NATIONAL ASSOCIATION OF Community Health Centers®

HEALTH CENTER PROFESSIONAL DEVELOPMENT PROGRAM

COMMUNITY HEALTH WORKER
PROFESSIONAL SKILLS TRAINING, POWERED BY

HealthTeamWorks®
Health. Equity. Resilience.

LIVE LEARNING SESSION 3
DECEMBER 19, 2023
11:00 – 12:30 AM ET

In Partnership with the CDC

This program is made possible through the partnership and support of the Centers for Disease Control and Prevention (CDC)

NACHC's Fall 2023 training opportunities focus on health center staff who support healthy aging and brain health as part of whole-person care.

Key health center roles in brain health and dementia reduction and early detection:

- Community Health Workers (CHWs) and CHW Supervisors
- Care Managers & Care Manager Supervisors
- Quality Improvement Staff

This national professional development series and peer-to-peer professional network included:

200+ health center staff

150+ health centers

36 states, DC, and Puerto Rico

Driving Health Center Value Transformation

Initiatives and learning opportunities are…

Grounded in the

Value Transformation Framework

elevate

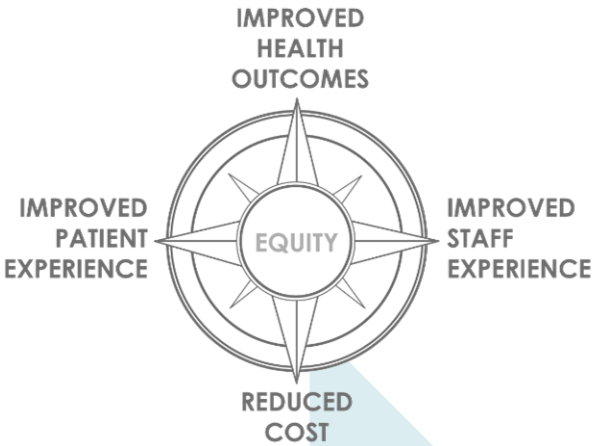
Operationalized through the

Elevate National Learning Forum

700+ Health Centers
77 PCAs/HCCNs/NTTAPs
6000+ Health Center Peers
15,000,000 Patients

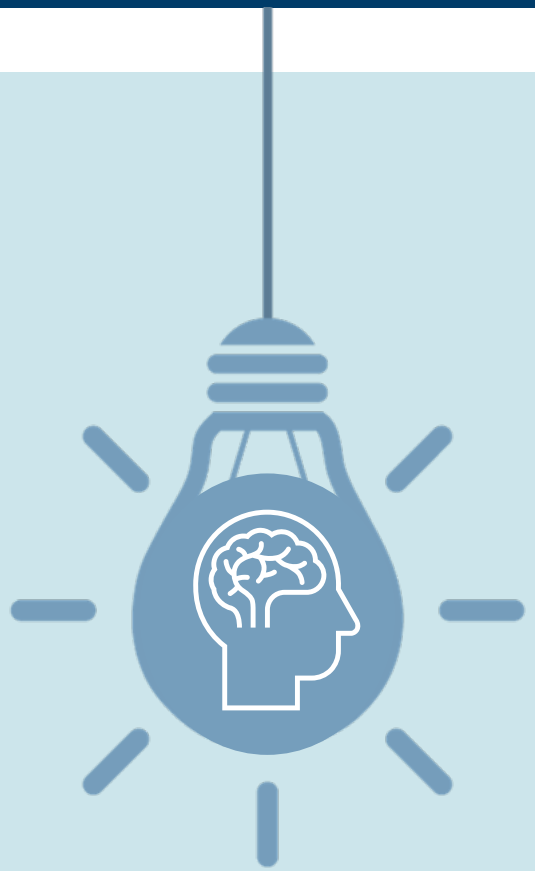
Offered to staff supporting Brain Health

CHW 101 Training



Achieving **Quintuple Aim** Goals

The Aging Population: Is Your Health Center Prepared?



65+ years of age fastest growing health center patient population*

36% of health center patients 45+ years of age*

- 11% - 65+ years of age
- 25% - 45-64 years of age

6th leading cause of death in the United States+

Alzheimer's kills more seniors than breast and prostate cancer combined+

Non-Hispanic Black and Hispanic older adults disproportionately more likely than White older adults to have Alzheimer's or other dementias+

* NACHC, Community Health Center Chartbook 2023. https://www.nachc.org/community-health-center-chartbook-2023/

+ Alzheimer's Association. 2023 Alzheimer's Disease Facts and Figures. Alzheimer's Dement., 19: 1598-1695. https://doi.org/10.1002/alz.13016

The Aging Population: Your Health Center is Part of the Solution!

Primary care providers provide 85% of first diagnosis of dementia; provide 80% of care*

Providers and care teams:

- ✓ Can address modifiable risk factors which may slow dementia progression and modify comorbid conditions
- ✓ Address safety and incorporate advanced care planning
- ✓ Achieve cost savings and help reduce rate of hospital admissions in adults 65 years and older (1.78 greater risk of ambulatory care sensitive admissions+)
- ✓ Generate revenue for care management and other Medicare services: Annual Wellness Visits and Advanced Care Planning

+ Phelan EA, et. al., Association of incident dementia with hospitalizations. JAMA. 2012 Jan 11;307(2):165-72. doi: 10.1001/jama.2011.1964.
*Alzheimer's Association. 2023 Alzheimer's disease facts and figures. Alzheimer's Dement., 19: 1598-1695. https://doi.org/10.1002/alz.13016

The Aging Population: Your Health Center is Part of the Solution!

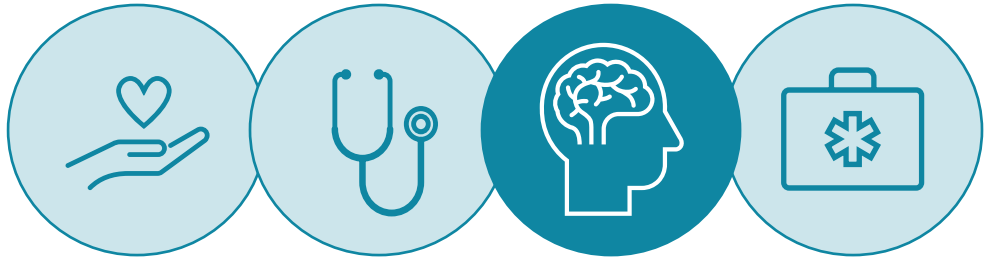
HOW to apply new skills to Dementia early detection and risk reduction?

- ✓ Review resources to understand signs/symptoms of dementia (early detection) – see next slide
- ✓ Update workflows (care management, annual wellness visits, advanced care planning) to include early detection and risk reduction
- ✓ Develop a systems approach to the management of chronic conditions; use tools to assess cognitive function
- ✓ Enhance and expand partnerships and community linkages to support early detection and risk reduction.
- ✓ Incorporate into your health center Improvement Strategy.

The Aging Population: Your Health Center is Part of the Solution!

For more information, access the NACHC 3-Part Webinar Series

1. Early Detection of Dementia & Reducing Risk Factors
2. Care Management for Patients with Dementia & Leveraging Reimbursement Opportunities
3. Health Center Partnerships & Community Linkages to care for Patients with/at risk for Dementia



Aging Population: Leverage the VTF and Elevate

Sample QI Workplan Activity:

1. **Incorporate** the VTF systems approach within your health center QI strategy, as an organizing approach for all age groups, including older adults
2. **Assess** health center progress in 15 areas of systems change using the VTF Assessment. To access the VTF Assessment go to www.reglantern/vtf.
3. **Join** a national learning community (Elevate) for free training and professional development opportunities. Register for Elevate at https://bit.ly/2023Elevate.
4. **Build** capacity to provide services that provide early detection and risk reduction for dementia in combination with attention to chronic conditions and social risk: Chronic Care Management (CCM) services, Annual Wellness Visits (AWV), Advanced Care Planning (ACP)
5. **Bill** code and bill for additional services (CCM, AWV, ACP)
6. **Improve** patient health outcomes and advance toward Quintuple Aim goals

Congratulations

You have now completed the NACHC Elevate Professional Development Course for CHW 101

★★★

We hope this training provided a rich opportunity to learn, share, and grow in your role!

Certificate of Completion: VTF Assessment

To receive your Certificate of Completion:

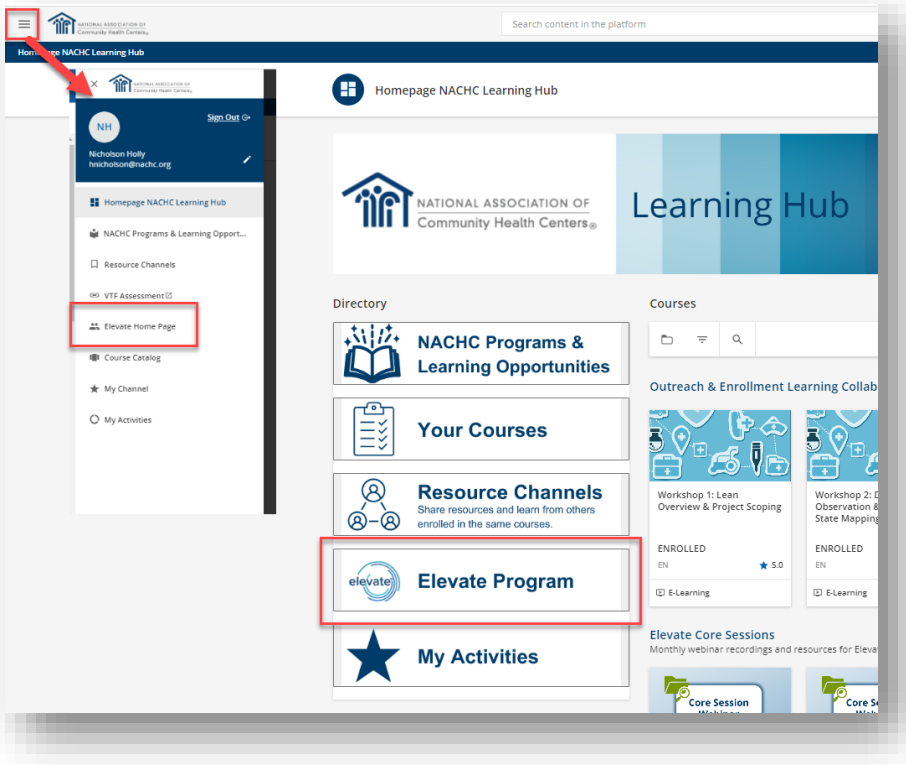
- **Ensure you, or someone from your health center, has completed the VTF Assessment.** The VTF Assessment enables health centers to measure progress in areas important to value transformation. CHWs and staff engagement/professional development opportunities are both important components!
- **Complete all course modules**

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

Access Course Materials & Other Resources

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

The NACHC Quality Center team is here to help!

Questions on how to access online content? VTF Assessment?

Contact **QualityCenter@NACHC.org**

This program is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) under cooperative agreement # 6-NU380T000310-05-04. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

CHW PROFESSIONAL SKILLS Live, Virtual Session Utilizing Community Resources

Presented by Iowa Chronic Care Consortium

CORE
COACHING | OUTREACH | RELATIONSHIP | ENGAGEMENT
Skills Development for Community Health Workers

IOWA CHRONIC CARE CONSORTIUM

Utilizing Community Resources

Tinika Y. Roland
CHW Registered Apprenticeship Certification
Lead Instructor

CORE
COACHING | OUTREACH | RELATIONSHIP | ENGAGEMENT
Skills Development for Community Health Workers

IOWA
CHRONIC CARE
CONSORTIUM

WHAT WE'LL COVER

- Describe the value of broad-based knowledge of and working with community resources to address client SDOH related needs and challenges.
- Examine strategies and practices for initiating and maintaining effective working relationships with community resources.
- Explore existing aids to locating, understanding, and connecting to community resources such as 211, Find Help, and others.
- The elements of a community outreach plan and community resource guide.

COMMUNITY RESOURCES & OUTREACH OVERVIEW

- What are Community Resources
- Benefits of Using Community Resources
- What is Community Health Outreach
- Community Outreach Overview
- The Importance of Identifying Social Determinants of Health
- The Value of a Community Resource Guide
- Tips for Developing Community Resource Guide


Community Resources

DEFINING COMMUNITY RESOURCES

Community resources encompasses a wide range of things to address social determinants of health, that may help people within the community. As long as it provides assistance or service to members of a local area, it may be considered a community resource. Community resources can include people, places, and activities.

BENEFITS

COMMUNITY HEALTH WORKERS

Qualities of Successful Health Outreach Workers

COMMUNITY HEALTH OUTREACH

WHAT IS COMMUNITY HEALTH OUTREACH

Increase Awareness	What are the health issues in the community?
Promote Health Knowledge	What changes in health behaviors that need promoting?
Recruit Research Participants	Are there specific areas you can recruit participants for research? (i.e. Expecting parents to see the effectiveness of the Count the Kicks app)
Establish Partnership Links	Are there health programs that can be introduced into communities to establish partnerships?
Increase Community Participation	What are the best ways to increase participation in health programs? (design, implementation, evaluation?)
Mobilize Community	How can you mobilize people to participate in community organizing advocacy. (i.e. Expand access to healthcare)

COMMUNITY HEALTH OUTREACH

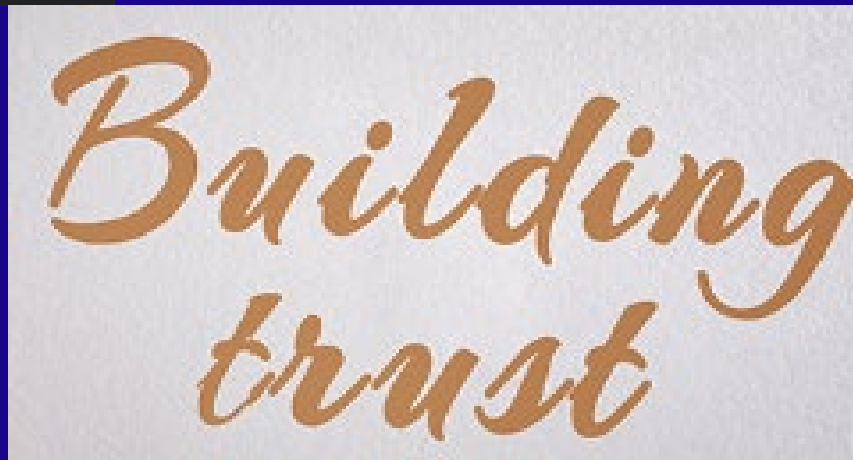
TYPES OF OUTREACH

One on One	1:1. Conversation with a person and able to address individual questions and/or concerns
Group Level	Speak to groups from the target/priority population intended to serve. (Homeless, WIC, LGBTQ)
Company/Agency	Speak with a representative from an institution to be able to share information with their members (unions, churches, businesses)
City, County, State	Focus on a specific population within a city, county, state. (campaigns to reach youth, families, pregnant women, smokers etc.)
Neighborhood	Time in the neighborhood speaking to people who live and/or work in the community.
Venue-Based	Target specific places in which the target population spends significant time. (schools, public housing, homeless camps)

COMMUNITY ENGAGEMENT

Identify Key Leaders	Identify health issues & health outcomes
Identify sites/venues	Organize an outreach team
Visit local agencies and review agency websites	Share information with people in need

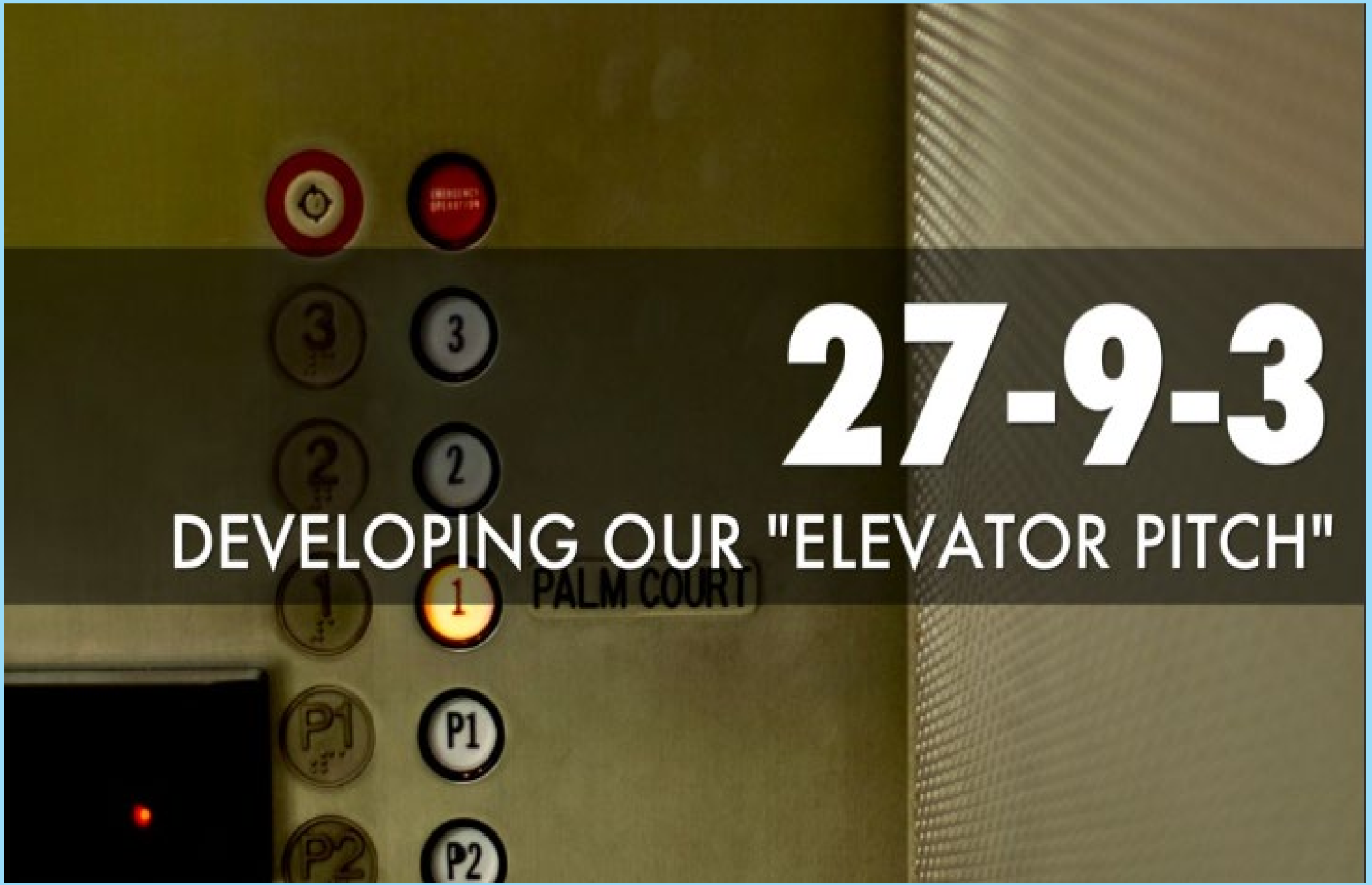
BUILD COMMUNITY IN PUBLIC



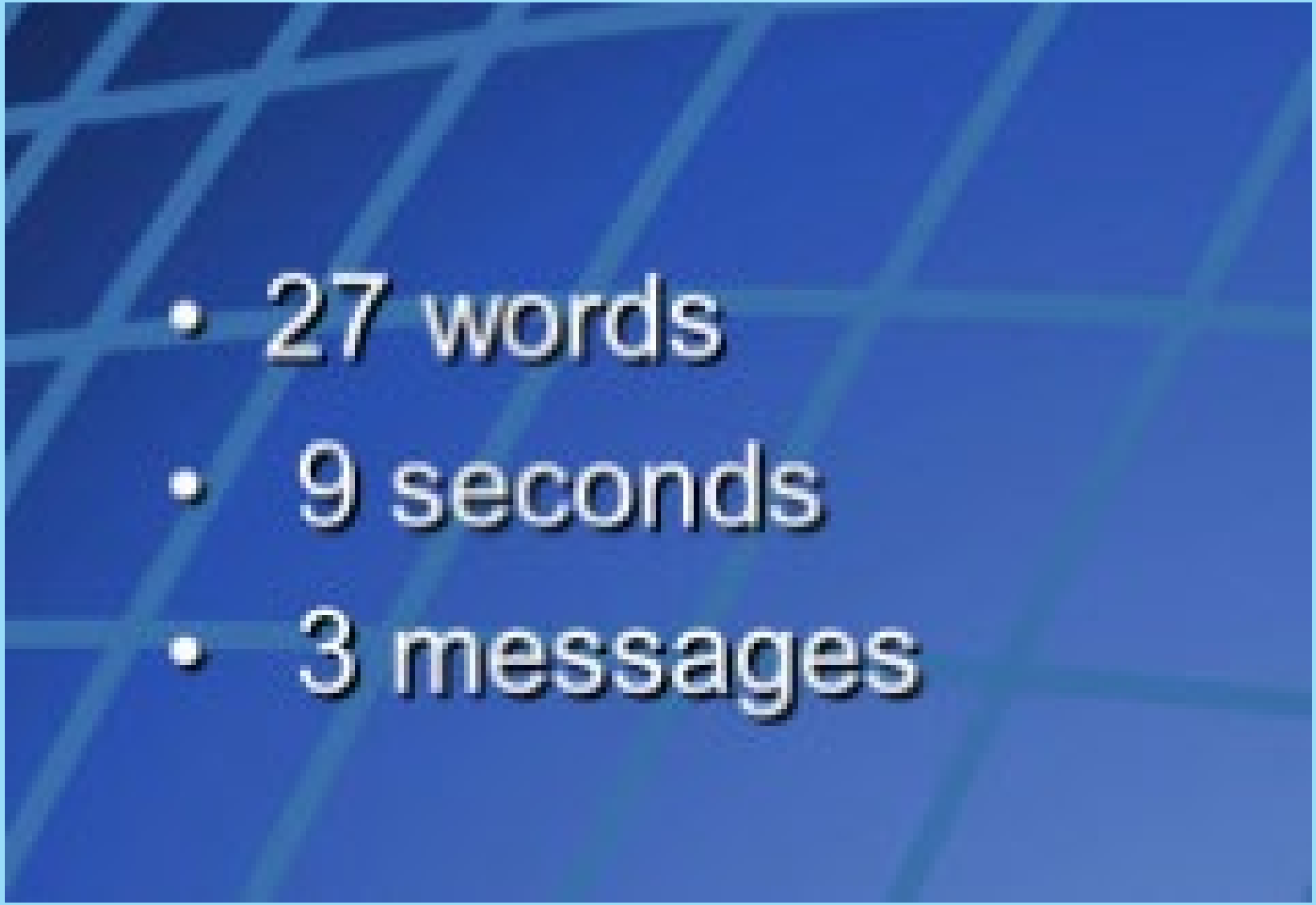
Outreach Relationship Building

Contact People You Know	Community Involvement
Influencers in community	Listen/Observe (Big Eyes, Big Ears….)
Network with Community	Patience
Community Agencies with Shared Goals	Keep Promises
Community Forum	Follow Through & Be Respectful

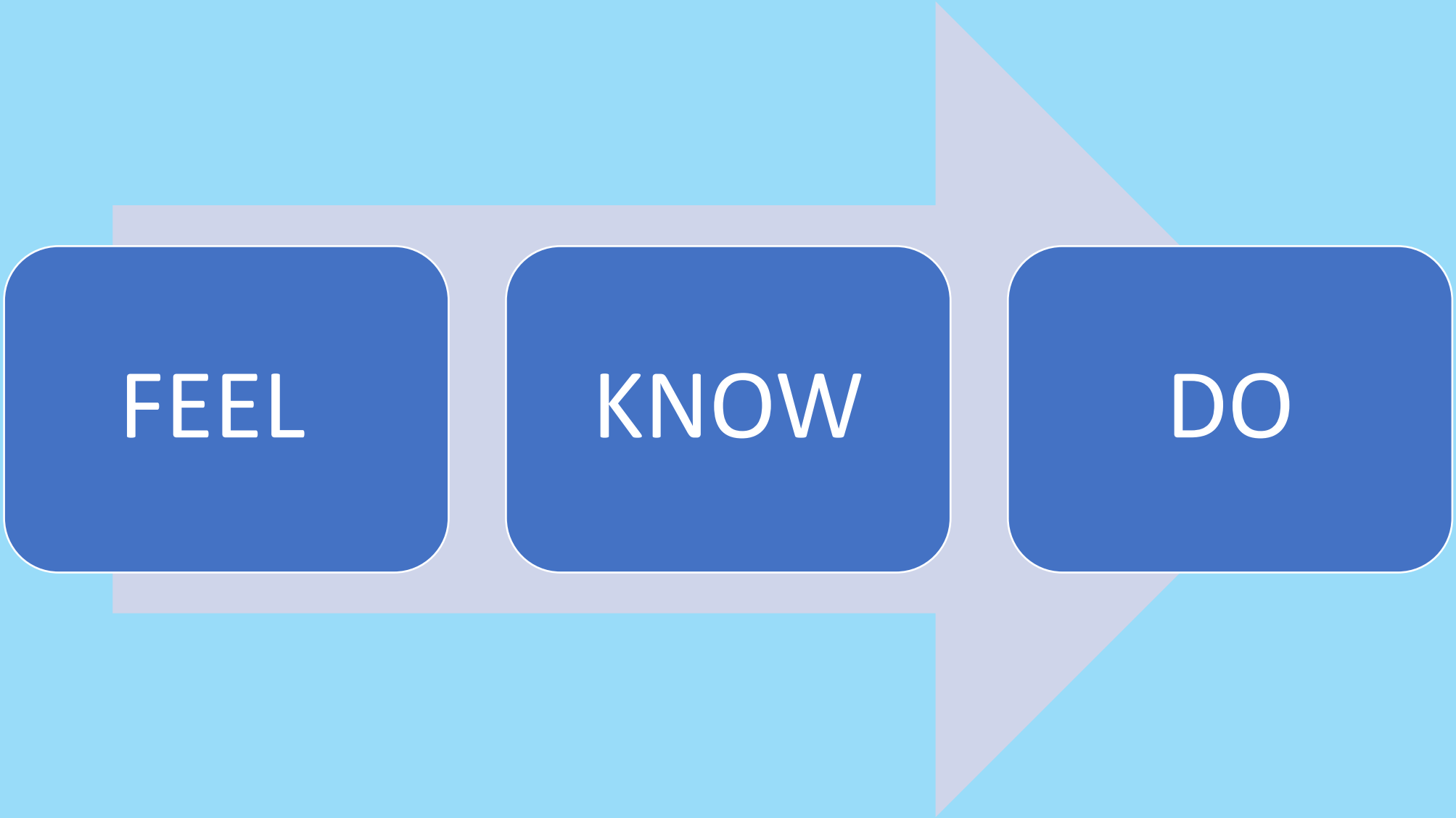
TO DO	vs.	NOT TO DO
Keep client discussion confidential		Don’t break confidentiality
Treat everyone with dignity & respect		Don’t pretend
Clarify Role		Don’t spend all time with one client
Be Honest		Don’t discriminate
Spend time wisely		Don’t rush
Listen & Know Limitations		Don’t make promises you can’t keep


27-9-3
DEVELOPING OUR "ELEVATOR PITCH"
PALM COURT
3
2
1
P1
P2

27- 9 -3 Quick Tips



27- 9 -3 Messaging



Iowa Public Health Association 27- 9 -3

Children have the right to be healthy.
We have the tools to prevent disease.
We owe it to our children to maintain Iowa's strong culture of immunization.

What is Health Equity

Health Equity is the absence of avoidable health-related differences among groups of people from different backgrounds. A person's background can include their race, ethnicity, nationality, immigration status, socio-economic status and more. Health equity also relates to the absence of avoidable differences among groups of people based on where they live, work, go to school or spend large amounts of time. This can include geographic areas like neighborhoods, towns, cities or entire states and countries. Oftentimes someone's background and where they live work, or go to school are related, so both of these pieces are important parts of health equity.

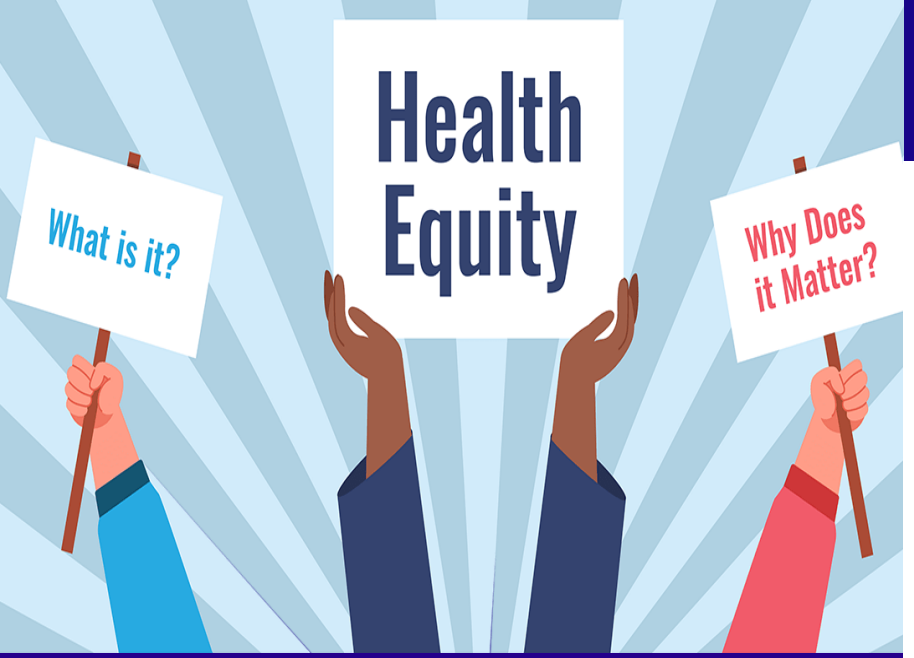


Figure 2

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community, Safety, & Social Context	Health Care System
Employment Income Expenses Debt Medical Bills Support	Housing Transportation Parks Playgrounds Walkability Zip Code/ Geography	Literacy Language Early Childhood Education Vocational Training Higher Education	Food Security Access to Healthy Options	Social Integration Support Systems Community Engagement Stress Exposure to Violence/Trauma Policing/Justice Policy	Health Coverage Provider & Pharmacy Availability Access to Linguistically And Culturally Appropriate & Respectful Care Quality of Care

Health and Well-Being:
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF

Housing

Employment

Access to Healthcare

Mental Health

Chronic Disease

Infectious Diseases

Health Education

Academic Education

Financial Literacy

Violence

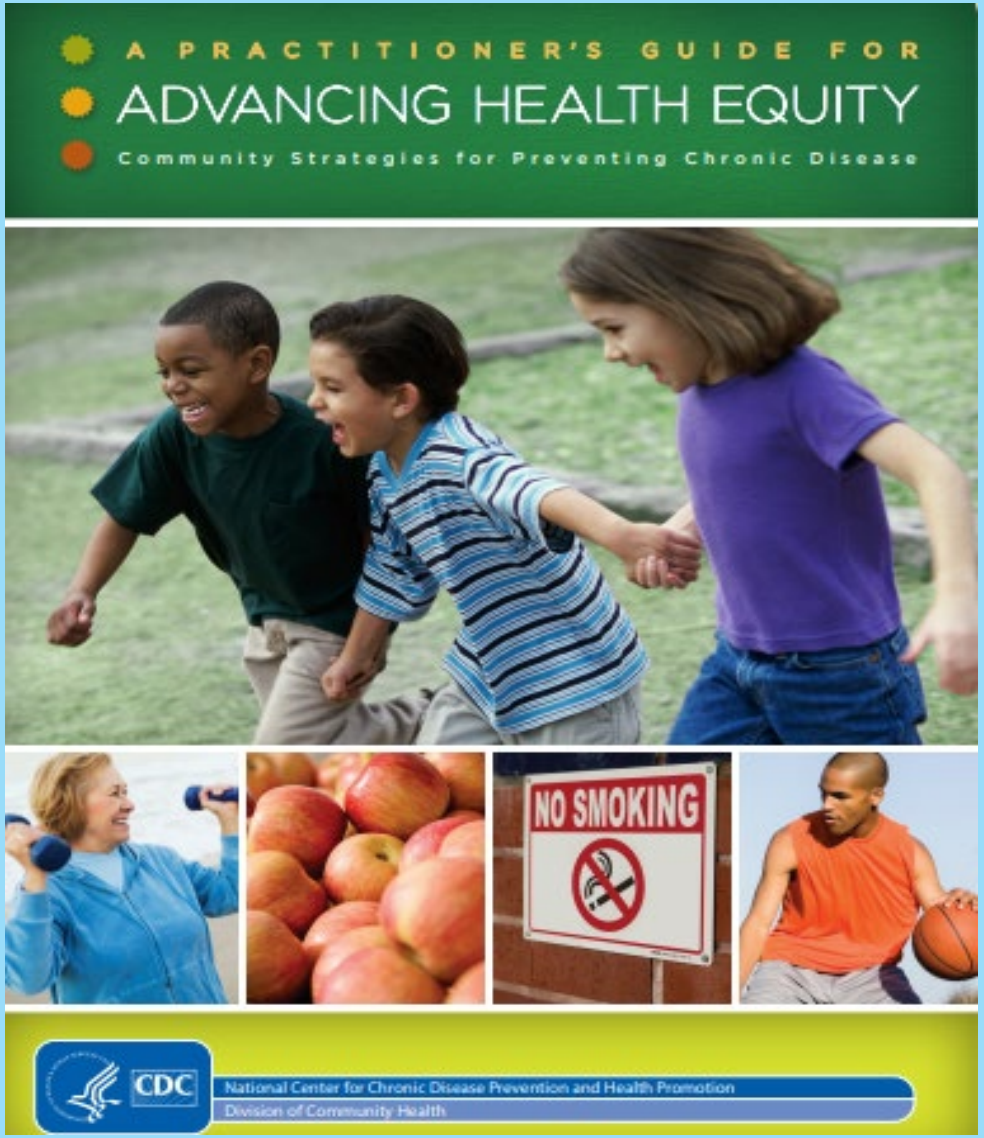
Substance Use

Testing & Screening

Research Study Enrollment

Social Justice

CDC Health Equity Guide



https://www.cdc.gov/nccdphp/dch/pdf/healthequityguide.pdf

Assess and Address Organizational Barriers to Community Engagement

Some organizations may be reluctant to begin an engagement process due to the necessary time commitment, the staff skills needed, and the ability to demonstrate effectiveness. There may also be concerns about the effort becoming unmanageable. To address these concerns, develop engagement plans and principles that provide a systematic approach to conducting engagement activities. Additionally, consider enlisting the help of other trusted organizations to build staff skills and support engagement efforts.

Select Engagement Techniques Appropriate for Your Context

Consider engagement techniques based on the purpose and length of engagement, as well as the resources available to your organization. Examples of engagement activities include interviews with community members, focus groups, community forums, community assessments and mapping, PhotoVoice, community-based participatory research, resident participation on boards or councils, and paid positions for residents within organizations.

Understand and Address Barriers That May Prevent Community Participation

Consider populations that are experiencing health inequities in your community (e.g., people of color, people with disabilities, LGBT populations) and potential barriers they may face with engagement efforts. Community members often have many demands and may be unclear about the value of their involvement. Respect community members' time and efforts by having a clear and agreed-upon purpose for engagement. When necessary, conduct meetings in native languages or provide interpretation or other services needed to address language and cultural barriers to participation. Conduct engagement activities at times and places that are convenient to the community and provide transportation or childcare services, if needed.

Support and Build the Community's Capacity to Act

Community members are vital assets for broader community improvements and may have a long-term interest in the community's well-being. Choose engagement activities that build on the capacity of community members. These activities can increase their awareness of health inequities and provide skills on how to intervene. Such engagement activities may include cultivating residents as leaders or supporting local coalitions or networks. These efforts can serve a community beyond any one project and can also position community members and organizations to apply for additional funding to help sustain efforts.

Value Both Community Expertise and Technical Expertise

Many communities benefit from engaging individuals and organizations with technical expertise in certain health issues. Such expertise can provide lessons learned from initiatives in other settings, as well as guidance to avoid unnecessary barriers in implementation. However, it is critical that the expertise and perspective of community members—those ultimately impacted by any initiative—be respected and valued when engaging such technical expertise.

Community Resource Guide

What is a community resource guide?

What is the value of a community resource guide?

How is a community resource guide used?

Tips to Developing a Community Resource Guide

- Utilize community needs or risk assessment
- Identify your client and the population you want to reach
- Evaluate the most common or important CHW client needs
- Focus resource guide around most common or important client needs
- Identify specific agencies, organizations, stores and companies etc.
- Identify services and resources available in community
- Determine how clients will access the resources, qualifications and credentials required
- Determine community partners and collaborations

Tips to Developing a Community Resource Guide

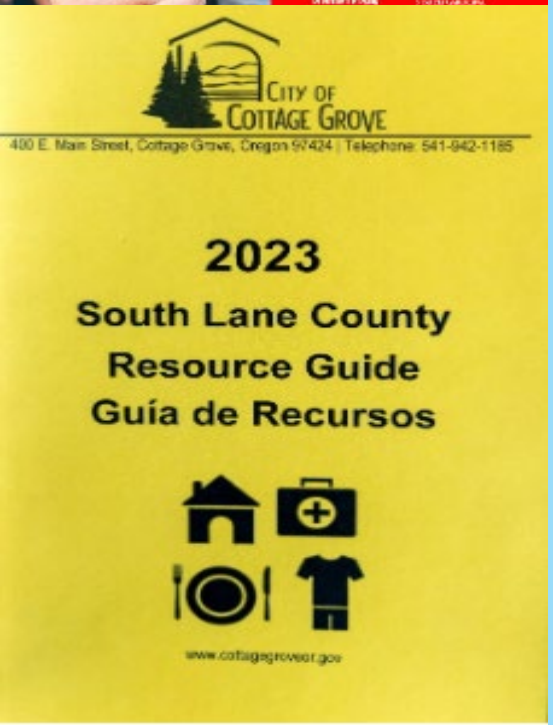
- ❖ Incorporate cultural appropriateness within your resource guide
- ❖ Identify personal contacts who can help
- ❖ Develop a referral worksheet
- ❖ Determine the resource guide format (Word, Excel, Electronic, booklet, handout etc.)
- ❖ Identify contact person for resources
- ❖ Identify agency or organization contact information (address, phone, website, hours of operation, contact name if possible)
- ❖ Organize in user friendly format (table of contents, use of headers based on type of resource alphabetically)
- ❖ Proofread & seek feedback from peers

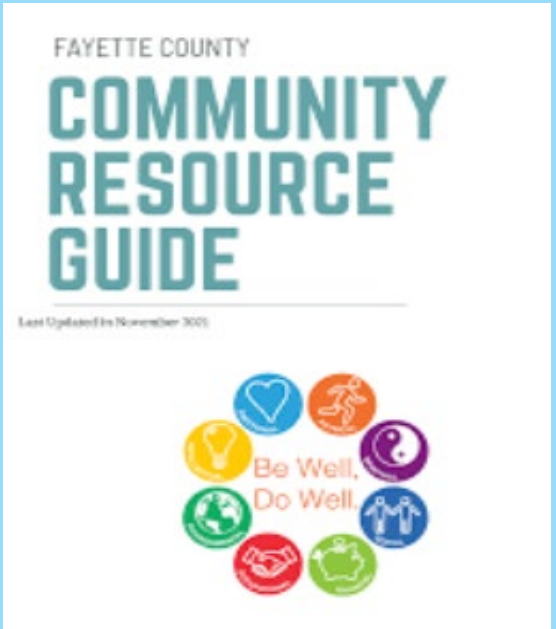
Community Resource Referral Worksheet

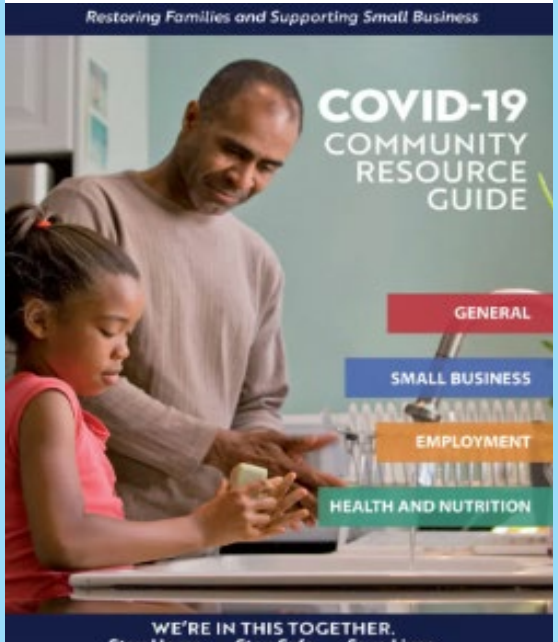
Community Referral Resources

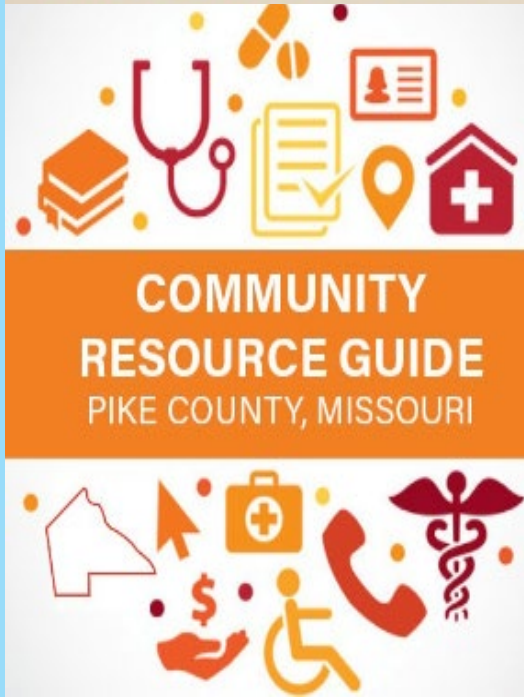
Social Determinant of Health Domain	Services	Contact Method (name, number, email, etc.)
Neighborhood and Built Environment (quality of housing, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence)	*Home repairs*	*Rebuilding Together, Greater Des Moines 515.248.7403*
Economic Stability (poverty, employment, food security, and housing stability)	*Food Security*	*Women's Infants and Children (WIC), statewide*
Education Access and Quality (graduating from high school, enrollment in higher education, education attainment in general, language and literacy, and early childhood education and development)		
Social and Community Context (cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration)		
Health and Health Care (healthcare, access to primary care, health insurance coverage, and health literacy)		

Resource Guide Sample









Resource Guide Sample

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Child Care Assistance

- **Bidwell Riverside Center**
  - 1203 Hartford Ave, Des Moines, IA 50315
  - 515-244-6251
  - https://www.bidwellriverside.org/cdc
  - Director: Kay Strahorn- 515-244-2268; kstrahorn@bidwellriverside.org
    - Hours- Monday-Friday: 6:30-5:30pm; available for kids ages 2-5 years of age. Types of payment accepted is private pay, promise jobs and DHS assistance.
    - They also host a food & clothing pantry that is open Monday- Friday
- **Birthright of Des Moines**
  - 5806 Hickman Rd, Des Moines, IA
  - 515-633-2133
  - https://birthright.org/desmoines
    - Birthright provides support and information regarding pregnancy, childbirth, adoption, prenatal care, community programs, parenting skills and childcare.
    - They also provide referrals for medical support, financial resources, counselings, social assistance and housing/legal services.

Disability Resources

- **ASK Resource of Iowa**
  - 5665 Greendale Rd., Suite D, Johnston IA 50131
  - 515-243-1713
  - https://www.askresource.org/about
    - ASK (access for special kids) Resource Center is a parent training, information and advocacy center for families of children with special needs across the state of Iowa.
- **Easter Seals Iowa**
  - 401 N.E. 66th Ave, Des Moines, IA 50313
  - 515-289-1933
  - https://www.easterseals.com/ia/what-we-do/
    - They provide services for children, adolescents, adults, seniors and veterans.
    - They offer a variety of services such as community living, case management, child development center, camp sunnyside, among many other services.
- **Community Service Advocates**
  - 6000 Aurora Ave, Suite B, Des Moines, IA 50322
  - Mon-Fri: 8-5pm or by appointment
    - https://teamcsa.org/
  - Natalie Milbourn- 515-883-1776, ext: 246

Resource Guide Sample

From Survive to Thrive

Resource Guide to Independence

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Emergency/Immediate Safety Resources

Program	Contact Info	Website	Description
National Suicide Prevention Lifeline	1-800-273-8255	https://suicidepreventionlifeline.org	If you or someone you know is thinking about suicide, counselors are available 24/7. **Free & Confidential**
Additional Information: If you are in immediate physical danger call 9-1-1. You are important and people care. Please call for help when needed.			
CFI: Domestic Violence Services	1-800-942-0333 1111 University Ave. Des Moines, IA 50314	https://cfiowa.org/programs/domestic-violence/	Emergency Shelter for domestic abuse survivors. **Free**
Additional Information: Details about Shelter location are not disclosed for security reasons until connected by phone and information shared. Children are welcome. Food (hot meals), safety, clothing and beds available on site. Not a permanent residence.			

PROGRAMS & RESOURCES

- **211 Guide** https://www.211.org/
- **Findhelp** https://www.findhelp.org/
- **CDC Healthy Equity Guide** https://www.cdc.gov/healthcommunication/HealthEquityGuidingPrinciples.pdf
- **CDC Health Equity Guiding Principles Fact Sheet:** https://www.cdc.gov/healthcommunication/HealthEquityGuidingPrinciples.pdf

HEALTH OUTREACH MODULE REFERENCES

- Foundation Textbook
- Center for Disease Control
- CHW Core Consensus Project (C3 Project)
- Racial Equity Tools
- CHW Central
- Rural Health Toolkit


QUESTIONS?
COMMENTS?
CONCERNS?


RAHMET
OBRIGADO
GRAZIE
HVALA
谢谢
KIITOS
DANKE
TAK
DANK JE
THANK YOU
SHUKRAAN
ευχαριστώ
GRACIAS
BARKA
MERCI
СПАСИБО
ARIGATO
TAKK
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