



Effectively Partnering to Sustain Community Health Workers in Community Health Centers

October 08, 2024



THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.






NATIONAL TTA NEEDS ASSESSMENT

The National Health Center Training Needs Assessment is open to all health center employees to let NACHC and trusted training partners (including PCAs, HCCNs and NTTAPs) know immediate and future training needs of all health center staff, across role or position.

The assessment is available in English and Spanish and take 15-30 minutes to complete.

NACHC points of contact: Lacie Emmerich, Manager, Needs Assessment and Program Evaluation, LEmmerich@nachc.org
Gina Capra, Chief Education Officer, GCapra@nachc.org




SHARE YOUR VOICE

Complete the 2024 National Health Center Training and Technical Assistance (T/TA) Needs Assessment

Help us understand YOUR:

- Health Center Role + Location
- Specific T/TA Needs
- Preferred Way to Receive Training
- Priority T/TA Opportunities...and More!



Please take a few moments to provide your ideas for health center training and technical assistance needs to the 22 HRSA National Training and Technical Assistance Partners (NTTAPs) by scanning the QR code to complete the needs assessment.

This assessment is available in English and Spanish.
Esta evaluación está disponible en inglés y español.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$6,625,000 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

Vision

For ALL Health Centers to be the:



Employer of Choice

1



Partner of Choice

3

2

Provider of Choice



NACHC's STRATEGIC PILLARS

1



Equity and Social Justice

Center everything we do in a renewed commitment to equity and social justice

2



Empowered Infrastructure

Strengthen and reinforce the infrastructure for leading and coordinating the Community Health Center Movement, notably consumer boards and NACHC itself

3



Skilled and Mission-driven Workforce

Develop a highly skilled, adaptive, and mission-driven workforce reflecting the communities served

4



Reliable and Sustainable Funding

Secure reliable and sustainable funding to meet increasing demands for Community Health Center services

5



Improved Care Models

Update and improve care models to meet the evolving needs of the communities served

6

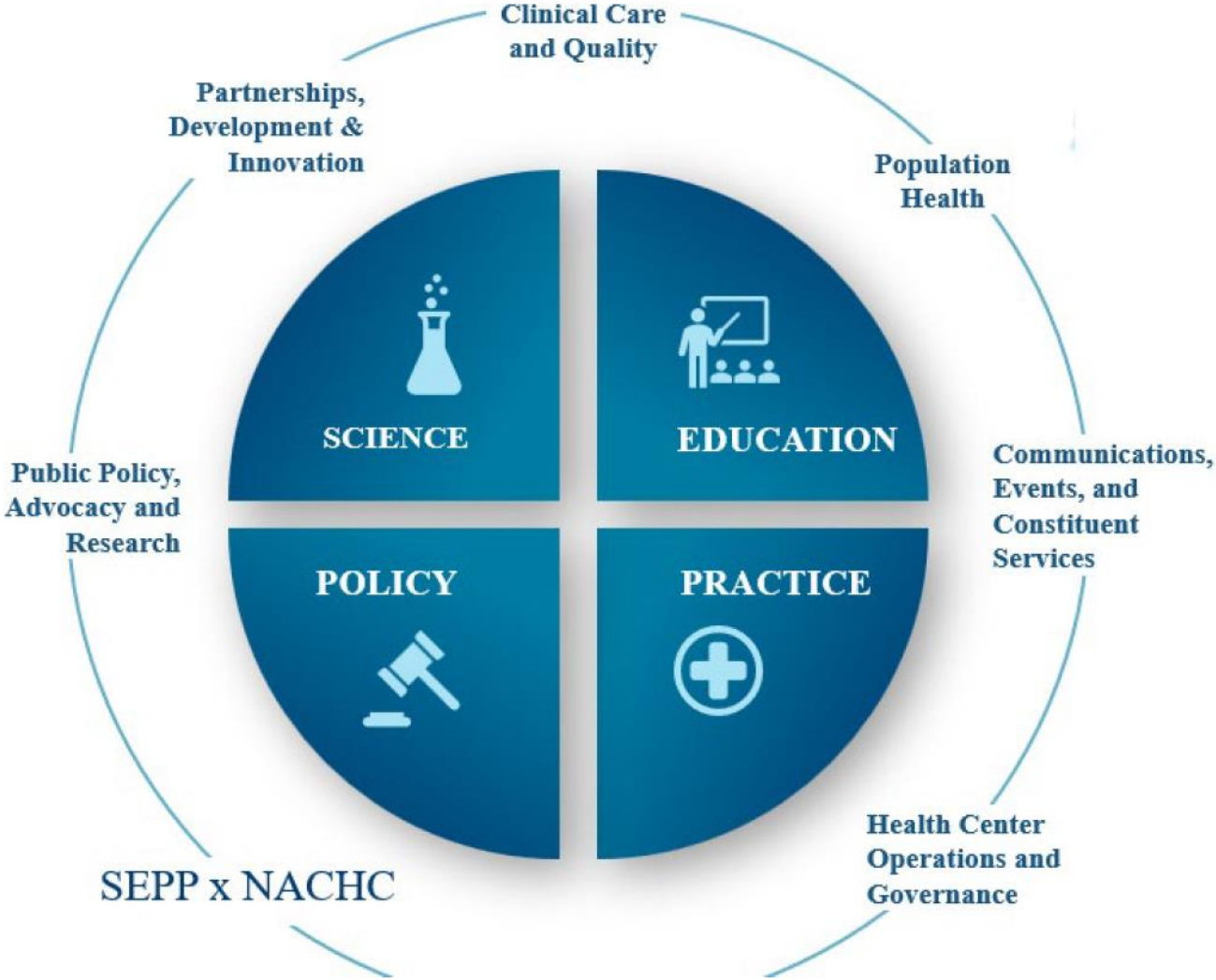


Supportive Partnerships

Cultivate new and strengthen existing mutually beneficial partnerships to advance the shared mission of improving community health

To learn more about NACHC's Strategic Pillars visit <https://www.nachc.org/about/about-nachc/>

NACHC STRATEGY via Science, Education, Practice, and Policy (SEPP)



**NACHC Believes . . .
that Community
Health Centers are
the best, most
innovative, most
diverse, and most
resilient part of
our health system.**

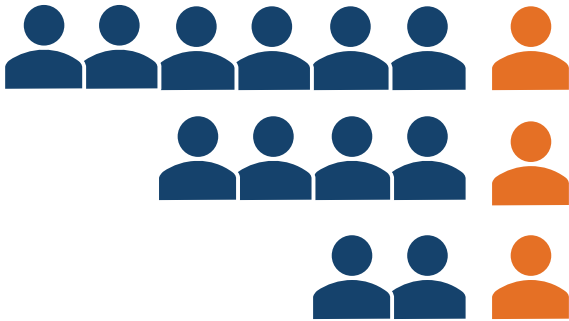


CHWs in COMMUNITY HEALTH CENTERS

Community Health Centers are nonprofit, **patient-governed** organizations that provide high-quality, **comprehensive primary health care** to America's **medically underserved communities**, serving **all patients** regardless of income or insurance status.



2,753 CHWs Employed



Why are we here today?

A recently published study in the International Journal for Equity in Health on CHWs and health equity further concluded that “in order to optimize the equity impacts of CHW programs, we need to move beyond seeing CHWs as a temporary sticking plaster, and instead build meaningful partnerships . . . and address the underlying structures of inequity.”

This session will highlight effective partnerships and approaches to sustain CHWs in Community Health Centers (CHCs) and surrounding communities.



Johnson & Johnson Our Race to Health Equity

- Building a diverse healthcare workforce to cultivate innovative and inclusive solutions.
- Investing in and supporting care models and solutions that drive healthier outcomes.
- Creating enduring partnerships and encouraging everyone to join the race to health equity.
- **NACHC** has collected data on CHW partnerships, conducted interviews, **and is** developing case studies and a toolkit.



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Learning Objectives

1

Gain knowledge of the Race to Health Equity Initiative and NACHC's efforts to identify and elevate partnerships and approaches to sustain the work of CHWs in CHCs.

2

Recognize partnerships in which health centers are engaged to sustain CHWs in CHCs.

3

Identify approaches that health centers and their partners are taking to sustain CHWs in CHCs.

MEET THE SPEAKERS



Jean Paul Roggiero, MPA
Director of Community Relations &
Community Outreach
Healthcare Network



Amy Moncion, LCSW, CCHW
Community Liaison Director
MHP Salud

MEET THE SPEAKERS



Lisa Rutledge, BA, LBSW
Special Projects Manager
Western Wayne Family Health Centers



Mary Janevic, MPH, PhD
Principal Investigator
STEP-UP Study
University of Michigan School of Public
Health, Department of Behavior and
Health Equity



Jennifer Hopson, MHSA
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About Healthcare Network

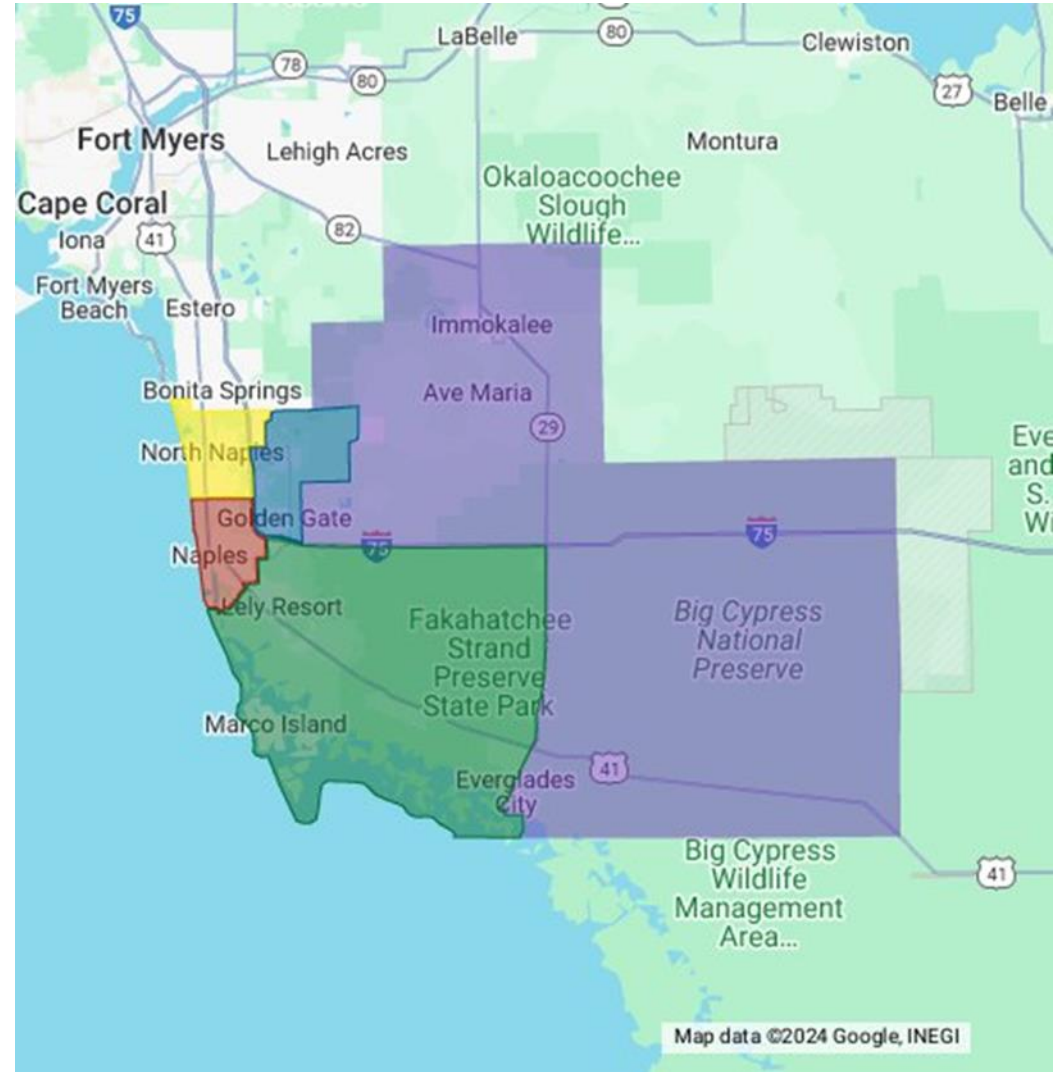
For more than 45 years, Healthcare Network has distinguished itself by providing primary health care to men, women and children of all ages, helping the disenfranchised, underinsured, and uninsured of our communities, as well as those with resources who recognize the quality and comprehensiveness of care available.



Mission: To provide quality healthcare accessible to everyone in our community



Vision: We strive for a community where every person has access to appropriate healthcare



Locations

📍 HCN AT MARION E. FETHER



📍 HCN FAMILY CARE AT ITECH



📍 HCN AT FLORIDA STATE UNIVERSITY, COLLEGE OF MEDICINE



📍 HCN FAMILY CARE NORTH



📍 HCN AT NICHOLS COMMUNITY HEALTH CENTER



📍 HCN NICHOLS PEDIATRIC AT YMCA OF COLLIER COUNTY



📍 HCN DENTAL CARE EAST



📍 HCN AT CORDERO PEDIATRICS



📍 HCN CHILDREN'S CARE EAST



📍 HCN CHILDREN'S CARE NORTH



📍 HEALTHCARE NETWORK AT VETERANS PARK



📍 HCN FRIENDSHIP HEALTH





Community Health Workers In Action

Social Driver of Health in Collier County

Health Care Access and Quality



In Collier County **13.7%** of adults could not see a doctor in the past year due to cost.

Education Access and Quality



A person who has less than a High School education was **12.7%** more likely to have ever been told they have a depressive disorder than a person with more than a High School education.

Economic Stability



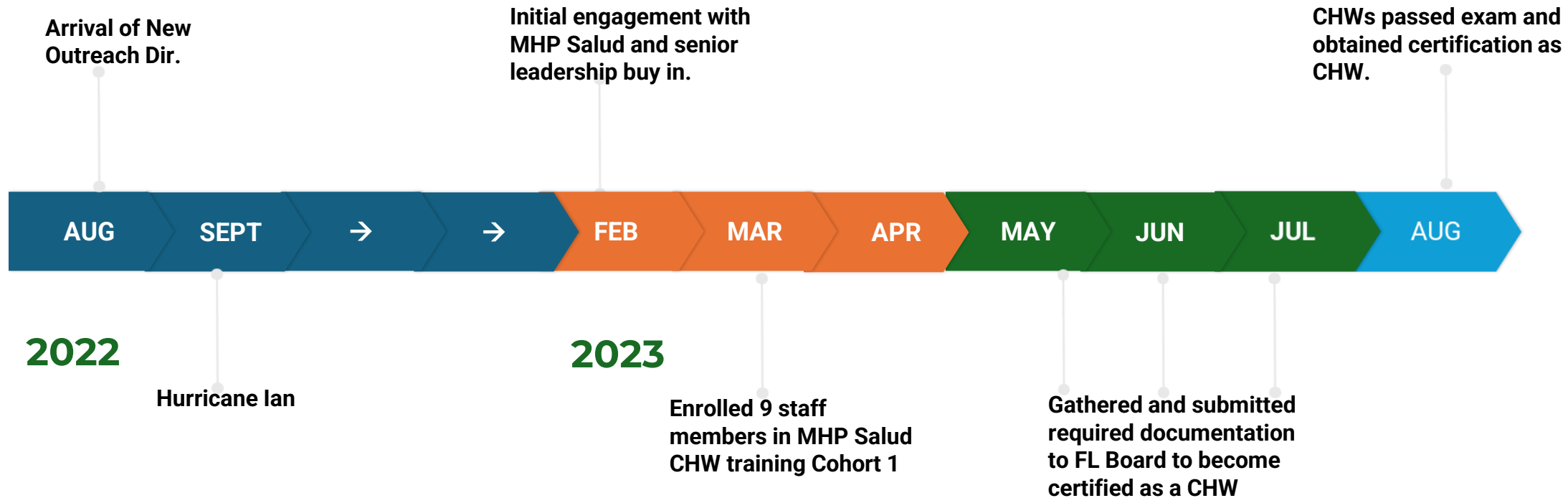
People in Collier County making \$50,000 or more are **92.3%** more likely to have said their overall health was "good" to "excellent" than those making under \$25,000.

Social and Community Context



22.2% of seniors (individuals 65 and older) in Collier County are living alone. This puts them at high risk for social isolation.

Partnership in Action



TIMELINE

Partnership in Action

With the support of Health Resources & Services Administration (HRSA), Healthcare Network (HCN) partnered with MHP Salud on this ongoing public health and workforce development initiative.

The partnership between health centers and MHP Salud plays a crucial role in implementing and sustaining CHWs in health centers and underserved communities.

Here are some key areas our partnership has been effective:

- A. Comprehensive training curriculum and ongoing support.
- B. Community-Based Programs tailored by CHWs and SMEs for CHCs.
- C. It address sustainability and funding for what CHWs do.
- D. It improves access health equity and access

Recommendations

1. Executive leadership buy in.
2. CHW engagement and explain the benefits of undergoing a longer than usual training.
3. Is okay to reduce the number of community engagement or initiatives throughout the training weeks.
4. Prepare the team to share their stories and experience, it enhances the collaborative learning experience. MHP Salud offers a safe zone!
5. Continuing education / development.
6. Regular evaluation and adaptation.

THANK YOU!!!

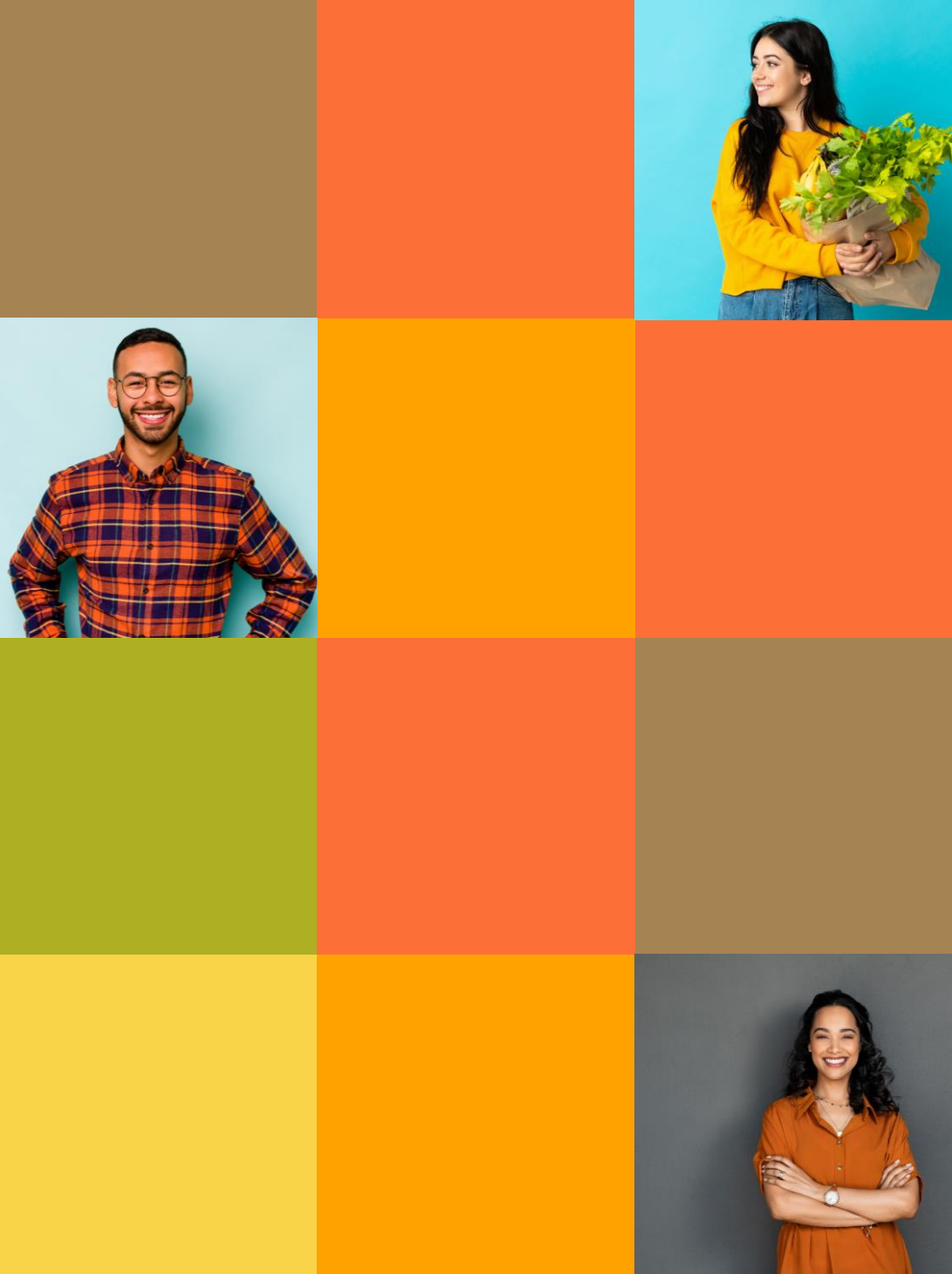


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Florida Community Health Worker Training & Apprenticeship Program

Amy Moncion, LCSW, CCHW



Building Healthy Communities

mhpsalud.org

OUR LEGACY



Founded by Catholic sisters in Michigan to increase health care access for migrant farmworkers.



Began expanding to serve the Rio Grande Valley, reaching underserved individuals and families in isolated border communities and colonias.



Began evolving and growing to meet community needs, offering additional services to help older adults and families.



Launched national training and technical assistance to support health centers, community-based organizations and others, strengthening and growing the CHW profession while improving care to the underserved.



Expanded into Florida and developed the state's first certified CHW certification and apprenticeship program, training and equipping the next generation of CHWs to serve our communities.

OUR IMPACT



We reach nearly **123,000** individuals annually



7,000+

Participants find hope and health access to mental health & health care, nutrition, parenting education and support, older adult well-being and connections, and more



50+

Training and technical assistance sessions impacted hundreds of health centers and organizations



Nearly **100**

Community Health Workers trained through the certification and apprenticeship program



FL CHW Training & Apprenticeship Program

L.E.A.D. CHW Curriculum

On-the-Job Experience

Domain-Specific Supervision

Wrap-around Services

State Certification

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Results and Success

Retention

Professional Development

Certification

Lessons Learned





Questions

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INKSTER
2700 Hamlin

LINCOLN PARK
25650 W. Outer Drive

TAYLOR
26650 Eureka Road

DEARBORN
4700 Schaefer

Our experience with an innovative model for CHW work

Lisa Rutledge, Special Projects
Manager, WWFHC

Dr. Mary Janevic, STEP-UP Study
Principal Investigator

Jennifer Hopson, STEP-UP Study
Coordinator



Funded by: National Institute on
Aging (P30AG022845)

Cornell Edward R. Roybal Center
Translational Research Institute on
Pain in Later Life (TRIPLL-III)

WWFHC

- Serves just under 20,000 patients a year at 4 locations in suburban Detroit
- Offers adult medicine, pediatrics, women's health, dental, OUD treatment, psychiatry and psychotherapy services
- Majority of patients are covered by Medicaid and have incomes under 200% of FPL; majority BIPOC



Current project

- We partner with University of Michigan School of Public Health STEP-UP Study for senior patients with chronic pain, offering podcasts and work with a specialty CHW
- Even though it does not align with our normal parameters for engaging in research projects (alignment with UDS or HEDIS indicators) there was a clear need for the intervention and a benefit to patients; we had >1300 patients who fit age and dx targeted for project



STEP-UP Study Rationale

African American older adults and those with economic disadvantage have disproportionate **pain severity** and **pain-related disability**.

This inequity is rooted in adverse **social determinants of health**, shaped by **structural factors including racism**.

Holistic, interdisciplinary care is optimal for people with chronic pain, but is rare in practice.



Chronic pain self-management support

can **reduce** interference with functioning.



Self-management approach:

- Rooted in **cognitive behavioral therapy for pain**.
- Emphasizes **behavior change and skill-building**.
- Encourages efforts that can **improve function and quality of life** even if all pain cannot be eliminated.



What does
transportation have to
do with chronic pain?

About the STEP-UP Study

Purpose: Pilot study (n=40 participants) to test if the STEP-UP intervention, delivered by Community Health Workers, can improve pain-related functioning among older adults with high impact musculoskeletal pain.

Who can participate?

- Adults age 50+
- With chronic high impact musculoskeletal pain (pain for ≥ 3 months that interferes with daily activities)



PILOT Study arms

STEP-UP Group:

- In-person orientation with a CHW
- Pedometer to support gradual increases in physical activity (optional)
- 5 weekly CHW-led telephone sessions
 - Weekly podcasts that discuss pain management skills
 - Social needs assessment and support
 - *My Pain Priorities* process – guided by CHW, participant identifies their personal priorities for pain care and sets related goals. Team creates a form to share with health care providers.

Waitlist Group:

- After 2-month survey:
 - Control group participants can choose to enroll in STEP-UP
- OR
- Can elect to receive program materials without enrolling.

Both Groups:

- Baseline and 2-month surveys (over the phone, gift card incentive for survey completion)

STEP-UP SESSIONS

Week	Topic	Contact
1	Orientation	1-1.5hr in-person
2	Staying Active	30 min phone call
3	Relaxing and Reducing Stress	15 min phone call
4	Partnering with Your Provider	30 min phone call
5	Doing What You Love	15 min phone call
6	Moving Forward	30 min phone or in person session

To listen to the STEP-UP podcasts, call 1-888-680-8902 or visit www.sph.umich.edu/step-up/

Recruitment

- Information tables in WWFHC waiting rooms (staffed by STEP-UP CHW and UM staff)
- Flyers at WWFHC Inkster clinic
- WWFHC Providers and CHWs are encouraged to refer patients who may be eligible
- WWFHC text blasts/portal messages to patients who may be eligible
- Letters to WWFHC patients with qualifying diagnoses



Potential benefits to Patients, Providers & CHC

Additional CHW support and touchpoints for patients experiencing chronic pain

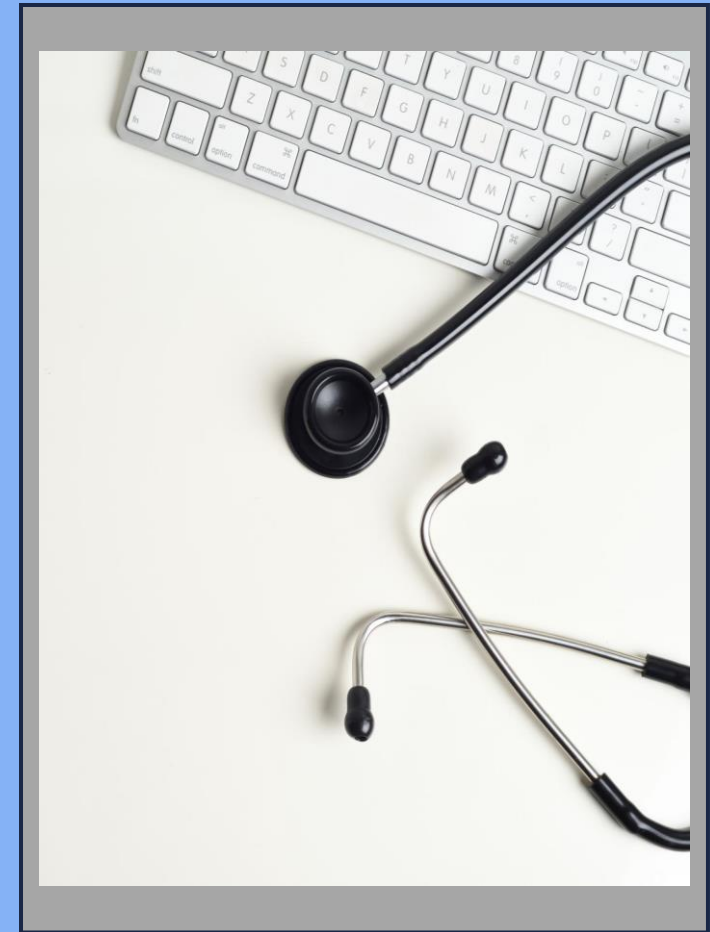
Additional information and support for study patients with unmet social needs

Increased understanding of patient priorities for their pain care

Potential to improve patient-provider satisfaction

Study team developed informational packet on pain management for non-research participants

Study team will provide training on delivering a brief pain management intervention to increase CHWs' skillset



Comments from Participants

“I learned to be assertive with my pain instead of letting pain hold me hostage.”

“I think it's motivational, holds [you] accountable, keeps you moving, gives you good tools to distract from pain, [and] had me increase my activity.”

“I always had a purpose, but it got kind of buried in pain. [STEP-UP] helped me to find it again, and it helped me to have Kathleen to talk to, and know that someone is listening and hears and values [me].”

Lessons/Recommendations for Partnerships



Be clear about what each partner can reasonably provide

Have someone at the FQHC level who is responsive to emails and keeps things moving

Be flexible as both partners learn about each others' operations and priorities

Inform staff about what is going on and try to engage them at all levels

Culture needs to be open to trying new things and for aim of collaboration and get key players on board

Wrap-Up

- Thoughts or questions?
- For follow-up and additional questions, please contact:
 - Lisa Rutledge, Special Projects Manager, WWFHC, Lrutledge@wwfhc.org or 313-561-5100 x227
 - Mary Janevic (STEP-UP Principal Investigator) at mjanevic@umich.edu or 734-647-3194
 - Becca Lindsay (UM-SPH STEP-UP Project Manager) at reblin@umich.edu or 734-763-6369
 - Jennifer Hopson (STEP-UP Project Coordinator) at jenbarn@umich.edu or 734-936-8645
- We want to acknowledge the important contributions of some people not here today: Dr. Latisha Malcom, Co-PI; Becca Lindsay, Project Manager; Kathleen Banfield, Community Health Worker, and Nikita Mukkamala, Student Research Assistant



QUESTIONS?



THANK YOU!

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NATIONAL ASSOCIATION OF
Community Health Centers®

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 NATIONAL ASSOCIATION OF
Community Health Centers®

Transforming Lives
through Equitable
Healthcare Access

TESCO

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