



Presents

Community Health Workers for COVID Response and Resilient Communities (CCR 2109)

Rapid Assessment Results

March 22, 2022

We Will Begin Shortly





Welcome

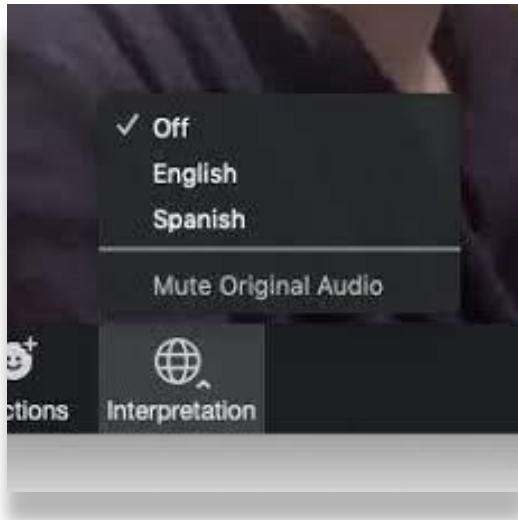
For spanish translation:

In your meeting/webinar controls, click Interpretation

Click the language that you would like to hear.

(Optional)

To hear the interpreted language only, click "Mute Original Audio"



Para traducción al español:

Haz clic en "Interpretación" en la configuración/controles de la reunión

Elija su idioma preferido

(Opcional)

Para escuchar solo el idioma interpretado, haga clic en "mute original audio (silenciar audio original)"



welcome





Operating Agreements

- **Complexity:** A truth is not the same as The Truth
- **Curiosity:** Struggle together
- **Voice:** Participate thoughtfully, make space
- **Non-Closure:** Allow things to be unfinished, “first drafts”
- **Zoom**
 - Stay on mute when you’re not talking
 - When talking, say your name
 - Turn video on, if possible and comfortable (no judging!)
 - Use chat box for questions
 - Do what you need to take care of yourself

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Today's Agenda

- Overview of Envision
- Rapid Assessment Results
- Envision Training Technical Assistance
- Q&A
- Wrap-Up

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Who is Envision?

- collaboration of CHWs & allies working with CDC to elevate the role of CHWs
- supports CDC recipients to address CCR
- collective experience spans decades
- commitment to equity



WISCONSIN DEPARTMENT
of HEALTH SERVICES



Mobilizing Action Toward
Community Health (MATCH)
University of Wisconsin Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH



CENTER FOR
COMMUNITY HEALTH
ALIGNMENT

LSU Health
NEW ORLEANS

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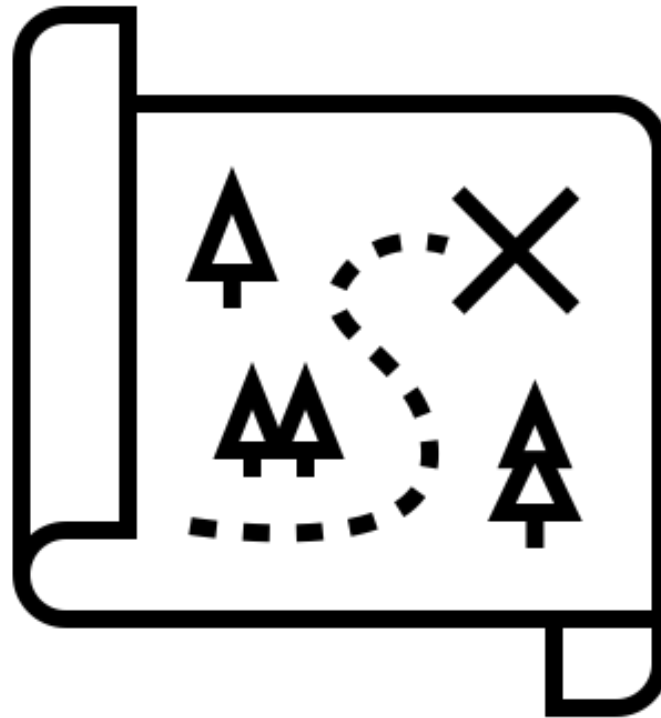
CDC 2109 Rapid Assessment Results

Presented by: Ashley Wennerstrom & Catherine
Haywood

Additional RA Team Members: Jen Park-Mroch &
Terry Mason



Rapid Assessment Purpose



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Rapid Assessment Survey

- Distributed to all grantees online Dec 2021
- English and Spanish
- Asked teams to complete together
- 64 grantees began the survey
- **60 completed**
 - Thank you!!!

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Has your organization received CDC funding previously? (n=63)

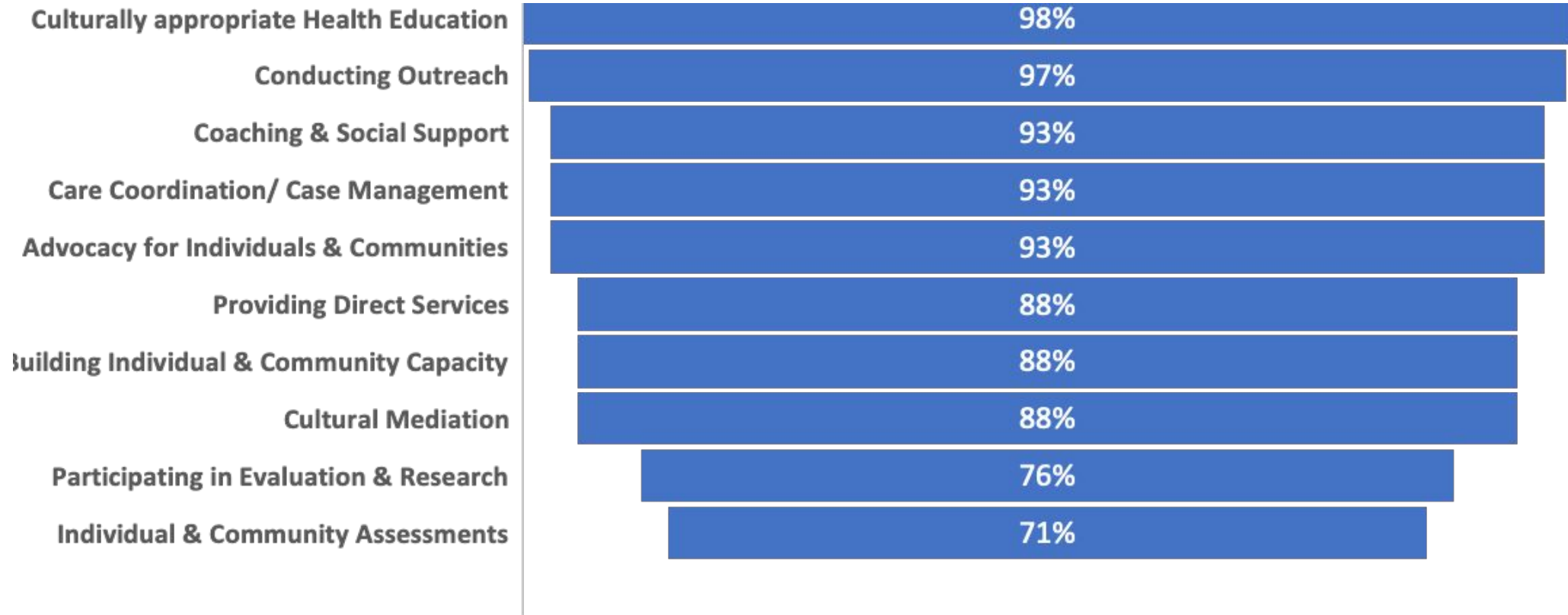
Answer	N (%)
Yes	46 (73.0)
No	11 (17.5)
Unsure	6 (9.5)

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Have you ever been a CHW? (n=63)

Answer	N (%)
Yes, I am currently a CHW	2 (3.2)
Yes, I have previously been a CHW	4 (6.4)
No, I have never been a CHW	57 (90.5)

C3 Roles in 2109 Program



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CHW Employment before 2109 (n=63)

Answer	N (%)
We have never hired CHWs	12 (19.1)
Less than one year	2 (3.2)
1-2 years	8 (12.7)
3-5 years	7 (11.1)
6-9 years	9 (14.3)
10 or more years	23 (36.5)
Unsure	2 (3.2)

What support would be helpful in employing CHWs for your 2109 program? (n=56)

Answer	N (%)
Info about CHW competencies and scope of work	38 (67.9)
Info about ensuring that CHWs are trusted	37 (66.1)
CHW interview questions	34 (60.7)
CHW job descriptions	33 (58.9)

What support would be helpful in employing CHWs for your 2109 program? (n=56)

Answer	N (%)
Info about how to identify effective CHWs	33 (58.9)
A list of CHW qualities and minimum qualifications	24 (42.9)
Other	13 (23.2)
No support is needed	5 (8.9)

What is the job title of person who will supervise CHWs? (n=59)

Answer	N (%)
CHW/CHW supervisor	20 (33.9)
Other, please describe	19 (32.2)
Program manager	18 (30.5)
Nurse	1 (1.7)
Social Worker	1 (1.7)

2109 CHW supervisor experiences (n=60)

Answer	N (%)
Trained on racial equity	29 (48.3)
Supervised CHWs previously	25 (41.2)
Trained on CHW supervision	22 (36.7)
Unsure	22 (36.7)
Trained on trauma-informed supervision	18 (30.0)
Worked as a CHW	16 (26.7)

Populations to be supported (n=59)

Answer	N (%)
People from racial or ethnicity minority groups	53 (89.8)
People with a chronic health condition	52 (88.1)
People without health insurance	46 (78.0)
People with limited English proficiency	46 (78.0)
People experiencing homelessness	43 (72.9)
People with a disability	42 (71.2)
Persons aged 65+	42 (71.2)
Residents of rural areas	42 (71.2)
People with a mental illness	41 (69.5)
Non-US born persons	40 (67.8)
LGBTQ+	38 (64.4)
Children	37 (62.7)
People who are pregnant or postpartum	33 (55.9)
People who are currently or formerly incarcerated	30 (50.8)
Migrant/migratory and seasonal food and agriculture workers	23 (39.0)
Other populations, please describe	14 (23.7)
Meat and Poultry Processing Workers	12 (20.3)

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Interest in receiving/sharing CHWs resources in other languages with other 2109 programs (n=41)

Language	N (%)
Spanish	32 (78.0)
French	7 (17.1)
Arabic	7 (17.1)
Chinese/Traditional Chinese	5 (12.2)
Somali	5 (12.2)
Swahili	5 (12.2)
Vietnamese	4 (9.8)
Nepali	3 (7.3)
Amharic, Burmese, Chuukese, Korean, Marshallese, Samoan, Tagalog, Urdu	2 (4.9)
ASL, Carolinian, Creole, Chamorro, Dari, Filipino, Hawaiian, Hmong, Hindi, Ilikano, Japanese, Kosraean, Laotian, Navajo, Palauan, Pohnpeian, Polish, Russian, Telugu, Thai, Tigrina, Tongan, Ukranian, Uzbek, Yoruba	1 (2.4)

Planned topics for CHW training (n=58)

Topic	Total N (%)	In-house N (%)	Outside resource N (%)
Motivational interviewing	46 (79.4)	27 (46.6)	19 (32.8)
Social determinants of health (screening and/or addressing)	45 (77.6)	32 (55.2)	13 (22.4)
Health conditions management	44 (75.9)	31 (53.5)	13 (22.4)
Social assistance program enrollment (e.g., Medicaid, SNAP)	42 (72.4)	25 (43.1)	17 (29.3)
CHW Core Competencies	42 (72.2)	24 (41.2)	18 (31.0)
Partnerships (e.g., developing, sustaining)	40 (69.0)	27 (46.6)	13 (22.4)
Racial equity	40 (69.0)	27 (46.6)	13 (22.4)
COVID-specific topics	40 (69.0)	26 (44.8)	14 (24.1)
Trauma-informed care	38 (65.5)	22 (37.9)	16 (27.6)

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Planned topics for CHW training, continued (n=58)

Topic (n=58)	Total N (%)	In-house N (%)	Outside resource N (%)
CHW advocacy	37 (63.8)	21 (36.2)	16 (27.6)
Health communication	37 (63.8)	22 (37.9)	15 (25.9)
Psychosocial concerns (e.g., mental health)	37 (63.8)	20 (34.5)	17 (29.3)
Cultural humility	36 (62.1)	24 (41.4)	12 (20.7)
CHW leadership	33 (56.9)	15 (25.9)	18 (31.0)
Community organizing	33 (56.9)	18 (31.0)	15 (25.9)
Popular education and/or adult learning	29 (50.0)	18 (31.0)	11 (19.0)
Violence prevention	29 (50.0)	17 (29.3)	12 (20.7)
Monitoring & evaluation	28 (48.3)	15 (25.9)	13 (22.4)

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Desire for help with CHW training (n=58)

Topic	Total N (%)	Help us develop a curriculum N (%)	Want outside resource N (%)
CHW leadership	24 (41.4)	15 (25.9)	9 (15.5)
Monitoring & evaluation	22 (37.9)	16 (27.6)	6 (10.3)
Health communication	20 (34.5)	13 (22.4)	7 (12.1)
Violence prevention	20 (34.5)	15 (25.9)	5 (8.6)
CHW advocacy	19 (32.8)	8 (13.8)	11 (19.0)
Cultural humility	19 (32.8)	8 (13.8)	11 (19.0)
Popular education and/or adult learning	19 (32.8)	8 (13.8)	11 (19.0)
Community organizing	18 (31.0)	9 (15.5)	9 (15.5)
COVID-specific topics	18 (31.0)	13 (22.4)	5 (8.6)

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Desire for help with CHW training, continued (n=58)

Topic	Total N (%)	Help us develop a curriculum N (%)	Want outside resource N (%)
Psychosocial concerns (e.g., mental health)	18 (31.0)	10 (17.2)	8 (13.8)
Trauma-informed care	18 (31.0)	12 (20.7)	6 (10.3)
Racial equity	17 (29.3)	9 (15.5)	8 (13.8)
CHW Core Competencies	16 (27.5)	10 (17.2)	6 (10.3)
Partnerships (e.g., developing, sustaining)	16 (27.5)	6 (10.3)	10 (17.2)
Health conditions management	14 (24.1)	9 (15.5)	5 (8.6)
Motivational interviewing	12 (20.7)	3 (5.2)	9 (15.5)
Social determinants of health (screening and/or addressing)	12 (20.7)	9 (15.5)	3 (5.2)
Social assistance program enrollment (e.g., Medicaid, SNAP)	12 (20.6)	6 (10.3)	6 (10.3)

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How helpful would TA be? (1=least, 5 =most)

TA topic/format?	Mean	Std Deviation
Having CHWs participate in training sessions with CHWs from other 2109 programs (n=57)	4.19	1.08
Learning communities with other 2109 programs (n=58)	4.05	0.97
Webinars to support program implementation (n=58)	3.84	0.91
TA on how to conduct a CDC-required evaluation (n=58)	3.84	1.23
TA on participatory evaluation skills (n=58)	3.62	1.11
Individualized coaching on program implementation (n=57)	3.49	1.23
TA on how to implement a CDC grant (n=57)	3.26	1.40

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Interest in receiving training

(1= not at all, 5 = extremely)

Topic	Mean	Std Deviation
Financial sustainability for CHW positions (n=58)	4.34	1.01
Promoting CHW workforce retention (n=57)	4.19	0.98
CDC data collection and reporting requirements (n=57)	4.09	0.98
Promoting CHW self-care (n=57)	4.05	1.07
Best practices for advancing state or local policy to support CHWs (n=56)	4.04	1.03
CHW program models and activities (n=58)	3.95	1.07
Best practices for supervising CHWs (n=58)	3.93	1.13
Promoting CHW leadership	3.93	1.06
Racial equity (n=56)	3.89	1.11

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Interest in receiving training, continued

(1= not at all, 5 = extremely)

Topic	Mean	Std Deviation
Process monitoring and evaluation	3.75	1.19
Best practices for training CHWs (e.g., popular education, adult learning principles) (n=58)	3.72	1.16
Meaningful community engagement	3.51	1.31
CHW certification (n=56)	3.38	1.46
Best practices for hiring CHWs (n=56)	3.30	1.27
Working in specific geographic areas (e.g., rural, urban) (n=54)	3.30	1.20
Coalition building (n=57)	3.26	1.16
Data management and security(n=57)	3.26	1.32

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Perspectives and familiarity with resources

(1= strongly agree, 5= strongly disagree)

How much do you agree...	Mean	Std Deviation
CHWs should be involved with training curriculum development (n=58)	1.41	0.97
My 2109 program has a plan to ensure that our work is culturally responsive to the communities we will serve (n=58)	1.43	0.62
I am confident in my 2109 program's ability to identify and employ CHWs who are trusted by the communities they will serve (n=58)	1.48	0.81
CHWs should be involved with training facilitation (n=57)	1.51	0.96
My 2109 program has a plan to approach our work using a racial equity lens (n=58)	1.59	0.77

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Perspectives and familiarity with resources, continued

(1= strongly agree, 5= strongly disagree)

How much do you agree...	Mean	Std Deviation
I am familiar with existing CHW training resources (n=58)	1.83	0.89
I am familiar with best practices in CHW training (n=58)	2.02	0.97
My 2109 program has access to the latest information on CHW research and best practices (n=57)	2.05	1.16
I am familiar with best practices in CHW hiring (n=58)	2.24	1.19
My 2109 program is familiar with the principles and practice of participatory evaluation (n=58)	2.41	1.25
I am familiar with best practices in CHW supervision (n=58)	2.55	1.37

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CHW involvement in program development so far (n=40)

Answer	N (%)
Developing partnership with other organizations	33 (82.5%)
Identifying populations to be supported by the program	30 (75.0%)
Developing the program	22 (55.0%)
Hiring processes (e.g., writing job descriptions, interviewing)	18 (45.0%)
Developing performance measures or workplans	15 (37.5%)
Participating in CDC-led training and webinars	14 (35.0%)
Writing/reviewing the funding application	8 (20.0%)
Developing budgets	3 (7.5%)

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Evaluation plans (n=57)

Answer	N (%)
Evaluator external to my organization	29 (50.9%)
Evaluator or evaluation team internal to my organization	15 (26.3%)
Do not currently have an evaluator or evaluation team	10 (17.5%)
Unsure	3 (5.3%)

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RA Interviews

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Methods

- 2 interviewers
 - 1 lead
 - Both took notes
 - Recorded on Zoom for backup
- Written interview summaries
- Regular debriefing
- Analysis based on notes and summaries

Participating sites (n=10)

Grantee agency

- Local: 4
- Tribal: 3
- State: 2
- Territory: 1

Component

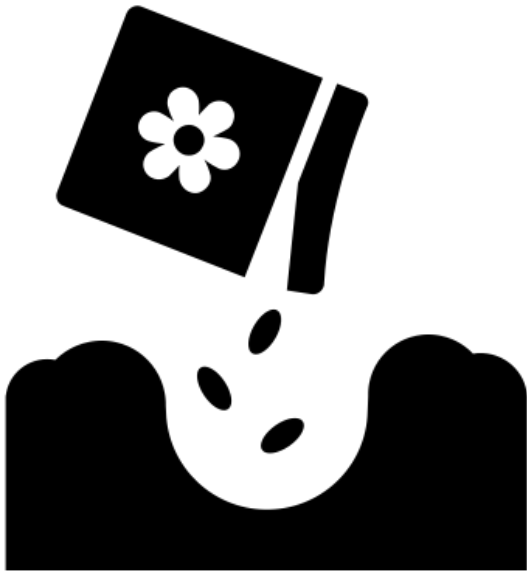
- A: 6
- B: 3
- B+C: 1

Location

- West: 2
- Southwest: 2
- Midwest: 2
- Northeast: 2
- Mid-Atlantic: 1
- Territory: 1



CHW Program Expertise and Experience



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Program design



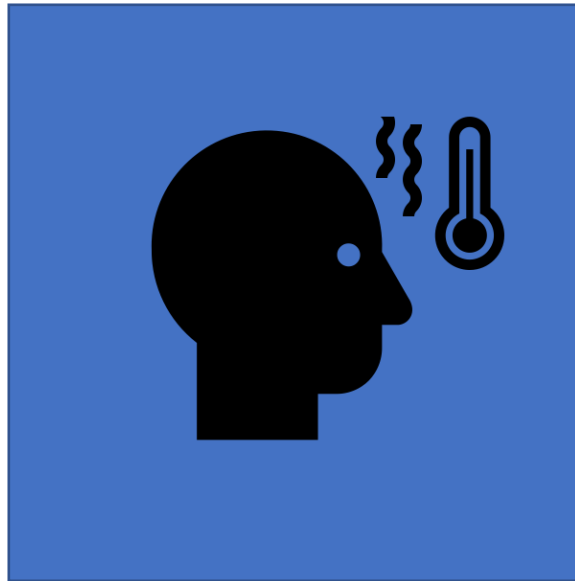
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Program implementation challenges



Bureaucracy



Covid

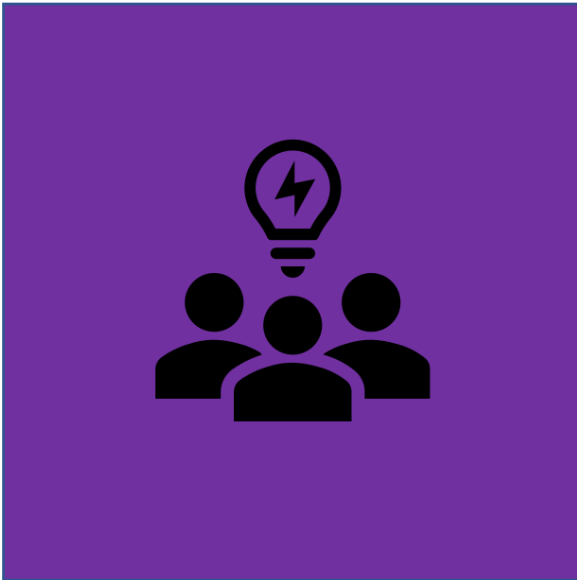


Hiring

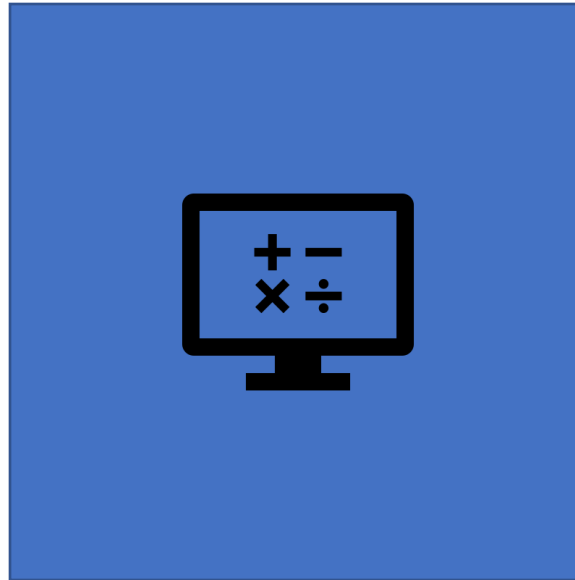
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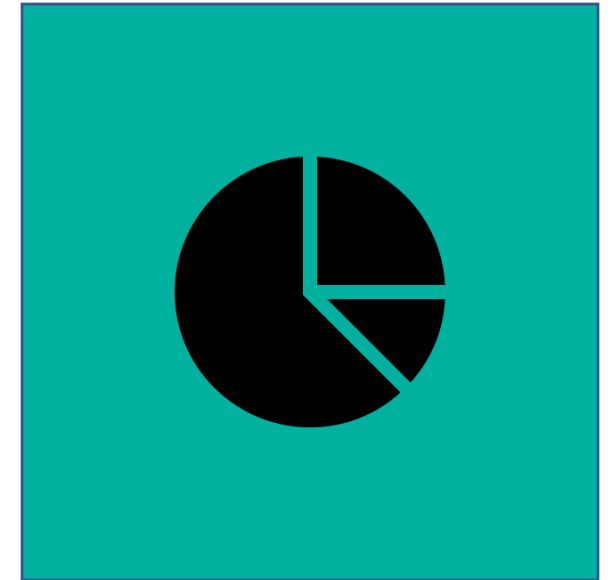
Interest in training and technical assistance



Learning communities



Webinars/Training



Data support

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Envision TA and Training Support

Presented by: Lesley Wolf and Andrea Heyward



Core Elements

1. Monthly COVID webinars
2. Training to support CCR Recipient 2109 Notice of Funding Opportunity (NOFO) Requirements
3. Community of Practice
4. Community of Transformation
5. CHW Coaching
6. Responsive TA

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Monthly Webinars

- Accessible Webinars focused on COVID-19
- Quarterly Peer-to-Peer Learning Collaboratives to facilitate dialogue about specific topics and learn from subject matter experts and each other



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Training to support Notice of Funding Opportunity (NOFO) Requirements

- Responsive to topics identified in the Rapid Assessment and on AMP, Envision is developing a resource database to connect you to training opportunities. The CHW Council and Envision CHW partners will review resources with consideration of reliability, usefulness, accessibility, and equity.
- If there is not vetted existing training, Envision will work with partners and subject matter experts to develop trainings.



Community of Practice

- Peer-to-Peer Learning Spaces that are responsive to specific needs, topics, focus areas and/or populations
- Envision will provide a learning container and if desired, facilitation guides

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Community of Transformation

- Envision will support community based teams in building the skills and partnerships to establish and lead an aligned agenda for sustaining the CHW workforce.



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Community of Transformation

- Cohort based learning to move a community of practice to take collective action
- Accessible curriculum that includes coaching and training.
- Year 2 activity

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Community of Transformation

The curriculum is based on organized people, resources, and narratives and includes the following focus areas:

- **Social Determinants of Health and Health Equity**
- **Collaborative Leadership and Community Organizing**
- **Narrative and Story**

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Community of Transformation

Establish a shared culture and structure that reflects equity principles.

Build trust and vulnerability within each team and across the cohort.



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Community of Transformation

Identify opportunities for advancing and sustaining social justice, equity, and power in the CHW workforce.

Increase skills in developing and implementing action plans for achieving health equity through policy and structural changes



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Community of Transformation

Apply an equity lens to sustaining the CHW workforce through coalition and power building

Create a coalition infrastructure to build and sustain the power of the CHW workforce



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Community of Transformation

Celebrate the learning community and identify collective power to impact equity.



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CHW Coaching Approach

- Framed from an equity lens, centered in uplifting the expertise of:
 - **Individuals with lived experience**
 - **CHWs and CHW allies in the field**
- Support programmatic implementation (**Informed by Rapid Assessment**)
- Relationship-based with emphasis on collaboration

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CHW Coaching Components

- Development of Individualized Technical Assistance (TA) Plans
- Ongoing Coaching Support
- CHW Mentorship
- Connection with CHW subject matter experts (SMEs)

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CHW Coach Support

- Initial meeting to develop TA plan (April 2022)
 - Review **Rapid Assessment** findings
 - Develop goals and action steps for TA
 - Ongoing collaboration with CHW Coaches to monitor and support progress
 - Connect to CHW SMEs for additional coaching support, mentorship and resources (TA database)



Response to AMP TA Requests

- Coaching team will respond to 2109 programmatic TA requests submitted in AMP
- Coaches will work in collaboration with CHW SMEs, CDC staff and CDC SMEs to develop a TA action plan
- Coaches will monitor and update progress of TA action plans



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Question and Answer

- Please come off mute or drop questions into the chat!

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wrap up

- Satisfaction poll instructions
- [Next webinar information](#)
- [TA requests for 2109 recipients AMP](#)
- [Opt into Envision Listserv](#)
- Materials will be sent out in a follow-up

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thank you

