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 ASSOCIATION OF
Community Health Centers

Welcome!

You are part of a national community of health center CHW supervisors, supporting CHW staff who are working to provide care and resources to the health center patients who need it most.

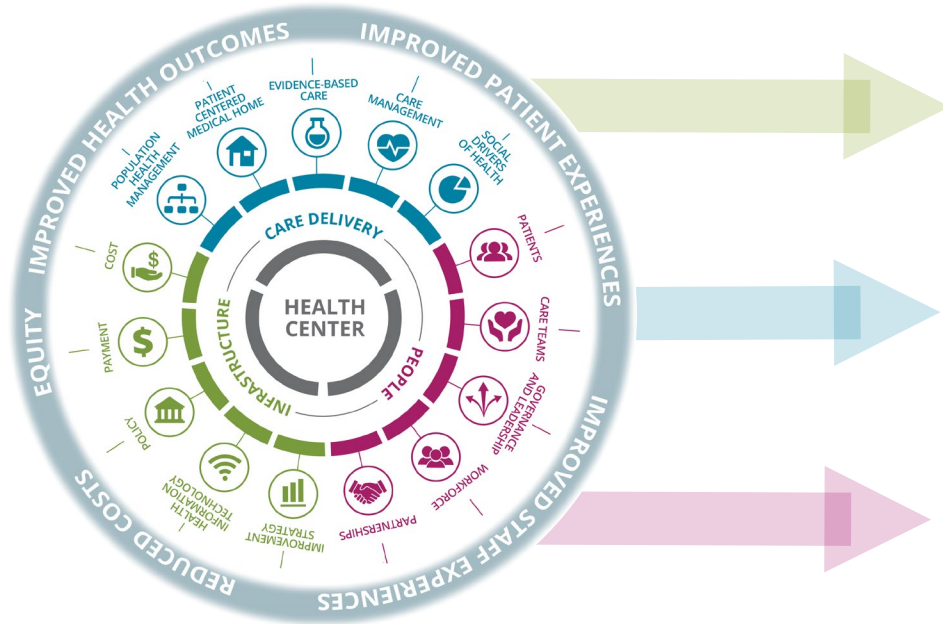An exciting opportunity to learn, share, and grow in your role.

50 health center staff participants strong!

This Professional Development Course is a NEW offering through **NACHC's Elevate National Learning Forum**

700 health centers
75 PCAs/HCCNs
15+ million patients
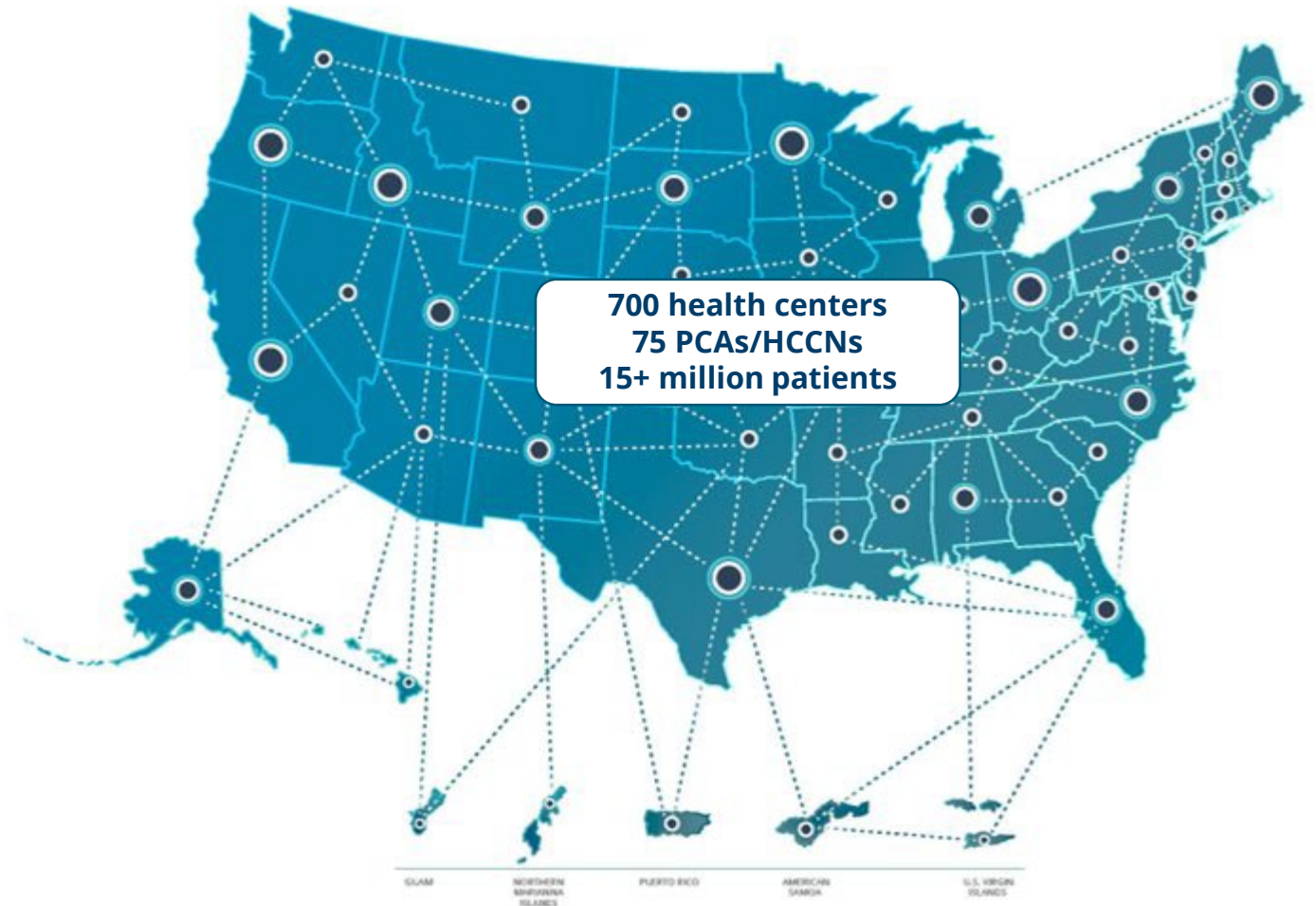
NACHC's Elevate National Learning Forum

elevate

- ✓ Monthly webinars
- ✓ Supplemental sessions
- ✓ Evidence-Based Action Guides
- ✓ Action Briefs
- ✓ eLearning modules
- ✓ Tools & Resources
- ✓ Online Learning Platform
- ✓ NEW Professional Development Courses, including **CHW Supervisor Training**

Provides guided application of the Value Transformation Framework

For more information on how to leverage the VTF and Elevate for systems transformation, review the **Action Brief: How to Use the VTF and Elevate**

CHW Related Resources

Care Management Action Guide

SDOH Action Guide

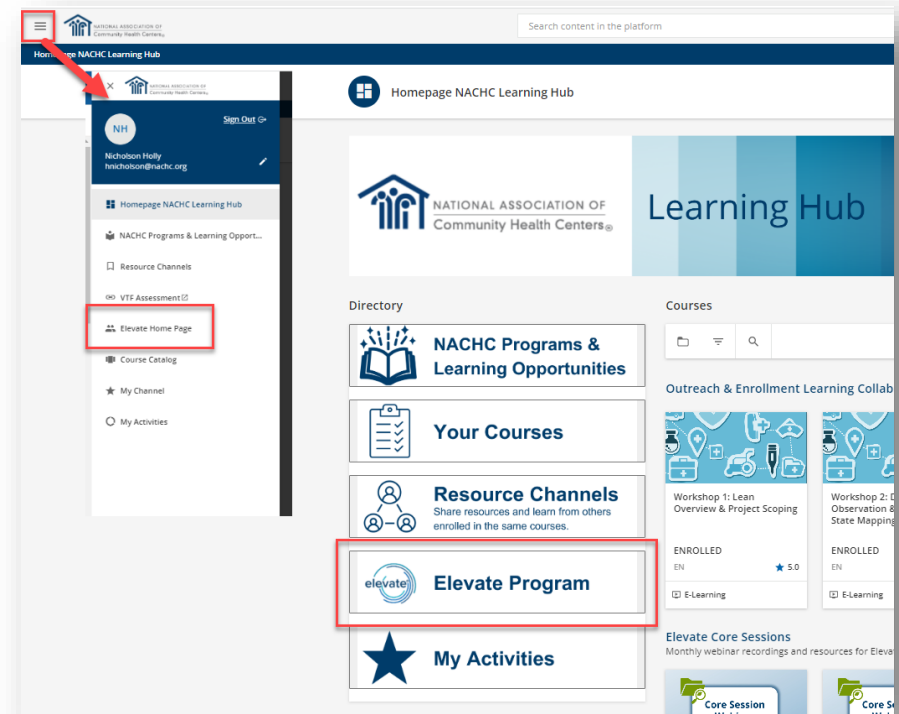Risk Stratification Action Guide

...and MORE!

NACHC's Online Learning Hub

If you already have a 'NACHC One' login (the login used for NACHC conferences), use this to sign in.

*If you do not yet have a 'NACHC One' login, **register for free**!*

Access NACHC's Learning Hub at
https://nachc.docebosaas.com/learn/signin

NACHC's Online Learning Hub

CHW Supervisor Training: **Course Timeline**

Pre-Work

Course: September 12, 2023 – October 4, 2023

✓ Register for Elevate (completed)

✓ **Complete VTF Assessment**

✓ Block calendar for sessions

Sep 12th
CHW 101
Session 1

Sept 19th
CHW 101
Session 2

Sep 20th
Office Hours 1

Sep 26th
CHW 201
Session 1

Oct 3rd
CHW 201
Session 2

Oct 4th
Office Hours 2

Complete the VTF Assessment

Health centers are required to complete the VTF Assessment for course participation... WHY?

The VTF Assessment enables health centers to measure progress in areas important to value transformation.

Care management and staff engagement/professional development opportunities are both important components!

VTF Assessment

For more information on the VTF Assessment, review the **Action Brief: Assess Transformation Progress**

Complete the VTF Assessment

NOTE: The tool assesses organizational progress.

The individual participating in the training does NOT have to be the person who completes the Assessment.

While it is encouraged that multiple staff across an organization complete the tool, with results shared and discussed, only **one individual** *from each participating health center needs to complete an assessment.*

The VTF Assessment is best completed by health center staff who have knowledge of a wide range of health center systems (e.g., leadership, finance, clinical care, etc.).

CHW Supervisor Training Participants
Average Score by VTF Change Area
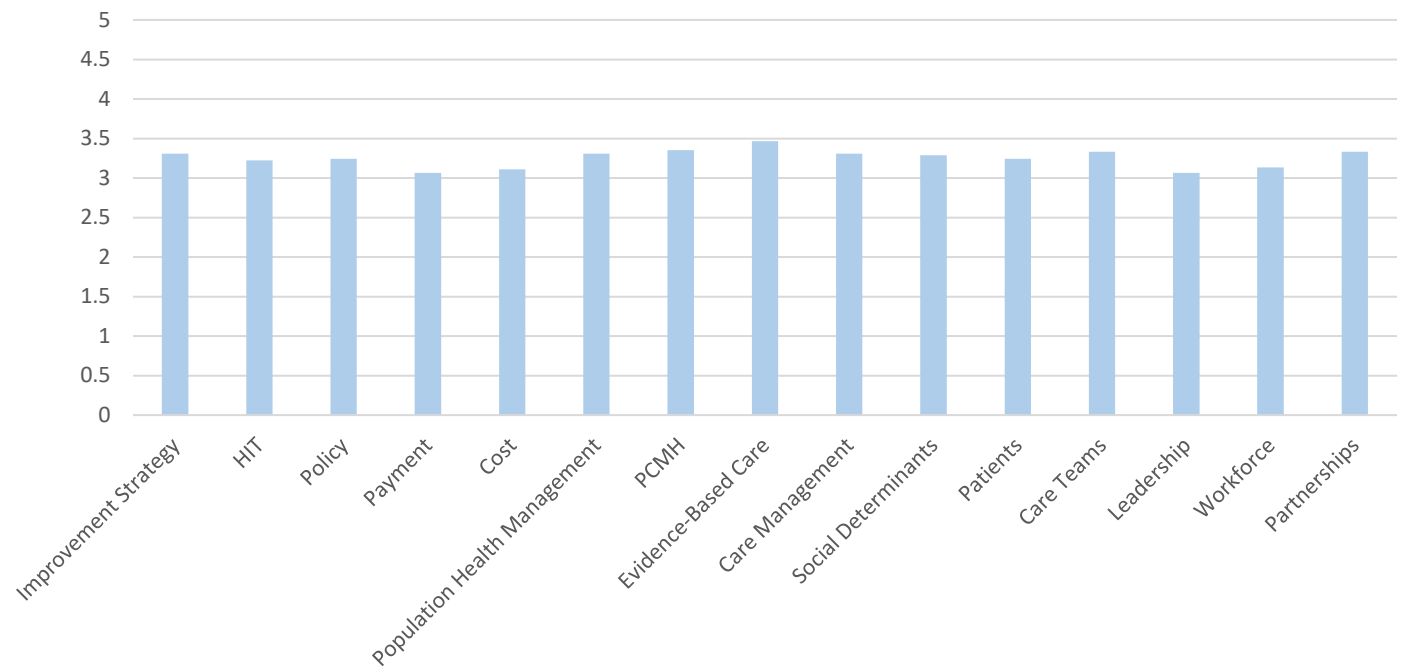
Meet The Trainers!

Kelly Volkmann, MPH

Seth Doyle, MA

Northwest Regional Primary Care Association

CHW Supervision 101–A

Supervising with Corazón de Servicio

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

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WELCOME! BIENVENIDXS!
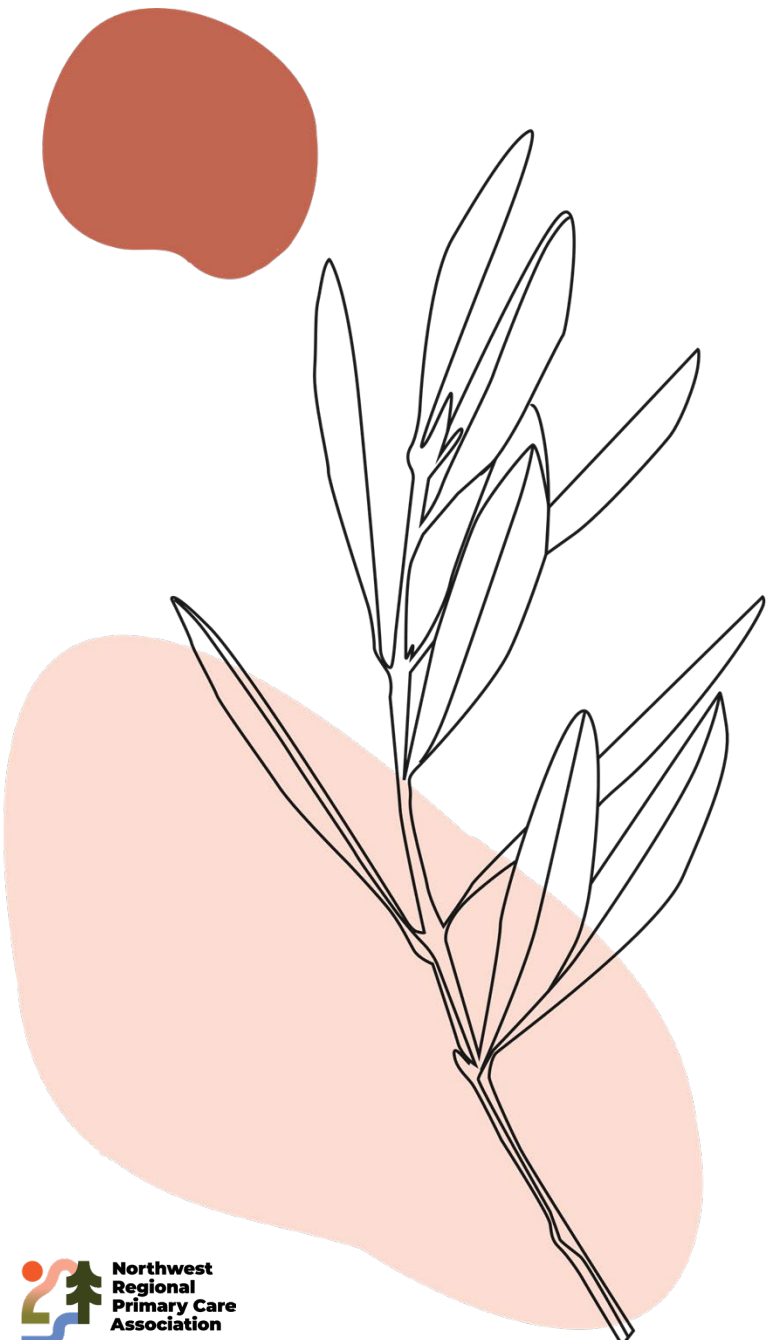
Who is joining us today?

Let's have some fun...Please put into the chat:

- Your name
- Pronouns
- Agency
- Your favorite fall activity
    - Kelly's is picking apples!

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Objectives for today

1. Identify at least 3 skills, characteristics, and roles that CHWs can play

2. Describe the rationale for using a trauma-informed, supportive supervision, and situational leadership styles when supervising CHWs

3. Describe 3 qualities that a CHW supervisor needs to have to effectively supervise CHWs

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"Health starts where we
Live...
Learn...
Work...
and Play."

Jane Isaacs Lowe, Ph.D.

The "Social Drivers/Determinants of Health" **

The circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness.

The World Health Organization

** "SDOH"

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What SDOH** challenges do you see your clients dealing with every day?

→ Please unmute or share your thoughts in the chat box!

** Social Drivers of Health

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Health is affected by many factors...

Health insurance

Age

Sexual orientation

Social Class

Gender

Poverty

Health literacy

Food insecurity

Language differences

Zip Code

Ethnicity

Transportation

Race and racism

Education level

Housing Instability

Discrimination

Work environment

Job type

Gender identity

Crushing rook for road

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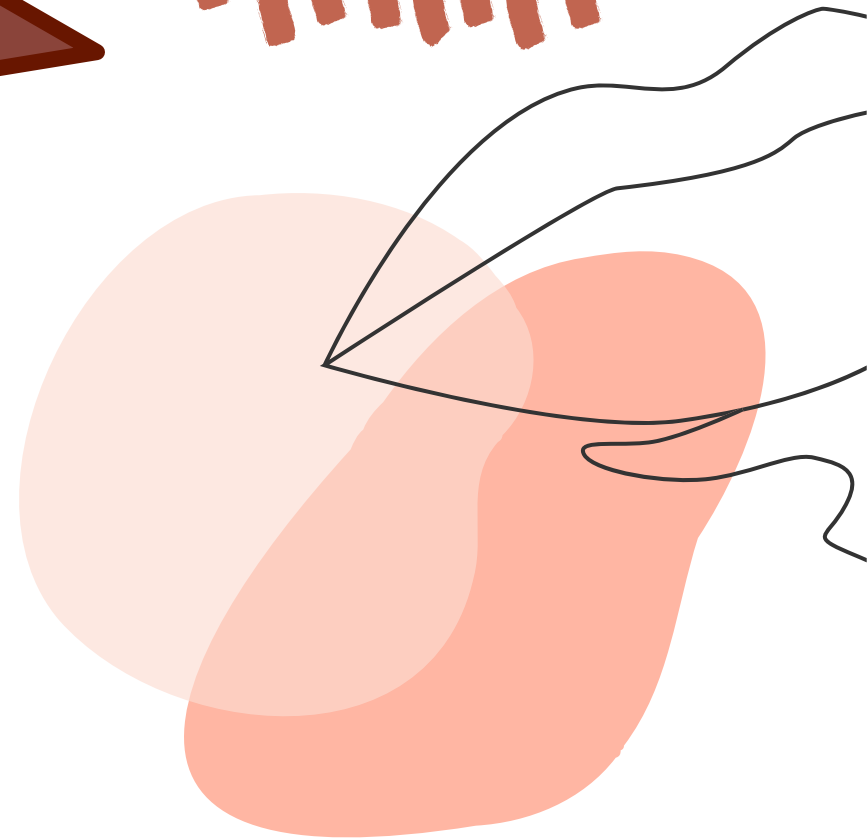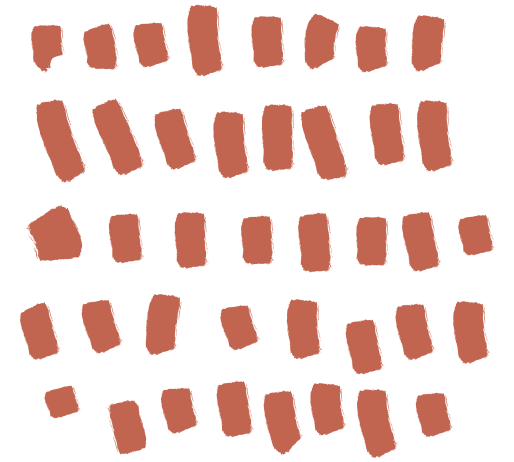
Who *is* a CHW?

- **Trusted** member of the community being served

- Shares similar characteristics
  - Language, culture
  - Socioeconomic circumstances
  - Chronic disease condition
  - Mental health consumer

- **"Someone I can relate to…someone who understands me… my barriers…and my *strengths*!"**

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Lived, shared experiences

- CHWs share lived experience with their communities
  - Overcoming barriers
    - Transportation
    - Language
    - Knowledge
  - Navigating systems
    - Health care
    - Social service
  - Individual and community strength, culture, power
- They are experts in helping community members find their way to systems of care and through barriers

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"As CHWs we always work with social determinants of health, sometimes in limited ways but wherever possible we are offering time, support, openness to families for connection to mental health supportive services/treatment as well as substance use/abuse treatment and supportive services."

CHWs have many titles…

- Promotor/a de Salud
- Health navigator
- Outreach worker
- Lay health educator
- Community health representative

Juan Amateur Photography

...but share the same skills and roles

CHW Roles: *CHW Core Consensus (C3) Project*

1. Cultural mediation among individuals, communities, and health / social service systems

2. Providing culturally appropriate health education and information

3. Care coordination, case management, and system navigation

4. Providing coaching and social support

5. Advocating for individuals and communities

6. Building individual and community capacity

7. Providing direct service

8. Implementing individual and community assessments

9. Conducting outreach

10. Participating in evaluation and research
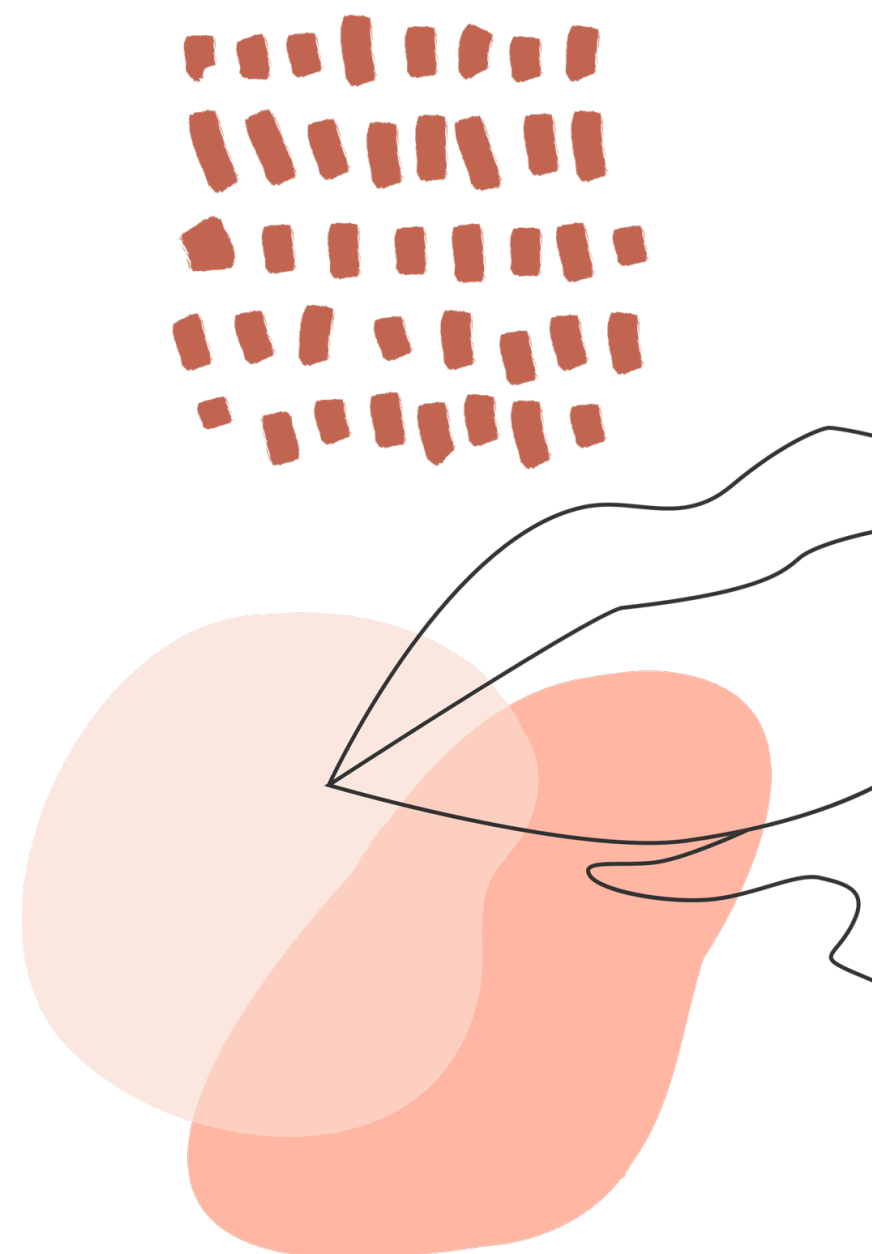
CHWs – Unique Workforce

- CHWs may...or may not...have:
  - College degree
  - Technical writing or computer skills (for reports, etc)
  - Experience with working in a health care or community-based organization
  - Comfort talking with health care professionals as equal members of a care team...
- You – the supervisor – need to know what level of skills and education your CHWs have when they are hired...

...And commit to providing them with the additional training they might need to be successful!
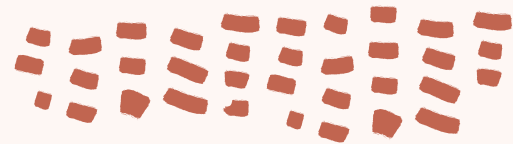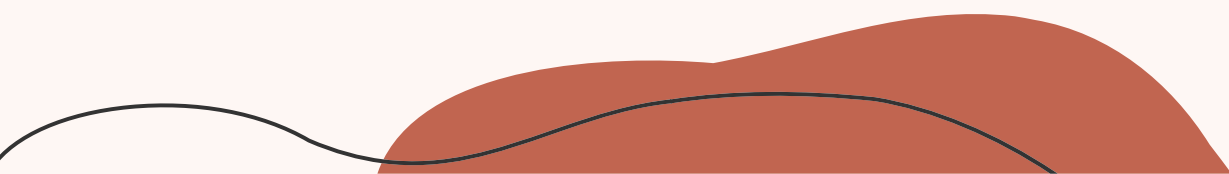
Let's take a
5-minute break to
stretch, hydrate,
and relax!

As we are returning to the group, let's take a minute to…
Cat Stretch!
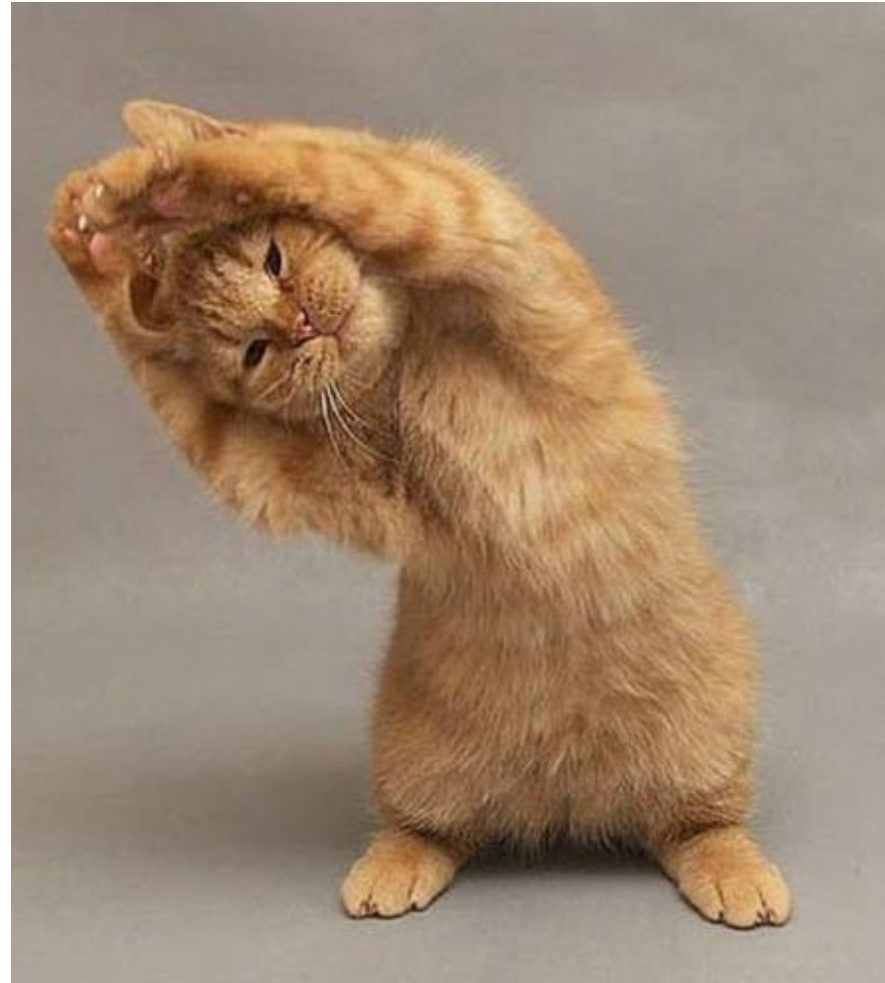
Kelly's Favorite!

Flexible Supervision Styles

- Supervisor will need to adjust supervision style to accommodate this diversity
  - Supportive Supervision
    - Coaching versus more directive

  - Trauma-informed Supervision
    - Follows the principles of trauma-informed care

  - "Situational Leadership" style
    - Supervisor tailors style according to where employee is in their development and learning curve

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Supportive Supervision

Supportive Supervision is helping to make things work, rather than checking to see what is wrong...

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Supportive Supervision

Supportive Supervision decreases job stress that interferes with work performance and provides the supervisee with nurturing conditions that complement their success and encourage self-efficacy.

National Association of Social Workers

Northwest Regional Primary Care Association

Supportive Supervision

Supportive supervision is a process of helping staff to continuously improve their own work performance.

It is carried out in a ***respectful and non-authoritarian way*** with a focus on using supervisory visits as an opportunity to improve knowledge and skills of health staff.

World Health Organization, 2008

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Trauma–Informed Supervision

"Good Supervision is Trauma-Informed Supervision."

What are some examples of trauma that your clients might have experienced?

Let's do a "Chatterfall"

- Open your chat box so that you can see it on your screen

- You will have 30 seconds to write your response to the question in the chat **but don't hit enter!**

- At the end of 30 seconds, I will give the cue to hit enter and everyone will enter their responses at the same time

- We will see the "Chatterfall" of responses, and will take a few mins to read them out loud ☺

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Trauma-Informed Supervision

- CHWs are likely to have experienced or continue to experience historical, vicarious, *and* personal trauma

- If not addressed, can lead to burnout and compassion fatigue

- It is important to take a trauma-informed approach to supervising CHWs

- **The *guiding principles of trauma-informed care* can provide guidance for supervising CHWs**

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Guiding Principles of Trauma–Informed Care

1. Safety

2. Trustworthiness and transparency

3. Peer support and mutual self–help

4. Collaboration and mutuality (positive, interactive relationship between people)

5. Empowerment, voice, and choice

6. Cultural, historical, and gender issues

Supportive and trauma-informed supervision tools
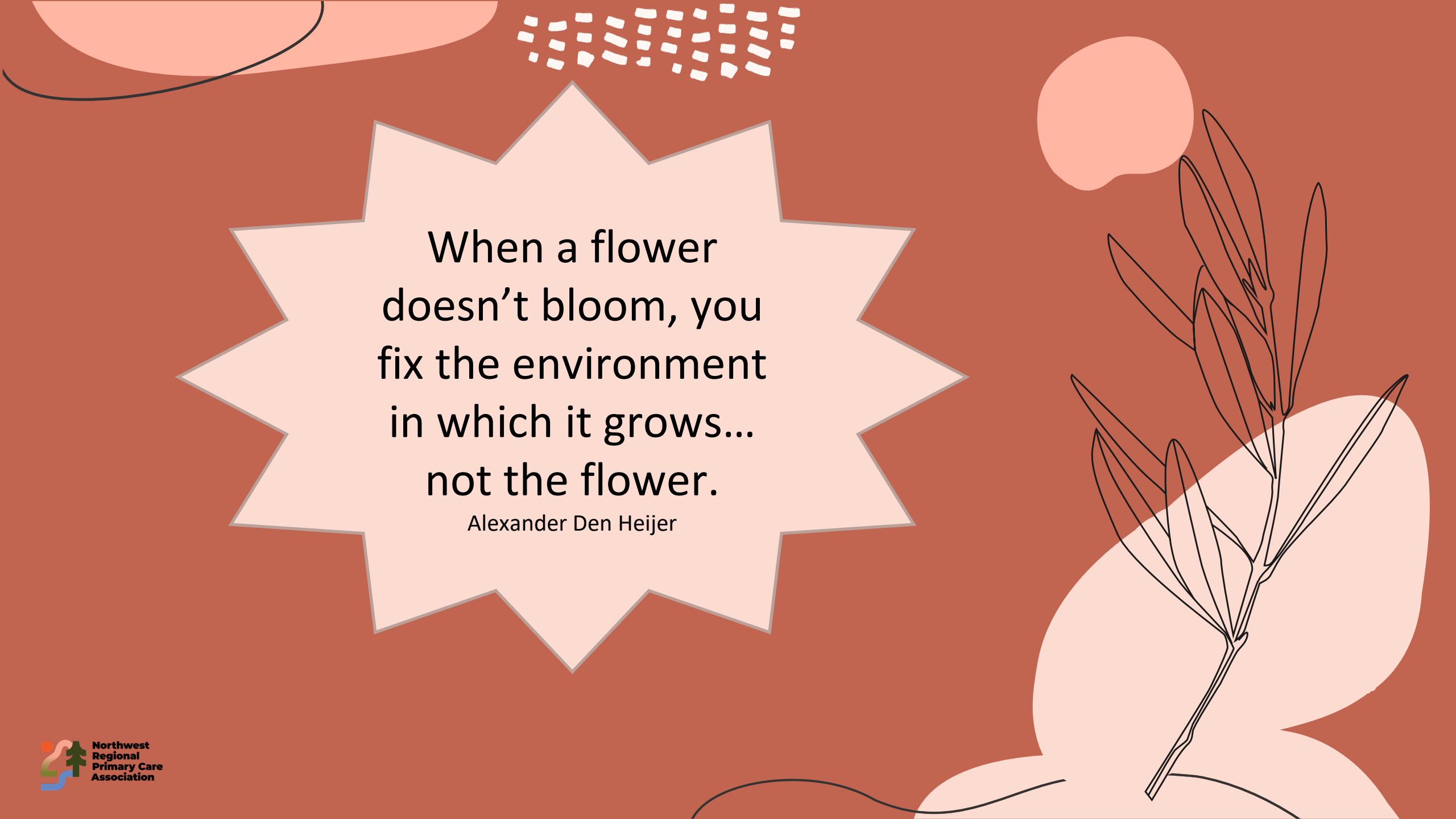
- Provide emotional support

- Model healthy work-family behaviors

- Help staff solve schedule conflicts

- Think strategically about work-life issues

- Provide resources

- Coach and praise employees

- Model safe behavior

What do you think?

How can we use these supervision tools in our work as supervisors and in our supervisory systems?

Please unmute or share your thoughts in the chat box!

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When a flower doesn't bloom, you fix the environment in which it grows... not the flower.

Alexander Den Heijer

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Situational Leadership

Situational Leadership accounts for different skill and confidence levels, and can deliver the right amount of direction and support

Situational Leadership

"Support" in this model refers to actions that develop mutual trust and respect, resulting in **increased motivation and confidence**

Supporting
Low Directive

High Supportive

High Competency

Low Motivation

Coaching
High Directive

High Supportive

Low Competency

Low Motivation

Delegating
Low Directive

Low Supportive

High Competency

High Motivation

Directing
High Directive

Low Supportive

Low Competency

High Motivation

Supervisor →

CHW →

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https://probings.wordpress.com/2013/10/02/situational-leadersh

How Situational Leadership worked for me…

- Talented, bright, eager and enthusiastic CHW – "Juana"

- Very competent in her role as a Medicaid application assister and community resource navigator

- Juana was working with "High Competency, High Motivation"

- My supervision style was **"Delegating" with "Low Supportive, Low Directive" behaviors**

- Juana didn't need me to micro-manage her

- I gave instructions, job assignments, and support as needed

- Had confidence in Juana's ability to perform well

Supporting — Low Directive, High Supportive — High Competency, Low Motivation

Coaching — High Directive, High Supportive — Low Competency, Low Motivation

Delegating — Low Directive, Low Supportive (Kelly) — High Competency, High Motivation (Juana)

Directing — High Directive, Low Supportive — Low Competency, High Motivation

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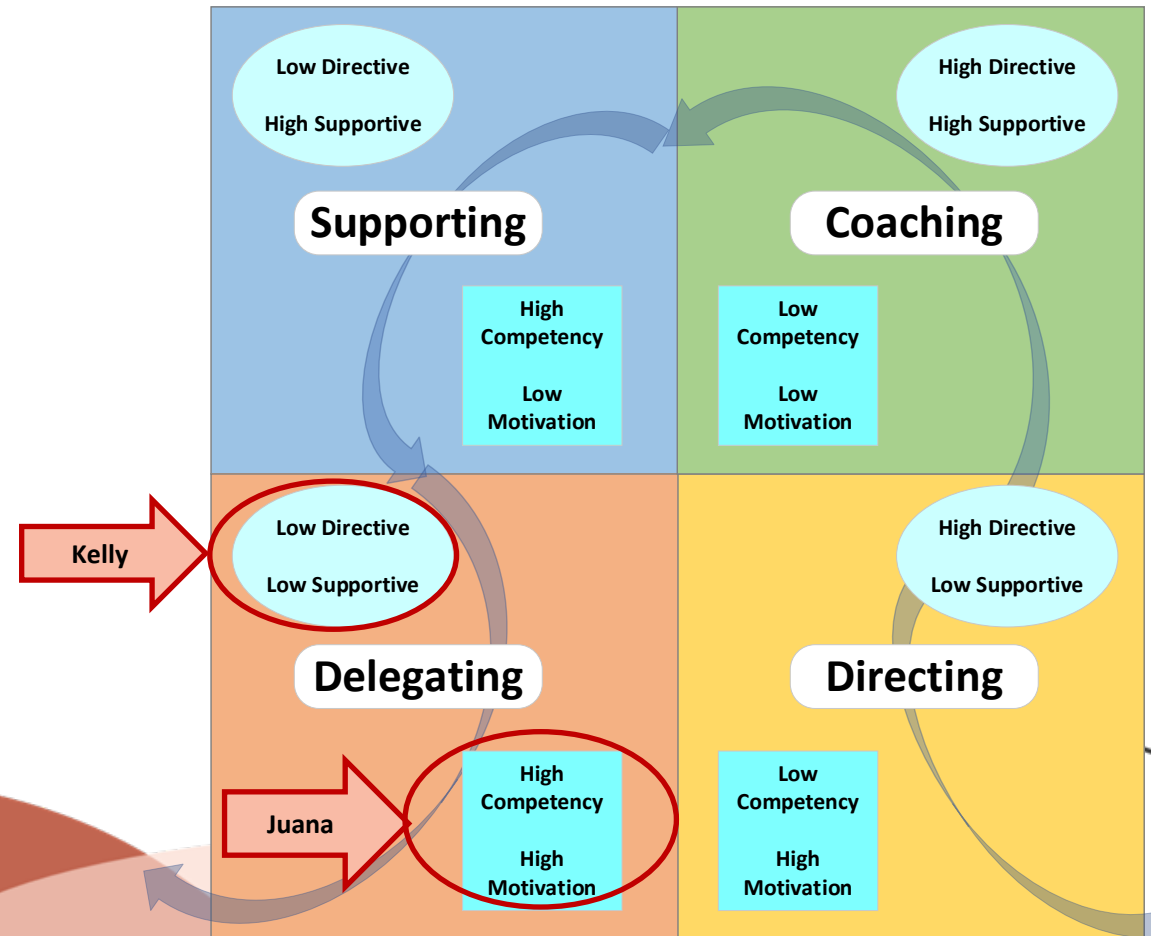
But then…

- Juana moved into a clinical CHW position
  - More responsibilities, more to learn
  - Much less comfort initially and steep learning curve
  - But she was still very motivated to learn

    - Juana was now "Low Competency, High Motivation"

    - But even though Juana needed more direction and guidance, *I didn't change my Delegating style*

    - This left Juana confused, ineffective, anxious, and no longer performing well

Supporting
Low Directive
High Supportive
High Competency
Low Motivation

Coaching
High Directive
High Supportive
Low Competency
Low Motivation

Delegating
Low Directive
Low Supportive
Kelly
High Competency
Motivation

Directing
High Directive
Low Supportive
Low Competency
High Motivation
Juana
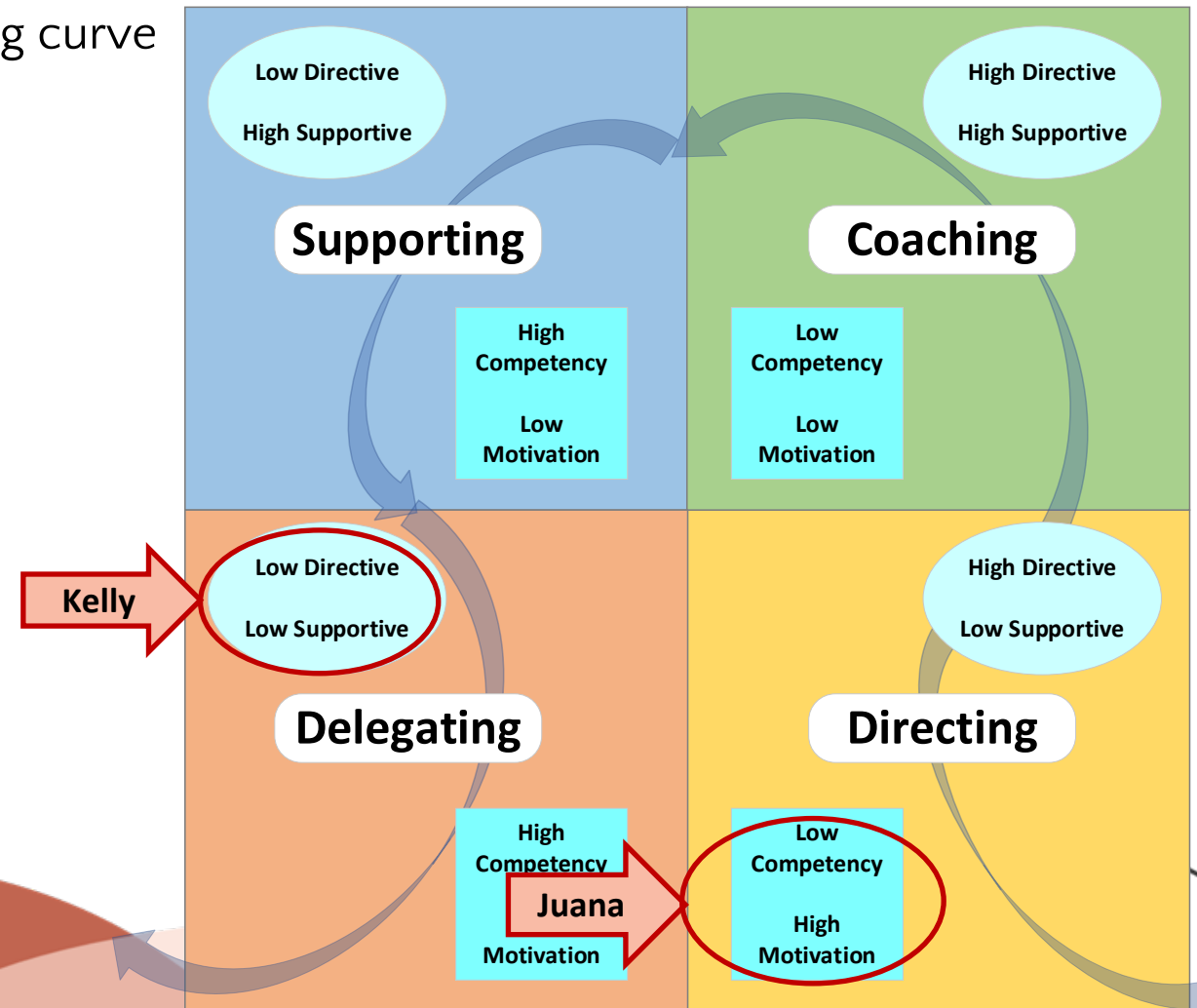
Adaptation and flexibility on my part...

- Once I realized what was happening, I changed my style to be more *"Directing"*
  - I gave very clear instructions with lots of examples, increased teaching and learning opportunities
  - I followed up with her and had frequent check-ins, but it was less about asking for her input and creative ideas
    - That came later as she became more competent at her work and needed more motivation to continue

- Once I was using the appropriate supervision style, it was only a matter of months before Juana's competency level increased

- I could move back to a *Delegating* supervision style
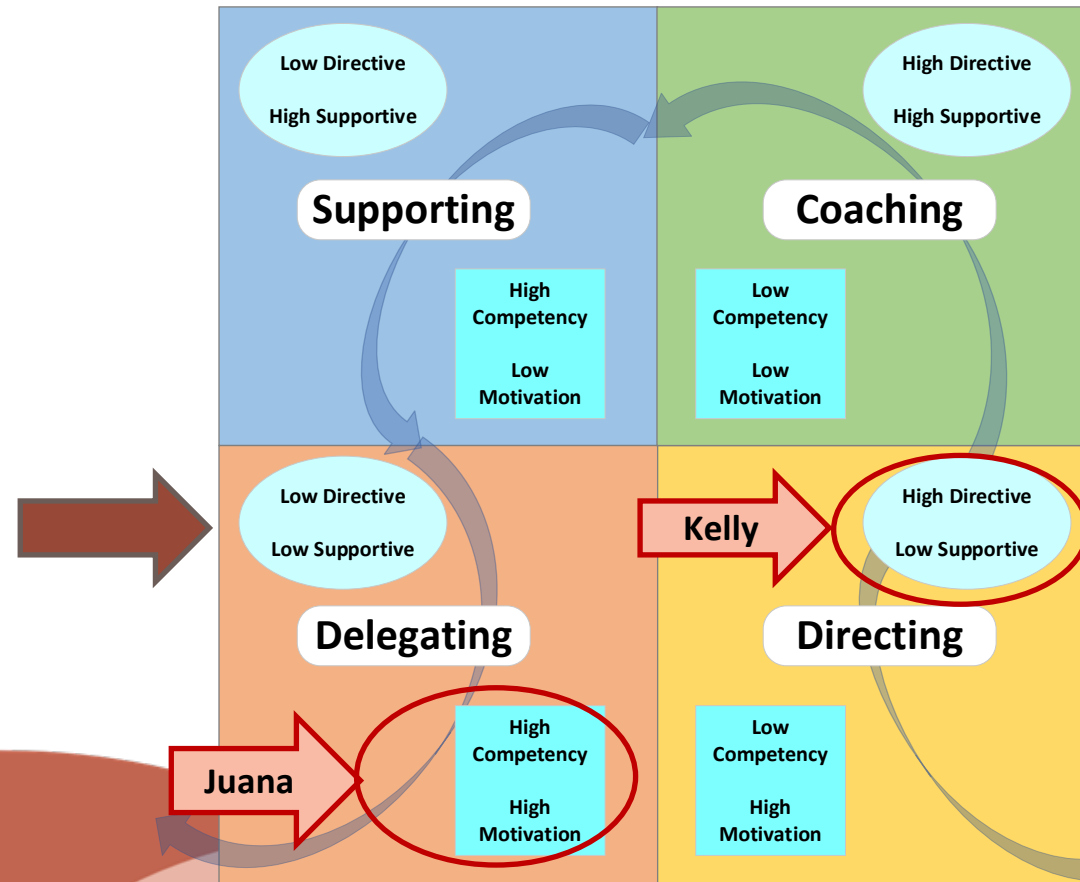
Case Study Time!

- Christian will put you into small break-out rooms (2-3 people)

- Please have your copy of the Case Study that was emailed to you this morning – Page 1 is the Case Study, Page 2 is a copy of the tools needed

- With your group, read through the case study and discuss questions using the tools we have been learning about

- No right or wrong answers...

- You will have about 8 minutes for your discussion

- We would love to hear your insights when you return!

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Please share your
supervision insights
and suggestions
with the group!

It takes a village for a good supervisor to blossom!

YOU – the CHW Supervisor – are crucial to the success, growth, and professional development of the CHWs on your team.

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Tool Kit Resources

Supervisor Self-Assessment Guide
Source: Taken from the "Community Health Worker Assessment Toolkit" (Citation below)

Supervisor Self-Assessment Guide

Although we do not provide a specific self-assessment tool for supervisors in this report, supervisor self-assessment is an important aspect of CHWs' success. CHW supervisors can act as mentors, advocates, and coaches. Therefore, it is important to consider the effectiveness of CHW supervisors. This can be accomplished through self-assessment by the supervisor and also assessment of the supervisor by the CHW. Assessment questions may include:

1) What skills and qualities are necessary for a good CHW supervisor?

2) What are ways I can better support the CHWs I supervise?

3) Is the structure of supervision (individual vs. group) appropriate for the CHWs I supervise?

4) Is the frequency of supervision (monthly,

5) Am I available outside of immediate super

6) Am I supervising a manageable number of

NOTE: The Code of Ethics listed below was disseminated during the annual national Unity conference held by The Center for Sustainable Health Outreach (CSHO) in June 16-19, 2008 in Albuquerque, New Mexico. The theme for the conference designed by and for Community Health Workers was "Community Health Workers: The Winds of Change - From Grass Roots to Ground Breaking Public Health Professionals." The Code of Ethics will be in the CHW text book developed by City College/Community Health Works in San Francisco.

Code of Ethics for Community Health Workers

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community she or he serves. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

Supportive supervision: techniques for being a great leader

This resource is part of SAIF's leadership project, which is meant to help employers and leaders of organizations es strong and sustainable safety cultures using research-based concepts and strategies.

Adapted from "Family Supportive Supervisor Behaviors" by Leslie Hammer, Ph.D., Portland State University

The Safety and Health Improvement Program is a great way to build and sustain supportive supervision. Access the training here, that includes access to tracking forms.

saif.com/learntolead

Juggling work demands and family responsibilities can cause stress, which can affect health, as well as job safety and quality.

Supervisors are the key to increasing worker engagement on the job, improving worker being, and reducing workplace injuries. Family and personal support and safety suppor behaviors are great ways supervisors and managers can help workers ease the stress and family life.

Family and personal support behaviors require supervisors to focus on specific, repeated behaviors, such as these:

Work-life support

- Creative management
- Emotional support
- Daily job and personal problem solving
- Model healthy work-life behaviors

PCAR
A Guide to
Trauma-Informed Supervision

Guidelines for a Vicarious Trauma-Informed Organization
Supervision

WHAT IS A VICARIOUS TRAUMA-INFORMED ORGANIZATION?

Vicarious trauma (VT), the exposure to the trauma experiences of others, is an occupational challenge for the fields of victim services, emergency medical services, fire services, law enforcement, and others. Working with victims of violence and trauma changes the worldview of responders and puts individuals and organizations at risk for a range of negative consequences (Bell, Kulkarni, and Dalton, 2003; McCann and Pearlman, 1990; Newell and MacNeil, 2010; Vicarious Trauma Institute, 2015; Pearlman and Saakvitne, 1995; Knight, 2013). A *vicarious trauma-informed organization* recognizes these challenges and proactively addresses the impact of vicarious trauma through policies, procedures, practices, and programs.

For more information on vicarious trauma and its effects, visit https://vtt.ovc.ojp.gov/.

(NOTE: Although these guidelines were created by a victim services organization, they contain insights and practices that first responder organizations can modify for their own use.)

- Affirm the importance of staff and volunteers and the work they do for the organization to advance its mission (Canfield, 2005).
- Provide regularly scheduled supervision that is evaluated by both the supervisor and the employee or volunteer.
- Acknowledge staff differences (e.g., in culture, race, identity, gender, survivor status, work experience) and discuss how they inform one's work and experience of VT.
- Openly discuss exposure to trauma and the resources available to help employees and volunteers address VT.
- Ensure that any discussion of the trauma history of a staff member or volunteer is solely to identify its potential impact on their work and their risk for vicarious traumatization.

Manage Workload and Expectations

- Monitor staff and volunteer workloads and jointly set realistic expectations for meeting clients' needs including, but not limited to, extra time for non-English speaking clients, time for writing notes, formal and informal meetings, stress-reducing and self-care activities, and time off (Schauben and Frazier, 1995).
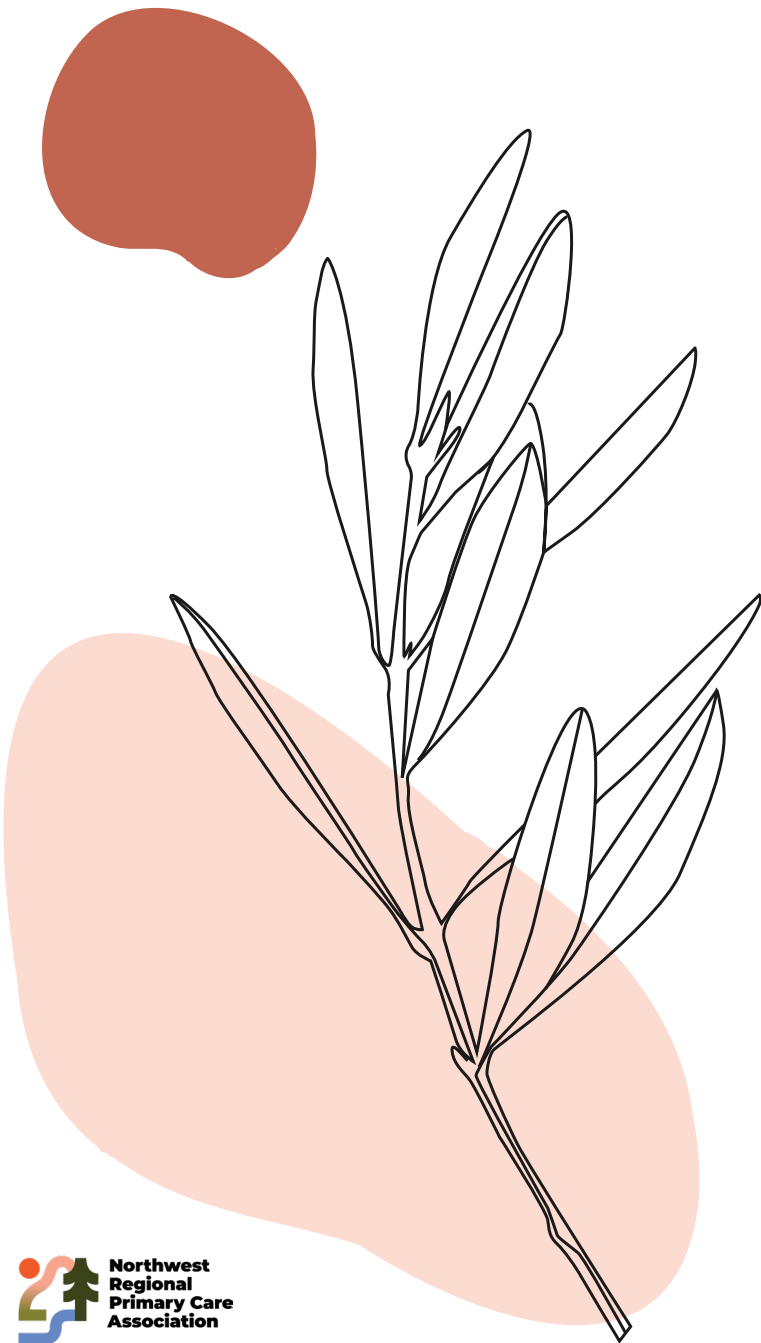
E-BOOK
Creating a *Trauma-Informed* System of Care
Addressing Individuals, Professionals, and Organizations

Northwest Regional Primary Care Association

Thank you!

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Course Goals

- The NACHC Quality Center recognizes the critical importance of providing access to training opportunities for health center professionals to build skills, develop competencies, and advance careers while driving improved patient care and health outcomes.

- These trainings support health centers to achieve the Quintuple Aim

Improved Health Center

Performance

through

Systems Transformation

IMPROVED HEALTH OUTCOMES

IMPROVED PATIENT EXPERIENCES

EQUITY

IMPROVED STAFF EXPERIENCES

REDUCED COSTS
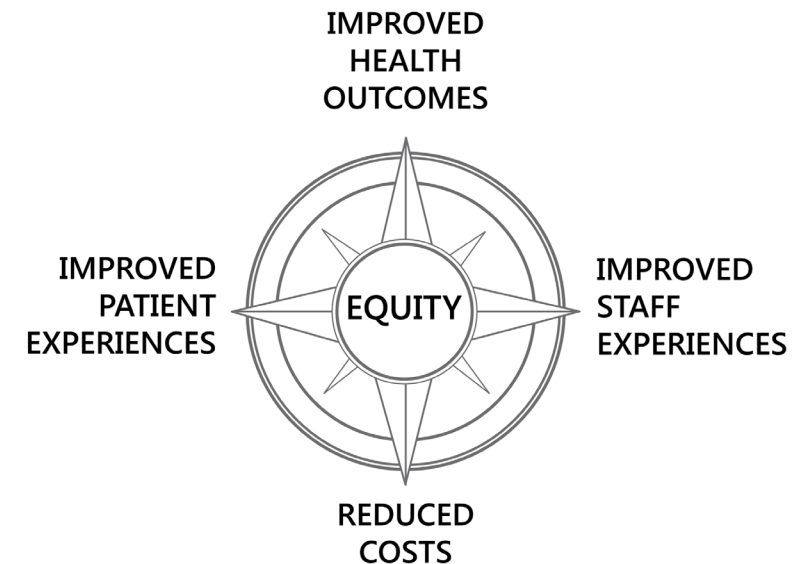
Course Schedule

Course Schedule	2023 Dates	Time
CHW 101: Live, Session #1	September 12	3:30 – 5:00 pm ET
CHW 101: Live, Session #2	September 19	3:30 – 5:00 pm ET
Office Hours #1	September 20	4:00 – 5:00 pm ET
CHW 201: Live, Session #1	September 26	3:30 – 5:00 pm ET
CHW 201: Live, Session #1	October 3	3:30 – 5:00 pm ET
Office Hours #2	October 4	4:00 – 5:00 pm ET

Thank you!

Next Live Session is on **Tuesday, September 19th 3:30pm-5:00pm ET**

Questions? Contact **kvolkmann@nwrpca.org** or **QualityCenter@NACHC.com**