



Community Health Worker Supervision 101-B: Hiring and Onboarding a New CHW

Seth Doyle, NWRPCA
Kelly Volkmann, NWRPCA
Christian Castro, NWRPCA

WELCOME! BIENVENIDXS!

Today's "Fun Fact"

Please tell us in the chat:
Your name and your favorite
winter Olympic sport

(Kelly's is Rhythmic Gymnastics)

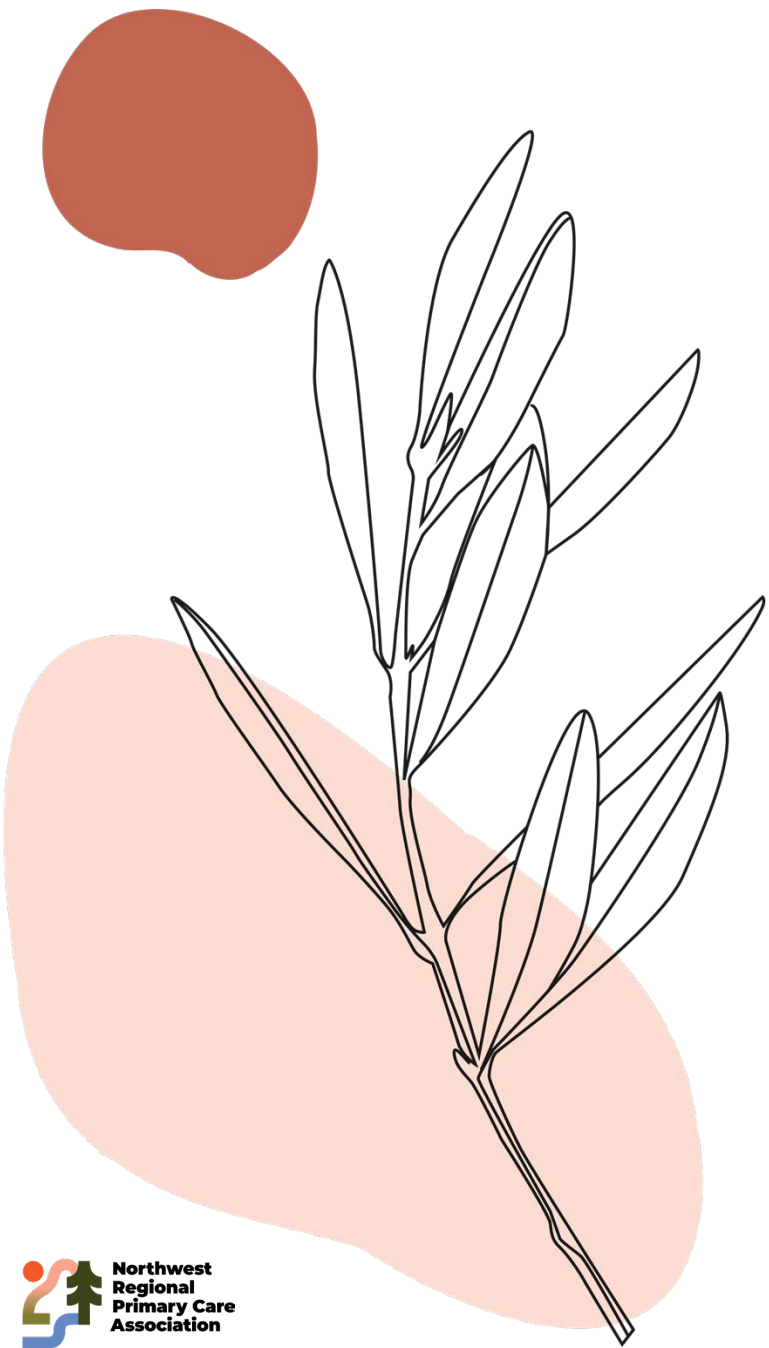
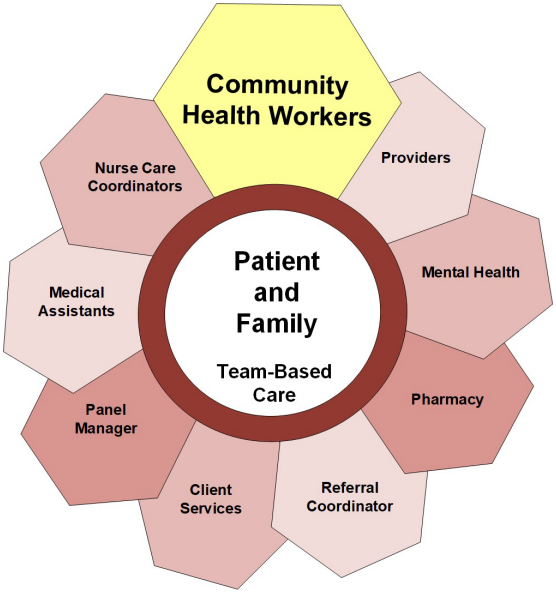


Objectives for today

- Job descriptions, Application and interview considerations
- Introduction to the care team
- Keeping the CHW with one foot in the clinic and one foot in the community

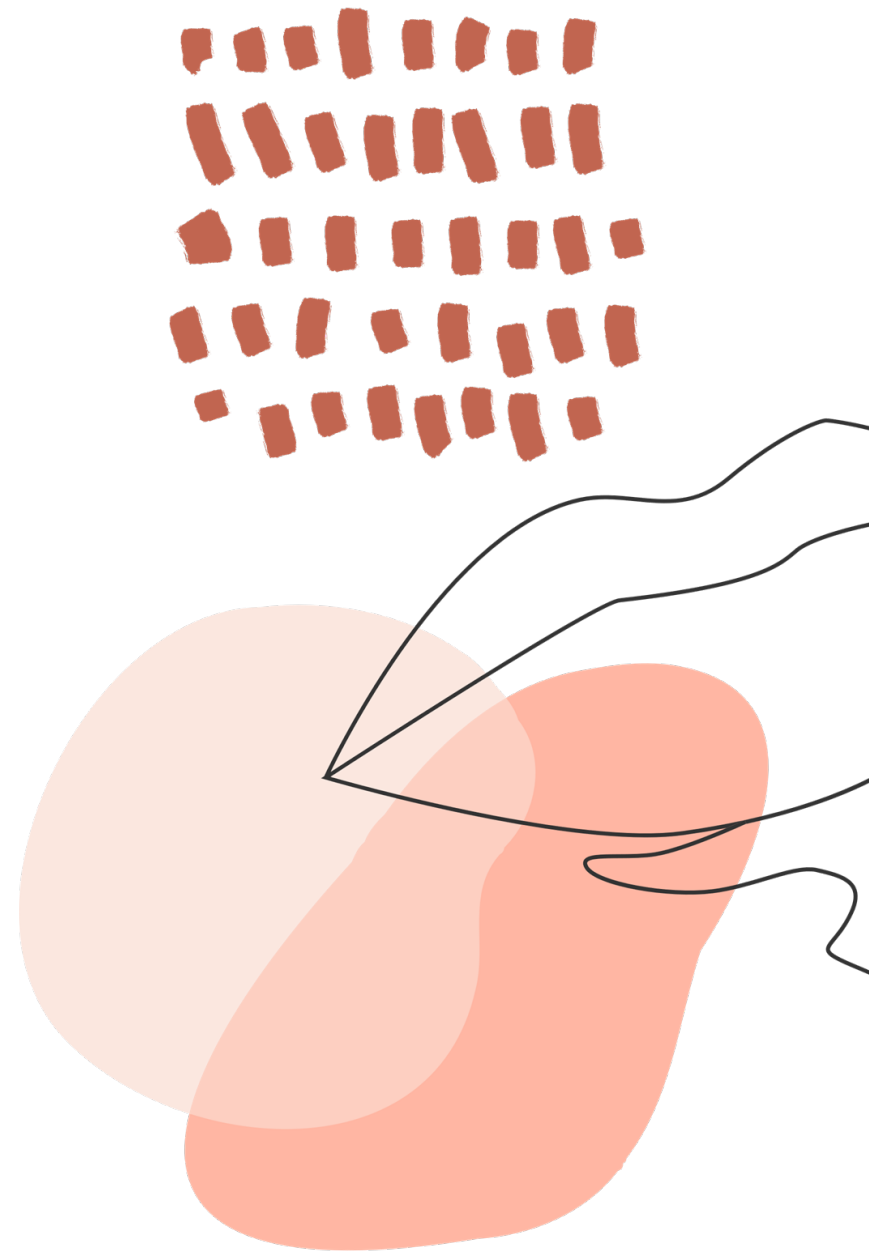


CHW roles and developing a job description

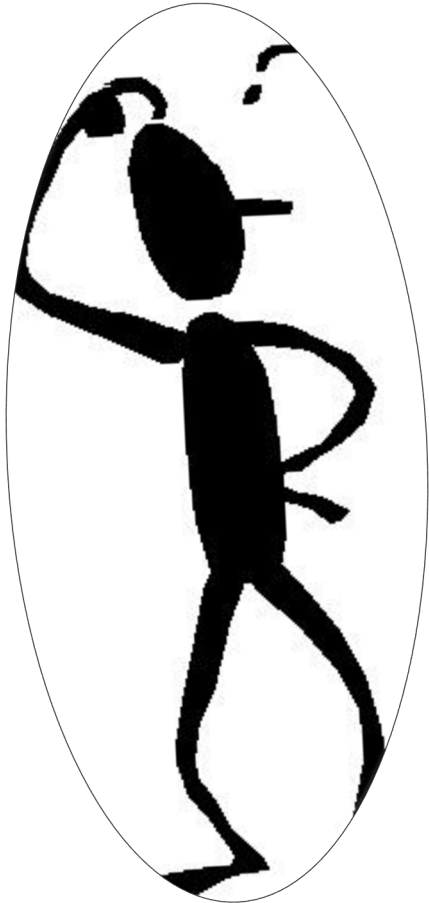


“I don't feel that community health worker is a job title. And there's no one job description necessarily. And you can call them whatever you want to. But they have to have the heart of a health worker.”

“Promotoras de salud nacen, no se hacen.”



Who do you want to hire?



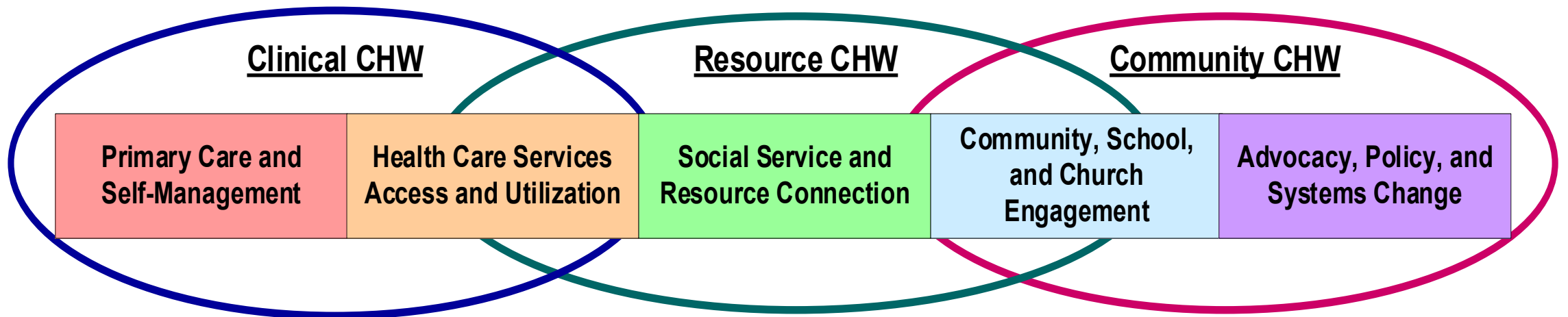
- Who you hire depends on the type of program you have
- You need to decide – based on the program need –the characteristics, skills, and qualities you will be looking for in a CHW

Questions to answer...

- What role with the CHW play?
- What duties will they have?
- How will they interact with existing staff?
- The above questions need to be answered with care team input
- It is important that the CHW scope is clearly defined from the beginning if possible

The CHW “Continuum of Services”

- ▶ CHWs can work across a broad continuum of services
- ▶ Provide a variety of services across that continuum



CHWs: Community roles



Viviana Gonzalez, CHW
Benton County Health Navigation

Increasing access to needed services for community members

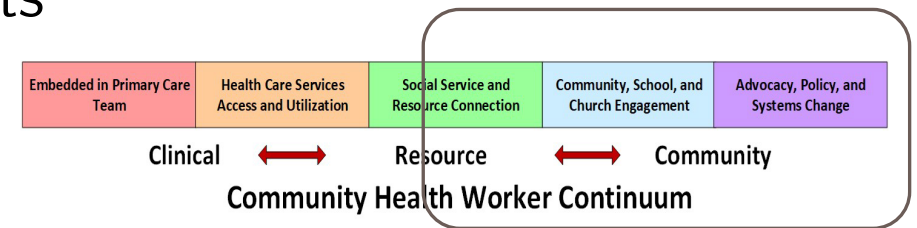
Experts at health care and social system navigation

- Referral to community services & resources

Community advocacy, empowerment

Coordinate community events

- Resource & health fairs
- Vaccine events!



Barrier-busting and cultural mediation between communities and systems of care

CHWs: Clinical roles



Lizdaly Cancel-Tirado, CHW
Benton County Health Navigation

Integral member of the primary care team

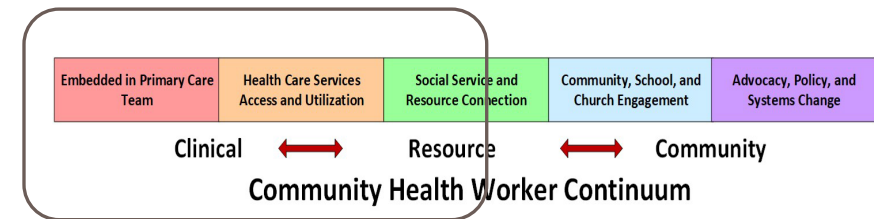
Help clients navigate the healthcare system

Focus on utilization of services

- Clinical system navigation
- Care coordination
- Client advocacy

Provide

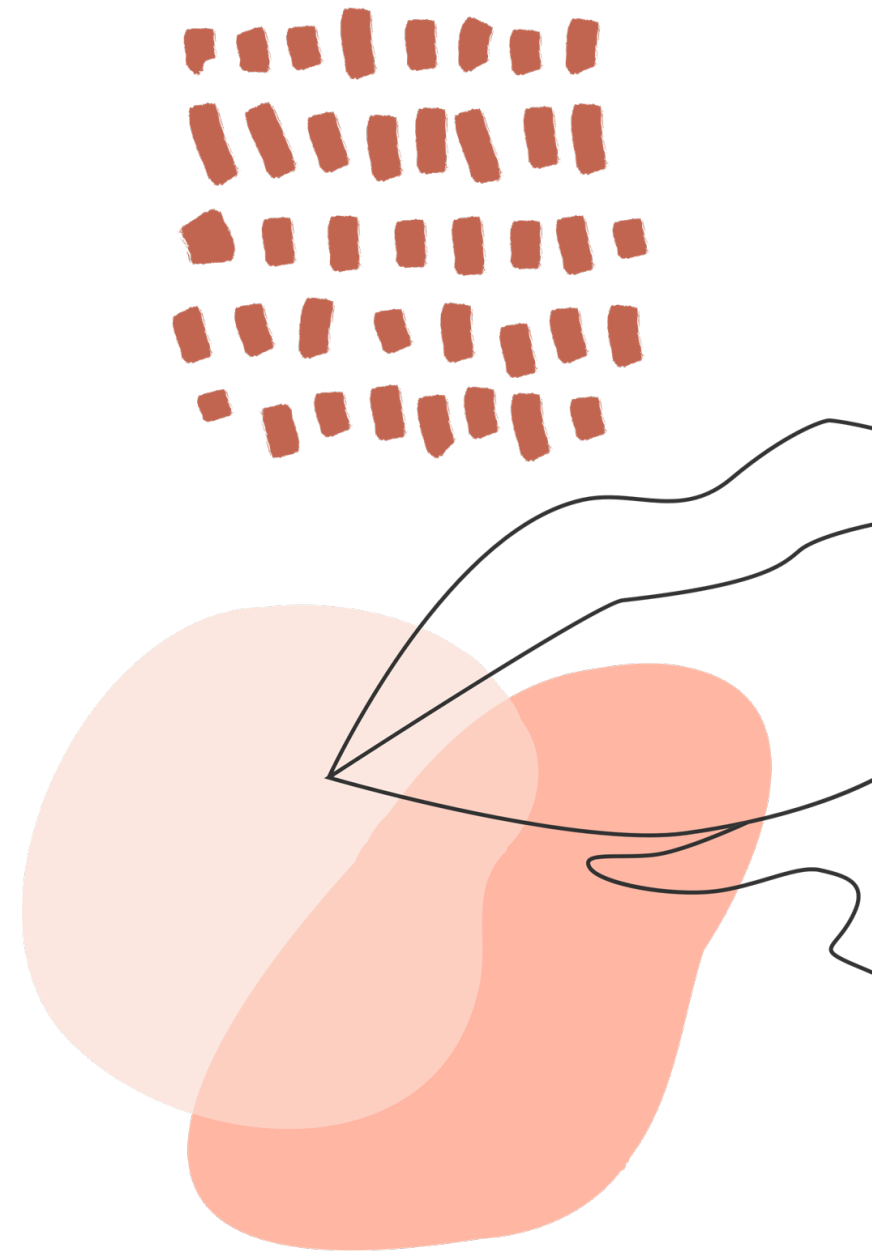
- Chronic disease prevention
- Self-management education and support
- Nutrition and exercise coaching



**Barrier-busting and cultural mediation between
*clients, families, and care teams!***

No matter what role they play,
the most important word in the title
“**Community Health Worker**”
is not *Health*...

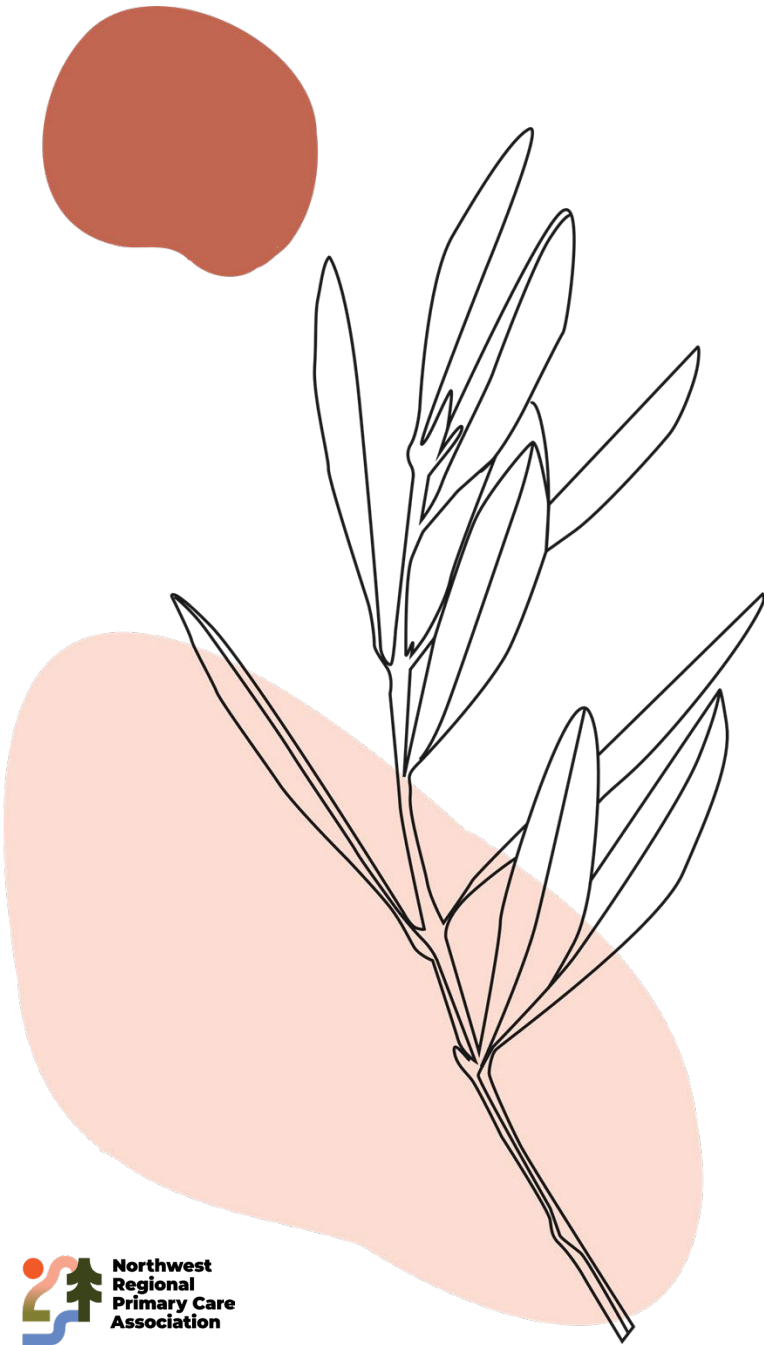
It is **Community!**



“One foot in the **clinic**, one foot in the **community**”

- Essential to allow clinical CHWs to stay connected to the community work
 - Shouldn't spend all their time in the clinic setting
 - Limit their time spent only on the phone
- Meet patients in community settings when appropriate
- Attend community outreach events and gatherings
- Community **MUST** see CHW as still being part of them, and not as having been “sucked” into the clinic, or being co-opted by the medical setting

Job Descriptions



Once you know what kind of program you are hiring for...

- Think about job tasks
- What skills your CHW would need to have to do those tasks
- Are they skills that you can teach, or do you expect the CHW to come to the job with those skills in place?
- Are there any special qualities or characteristics that the job needs that the CHW must have
 - Ex – Position serving undocumented pregnant women – best person for that job would be a person from that cultural group, preferably female, who understands the nuances, strengths, potential barriers...and how to address them in a culturally and linguistically specific way



Broad description vs specific

- Depending on your agency, a broad description may allow CHW to move between job positions on the team

- Document describes broad “major functional areas” as opposed to specific tasks

Essential Duties:

No.	Major Functional Area (MFA)	% of Time NOTE: This is flexible depending on area of assignment
1	MFA: Community Education and Mobilization Essential Duties: <ul style="list-style-type: none">• Develop and disseminate outreach and other health promotion strategies and materials to engage identified individuals and/or communities• Develop and maintain collaborative relationships with program partners including, but not restricted to health care organizations, community-based organizations, other government programs or jurisdictions, businesses, communities of faith, etc.• Participate in planning and conduct outreach at key community events, cultural celebrations, and other venues that provide outreach opportunities among the identified population• Serve on community coalitions, advisory groups, and task forces serving identified population to increase culturally appropriate outreach, operational coordination/collaboration, and effectiveness	40%

Example of a clinic-specific job description



Essential Duties:

No.	Major Functional Area (MFA)	% of Time NOTE: This is flexible depending on area of assignment
1	<p>MFA: Working as part of clinical care team</p> <p>Essential Duties:</p> <ul style="list-style-type: none">• Work in collaborative and integrated relationship with members of client care team to provide culturally and linguistically specific services, including (but not limited to)<ul style="list-style-type: none">○ Referrals and “warm hand-offs” to social service and support agencies such as WIC, SNAP, Medicaid, and other community-based programs○ Follow-up on appointments, specialty and social service referrals• Provide chronic disease self-management education and support as identified in client care plan	60%





Example of a task list for a clinical CHW

- This would clearly define for CHW and the care team what duties the CHW can/would do

Community Health Worker: Tasks in Primary Care

NOTE: This is not an exhaustive list, but is meant as a guide for program implementation

1. Application assistance, resource connection, and follow-up as needed:

- a. Refer to Medicaid enrollment assisters
- b. Electronic Health Record patient chart enrollment (“MyChart”)
- c. Patient Screenings: Social Determinants of Health, Depression
- d. Direct connection to primary care: appointments, providers
- e. Financial Assistance
- f. Local “service clubs” for vision and hearing assistance (ex: Lions Club)
- g. Tobacco Cessation screening and referral
- h. Health care and social service access / system navigation
- i. Medication Assistance Programs
- j. Dental resources and services
- k. Referral to community resources, such as clothing, food supplementation, housing, immigration and legal assistance (limited)
- l. City and county recreation opportunities

Value of a broad description with a separate task list

- When I worked for a county agency, we initially had a separate position description for every job along the continuum
- That meant that any time someone wanted to move to a different position, they had to reapply for the position
- I created an umbrella term for the position (“Health Navigator”) and a broad PD, and then we developed a task list that defined each position along the spectrum
- Allowed staff to move positions without having to go through the hiring process each time!

Recruitment Challenges

- HR practices
 - Online postings and applications
 - Confusing paperwork
- Minimum Qualifications
 - CHW may have trouble meeting education or job experience requirements
- Potential barriers related to
 - Language
 - Familiarity with systems

Applications

- The format of the application is important
- Paper can be challenging to wade through
- Online applications equally (or more) so
 - The county applications were daunting, and we lost many good applicants to the process
- Both options if possible

Minimum Qualifications...

- Work with HR
- May not have more than a high school education
- Can you combine HS degree with years of experience?
- Word the application so that applicants can use non-professional experience (volunteer, church, community)
- Review applications with HR *before* letting them cut applicants from the pool based on min quals

Recruitment Strategies

- Consider:
 - Alternate application formats
 - Using “...or equivalent life experience” and volunteer work as alternative to years of employment, education, or degree
- Write broad position descriptions
 - But think carefully about what roles you want the CHW to perform and what skills or training will be needed
- Traditional interview structure may be intimidating
 - Consider having key community member or liaison on interview panel

What ways have you found – or can think of – to make the application process easier and less stressful for CHWs?

CALGARY PUBLIC LIBRARY EMPLOYMENT APPLICATION FORM

PERSONAL INFORMATION

First Name: _____ Last Name: _____
Address: _____ City: _____ Province: _____ Postal Code: _____
Phone: Residence: _____ Business/Cell: _____ E-mail: _____

AVAILABILITY AND JOB POSITION

POSTED/OPEN DATE: _____
POSITION: _____
PREFERENCE LOCATION: Any branch Call branches ED branches Specific branches

EDUCATION AND TRAINING

Area of Study and Major: _____ Institution: _____ Level Completed: _____

EMPLOYMENT HISTORY

Current/recent employer: _____ Dates of employment: _____
Supervisor's name: _____ Phone number: _____
Your position and duties: _____

Previous Employer: _____ Dates of employment: _____
Supervisor's name: _____ Phone number: _____
Your position and duties: _____

JOB APPLICATION

PERSONAL INFORMATION

First Name: _____ Last Name: _____
Street Address: _____ City: _____
Province: _____ Postal Code: _____
Home Phone: _____ Cell Phone: _____
Are you legally eligible to work in Canada? Yes No
Have you ever worked at a Top 500 before? Yes No
Reason for leaving? _____
Dates of applications: _____
Daily Available to Start: _____
How do you hear about the job? _____

AVAILABILITY AND JOB POSITION

Status (circle one): Full-time Part-time Seasonal Temporary
Start Date: _____ End Date: _____
If you have any other offers, please list them below: _____

EMPLOYMENT HISTORY

If this information is available on an attached resume, please leave blank & check this box:
Current/recent employer: _____ May we contact this Company? Yes No
Supervisor: _____ Start Date: _____ End Date: _____
Position/Duties: _____ Reason for leaving: _____

EDUCATION AND ACTIVITIES

Specify level of education completed: _____
What activities or hobbies do you enjoy? _____

REFERENCES

Name	Occupation	Relationship	Phone number

Please read the notice below and sign the Application Form to complete it:
Signature: _____ Date: _____

Please unmute or share your thoughts in the chat box!

Interviews...they are like taking a test!

- Some CHWs might have not had experience with formal job interviews
- May be feeling very nervous
 - Especially if interview is not in their first language
- May be nervous if there is a perceived power difference





Behavioral-based interview questions

- “Tell me about a time when...”
- Ask them to tell you a story about a **specific time, place, event** that they demonstrated the skill or experience you are looking for
- Tendency is to respond “When this happens, I do this...”
- What you are looking for is “When my grandma needed help with her Medicare paperwork, I...”
 - filled out her paperwork
 - took her to the agency

Why behavioral-based interview questions?

- They can show experience over technical skills
- Send them out in advance (the day before)
 - Or at least when they first get to the agency
- Will give candidate time to think of details
- Give an example of what you mean by “Tell me a story” or “give me an example”
 - Most people have never had these type of questions in an interview

Ask skill-based questions if needed

- If writing reports or using excel or the electronic health record is critical, then ask about experience
 - But those skills can be taught to the right candidate...
- Important skill to assess is bilingual and biliteracy
- If they will be interacting with medical staff and records, they will need to read and write in English

Bilingual assessment

- If being *bilingual* is important or essential, stress that in the job application
 - That should be minimum qualification
- “Bilingual” is not the same thing as “fluent”
- I recommend having a professional, objective assessment of fluency
 - Set a minimum standard of acceptability
 - This will eliminate problems later...I am speaking from experience...

Interview panel

- Invite a variety of staff to participate in the interview
 - Ideally someone from the care team
- Have diversity among the panel members
- Create a relaxed, informal atmosphere

CS167530



Interview panel

- I liked to start by acknowledging that interviews were nerve-wracking, and that this was really just a conversation so we could get to know them a little bit better
- If the candidate was really nervous, I would sit back a little in my chair, relax my posture, smile, and make some small talk before jumping into the questions





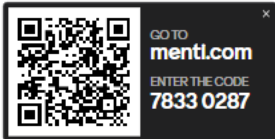
Now that you have done the interviews, how do you choose the right CHW?

Join at menti.com use code 7833 0287

 Mentimeter

What are the three top qualities a CHW should have?


Waiting for responses ...



In my experience...

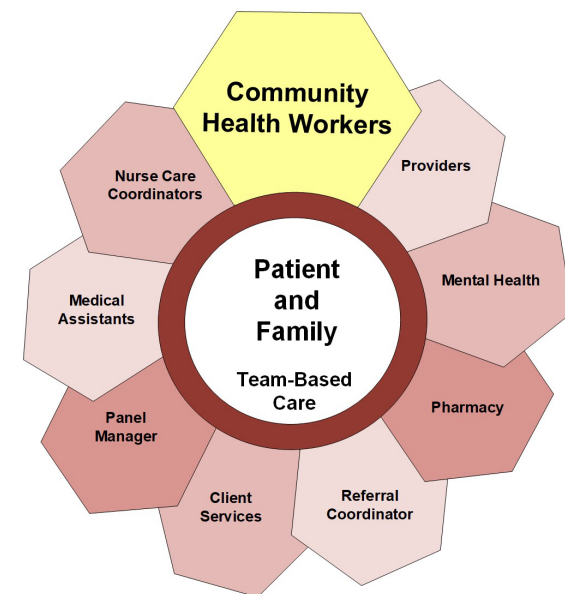
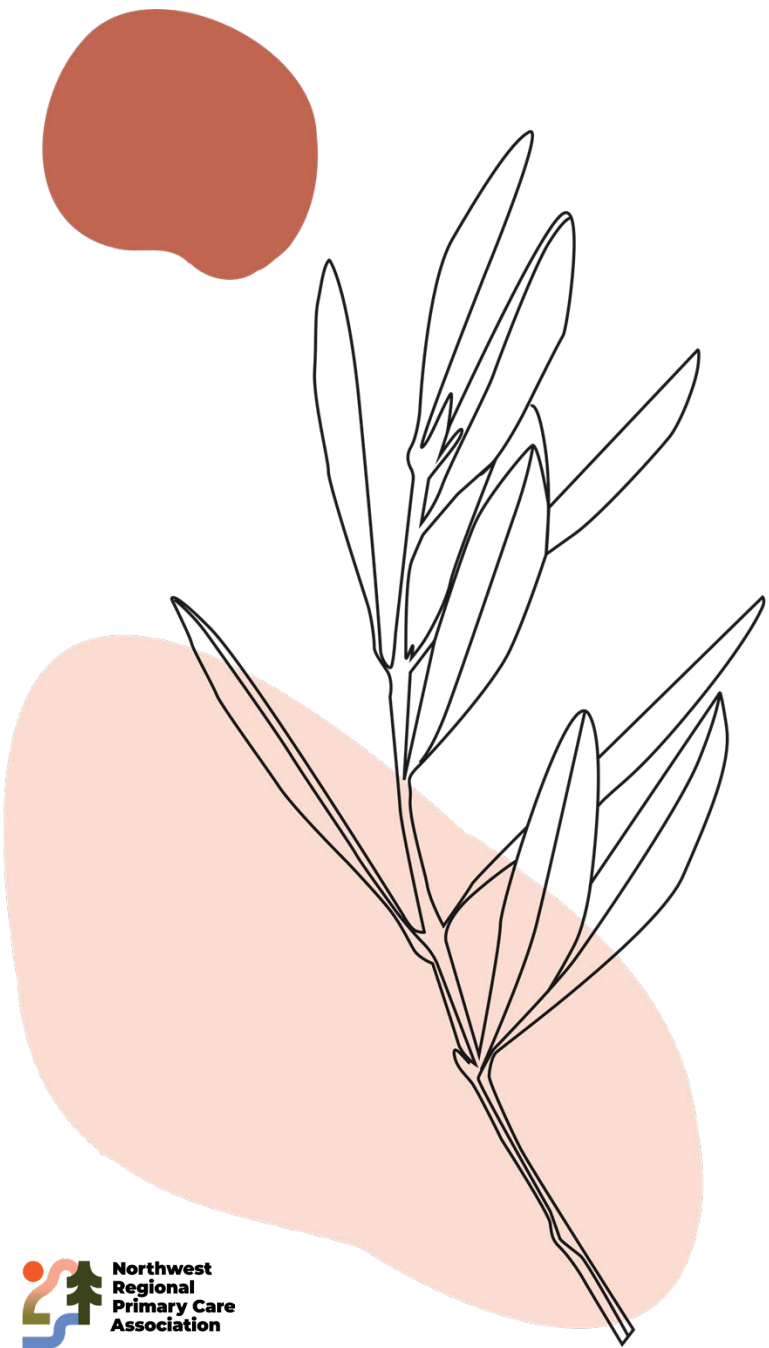
- You can teach skills and knowledge, but you can't teach heart and compassion
- Listen for words/phrases that show caring and love for their community
- Be wary of phrases like “I just want to help them”
 - This may indicate a tendency to be a caretaker

CHWs are not caretakers. They are agents of empowerment, advocacy, self-efficacy, change, voice, and choice.

A photograph of a field of tall grasses with white seed heads, likely a meadow or prairie, under a bright, hazy sky. The grasses are in focus in the foreground, while the background is softly blurred. The overall tone is warm and natural.

Let's take a
5-minute break to
stretch and hydrate!

CHW Onboarding and Orientation



Preparing the workspace: One foot in the *Clinic*

- CHW needs to have a **workspace in the clinic** in order to build relationships and trust with care team
- Co-located with the care team – very important!
 - If CHW isn't with the team, they won't be considered part of the team
- Will need desk, computer, phone, ID badge
- Meaningful access to EHR
 - There should be an expectation for documentation that will hold up to an audit

Preparing the workspace: One foot in the *Community*

- Can't stress enough the importance of keeping a clinical CHW connected to the community
- Needs access to mobile equipment for working with clients out of the clinic
 - Cell phone so that CHW can connect with clients and NOT use their own phone number!
 - A "jet pack" or mobile hot spot
- If possible, access to a clinic or agency car to transport patients
 - If not, then travel reimbursement and a policy/procedure in place for safety and protocol
- Documentation expectations
 - Should be the same as for their clinic work



Learning the resources

- CHWs must be an expert in what social service resources are in the community and the surrounding area
- This includes schools, WIC, parks & rec, aquatic centers, food pantries, cooling stations...
- A “scavenger hunt” is a great way to learn local resources
- Expectation is to visit the resource in person (if possible)
- “Leave a card, take a card” to start building a relationship with agency staff



Sample Scavenger Hunt

CHW Community Resource Scavenger Hunt

Name: _____

Collect brochure/program information and registration paperwork from each agency

✓	Agencies	Address and Phone	Notes
	Note: The agencies to contact would be determined by program, Supervisor, and CHW team, and would be pre-populated into this document. The other info is filled in by the CHW. All team members are expected to visit the agency site, pick up a brochure or other information, introduce themselves and the program, meet a contact that they can refer clients to, and leave CHW program contact and info. If more than one CHW needs to complete scavenger hunt, arrange to visit in groups if possible to minimize disruption of work for contact agency.		
	Example: Dept of Health and Human Services	1201 N. Main St. 123-456-7899	Spoke with Joel. He is the bilingual contact. I should call him directly at his extension - 7855
	Environmental Health services at Health Department		

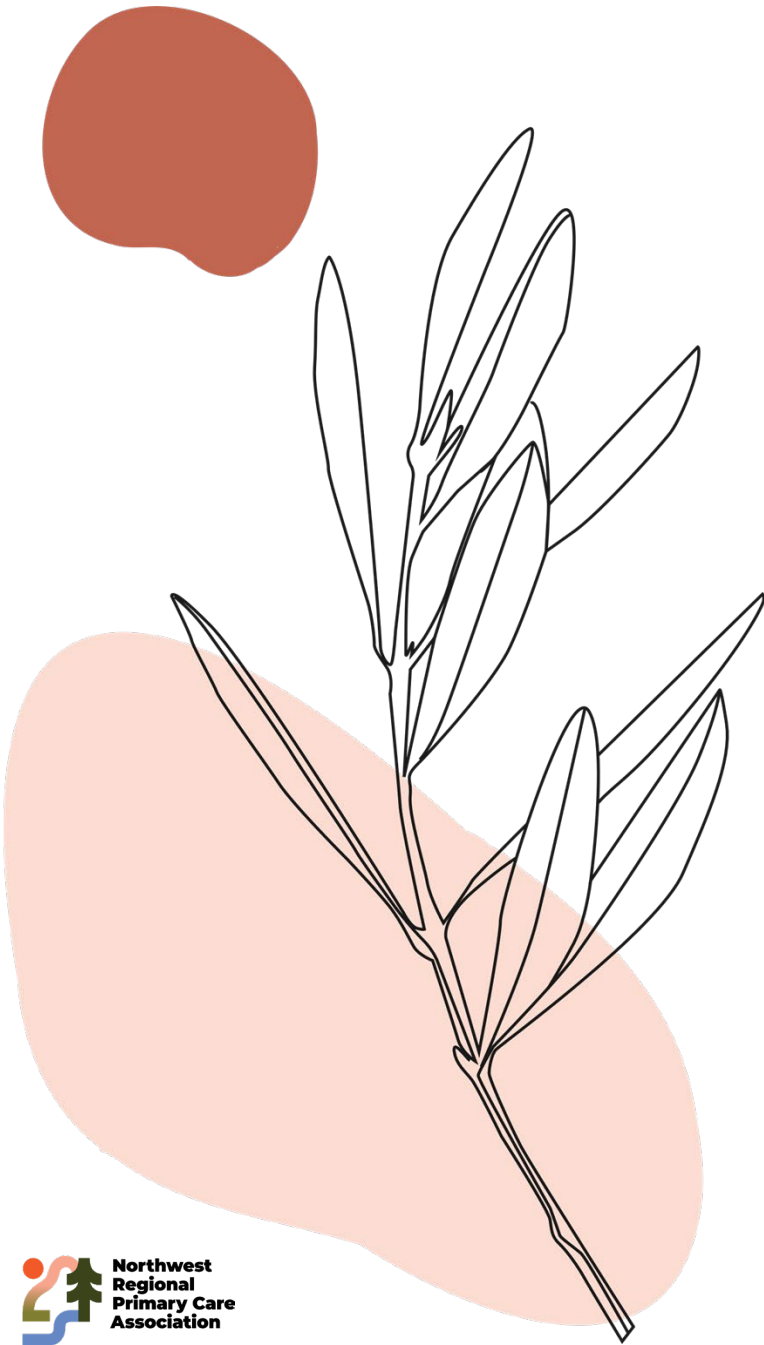
CHW fills this in

Must physically go there if possible

Introduce themselves

This should NOT be optional. CHW must be an expert in this area!

CHW Introduction to the Care Team



To be perfectly honest...

- This is the MOST important step
- You can have the perfect CHW for the position
- You may have done an excellent job of onboarding them
- But if the care team (and the entire agency) has not been prepared to work with the CHW, then your program will falter, not live up to its potential...and likely fail
- *I know this through bitter experience...*

Preparing the care team

- May be unfamiliar with CHWs
 - Will need training on their unique skills and qualities
- Explain how CHWs can
 - Improve client health
 - Increase care team satisfaction
 - Improve population health management
 - Increase health equity
- Discuss what their roles are...and are not
 - Provide with a **written list** of appropriate tasks and referrals
 - This will need to be repeated at regular intervals



Community Health Worker: Tasks in Primary Care

NOTE: This is not an exhaustive list, but is meant as a guide for program implementation

1. Application assistance, resource connection, and follow-up as needed:

- | | |
|---|---|
| a. Refer to Medicaid enrollment assisters | g. Tobacco Cessation screening and referral |
| b. Electronic Health Record patient chart enrollment ("MyChart") | h. Health care and social service access / system navigation |
| c. Patient Screenings: Social Determinants of Health, Depression | i. Medication Assistance Programs |
| d. Direct connection to primary care: appointments, providers | j. Dental resources and services |
| e. Financial Assistance | k. Referral to community resources, such as clothing, food supplementation, housing, immigration and legal assistance (limited) |
| f. Local "service clubs" for vision and hearing assistance (ex: Lions Club) | l. City and county recreation opportunities |

2. Transportation assistance / resources

- a. Scheduling/arranging transportation
 - i. **NOTE:** In general, CHW staff should NOT transport clients in personal vehicles. If they are expected to do so, there needs to be an agency policy in place providing guidance and support, as well as mileage and compensation.

Gotta keep that foot in the community!

- This has been the most challenging part to balance with the care team
- Clinic expectation is to be *in the clinic* during open hours
- CHW expectation is to be *where the patient is*, even if it is in the community, and even if it is after/before clinic hours
- Solution?

Communication!

- You must ensure care team understands why CHW is in the community
- Work with care team and CHW to find the best communication flow
- Care team needs to know when to expect CHW in the clinic
- CHW needs to be accountable to keeping their schedule transparent
 - Electronic calendars, EHR calendar, paper sign on the door...

Introductions are important

- Take time to introduce CHW to *entire agency* at all-staff meeting, as well as care team meetings
- If your agency does “Introduction Interviews” for new staff, then the CHW should meet all of the staff on that list
- Also consider putting the CHW on the list for all new staff to meet and learn about
- May need to openly talk about culture and power differences
 - **Important for supervisor to take on this responsibility and not leave it to the CHW**

The elephant in the room

- Traditionally, medical practice has been
 - Hierarchical
 - Male-dominated
 - Predominantly white
- There will almost certainly be cultural differences and power differentials
 - ➔ • Supervisor may need to break down institutional or personal/staff barriers
- Institutionalized racism or lack of trauma-informed practices may need to be addressed

Supervisor needs to train/coach both CHWs and agency staff

Bringing the CHW voice to the table

- Care team may not want to listen to suggestions from CHWs
 - This is a common and frustrating problem for CHWs
- They may have unrealistic expectations of the CHWs
 - Either they expect that CHWs can do everything...or that they are only good for interpretation and transportation
- CHWs may not feel valued for the unique skills they bring
- Supervisor may need to advocate for CHW at all levels of staffing and organization

Supervisor needs to train/coach both CHWs and agency staff

Your Turn!

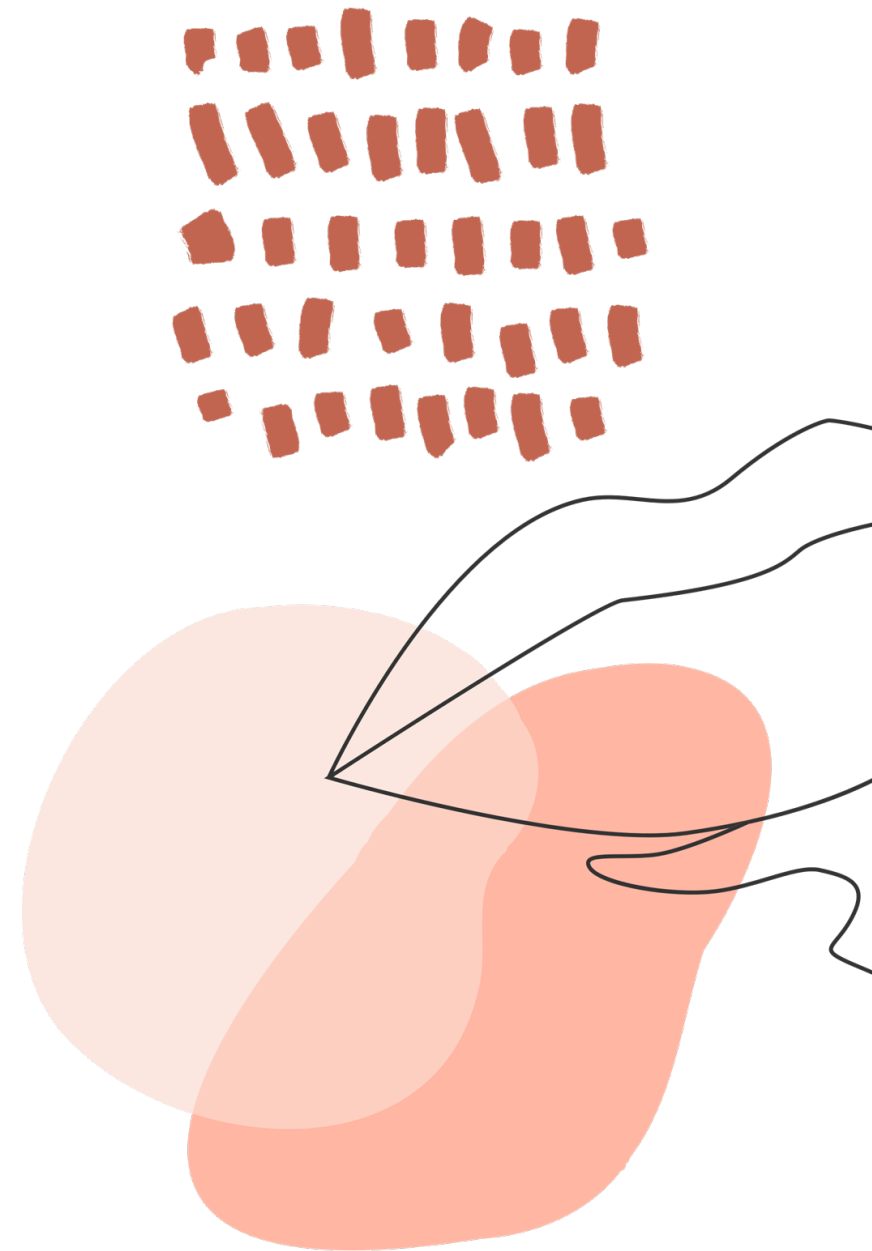
In breakout rooms, discuss with your group:

1. The challenges you have encountered around:
 - Hierarchy
 - Power differences that made the CHW feel intimidated
 - The CHW feeling “not heard” by the care team
2. What strategies did you use to counter those challenges?

NOTE: Assign the following roles to group members:

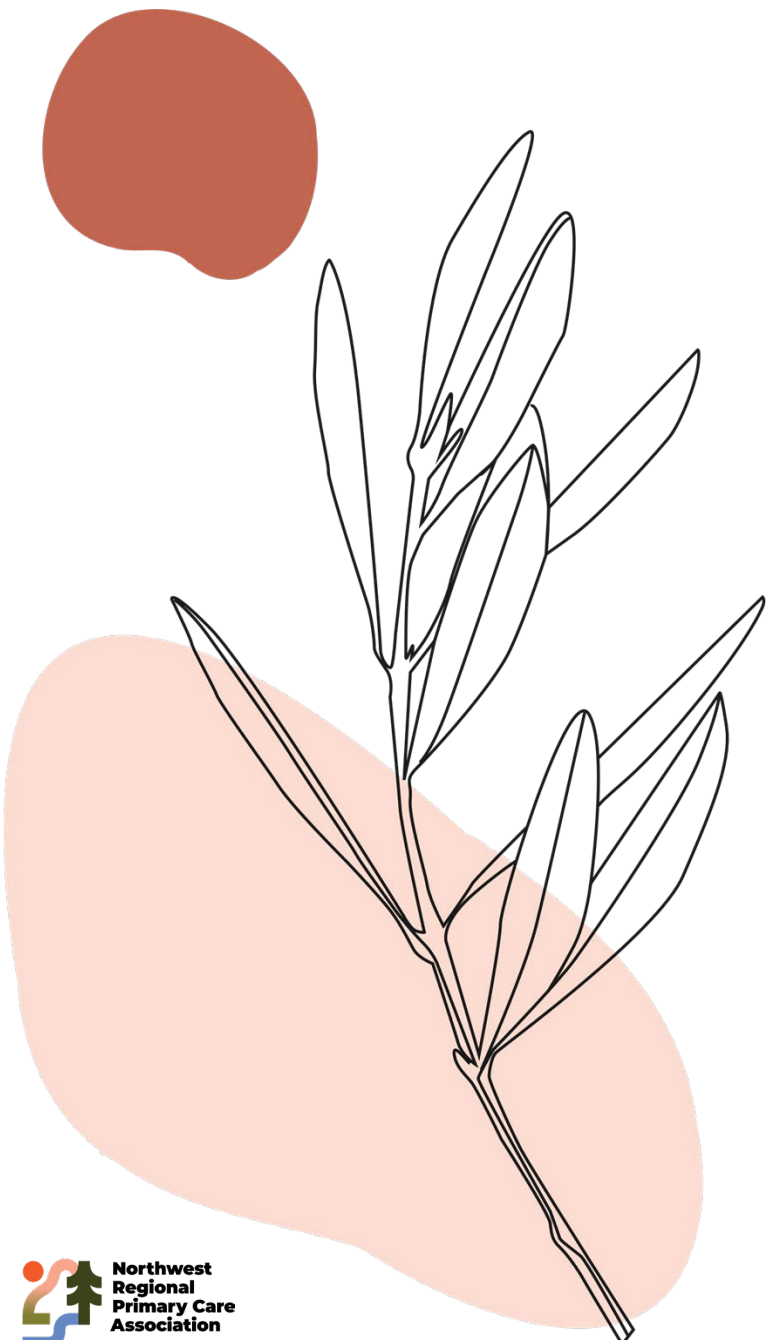
- Facilitator, recorder, timekeeper

Be prepared to share your experience and wisdom with the rest of the group!



Supervisor as Advocate

- Be willing and prepared to advocate for CHW staff
- Commit to training both CHWs and clinical staff
- Create clinic culture where CHWs are equal members of primary care team
- Professional Development
 - Provide CHWs with opportunities for leadership, advancement, and promotion within agency
 - Continued education and training when possible
- Embed CHW positions into stable agency funding
 - This goes a long way toward helping CHW becoming a “real” part of the team!



What are the
growth opportunities
of having a CHW
on the care team?

There are a few...

Culture, language, and power

- Learning to navigate cultural differences and power differentials
 - “Culture” also refers to medical vs community culture
 - Medical staff may not engage, include, or respect CHW input and experience
 - Education/license
- Difficult for clinic staff to understand CHW “splitting time” between the clinic and the community
 - “We just don’t know why our CHW isn’t in the office all the time, and what he is doing all day...”
 - This is why the “one foot in the clinic, and one foot in the community” came into being!

Relationship between agency staff and CHW

- Takes time to build:
 - Understanding, communication, trust
- Frequent and regular check-ins
 - Especially at first, when trust and communication are being built
- Appreciation by staff for the unique skills and qualities of a CHW
 - CHWs bring a wealth of wisdom and lived experience
 - They often understand patients better than providers/care team

Lack of experience in a health care setting

- CHWs may come to you with no previous *clinical* training
- Agency must commit to adequate initial and ongoing training and support
 - This includes use of electronic health records, medical terminology and charting, HIPAA, medical ethics
- May need a longer or more extensive probationary or training period
 - **Training may take 4 to 6 months**
 - Be patient – the effort will be worth it!

We will talk about training next week in 201-A

We would like to learn from you!

What growth opportunities and strategies
have you found to be useful when
integrating CHWs into primary care?



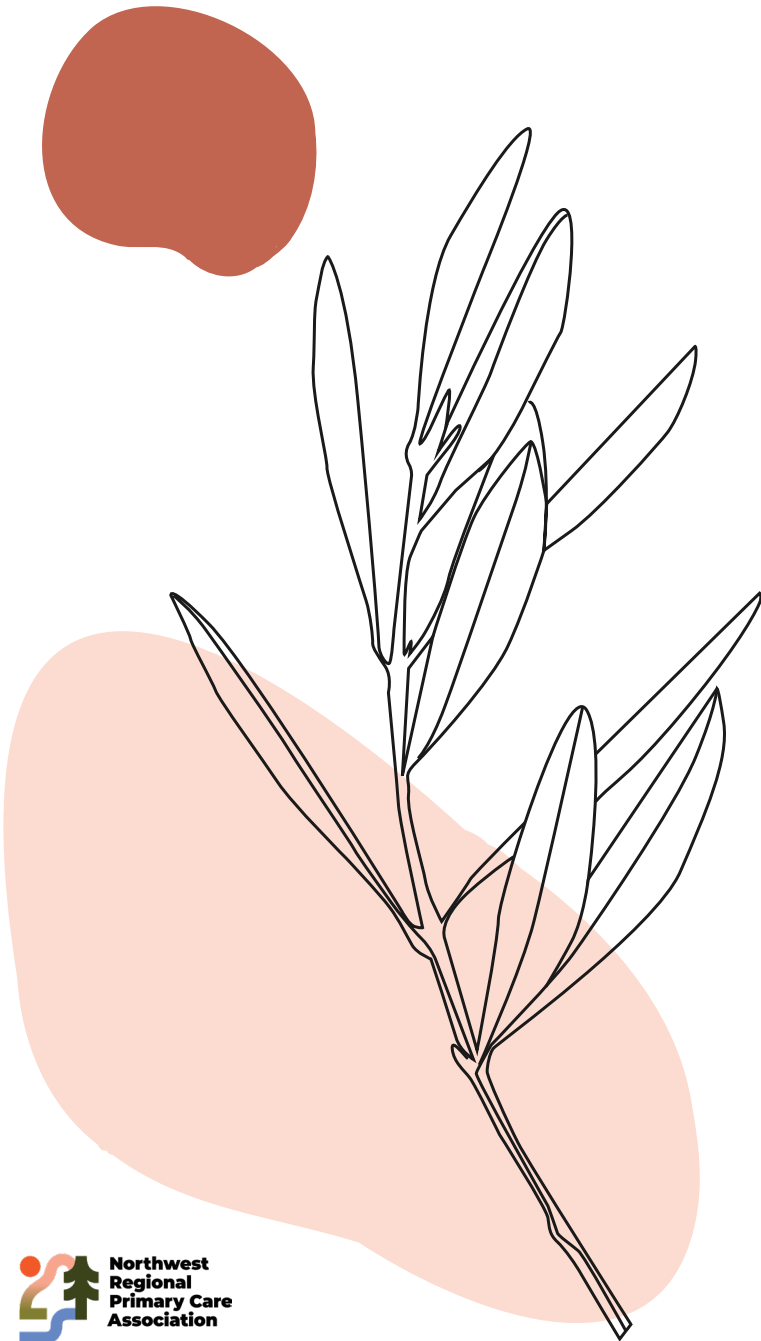
Please unmute or share your
thoughts in the chat box!

Care team commitment to the CHW model

1. “Community” is the most important word in Community Health Worker...
2. CHW **must** have one foot in the clinic and one foot in the community
 1. Flexible scheduling and autonomy important
3. CHW input and insight into client care is respected and valued
4. CHW is an *equal member* of the care team
 1. Not an after-thought or relegated to interpretation and transportation

CHWs
can and should be an
integral member
of your Primary Care Team!





Thank you!

Seth Doyle
sdoyle@nwrpca.org

Kelly Volkmann
kvolkmann@nwrpca.org

Christian Castro
ccastro@nwrpca.org