues licensure for CHWs, what questions they have about the initiative, and what they like about it so far. This feedback will be shared with DPH.

Chris Parker brought the forum to a close by sharing the next steps for the CHW initiative and asking the participants to complete an evaluation of the forum. Evaluation results will be shared upon completion of the survey analysis.

# **Appendix A**

# Georgia 2019 Community Health Worker Forum

Where We've Been, Where We Are, What's Next

Georgia 2019 CHW Forum/ Christine Wiggins, MS, CHES / June 19, 2019



*"Success is only achieved when you know and are honest about where you've been, where you are, and where you are going."*

# What is a Community Health Worker?

A Community Health Worker (CHW) is a frontline health worker who is a trusted member of and/or has a demonstrated working knowledge of the community and individuals served

(Georgia CHW Advisory Board, 2017)

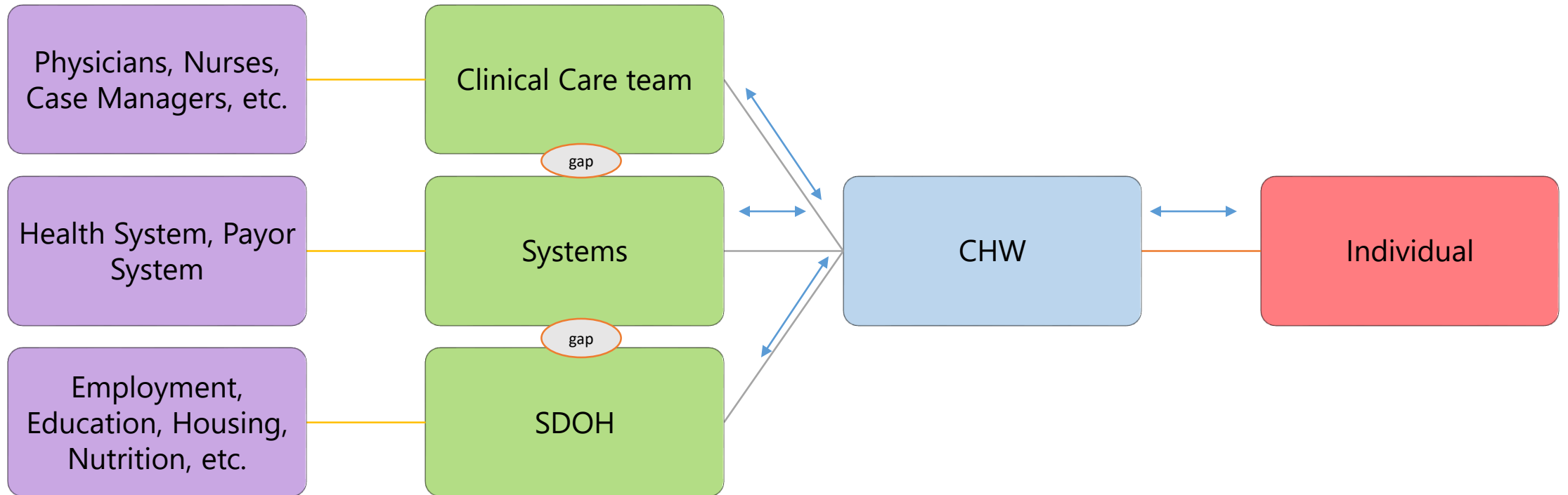


# What is a Community Health Worker (cont.)

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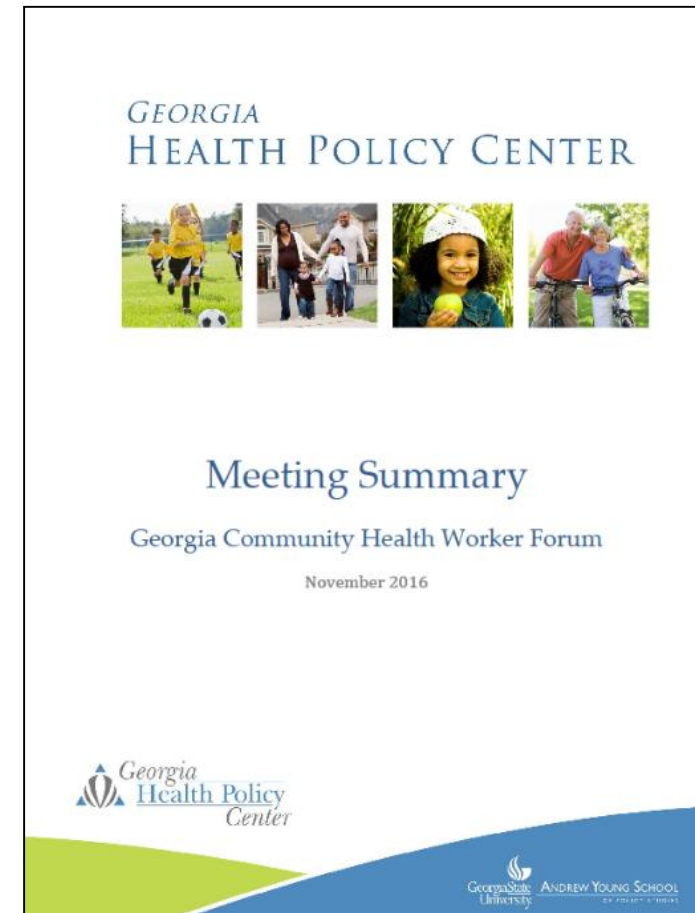
- CHW serve as a resource to promote, maintain and improve individual, family and community health
- CHWs provide person-centered support to individuals and families to help improve access to care, assist with navigating the health care and social service system, advocate for individual, family and community needs and build client capacity to increase health knowledge and self-sufficiency
- CHWs conduct outreach, health screening, community education, individualized health coaching, monitoring and informal counseling

# The Role of a CHW



# How We Got Started- 2016

- Changes in federal payment policy promoting pay for performance rather than value model
- Recognition of the role of CHW models in controlling chronic diseases
- CHW Steering Team began meeting in the summer of 2016
- DPH, Kaiser Permanente, United Way of Atlanta, Morehouse School of Medicine, Grady Health System, ARC, ARCHI
- First CHW Forum- November 2016
  - 130 attendees
  - Presentations on CHW models, discussion of proposed definitions for CHW, baseline training needs





# Progress with the Work- 2017 & 2018

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- CHW webpage on the DPH website (January 2017)
- CHW Advisory Board (July 2017)
- Draft CHW Stakeholder Consensus Report (November 2017)
- CHW Coalition (April 2018)
- Developed and disseminated a survey to capture information about CHWs, CHW supervisors, CHW employers, and CHW training sites (October-December 2018)
- State of Public Health Poster Presentation (October 2018)

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## **DRAFT**

# **Georgia Community Health Worker Consensus Report**

## **November 2017**

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Presented to the November 2017 Community Health Worker Forum Participants  
(Revised March 2018)

# Community Health Workers in Georgia- Bridging the Gap Between Service Providers and the Community

Christine J. Wiggins, MS, CHES<sup>1</sup>, Jean O'Connor, Dr.Ph, JD, FACHE<sup>1</sup>, Kia Toodle, BS<sup>1</sup>, Rebecca Matthew, MPH, MSW, PhD<sup>2</sup>, Alejandra Calva, MSW/MPH Candidate<sup>2</sup>, Pamela Orpinas, MPH, PhD<sup>2</sup>, J. Maria Bermudez, LMFT, PhD<sup>2</sup>, Carolina Darbisi, PhD<sup>2</sup>, Arletha Washington Livingston, PhD, MPH, MBA<sup>3</sup>, Christopher Ervin, MD<sup>3</sup>, Ebony Johnson, MPA<sup>4</sup>, Krystal Billups, MPH<sup>5</sup>

(1) Georgia Department of Public Health, (2) University of Georgia, (3) Morehouse School of Medicine, (4) United Way of Greater Atlanta, (5) Mosaic Group, Inc.

## Background

A Community Health Worker (CHW) is “a front-line health worker who is a trusted member of and/or has a demonstrated working knowledge of the community and individuals served.” They play a vital role in improving the health of a community and they serve as a bridge between individuals and the social determinants of health that affect overall quality of life. CHWs are called by many names such as promotoras, outreach workers, navigators, and health promoters. Since 2016, a statewide conversation has been taking place regarding the need to develop a standardized training and certification program for CHWs in Georgia.

## Methods

Two academic institutions and one community serving organization developed CHW training programs to educate lay individuals, including high school students, on how to advocate and be a resource to improve the health of the communities in which they serve.

## Results

The training programs have equipped a cadre of people to serve as change agents for the communities in which they live, work, learn and play. The CHWs were successful with linking community members to appropriate services, serving as an advocate for the individual and becoming a valuable member of the healthcare team. “Lazos Hispanos/Hispanic Links,” a CHW/Promotoras program seeking to enhance health and well-being within the Athens Latino community, trained nine bicultural promotoras, to provide peer education, resource navigation/referrals, and system-level advocacy.

## Results (Continued)

Since September 2017, the promotoras have completed more than 60 hours of training, led by a multicultural interdisciplinary team. Sessions cover core nationally-recognized competencies for effective CHWs.

The Morehouse School of Medicine High School CHW Program (MSM HSCHW) was created in 2016 through the Atlanta Regional Collaborative for Healthcare Improvement (ARCHI) to address the social determinants of health and improve health outcomes in South Metro Atlanta. Since 2016, MSM has trained 55 high school students, ages 15-18, from nine metro Atlanta high schools. MSM HSCHW training is 184 hours total including two and a half weeks of classroom instruction with core competencies/skills, followed by 2 weeks of field instruction (summer intensive). During the school year, students meet monthly for educational booster sessions to discuss family/community health monitoring activities, and to work on the implementation of their community project.

United Way’s Choose HEALTH program provides CHWs with 70-hours of training during their first year and 35-hours of continuing education each additional year. CHWs receive training on chronic disease self-management (cardiovascular, diabetes and pre-diabetes, obesity). Additionally, CHWs attend monthly workshops, through UWGA’s Case Management Training Academy.



## Results (Continued)

Trainings are evidenced-based, and cover topics related to stress management, working with difficult clients, mental health first aid, HIPAA and more. Additionally, CHWs spend 15-20 hours in the clinic (or FQHC) setting before working with clients in the home.

## Conclusion

CHWs are a vital asset to the communities in which they serve and to the healthcare team. Since a national training and certification program for CHWs does not exist, it is imperative that Georgia establish a core training and certification program. Not only will a standardized program further legitimize a profession that currently exist in the state, but it will also provide CHWs an opportunity to expand their skills and connect with other individuals who serve in a similar

**References:**  
Georgia Health Policy Center, Georgia CHW Advisory Board. (2017). Draft CHW Stakeholder Consensus Report. Georgia Department of Public Health.

### Contact Information

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### Acknowledgement

This effort is being led and supported by the work of DPH, Kaiser Permanente, United Way, Morehouse School of Medicine, Grady Medical System, ARCHI, ARC, Taskforce for Global Health, Mosaic Group, Georgia Health Policy Center, and the Georgia CHW Advisory Board



# What's Happening Now- 2019

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- Hired a CHW Initiative Program Manager at DPH (January 2019)
  - Establishing infrastructure of training and certification program
- National Association of Community Health Workers
  - GA NACHW Ambassador -Adrienne Proeller (March 2019)
- National CHW Unity Conference Poster Presentation (April 2019)
- Recognition for CHW Work across the state (Grady and MSM)
- Abstract accepted for 2019 APHA Conference (November 2019)



# Stakeholder Engagement

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# CHW Advisory Board

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- Advises the Department of Public Health
- Representation from various sectors (health, public health, academia, CBO, CMO, physicians, nursing, CHWs, social workers)
- CHW definition for Georgia
- Developed a draft consensus document that includes recommendations on:
  1. Training
  2. Certification
  3. Payment and reimbursement of CHW services

# CHW Advocacy Coalition

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Purpose: to support the work of the CHW Advisory Board by:

- informing and promoting the role of the CHW in the community (visibility)
- Advocating for CHWs to be recognized as certified health professionals in the state
- Formed in 2018 by CHW Advisory Board Members
- Approximately 50 individuals engaged
- Current projects include:
  - Fact sheets
  - Social media posts
  - CHW Story Collection
- Future plans for CHW Coalition



# CHW Network

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An organized group specifically for CHWs



# What's Next?

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- Finalize criteria for training programs:
  - Roles and core competencies
  - DPH support of training programs
  - \*Spanish curriculum (still in development)
- Pilot a training program
  - 1<sup>st</sup> cohort in Fall 2019
  - 13 CHWs to be trained- application for participation will be disseminated
- Platform and guidelines for continuing education credits
- \*Grandfathering Process (still in development)



# Roles and Competencies of CHWs

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## **Roles of CHW**

- Cultural Mediation among Individuals, Communities, and Health and Social Service Systems
- Providing Culturally Appropriate Health Education and Information
- Support Care Coordination and System Navigation
- Providing Health Coaching and Social Support
- Advocating for Individuals and Communities
- Building Individual and Community Capacity
- Implementing Individual and Community Assessments
- Conducting Outreach

## **Competencies**

- Communication
- Organizational Skills
- Service Coordination
- Health Coaching/Education
- Legal and Ethical Responsibilities
- Advocacy
- Community Engagement
- Cultural Competence
- Special Topics in Public Health
  - Chronic Disease (i.e. Diabetes, Cardiovascular Disease, Cancer, Asthma)
  - Infectious Disease (i.e. HIV, STD, TB)
  - Mental/Behavioral Health (i.e. Drug Abuse/Addiction)
  - Maternal and Child Health (i.e. Women's Health, Perinatal Health, Child Health)

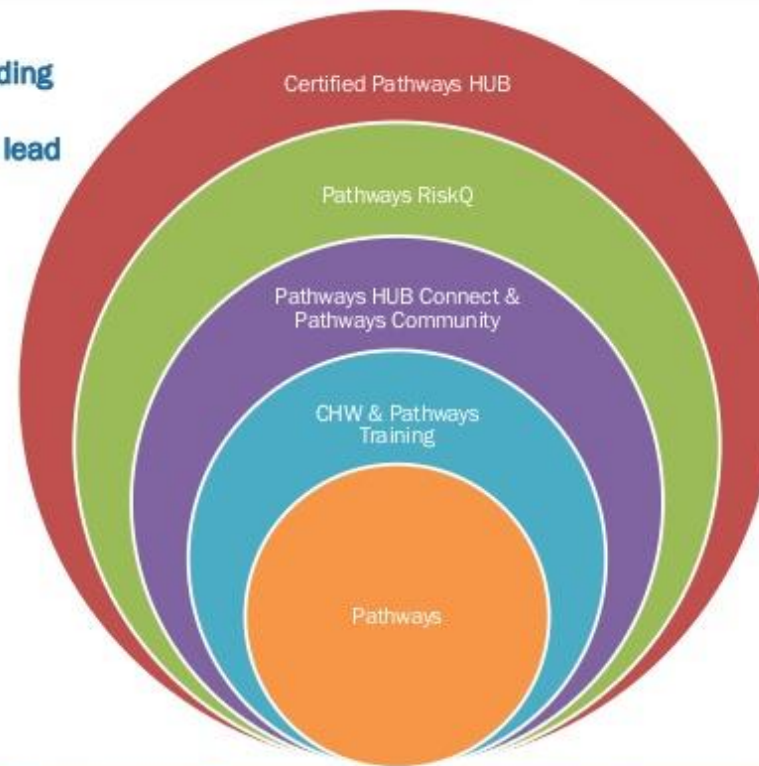
# Care Coordination Systems

## Care Coordination Systems



**CCS provides the Pathways Community HUB solution - including the necessary comprehensive services and systems - that can lead to HUB certification.**

- Pathways
- Training
- Pathways mobile and HIPAA software
- Integrated patient portal
- Customizable systems
- HUB operations advisory
- Risk Scoring and stratification



Leading the Way in Delivering Better Community Health

30

# Continuing Education for CHWs

- The recommendation is that CHWs renew their certificate every 2 years.
- Prior to the renewal date, the CHW will complete 20 hours of continuing education units (CEUs).
- A repository of available training programs will be made available.
- CEUs will cover a broad range of topics
- CHWs will have the option to select from a database of approved CEUs or submit a request to have an activity or event approved as a CEU.

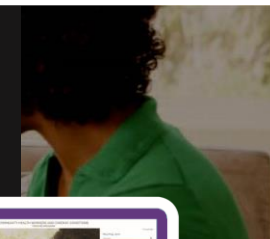
## MCD Public Health's CHW Online Training Program



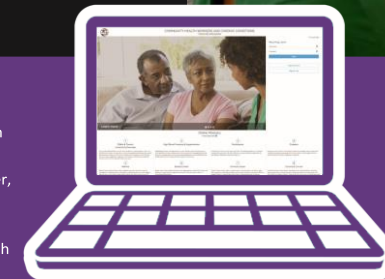
Training module topics include:

New modules coming soon:

The Georgia Department of Public Health is pleased to announce a training opportunity for community health workers on chronic diseases. The training modules, developed by MCD Public Health CHW Online Training include topics such as Chronic Conditions Overview, Hypertension, Prediabetes, Diabetes, Asthma, Breast Cancer, Cervical Cancer, and Colorectal Cancer. The registration fee is currently waived for the first 200 Georgia-based users who enroll, courtesy of the GADPH.



MCD Public Health's CHW Online Training Program is intended for community health workers and other individuals who assist clients in the prevention, management, and self-management of chronic conditions, such as cancer, high blood pressure, prediabetes, diabetes, and asthma. This program complements CHW core competency training by providing individuals with added education, skill building and access to resources.



- CHWs and Chronic Conditions Overview
- Breast Cancer
- Cervical Cancer
- Colorectal Cancer
- High Blood Pressure and Hypertension
- Prediabetes
- Diabetes
- Asthma
- Breast Cancer (En Español)
- Cervical Cancer (En Español)
- Colorectal Cancer (En Español)

For more information or to register for MCD Public Health's CHW Online Training Program please visit [www.chwtraining.mcdph.org](http://www.chwtraining.mcdph.org).

Online training portal designed and managed by MCD Public Health, [www.mcdph.org](http://www.mcdph.org)



# Do You Know Your Role?

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# Conclusion

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- The CHW Initiative is focusing on long-term growth and stability of the CHW profession and workforce
- The intent is not to create barriers to join the CHW workforce
- The role of the CHW is not meant to replace or impede the work of other community health or clinical professionals

Questions?

# Contact Us For More Information

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## **Appendix B**



# Care Coordination Systems

CHW Training & Community HUB

June 19, 2019



# **Your Goal: Building Better Community Health in Georgia with Trained, Professional CHWs**



# Agenda

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Introductions & Who is CCS?

Problem Solving

Training Curriculum

Putting it all Together

Next Steps



# Community Solutions Provided by Care Coordination Systems

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## HealthBridge

**www.HealthBridge.care** generates referrals with results and connects your clients and providers with the most comprehensive inventory of local community-based support programs your clients need now, be it food, housing, medications, transportation, legal assistance...resources your clients need to get and stay healthy.

## Community Health Record™

Care coordination documentation with advanced features for sustainability including invoicing and reimbursement, risk scoring, and real-time reporting.

## Training

- Community Health Workers (CHWs)
- CHW Supervisors
- Community HUB Operations

## Multiple Care Models

- Pathways Community HUB
- Health Homes
- Health Engagement Team
- Chronic Care Management

## Focused Initiatives

- Substance Use
- Chronic Disease
- Maternal Health
- Infant Mortality
- Behavioral Health
- Prisoner Re-entry



# CHWs Need Robust Solutions

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- Professional training
- Organized and up-to-date resources
- Easy care planning and documentation of all the work they do to demonstrate success and return on investment
- Faster, on-going reimbursement for their work





# Your Goals for Sustainability

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Current Goal — establish standardized curriculum pilot in FY 2020

## Future Goals

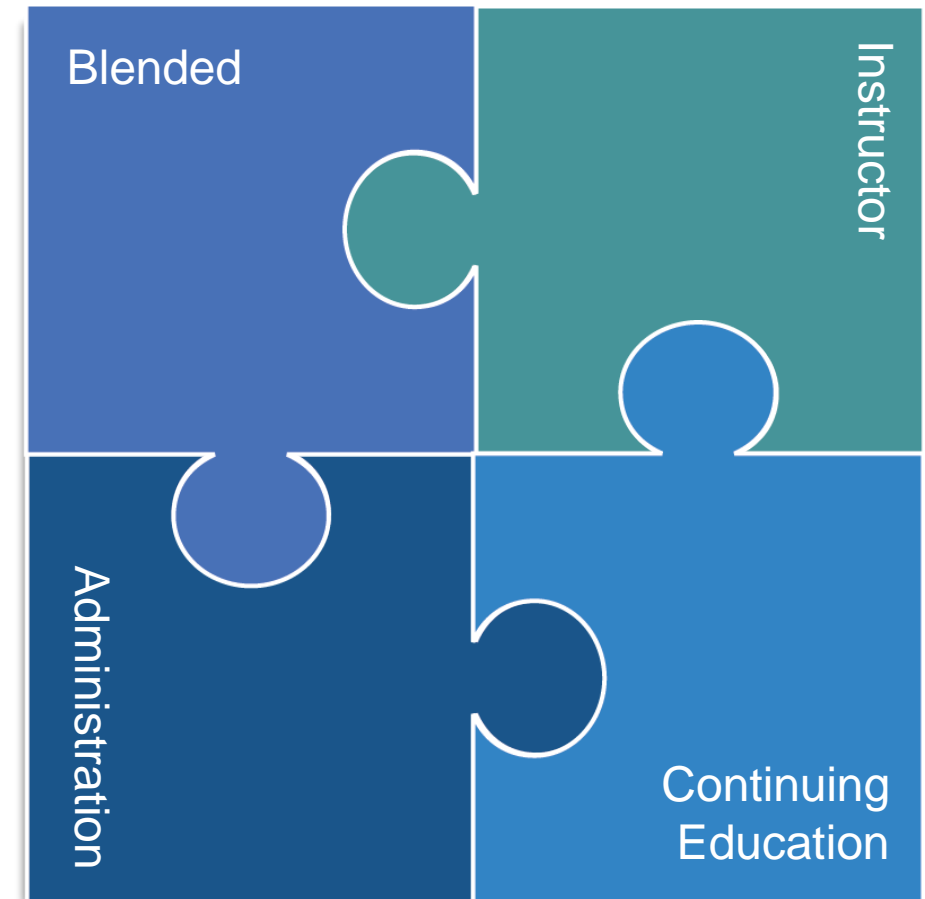
- Certification
- Reimbursement
- Sustainability



# Fulfilling Your Current Needs With Integrated Training

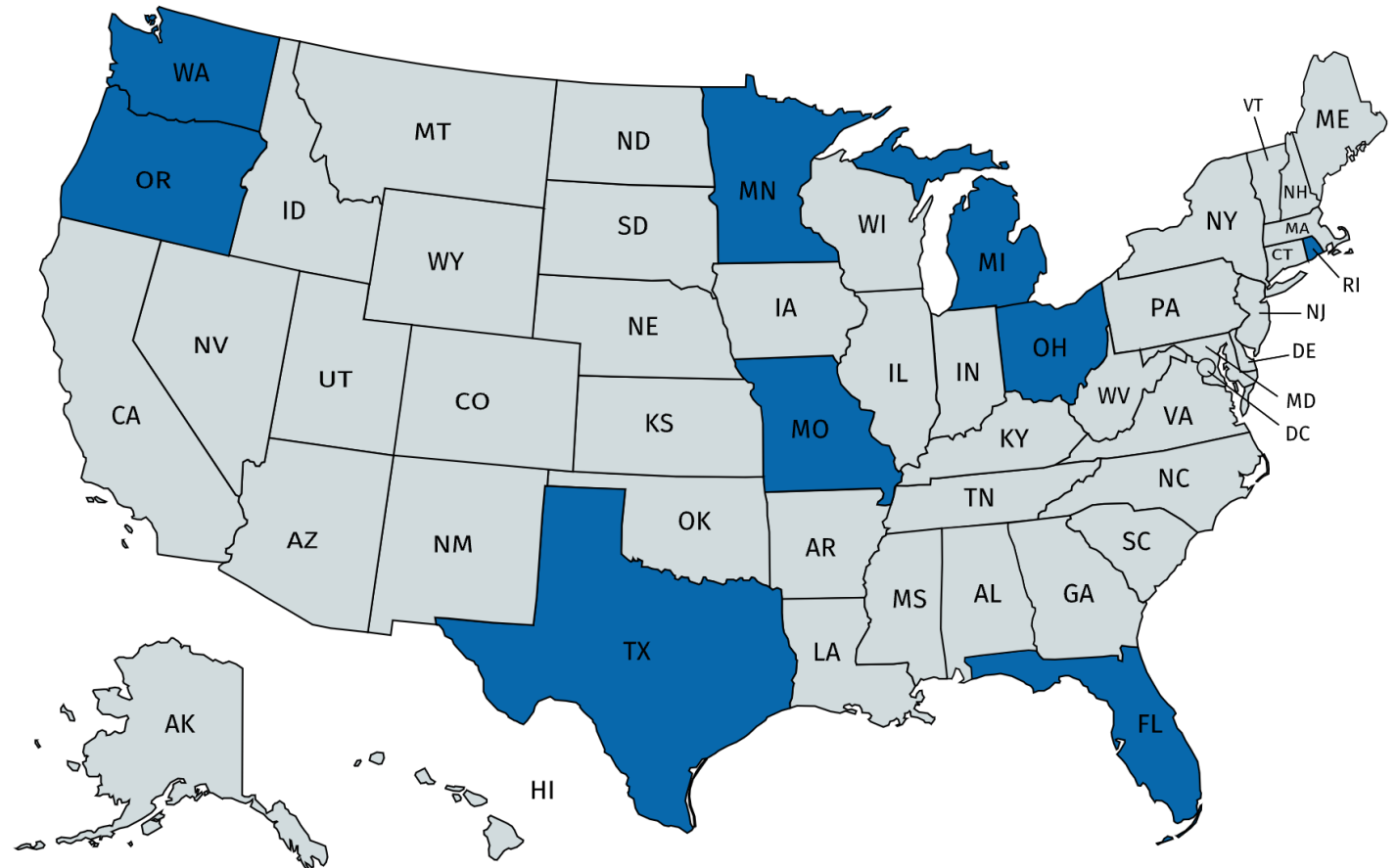
As your training partner, CCS offers:

1. Blended Training (in-person and online)
  - CHW Training that meets national standards
  - CHW Supervisor Training
2. CHW Instructor Training (build state-wide capacity)
3. Training administration
  - Record keeping and documentation of trainings
  - Demonstrate that course requirements are met
4. Continuing Education



# Your Curriculum Will Meet National Standards

- Meets National Community Health Worker Core Consensus (C3) Standards
- Additionally mapped to CHW standards in 9 States
  1. Rhode Island
  2. Florida
  3. Michigan
  4. Missouri
  5. Ohio
  6. Texas
  7. Washington
  8. Oregon
  9. Minnesota



<https://nashp.org/state-community-health-worker-models/>



# Comprehensive Curriculum

**Community Care Coordination** – Ten days of classroom instruction and group activities to build competency as a CHW covering the role of a CHW, communication, establishing trust, assessment, referrals, and coaching. We also train to work within the healthcare system as a team member and include structure, basic acronyms, insurance, and HIPAA information. Data collection and documentation in the software is integrated throughout.

**Online E-Lessons** – Covers the human life span with a focus on physical, cognitive, mental & social development from a CHW perspective.

**Community-Based Practice** – A minimum of 130 hours over 6 weeks in the field at the trainee's agency to enhance care coordination experience.

# Community Care Coordination

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- Demonstrating professional CHW skills and coordinating care
- CHW self-care
- Addressing key health issues while addressing the root causes of poor health
- Documentation and use of electronic Community Health Record (CHR)





# Modules for Demonstrating Professional CHW Skills:

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- Pathways HUB Model
- Understanding how the combination of root causes, social determinants of health, health care, and health equity impact individual health
- The role of a CHW Care Coordinator
- Recognizing culture, code switching, communication and establishing trust
- Screening/assessment
- Prioritizing and referrals
- Coaching, feedback, motivating & empowering
- CHWs as care team members
- Working within the system – communication, bias, sources of help, acronyms, insurance, HIPAA



# CHW Self-Care

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- Self-monitoring
- Boundaries
- Advocacy
- Staying safe & home visiting
- Organization, time management, & priorities
- C3, CHW networks
- CHW certification





## Modules for Addressing Key Health Issues:

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- Health literacy
- Behavioral health
- Substance abuse
- Trauma informed care
- Individual and community health for people with or at risk for chronic conditions
- Healthy behaviors and lifestyles
- Injury and violence prevention
- Health equity



# Community Health Record

- Care Plans
- System to address and prioritize identified needs
- Dynamic
- Integrated
- Functional across provider types
- Documented outcomes
- Useful as a supervisory tool
- Workload management
- Sustainability





# Assessments Leading to CHW Certificates

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- Software Activity
- Pair/Share Activity
- Elevator Pitch
- Role Play
- Case Situations
- Self-Assessments
- Action Plans
- Instructor Assessments
- Supervisor Assessments



# Georgia's March to the Future

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Certification



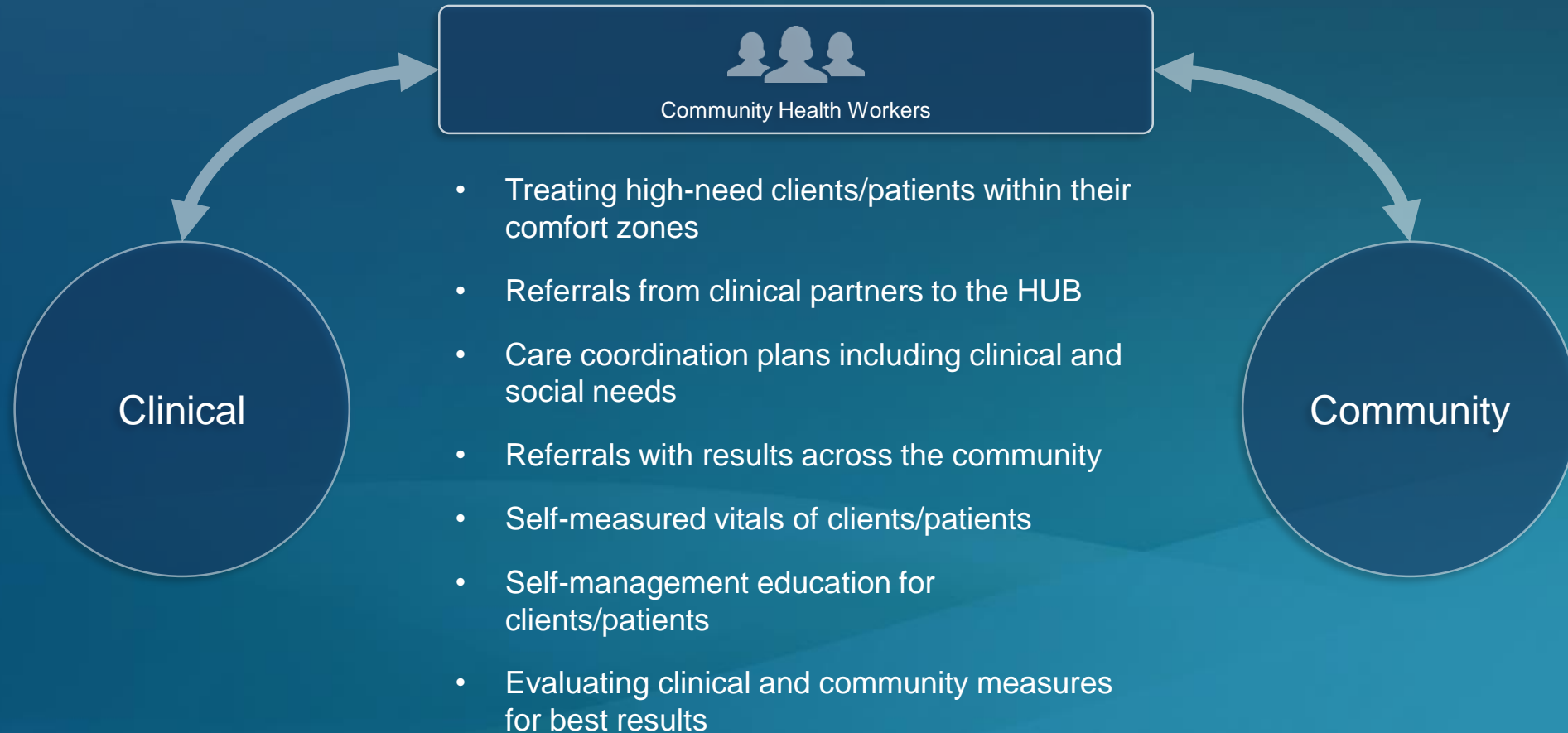
Reimbursement



Sustainability



# Creating Clinical-Community Linkages Producing Better Health



# Creating Community-Clinical Linkages Producing Better Health



Community Health Record<sup>tm</sup>  
Gathering real-time SDOH  
and managing the HUB  
efficiently

## HealthBridge.care<sup>tm</sup>

- Community and Clinical referrals
- Referrals with results and tracking
- Community-sourced and engaged
- Connectivity to EHRs and 211

## Community HUB

- Community-owned
- Collaborative
- Sustainable
- Evidence-based care models
- Community-based Care Coordination

## Professional Development

- Training for CHWs
- Training for Supervisors of CHWs
- Training for HUB Staff
- Training for Clinical Care Teams
- Instructor Training



# As Your HUB Facilitator, CCS Additionally Offers:

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1. Discovery and Advisory to build a *Pathways Community HUB* Program
2. Advanced reporting features within the Care Coordination Systems' *Community Health Record* software to organize the chaos and document your successes with in-depth reporting
3. *HealthBridge* community engagement component which creates a bi-directional feedback process that completes the referral loop and provides outcomes information to clinics with real-time results of community-based referrals
4. A braided funding mechanism including an invoicing component to create faster, on-going funding streams for CHW work that bills insurance companies, state health depts, foundations, and health systems
5. CHW Supervisor Training



Certification



Reimbursement



Sustainability

A young child with dark hair, wearing a light-colored t-shirt and red shorts, is walking through a water fountain at a playground. The child is looking down and smiling slightly. In the background, other children and adults are visible, some standing and some walking, all enjoying the water. The scene is bright and sunny, with water splashing around the child.

# Building better health with community-based care coordination





# Thank You!

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# Bridge Builders to Health Equity: High School Community Health Worker Training Program

**GaDPH Community Health Worker Forum  
June 19, 2019**

*Presented by: Arletha W. Livingston, PhD, MPH, MBA  
Director, Innovation Learning Laboratory for Population Health*

*Christopher Ervin, MD  
Program Manager, Community Engagement*



# Presenter Disclosures

**Arletha Williams-Livingston**  
**Christopher Ervin**

**(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

**NO PERSONAL FINANCIAL RELATIONSHIPS**

Program Funders Include:

GA Department of Public Health

Fulton-Dekalb Hospital Authority

United Health Foundation

Atlanta Regional Collaboration for Health Improvement

The United Way

WellCare

Piedmont Health Care

Grady Health System



# Agenda

- Innovation Learning Laboratory for Population Health
- Patient-Centered Medical Home & Neighborhood
- Overview of the High School Community Health Worker Training Program
- Scale, Replication & Sustainability





# Bridge Builders to Health Equity: High School Community Health Worker Training Program





# Background High School Community Health Worker Training Program

## Program Overview

- American Public Health Association, definition of Community Health Workers
- MSM has trained Community Health Workers/ promotores/ lay navigators for more than 15 years. The initial MSM training curriculum was developed in collaboration with the American Cancer Society/Southeast region and the Georgia Department of Public Health.
- To date, MSM has trained more than 350 CHWs to work in a variety of settings (community, clinics, academia, etc.) and in many healthcare areas, e.g., diabetes, cancer control, reducing Emergency Room visits from “frequent flyers”, and increasing the number of children and adults with insurance.



**During the summers of 2016, 2017 & 2018, 55 High school students from 11 metro-Atlanta high Schools have been trained as High School Community Health workers through this new program. Students are ages 15-18, rising sophomores-recent High School graduates.**

**This is the 1st HSCHW training program in the country to be implemented!**

# High School Community Health Worker Training Program

## The program objectives are:

1. to increase the number of trained student community health workers to assist with community health programs in underserved communities
2. to provide a health careers pipeline program and mentorship for underserved students
3. to support and promote the Community Health Worker field
4. to promote health education and health literacy in schools and community
5. to assist, trained, High School CHWs with the design and implementation of school-based and community-based health initiatives, and
6. to train students to conduct both family and community health monitoring, serving as the "chief medical officers" for the persons they interact with on a regular basis.



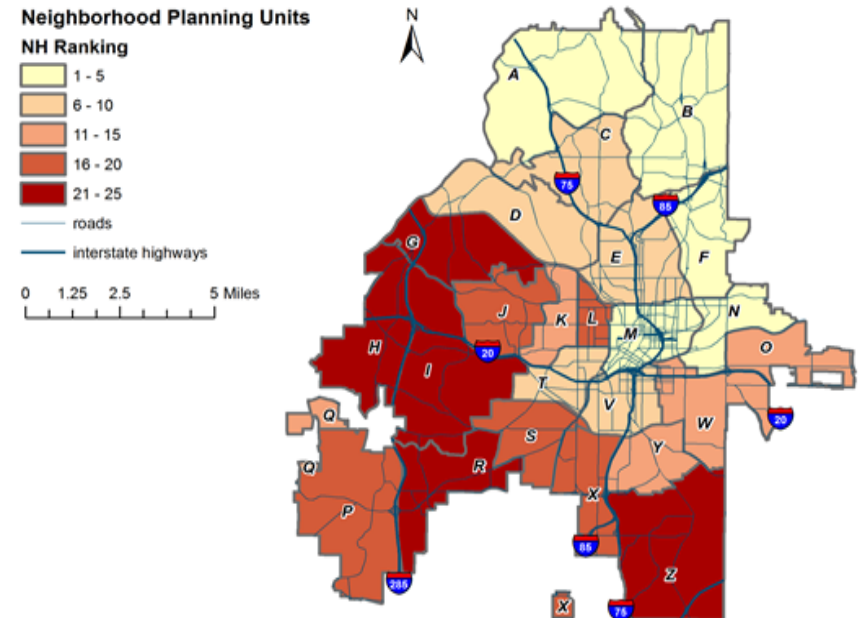


# MSM MPH Student Participation



# Current Target Population

- The student participants, family & community residents are all from underserved populations. In 2016, the state of Georgia ranked 41<sup>st</sup> in America's Health Rankings provided by the United Health Foundation. Our target community is in Fulton County which is the most populous county in Georgia according to the 2010 US census. The **community served** by the program is zip code 30344 and surrounding areas demarcated by zip codes 30331, 30318, 30311, 30349, 30315, 30354, and 30310 as well as surrounding designated Neighborhood Planning Units (NPU) Z, X, S & R in the City of Atlanta. <https://www.americashealthrankings.org/>
- The target audience for the HSCHW program is rising 10<sup>th</sup> – 12<sup>th</sup> grade students & recent graduates of 11 Southwest Fulton High Schools and now all Metro-area High Schools.
- Rural & international programs



## RECRUITMENT

Applications are open beginning January 15th of each year. Outreach to local schools and communities is on-going; however, during January-March, outreach events are planned at specific schools, communities, events. Participants are selected through a community-based review panel in April and participants are notified of their acceptance by May 1st.

## OUTREACH

Students are recruited through existing school/community networks and partnerships. The ARCHI Tri-cities steering committee members visit school and community contacts and distribute flyers encouraging students to apply. Students complete applications through a google docs form and fax in transcripts through a secure fax line.

## PARTICIPANT SELECTION

A selection rubric was developed and the selection committee reviewed student applications, essays, commitment to community health, transcripts and teacher recommendation using the rubric. Priority was given to recent graduates and rising seniors. Student applicants were ranked by score.

Cohort 1: 17 students applied, 13 accepted.

Cohort 2: 54 students applied, 20 accepted (plus 6 peer mentors).

Cohort 3: 36 students applied, 30 accepted

Cohort 4: 52 applied, 23 accepted

# HSCHW Program Components

## Recruitment & Outreach

- Underserved Communities
- School and Community Outreach Activities
- Strategic Partnerships

## Summer Intensive Training

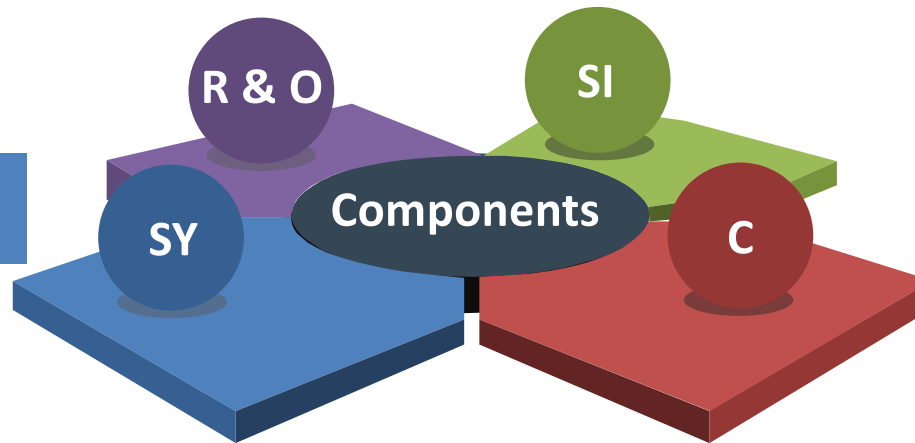
- Classroom Instruction
- Core Competencies
- Skills-based learning
- Field Instruction

## School Year Program & Beyond

- Family & Community Health Monitoring
- Community/School-based Health Projects
- Continuing Education
- Mentoring & Career Exploration
- Continued community project engagement
- Peer Mentors

## Strategic Community Partnerships

- Program support
- Funding
- Outreach
- Evaluation
- Stakeholders Meeting
- Curriculum Review Session





# Summer Intensive Training

-Upon acceptance, students have access to the first 3 training modules in Canvas and are expected to complete those by orientation day.

-The MSM HS Community Health Worker Training is 200 hours total: 4.5 weeks (161 hours) of classroom instruction with core competencies/skills, followed by 1 week of field instruction (Summer intensive) and 40 additional hours of continuing education (school year). The summer intensive training is held every weekday 8:30am-4:30pm Late June - early August

-Student, Family & Community Orientation, Peer Mentor Training



# HS CHW Training Core Competencies

## Introduction to Community Health Work

- **The Role of the CHW** includes discussion of the CHW in Health Promotion, the Healthcare Continuum.
- **Organizational Skills** include the ability to set goals, to develop an action plan, and to manage time wisely.
- **Capacity Building Skills** include empowerment skills and leadership skills.
- **Leadership Skills** include the ability to set and achieve goals, the ability to motivate others, and the ability to delegate. Some characteristics include honesty, creativity, and courage.
- **Self-care skills** include managing stress, health, and personal life balance.

## Communications & Ethics

- **Communication Skills** in including the ability to listen and speak the language of the community being served, motivational interviewing.
- **Interpersonal Skills** include friendliness, counseling, and relationships skills.
- **Teaching Skills** include the ability to share information one-on-one and the ability to conduct a class or presentation.
- **Ethical Considerations** include issues in privacy, confidentiality, and Health Insurance Portability and Accountability Act (HIPAA) and related regulations.

## Health & Health Disparities

- **Health Knowledge Skills** include concepts in health and healing, disparities, specific disease areas, behavioral/mental health interventions to care and knowledge of health and social service systems.
- **Cultural Competency skills** include the respect, knowledge of and sensitivity to behaviors and knowledge of all populations.
- **Advocacy Skills** include the ability to overcome barriers and the ability to speak up for communities and to withstand intimidation.

## Care Management & Coordination

- **Care Management skills** include vital signs, blood pressure measurement, diabetes interactions, basic CPR certification, conducting home visits, HIPAA certificate, data technology, all forms/protocol, etc.
- **Service coordination Skills** include the ability to identify and access resources, the ability to coordinate patient care, and the ability to make referrals. (includes patient insurance navigation)
- **Data management skills** include citi certificate, electronic health records, data collection, data entry, the use of mobile devices, and data analytics.

## Community Engagement & Supports

- **Community engagement skills** include community history, community culture, coalition-building, community organizing and working with Community advisory boards.
- **Community support skills** include linkages to community services and supports.
- **Community safety skills** include personal safety, safety protocols.
- Monthly activities/continuing ED
- Community Projects

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# Curriculum Overview





# Family & Community Health Monitoring

- Monitoring Objectives:

- Each trained student visits 5 family/community members (+ themselves) monthly
  - Conducts monitoring, measuring, connecting, encouraging, problem-solving and reporting activities
- HS CHWs assist family members with adherence to primary care physicians plan of care
- HS CHW provides health literacy information to family members
- HS CHW encourages health improvement for all participants

- Student Learning Objectives:

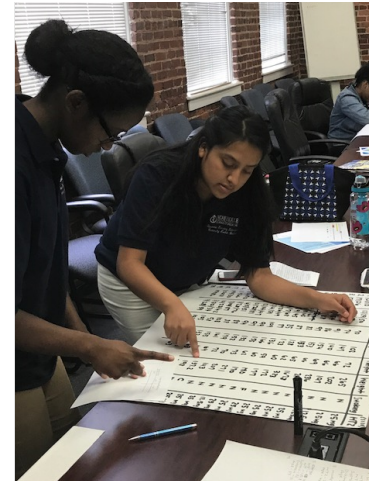
By the end of the summer training and year-long program, students will learn:

- Data management skills, case management skills, compliance
- Scientific method, scientific approach to care coordination
- Qualitative & quantitative data collection and analysis
- How to analyze de-identified data sets from current Morehouse Healthcare patients
- Epi-Info software/data entry
- Motivational interviewing
- How to take and understand vital signs
- How to understand weight, blood pressure, LDL, total cholesterol, A1C and peak flow readings



# Student-Led Community Health Projects

- During the summer training, students work in groups to brainstorm and develop a community and/or school-based health project to be implemented during the school year in conjunction with local Community Based Organizations (CBOs) and school partners.
- Collaborative Planning Session in October with ARCHI Team, CBOs/Community members
- During the quarterly in-person sessions, students receive training in Human-centered Design Principles (IDEO.com). "Human-centered design is a creative approach to problem solving and the backbone of our work at IDEO.org. It's a process that starts with the people you're designing for and ends with new solutions that are tailor made to suit their needs." The student groups are guided through the Inspiration, Ideation and Implementation phases as well as sustainability planning.
- The students are supported through the project implementation and are assisted with report writing. The student community projects are implemented with kick-offs scheduled for the late winter/ early spring (Feb-April).



**Data**

④ The Palace: Mean: 100, Standard Dev: 10, Range: 80-120  
 ⑤ The Palace: Mean: 100, Standard Dev: 10, Range: 80-120

Mean	HT	WT	SBP	DBP	Chol
66.25	175.4	49	120	77.04	
Median	65.5	165	55	117.5	77.5
Mode	65.45	155	52	115.2	63.5
Range	15	160	41	62	65
STD Dev	5.44	9.2	13	15.53	14.9

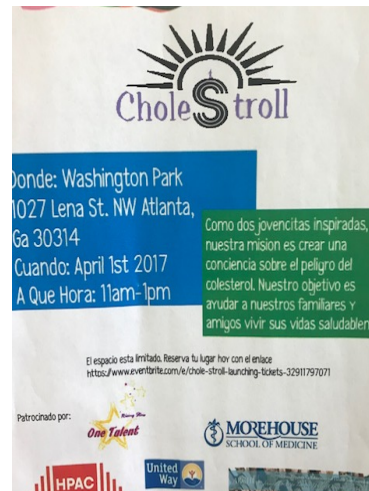
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⑧ The Palace: Mean: 100, Standard Dev: 10, Range: 80-120

⑨ The Palace: Mean: 100, Standard Dev: 10, Range: 80-120

⑩ The Palace: Mean: 100, Standard Dev: 10, Range: 80-120





# Continuing Education

## Students meet in-person monthly

### August – October

- Project **Inspiration** Phase: Discuss project ideas. Learn how to design a project.
- Link with ARCHI Mentor(s). Link with CBO. Collaborative Planning session
- Troubleshoot monitoring activities
- Hypertension deep dive. Learn to monitor BP using new blood pressure monitors

### November- January

- Meet with ARCHI mentor/ CBO, conduct research, build business canvas (**Ideation** Phase).
- Holiday party – Plant-based Diet Cooking Demonstration
- Discuss inspiration/ideation phases, Prepare for Implementation phase
- Deep dive high cholesterol, Learn healthy cooking and meal planning
- Discuss monthly monitoring data

### February- April

- Interim: begin **implementation** phase, pilot testing, gather feedback
- Debrief pilot, discuss best practices/challenges, discuss evaluation
- Deep dive diabetes control, learn exercise planning
- Continue implementation, collect evaluation data
- Discuss monthly monitoring data

### May

- Discuss reporting data and sustainability
- Discuss barriers to compliance, practice motivational interviewing. Revisit meditation techniques
- Discuss monitoring outcome data
- Peer trainers selected
- Plans for continued mentoring & participation
- End of year party



# The HS CHW Certification Program Includes:

- Instruction & materials
  - Classroom & field training
  - Continuing education (Monthly & quarterly)
  - 3 CHW textbooks, Info binder, access to Learning Management System (Canvas)
- Equipment
  - An Ipad, Blood Pressure monitoring equipment, a portable scale,
- 2 Polo Shirts, Book bag
- Marta Cards (transportation), training stipend, quarterly participation stipend
- CPR certification, competency exam
- Job training & placement assistance (for HS Graduates)
- On-going community/school projects
- CHW training completion certificate



# Outcome Metrics

## Student Learning outcomes

- Overall-The student learning outcomes are undergirded by the overall program objectives: improving healthy behaviors in under-resourced communities in the south metro Atlanta area, fostering care coordination for those family and community members with chronic disease, and serving as an entry point for students who have an interest in the health careers
- Short-term - daily attendance, student daily writing reflections, observations of student learning, training satisfaction surveys, demonstrations/utilization of skills in experiential activities. The core competencies provide a framework for classroom and field instruction; however, students must be able to demonstrate the skills associated with the core competencies.
- Long term outcomes are evaluated via the school-year program, which includes community health project implementation, family monitoring activities, continued student involvement with the program as peer mentors, and student employment/entrance to college beyond the program. The ability to monitor family members using technology and guiding family members in health plan and reporting data; honing skills, receive guidance with barriers along the way; helping them be more comfortable while continuing to apply their skills are all important aspects of building student confidence. Similar to an internship, this program allows students to develop skills that they can continue to apply beyond the program, setting them up for whatever they desire to do beyond High School
- <https://www.youtube.com/watch?v=cT6DaeZjxcA&feature=youtu.be>

## Overall Program Outcomes

- # of students trained
- # of community projects developed/implemented
- #Community partnerships
- # of individuals that receive monthly health monitoring



# Scale, Replication and Sustainability

## Program expansion- 5 year plan

- **Urban Atlanta**
  - Increase the number of students trained - and by the end of year 5, we will have trained 323 Urban High School community health workers.
- **Rural Georgia**
  - Trained 4 students Spring 2019, Train 5 HS CHWs per year, so that at the end of year 5, we will have 60 trained rural HS CHWs
- **International (Africa) Partnerships in Ghana & Tanzania**
  - Summer 2019 feasibility study trips
  - Training 50 in each country (100 total per year)
- **Online curriculum, Training & TA**
  - Allow for swift replication of the program by interested entities. The online curriculum is completed and is available for public.
  - The sales from the online curriculum and training and technical assistance will be funneled back into the training program for program sustainability
    - Schools/institutions: can purchase a site license to use the curriculum, a site license comes with a facilitator's guide, training, technical assistance

**Currently, there are approximately 1.5 Million High School students attending public school in the United States alone.**

**Every High School student should be trained to monitor their own health, the health of their Families and provide health programming & health literacy support to their communities.**



# Q & A



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