Orienting Team Members to Community Health Workers (CHWs)

OBJECTIVES

At the end of this unit, participants will be able to:

- Create a welcoming environment for CHWs
- Outline steps associated with orienting a team to include a CHW
- Identify challenges to achieving buy-in for a CHW position
- Create an action plan to bring the CHW into the team

INSTRUCTIONS

1. Welcome participants and review the objectives (slide 2).

2. Review tips for welcoming CHWs (slides 3–4).

3. Drawing Activity: Creating a Welcoming Environment

   - Have participants form small groups with their agency. Distribute flip chart sheets and markers.
   - On the flipchart, have groups draw where the CHW will sit in relation to the care team, case managers, and community.
   - Have groups list the supplies the CHW will need to fulfill their role.
   - Give participants up to 20 minutes to draw their plan.
   - Each team will then share the drawing with the larger group and discuss what they learned from this activity.

4. Review the importance of orientation (slides 5–7).

5. Facilitate brainstorming session on buy-in (slides 8–9). Encourage participants to try solutions they think of in their own agencies.

6. Distribute the Community Health Worker Best Practice Guidelines handout. Have participants read each paragraph. Ask participants to share some of the key messages and lessons learned from the case.

7. Wrap up. Thank participants for their work. Remind participants to try their action plans for orienting CHWs at their agencies.

Method(s) of Instruction

Facilitated discussion, group activity

Estimated time

60 minutes

Key Concepts

Team orientation, team integration, buy-in

Materials

- Computer with internet access and projector
- PowerPoint slides
- Flip charts
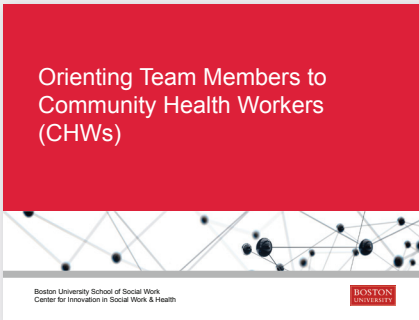- Markers

Handouts

- Strategies for Orienting Non-CHW Staff
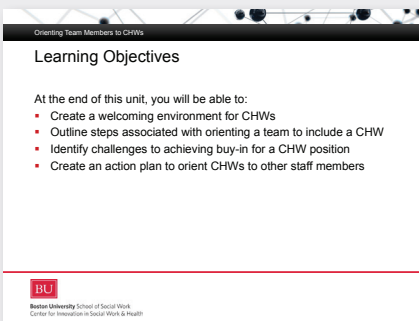- Community Health Worker Best Practice Guidelines

Resources

Sinai Urban Health Institute (SUHI) practice guide (reference Section 3.1 and 3.2)

http://www.sinai.org/sites/default/files/ SUHI%20Best%20Practice%20Guidelines %20for%20CHW%20Programs.pdf

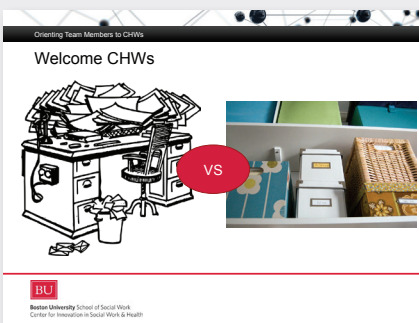Orienting Team Members to Community Health Workers (CHWs)

Boston University School of Social Work
Center for Innovation in Social Work & Health

BOSTON UNIVERSITY

SLIDE 1

Orienting Team Members to CHWs

Learning Objectives

At the end of this unit, you will be able to:
- Create a welcoming environment for CHWs
- Outline steps associated with orienting a team to include a CHW
- Identify challenges to achieving buy-in for a CHW position
- Create an action plan to orient CHWs to other staff members

BU **Boston University** School of Social Work
Center for Innovation in Social Work & Health

SLIDE 2

Review the objectives.

Orienting Team Members to CHWs

Welcome CHWs

VS

BU **Boston University** School of Social Work
Center for Innovation in Social Work & Health

SLIDE 3

Opening discussion:
- Let's take stock of our organization's abilities and challenges in bringing in new staff members.
- Ask, "How many of you feel the picture on the left describes the current state of affairs in your organization? How many feel the picture on the right represents your organization?"
- Ask, "What are some of the items a CHW may need to start their role in the team?"

What CHWs Need

- Space
- Supplies
- Protocols
- Formal training
- Professional development activities
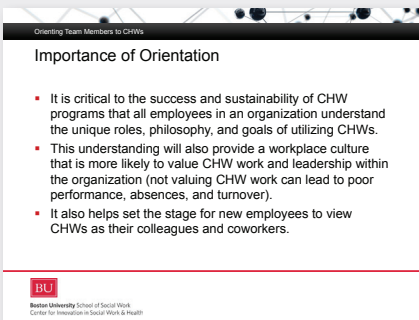- Supervision

SLIDE 4

Read the slide.

Talking points:
- These items should be a starting point for your plan to welcome a CHW. Facilitate discussion on how organizations can create a welcoming and structured work environment for CHWs.
- CHWs should feel there is a purpose and plan for their work and receive guidelines on how to carry out their duties.

Facilitate drawing activity (see lesson plan).

Now that you have a plan for where the CHW will work in the agency, it is important to have a formal orientation session/process for new hires. Ask, "What will your orientation look like for the CHW role?"

Importance of Orientation

- It is critical to the success and sustainability of CHW programs that all employees in an organization understand the unique roles, philosophy, and goals of utilizing CHWs.
- This understanding will also provide a workplace culture that is more likely to value CHW work and leadership within the organization (not valuing CHW work can lead to poor performance, absences, and turnover).
- It also helps set the stage for new employees to view CHWs as their colleagues and coworkers.
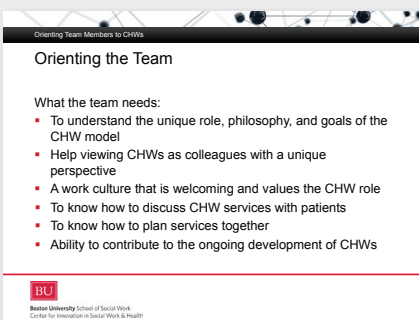
SLIDE 5

Review the slide.

Talking points:

The CHW model is still unfamiliar to many. Stakeholders' opinions regarding CHW integration into delivery teams vary widely. In general, while patients', CHWs', and administrators' reports are overwhelmingly positive, health care providers and staff tend to express more mixed feelings. For instance, some providers credit CHW services with improved quality of care, patient outcomes, and clinic operations, while others are hesitant to accept or are completely against the CHW role and presence on the team. (from the Sinai Urban Health Institute practice guide; link to resource in the lesson plan)

Ask, "What is your understanding of the CHW role?"

Orienting the Team

What the team needs:
- To understand the unique role, philosophy, and goals of the CHW model
- Help viewing CHWs as colleagues with a unique perspective
- A work culture that is welcoming and values the CHW role
- To know how to discuss CHW services with patients
- To know how to plan services together
- Ability to contribute to the ongoing development of CHWs

SLIDE 6

Review the slide.

Ask for a volunteer to read each bullet and give an example if possible.

Strategies for Orienting Non-CHW Staff

- Conduct an in-service presentation/training during an all staff meeting. Share the job descriptions that CHWs will perform to foster understanding.
- Set up a series of individual meetings between CHW and non-CHW staff.
- Test non-CHW staff for understanding of the CHW role.
- Present the CHW role as yet another way to support our patients —show non-CHW staff how the CHW role will enhance their understanding of the patients.
- Make sure non-CHW staff are making ongoing referrals to the CHW and marketing CHW services appropriately.

SLIDE 7

Ask for a volunteer to reach each bullet on the slide.

Talking points:

Providing non-CHW staff with an orientation can result in the following outcomes:

- CHWs, who may not have the depth of professional experience that other employees bring, will enter into a work culture that is welcoming and values their skills.
- Non-CHW employees will be in a better position to know when to access CHW services; they will be able to maximize overall support for patients they may be working with collaboratively.
- Non-CHW employees will know how to discuss CHW services with the broader community of service providers and clinicians; therefore increasing referrals to the CHW.
- Diversity within the organization will be enhanced; more often than not, the inclusion of CHWs within the larger work context enhances diversity in terms of life experience, race, and class, which creates a stronger team in supporting patients.

SLIDE 8

Brainstorm with participants:
- What are some of the challenges to buy-in with staff?
- What are some of the consequences?
- What are potential solutions?

Note responses on a flip chart sheet.

SLIDE 9

Review the slide, highlighting the similarities and differences between the points generated by the group and those on the slide.

Strategies for Orienting non-CHW Staff

It is critical to the success and sustainability of CHW programs that all employees within an organization understand the unique roles, philosophy, and goals of CHW programs. This understanding will provide a workplace culture that is more likely to value CHW work. It also helps set the stage for new employees to view CHWs as their colleagues and coworkers.

- Conduct an in-service presentation/training during an all-staff meeting.

- Set up a series of individual meetings between CHW and non-CHW staff.

- Make sure every employee has access to a copy of the program model, the CHW program policies and procedures.

- During supervision, test non-CHW staff for understanding of the CHW role.

- Present the CHW role as yet another way to support our patients—show non-CHW staff how the CHW role will enhance their understanding of the lives of people with HIV.

- Make sure non-CHW staff are making ongoing referrals to the CHW program and marketing the CHW program appropriately.
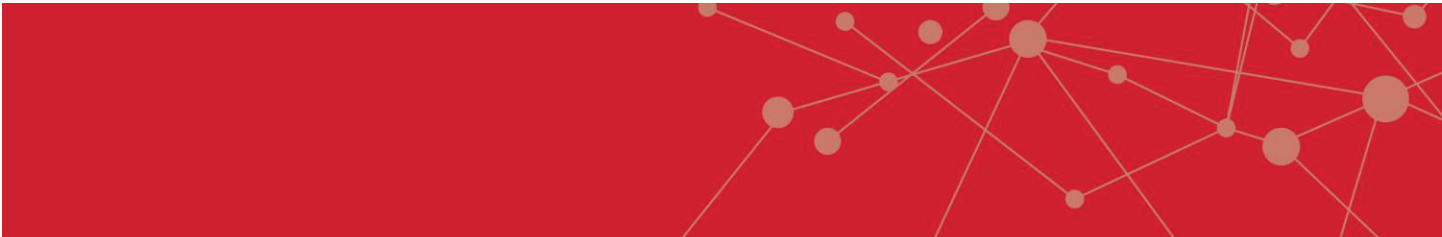
Case Study on Supervising CHWs

Notes from the Center for Community Health Development's National
CHW Training Center

The Texas A&M School of Rural Public Health, Center for Community Health Development's (CCHD's) National CHW Training Center (NCHWTC) has worked with CHWs since 2001. Located in College Station, Texas and serving statewide, nationally, and internationally, CCHD is a Prevention Research Center funded by the CDC. Our mission is to develop relationships with communities to discover and disseminate ways to improve health status; the NCHWTC accomplishes this through training and equipping CHWs to build community capacity through leadership and partnership approaches. The number of CHWs employed by the NCHWTC has ranged from one to sixteen. The supervision of CHWs has shifted over the years as the awareness, utilization, and demand for CHWs has grown exponentially.

Initially, the hiring and supervision of CHWs was conducted by a program director; the number of programs employing CHWs has varied from one to five across the years. Generally, program directors are bilingual, share the same race/ethnicity as the CHWs and the focus population, and have some exposure or experience in working with CHWs. The Program Director conducted the training of the CHWs and supervised the CHWs; daily team meetings were usually conducted prior to sending out teams of CHWs to conduct outreach, education, and research. As the number of CHWs employed by our center grew, the need to adapt the supervision model arose. Two larger teams of CHWs were formed based on geographic areas served. Each team was then led by a CHW; this was a shift in supervision from Program Director to the CHW. The two CHW supervisors reported directly to the Program Director via biweekly meetings. The supervisors continued to meet with their teams on a daily basis. Every few weeks, the two teams would meet with the Project Director together.

After trying this supervision strategy for a year, the CHWs and staff felt like this model was not conducive to team unity nor was it the most efficient manner to carry out the project goals and objectives. CHWs shared that in this model, they felt the teams were "competing" against each other instead of learning from each other from the field and sharing what worked and didn't work in their respective areas. Having CHWs promoted to the supervisor role also created some issues where CHWs felt their opinions were not valued by the new supervisors and that they did not have access to other administrative staff or the Project Director. As a result, the supervisor roles were eliminated—though the two teams of CHWs were kept intact. After several

conversations with staff and all the CHWs, together we developed a new supervisory model. Each CHW team had an assigned team leader that had responsibilities outlined by the CHWs. The CHW in the role of team leader held that position for a month and was responsible for communicating with the Project Director on a daily basis. The team leader position rotated monthly, so that every CHW had that responsibility every few months. There were also transitions in the project director position as it became clear that some directors were not a good fit for leading this type of staff management model—even though they shared many of the same characteristics and backgrounds as the CHWs. Project Directors who were not a good fit in supervising CHWs tended to micro-manage and did not fully grasp how to lead while including the CHWs in decision-making and encouraging CHWs to take leadership and ownership of the specific projects.

While this model has shifted some as numbers of CHWs and staffing have changed over the years, the model of including CHWs in determining the supervisory strategy has remained a key element. CHWs are included in the decision making in all aspects in the project and are also involved in the hiring of additional staff and CHWs when the occasion arises through reviewing applications and conducting interviews.

Lessons Learned

Not all CHWs make great CHW supervisors and not all great supervisors have been CHWs. The common thread for CHW supervisory success has been a person that is actively engaged in the community and had previous experience in working with CHWs and experience in either supervising CHWs or other staff. Shared culture and language between supervisor and CHWs has not been as influential of a factor as the supervisor's personal experience with the focus population and in working with CHWs. Including CHWs as equal members of the team—actively involved in decision making—has also been a critical element in successfully supervising a well-functioning CHW team.

Julie Parrish St. John, M.A., M.P.H., Dr.P.H.
Aracely Garibay, CHW
Katharine Nimmons, MSc, MPH
Center for Community Health Development
School of Rural Public Health
Texas A&M Health Science Center

Acknowlegements

This curriculum draws from and is adapted from the expertise and experiences of the authors. We are also grateful to the supervisors who participated in the training from the following Ryan White program funded sites: 1917 Clinic, University of Birmingham, Alabama; East Carolina University Adult Specialty Care Clinic; Franklin Primary Health Center; McGregor Clinic; Southern Nevada Health District; CrescentCare; Newark Beth Israel Hospital-Family Treatment Center; the JACQUES Initiative; Legacy Community Health; and the Southwest Louisiana AIDS Council. You all taught us as much about how to be a successful supervisor, as we taught you.

Authors

Serena Rajabiun	LaTrischa Miles
Alicia Downes	Precious Jackson
Rosalia Guerrero	Simone Phillips
Jodi Davich	Maurice Evans
Beth Poteet	Maria Rojo Campos

Suggested Citation:

Boston University Center for Innovation in Social Work & Health. (2019). A Training Curricula for Using Community Health Workers to Improve Linkage and Retention in HIV Care. Retrieved from: http://ciswh.org/chw/

BOSTON UNIVERSITY

Boston University School of Social Work
Center for Innovation in Social Work & Health