

# Supporting Community Health Workers through Leveraging Data and Exploring Health Inequities: Lessons from the Southern Initiative

2020 National Ryan White Conference  
on HIV Care & Treatment

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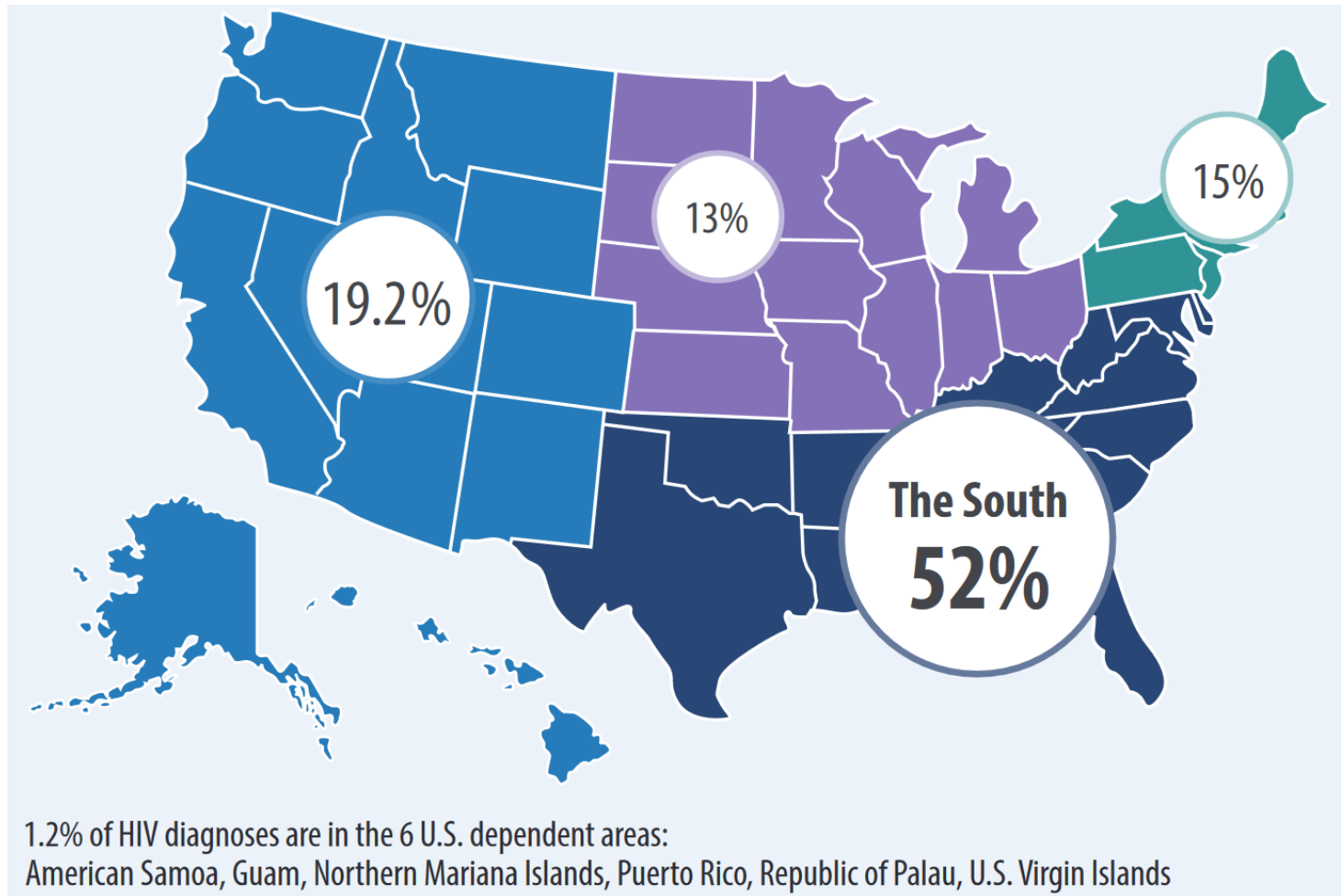


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# HIV Diagnosis Rates in the U.S.



Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018. *HIV Surveillance Report* 2019;30.



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# Southern Initiative

- ***The Southern Initiative (SI)***, a 3-year initiative supported by the U.S. Department of Health and Human Services Secretary's Minority AIDS Initiative Fund, is administered by the Health Resources and Services Administration's HIV/AIDS Bureau (HAB)
  - Increase capacity of providers to serve racial/ethnic minority populations (MSM, youth, cisgender and transgender women) to improve health outcomes along the HIV care continuum



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# Southern Initiative

- NACCHO, in partnership with Cicatelli Associates, Inc. (CAI), serve as the CTAC, providing service delivery funding and training and technical assistance (TTA) to competitively selected subrecipients in four Part A jurisdictions in the South.
  - **NACCHO** is the national organization representing the nearly 3,000 local health departments (LHDs) across the country.
  - **CAI** is a national capacity building organization with significant experience providing TA for RWHAP recipients and HIV providers.



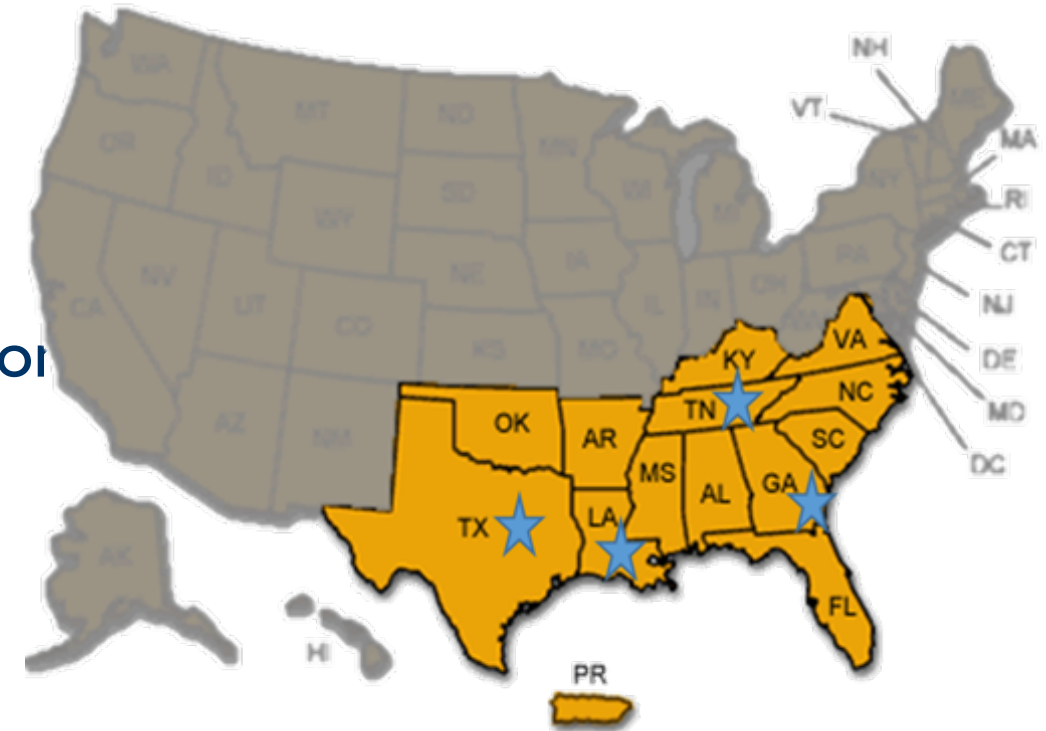
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# Participating Agencies

- **Atlanta, GA (ASO)**
  - Positive Impact Health Centers
- **Houston, TX (FQHC)**
  - Avenue 360 Health & Wellness in Partnership with AIDS Foundation Houston
- **Memphis, TN (ASO)**
  - Friends for Life Corporation
- **New Orleans, LA (FQHC)**
  - CrescentCare



# Project Approach

- Conduct onsite organizational assessments
- Select interventions in collaboration with each subrecipient
- Design and deliver TTA to support intervention implementation and evaluation
- Develop and facilitate tailored pathway through **NACCHO's *Roots of Health Inequity* course**
- Conduct evaluation and continuous quality improvement
- Document and disseminate successes and lessons learned
- Coordinate and collaborate with the LHD/RWHAP in each jurisdiction, HRSA/HAB, and Abt's Care Continuum Learning Collaborative



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# Assessment and Intervention Selection

- Multi-level organizational assessment findings:
  - Staff Report: lack of staff time to address more complex needs of clients
  - Client's Report: staff don't have time to address all our needs
- Primary Intervention: ***Community Health Worker (CHW) Model*** selected as primary intervention all sites would implement
- Secondary Interventions: complimentary and site specific



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# Community Health Workers

- Integrating Community Health Workers (CHWs) into care teams
- About CHWs
  - Frontline public health workers who are a trusted member of and/or have an unusually close understanding or lived experience of the community served
  - Trusting relationship enables CHWs to serve as a liaison between health/social services, facilitate access to services and improve the quality and cultural competence of service delivery

[Community Health Workers page on the American Public Health Association's website](https://www.apha.org/apha-communities/member-sections/community-health-workers)  
<https://www.apha.org/apha-communities/member-sections/community-health-workers>



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# CHW Model in Action

- Establish systems to:
  - Identify clients who would benefit from CHW services
  - Link identified clients to CHWs
- CHW roles:
  - Initial engagement (i.e., warm or cold referrals)
  - Provide services (identify, educate, link, assist, accompany to visits)
  - Document client and encounter information
- Participate in client case conferencing
- Receive ongoing supervision and training



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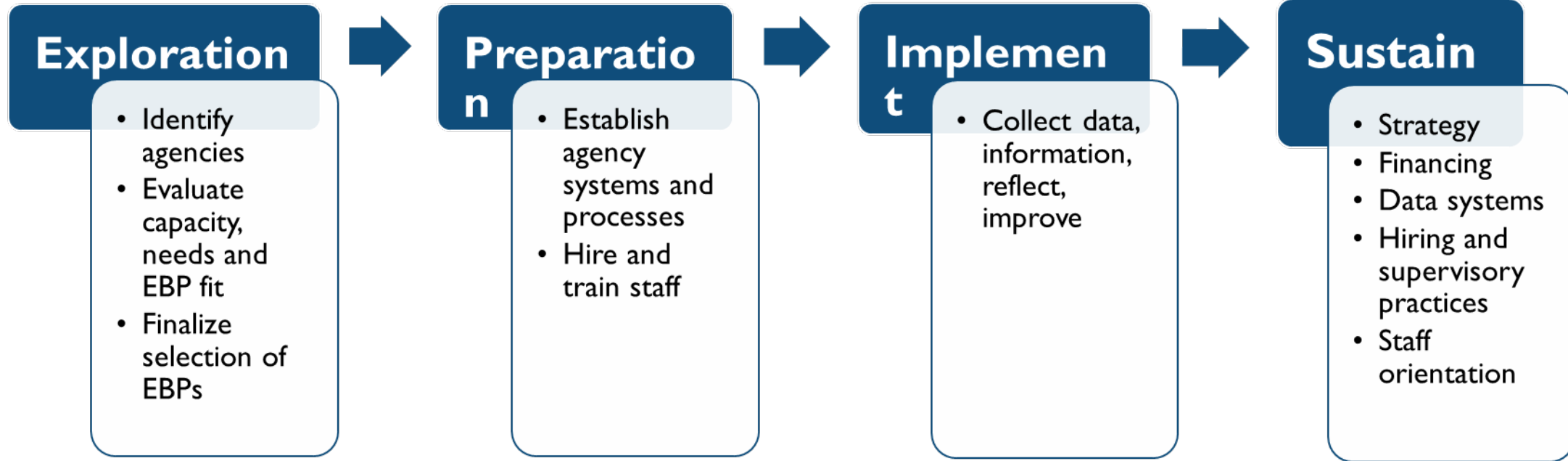
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# Phased Implementation

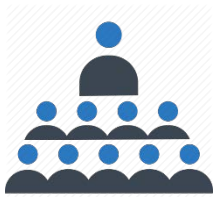
Months 3-15

Months 16-36



3-5 Years

# Building Capacity at All Levels



Ensure **Senior Leaders** have in place structures and processes that promote the success of the CHW program



Ensure **CHW Supervisors** have the knowledge and skills necessary to implement practices that foster the integration of CHW into the multidisciplinary team and support CHW in completing key tasks



Ensure **CHW** have the core knowledge and skills necessary to engage HIV positive clients and effectively identify and address their barriers to retention and treatment adherence.



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# Blended TTA Model



# Assessing Progress and Improving

## Are We Doing What We Said We Would Do?

- Number of unique clients served
- Number of encounters completed
- Avg. encounters per client
- Avg. caseload per CHW
- Proportion encounters completed in person

## Impact on Client Lives?

- Viral Load (VL) over time
  - For clients with elevated VL at assignment to CHW
  - For clients virally suppressed at assignment to CHW and at risk of falling out of care
- Client Experience



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# Data to Achieve Results

Continuous quality improvement through data collection, reporting, and use

- Client Encounter Form
- Monthly CHW Client Encounter reports
- Semi-annual client outcomes progress reports



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# Clients Engaged (Dec 2017 – Aug 2019)



**339** unique clients

**2824** encounters

**10** encounters per client



**23%** face-to-face\*



**77%** remote\*

# Client Outcomes

## Clients with Elevated Viral Load at Assignment December 2017—August 2019



## Clients Virally Suppressed at Assignment December 2017—August 2019

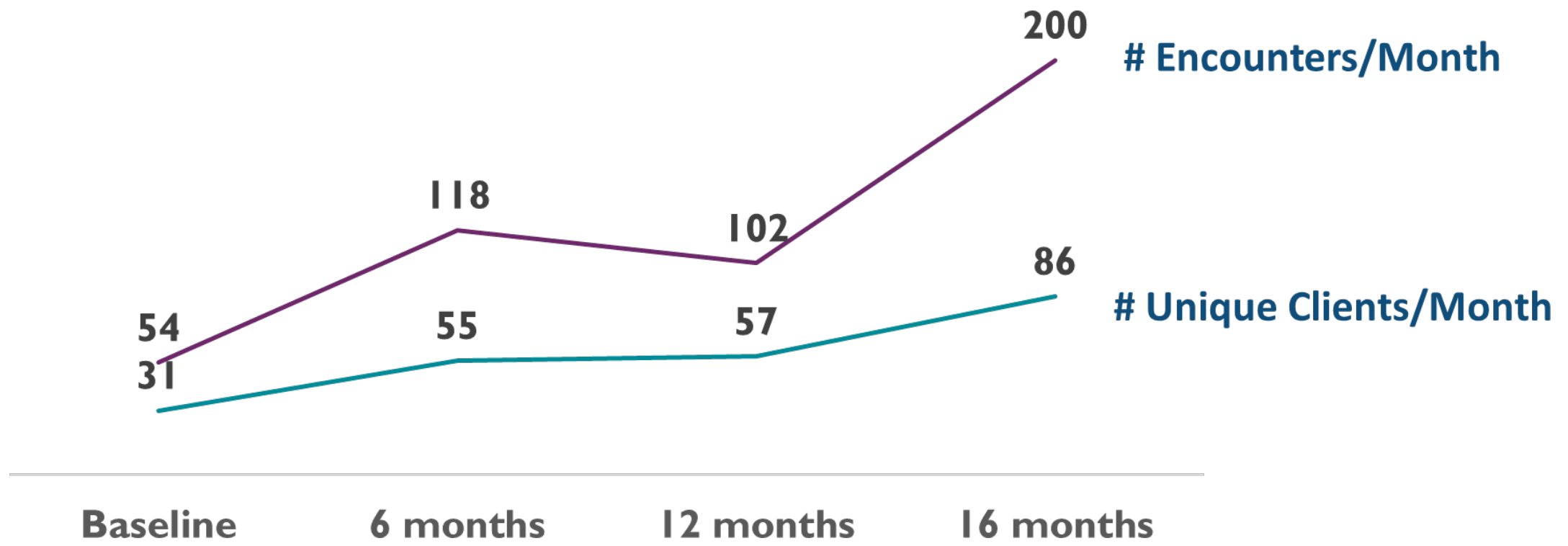




# Use of Data – Examples

## Unique Clients and Encounters - Trends

# Unique Clients and Encounters - Trends



# Lessons Learned – Stay Connected

## The Importance of Strategic Enhanced Contact

- Face-to Face meetings
- Personal engagement with patient in problem-solving
- Using Motivational Interviewing effectively
- Telephone and text reminders



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# Minimum Client Engagement Strategy

- **3 Face-to-Face Sessions with Client (within 12-month period)**
- **Telephone/Text Contact (Check-ins/Reminders)**
- **Monthly** phone calls
- **Reminder** phone calls or text messages
  - Personal telephone/text reminder **7 days before** next scheduled HIV primary care appointment
  - Personal telephone/text reminder **2 days before** next scheduled HIV primary care appointment
- **Missed Appointment**
  - Phone call **within 24 hours after a missed** HIV primary care appointment



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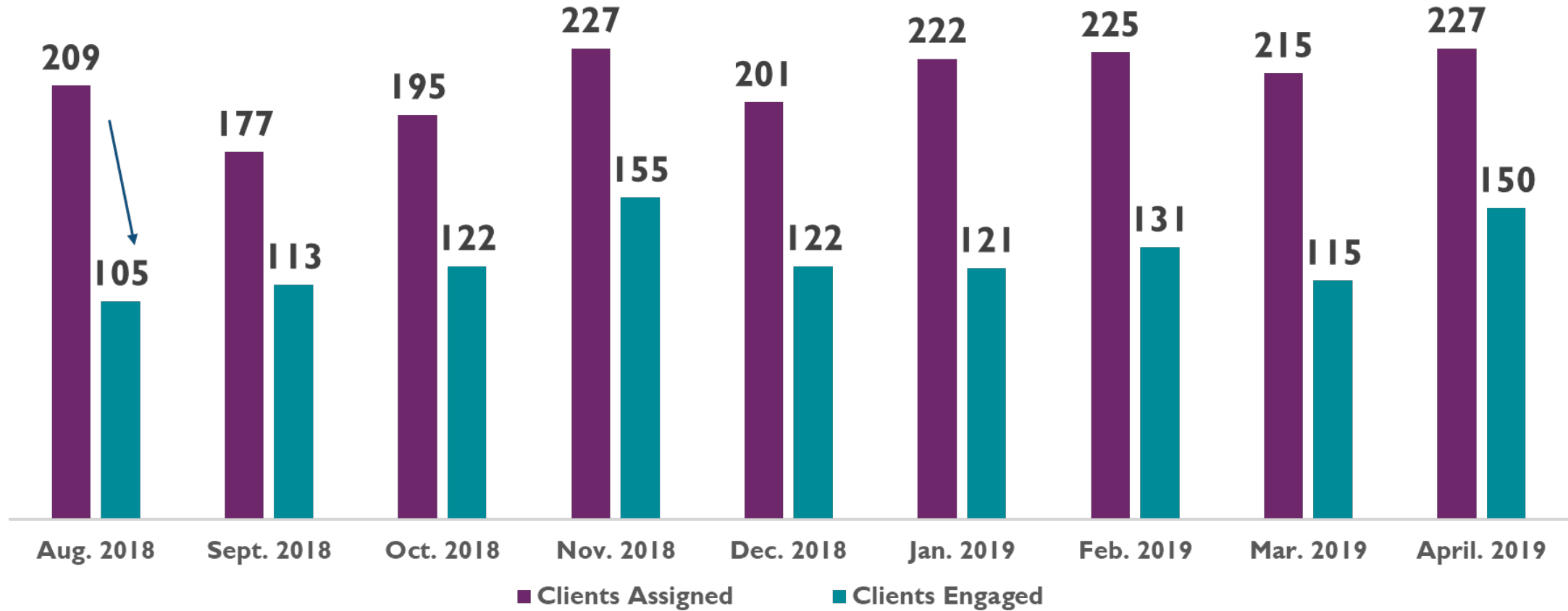
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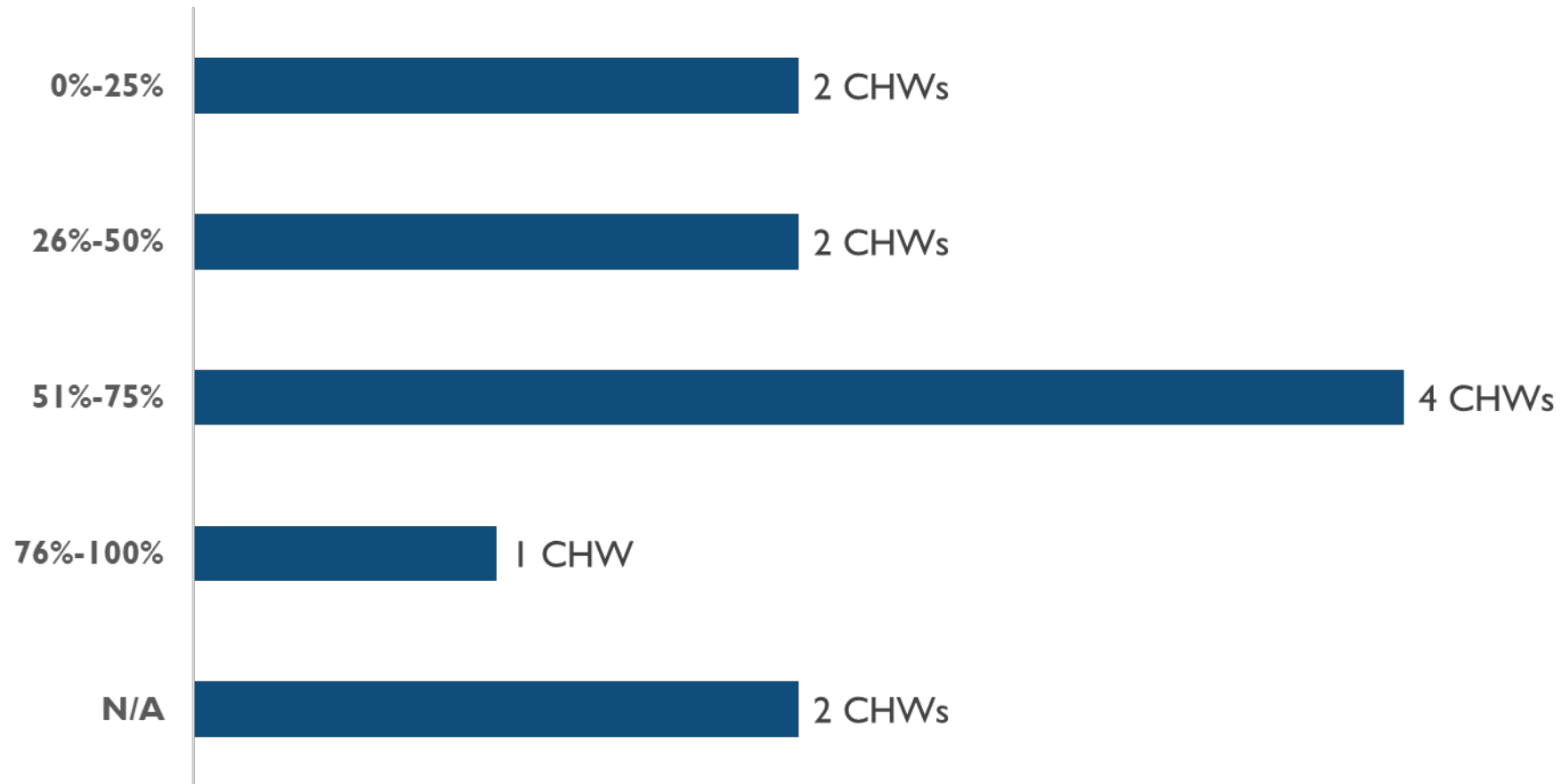
# Use of Data – Examples

## CHW Time and Effort to Engage Newly Assigned Clients

# Clients Assigned to CHW & Engaged



# % Time CHWs Spent Trying to Engage Newly Assigned Clients



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# Lessons Learned – Maximize Time

## Referral Systems And Team Roles

- Data systems to identify clients out of care
- Rapid linkage after testing+
- Warm referrals vs. Cold referrals
- Identify and engage clients before being lost to care
- Team roles



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# Use of Data – Examples

Did We Reach Communities Most in Need of CHW Services?



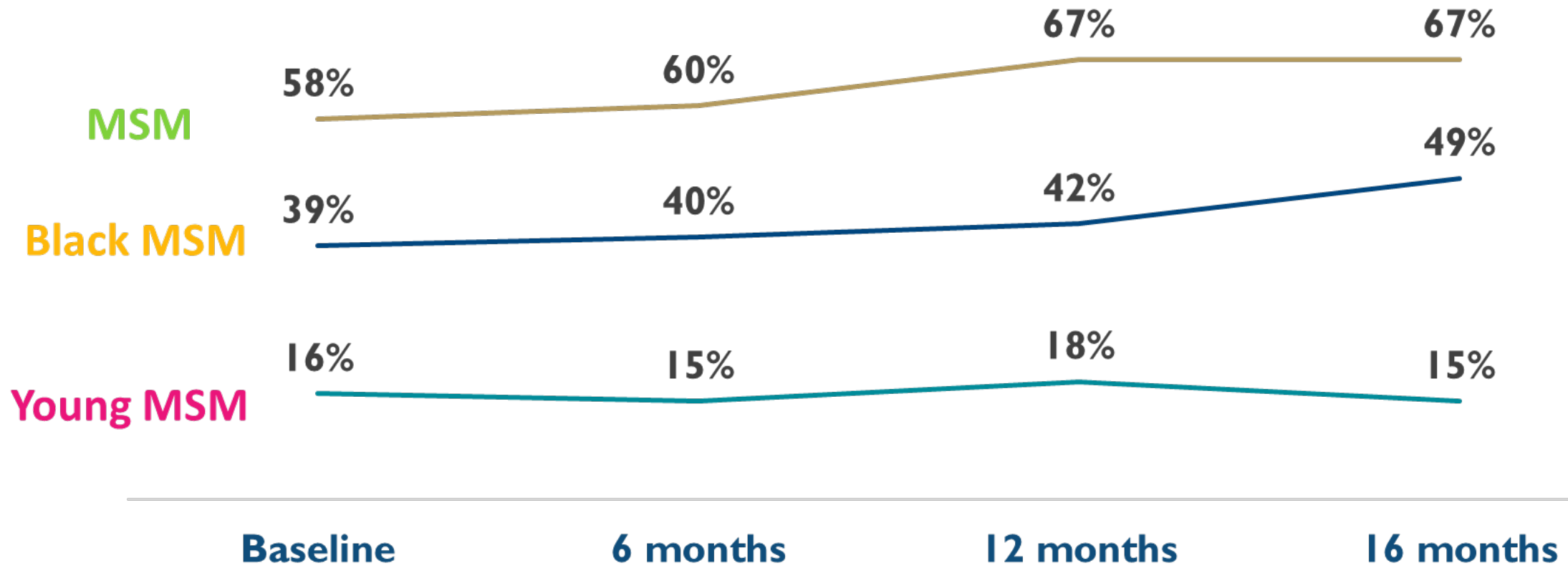
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# Trends: Reaching Priority Populations

## Men who have sex with Men (MSM)



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# Reaching the Priority Population

Priority Population	% of Clients Reached	Total # of Clients
Cisgender Women	24%	67
AA/Black Cisgender Women	20%	56
Men Who Have Sex with Men (MSM)	57%	160
AA/Black MSM	40%	112
Latino MSM	6%	17
Young (under 24 years of age) MSM	11%	31
Young AA/Black MSM	8%	22
Transgender	4%	11
AA/Black Transgender	3%	8
LatinX Transgender	0.3%	1
History of IDU	6%	18



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# Team Recommendations

- Health center culture and environment that is welcoming
  - Staff structure reflects the priority population
  - Staff training (e.g., cultural humility)
  - Judgement-free, Gender-affirming (ask for pronouns), Safe
- Enhanced integration of services (e.g., test - warm hand-off to CHW)
- Go where the community is
- Agency establishes relationships with organizations that have trusting relationships with the priority population
  - Influence and influences (e.g., endorsements)
  - Staff active within these institutions (e.g., workgroup)



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# NACCHO's Roots of Health Inequity Online Course

- Addresses the root causes of health inequities and systemic differences in health and wellness that are actionable, unfair, and unjust
- Explores social processes that produce health inequities in the distribution of disease and illness
- Participants will be able to strategize more effective ways to act on the root causes of health inequity



The screenshot shows the homepage of the 'Roots of Health Inequity' website. At the top, there is a navigation bar with 'NACCHO' on the left and 'LOGIN | FAQs | Resources | Site Requirements | Home' on the right. Below this is a secondary navigation bar with links: 'ABOUT PROJECT', 'ABOUT COURSE', 'PREVIEW INTERACTIVES', 'HOW TO REGISTER', 'SITE CREDITS', and 'LEARN MORE CONTACT'. The main content area features a large, diverse group of people. Overlaid on the left is a teal box with the text 'ROOTS of HEALTH INEQUITY'. To the right, it says 'NACCHO presents The Roots of Health Inequity A Web-Based Course for the Public Health Workforce' followed by a 'LEARN MORE »' link. Below the group photo is a section titled 'What's in this Online Learning Collaborative?' with a list of bullet points: 'Explore social processes that produce health inequities in the distribution of disease and illness.', 'Strategize more effective ways to act on the root causes of health inequity.', and 'Form relationships with other local health departments who are working to ensure health equity.' In the bottom right corner, there is a circular teal button that says 'ENTER ROOTS COURSE SITE' with a right-pointing arrow.

[The Roots of Inequity website:](http://www.rootsofhealthinequity.org/)  
<http://www.rootsofhealthinequity.org/>



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# Process for Implementing Roots

- 1<sup>st</sup>: Create **training materials** laying out specific pathway through Roots course for sites (informed by called and site visits)
- 2<sup>nd</sup>: Create and Disseminate application to **choose facilitators** from each site
- 3<sup>rd</sup>: **Train facilitators** from each site to orient them to Roots content/materials and how to engage in social justice dialogue
- 4<sup>th</sup>: Initiate a **community of practice** among facilitators to discuss facilitation strategy, answer questions, and share best practices
- 5<sup>th</sup>: Create an evaluation form to **provide feedback** on how well facilitators are doing managing group dialogue on how relevant and appropriate Roots content is.



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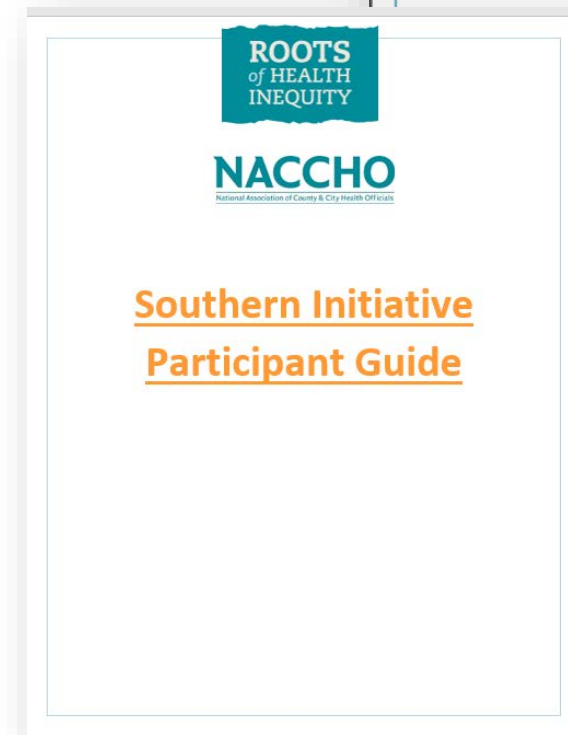
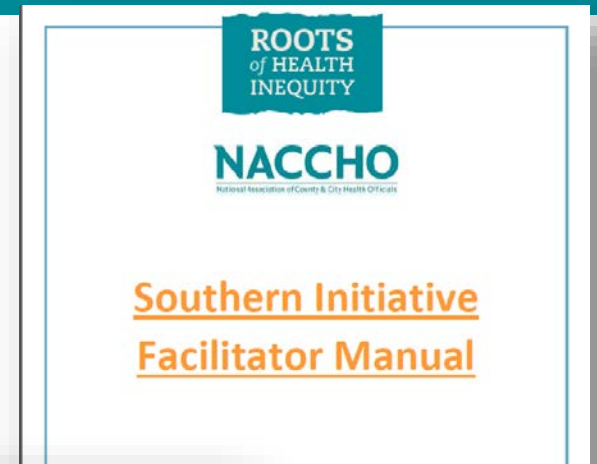
# Training Materials

- **Facilitator Manual**

- Web course use
  - Navigation, creating an account & group
- Strategies for:
  - Identifying members
  - Course scheduling & pre-work assignments
  - Unit/content facilitation
    - Leading Social Justice Dialogue
    - Conducting ORIDs

- **Participant Guide**

- Course and unit overviews
- Expectations & engagement guidance
- Assignment, activity and meeting schedule
- Unit discussion guides / templates



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# Site Facilitators and CoP

- **Sign-up form & selection**
- **Selected (1/site)**
  - 2 CHWs (incl. 1 program coordinator)
  - 2 Program Managers/Directors
- **Training**
  - Train-the-trainer workshop
- **Community of Practice (CoP)**
  - Monthly prep/debrief sessions (5 total)

## Roots of Health Inequity Facilitator Sign-up Form

The *Roots of Health Inequity* is a web-based course that provides an online learning environment for groups to explore root causes of inequity in the distribution of disease, illness, and death. The course material is designed around group participation and seeks to ground participants in the concepts and strategies that could lead to effective action.

As part of the Roots of Health Inequity Learning Collaborative, participants will be able to:

- Explore social processes that produce health inequities in the distribution of disease and illness.
- Strategize more effective ways to act on the root causes of health inequity.

The course is composed of five units that describe different aspects of social justice as it relates to public health. Each unit provides an in-depth look at a specific topic using various types of learning modalities — interactive maps and timelines, slideshows, geographic storytelling, resource libraries, video

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**Unit 1: Where Do We Start?**  
Assess the relationship between internal capacity building and authentic community engagement, reflect on the impact of political pressures, and explore possibilities. This unit offers Continuing Education.  
**Includes:** Polluting Sites in N. Manhattan and West Harlem's Battle for Clean Air

**Unit 2: Perspectives in Framing**  
Consider how "mental models" or frames influence practice. Consider how values, assumptions, and interests impact public health work and the capacity for tackling health inequity effectively.  
**Includes:** Top Priorities Poll and The Smallville Case Study

**Unit 3: Public Health History**  
Explore the transformation of public health over the last 150 years, the forces that influenced its advances and limits, and the implications for contemporary transformation to address health inequity.  
**Includes:** The Evolving Role of Public Health Timeline

**Unit 4: Root Causes**  
Examine the importance of class structure, racism, and gender inequity on tackling health inequities.  
**Includes:** How Class Works Animation and Anatomy of an Un-natural Disaster Interactive

**Unit 5: Social Justice**  
Explore the principles of social justice and ways to influence the institutions and agencies that generate health inequity.  
**Includes:** The Five Faces of Oppression Slideshow

line accounts and gain  
complete Unit 3 as a group



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# Site Implementation & Participation

- **41 participants** enrolled across 4 sites (range: 5-15; av. 10)
  - **14 Community Health Workers** (incl. supervisors)
  - Others:
    - Program leadership (managers, directors)
    - Program coordinators
    - Health educators
    - Non/medical case managers, incl. CTRs (Counseling, Testing and Referral)
    - Admin staff, incl. schedulers
- **6 Sessions:** (1) 1-hour orientation; (5) 2-hour sessions (1 session/unit/month)
  - Pre-session content review



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# Course Content



## **Unit 1: Where Do We Start?**

Assess the relationship between internal capacity building and authentic community engagement, reflect on the impact of political pressures, and explore possibilities. This unit offers Continuing Education.

**Includes:** Polluting Sites in N. Manhattan and West Harlem's Battle for Clean Air



## **Unit 2: Perspectives in Framing**

Consider how "mental models" or frames influence practice. Consider how values, assumptions, and interests impact public health work and the capacity for tackling health inequity effectively.

**Includes:** Top Priorities Poll and The Smallville Case Study



## **Unit 4: Root Causes**

Examine the importance of class structure, racism, and gender inequity on tackling health inequities.

**Includes:** How Class Works Animation and Anatomy of an Un-natural Disaster Interactive



## **Unit 5: Social Justice**

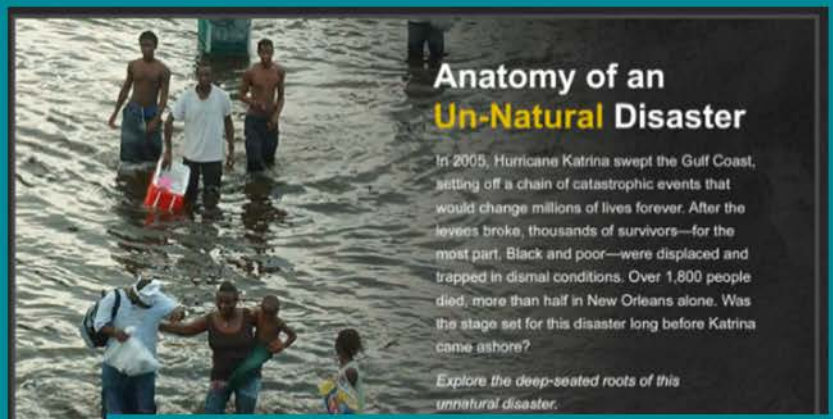
Explore the principles of social justice and ways to influence the institutions and agencies that generate health inequity.

**Includes:** The Five Faces Of Oppression Slideshow



# Course Design

## Case Studies



**Anatomy of an Un-Natural Disaster**

In 2005, Hurricane Katrina swept the Gulf Coast, setting off a chain of catastrophic events that would change millions of lives forever. After the levees broke, thousands of survivors—for the most part, Black and poor—were displaced and trapped in dismal conditions. Over 1,800 people died, more than half in New Orleans alone. Was the stage set for this disaster long before Katrina came ashore?

*Explore the deep-seated roots of this unnatural disaster.*



**Polluting Sites in Northern Manhattan**

Northern Manhattan is home to several vibrant, complex communities. Here, most residents are people of color. Up to one-third of residents live below the poverty line. Click on the map markers to explore patterns in childhood asthma rates and environmental hazards in Northern Manhattan.

Asthma Rates     Poverty Rates

Population

White     African American     Other  
 Asian     Hispanic

Map labels: Inwood, Washington Heights, Morningside, West Harlem, East Harlem, Upper West Side, Central Park, Hudson River.

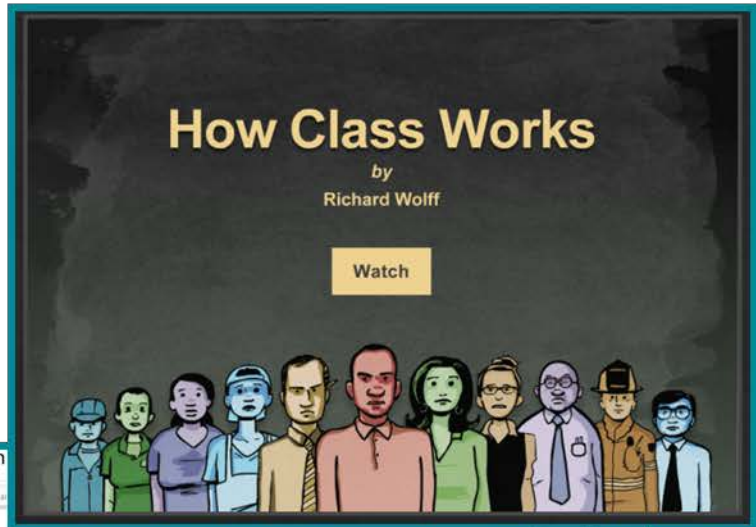
## Voices from the Field



**Voices from the Field**  
AUDIO  
Josy Hahn  
[GO NOW »](#)

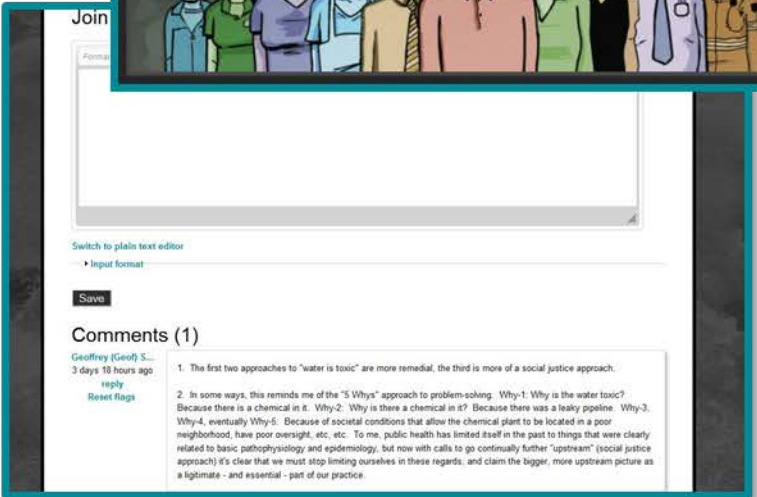


## Multimedia Interactive Features



**How Class Works**  
by Richard Wolff

[Watch](#)



Join

Switch to plain text editor

Input format

[Save](#)

**Comments (1)**

Geoffrey (Geof) S...  
3 days 10 hours ago  
[reply](#)

- The first two approaches to "water is toxic" are more remedial, the third is more of a social justice approach.
- In some ways, this reminds me of the "5 Whys" approach to problem-solving. Why-1: Why is the water toxic? Because there is a chemical in it. Why-2: Why is there a chemical in it? Because there was a leaky pipeline. Why-3: Why-4, eventually Why-5: Because of societal conditions that allow the chemical plant to be located in a poor neighborhood, have poor oversight, etc. etc. To me, public health has limited itself in the past to things that were clearly related to basic pathophysiology and epidemiology, but now with calls to go continually further "upstream" (social justice approach) it's clear that we must stop limiting ourselves in these regards, and claim the bigger, more upstream picture as a legitimate - and essential - part of our practice.

# Course Feedback: After Action Reports

## Key Take-Aways

- Realization that taking a “colorblind” approach ‘slides problems under the rug’
- Increased sensitivity to language (e.g., “who gets to decide which group is ‘marginalized’”)
- Highlighted the importance of creating a safe space for clients
- Increased awareness of the intersection of gender bias and homophobia
- Increased awareness of the prevalence of privilege and systems of oppression and their health impacts
- Importance of social justice framing to understand root causes
- Reinforced need and importance of community collaboration and to diversify staff



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# Facilitator Feedback

## Benefits of Roots learning groups:

- Opened up important conversations with staff across the agency; sparked dialogue
- Better understanding of the challenges (racism, class oppression, gender inequity) and their impact on uptake of medical care
- Being more mindful of frames and language
- Identifying actions to maintain focus on addressing health inequities

## Words to describe the experience of facilitating a Roots learning group:

- Enriching
- Transformative
- Eye-opening
- Connecting
- Gratifying
- Fun



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# Satisfaction Survey Results

- **85%** reported they gained new insights about their work through the Southern Initiative
- **92%** reported they were able to relate course materials directly to their work through the Southern Initiative
- **87%** reported that they would implement concepts/ideas learned through the course to their work with the Southern Initiative
- **64%** reported that as a result of the taking the course they would change how they conduct their work through the Southern Initiative
- **90%** reported they would begin to address or change how they address health inequity in their community
- **84%** reported that they would talk to their colleagues about the course
- **83%** reported they would recommend the course to colleagues

# Key Take-Aways for NACCHO

- Demonstrated the value of utilizing the Roots of Health Inequity course to inform approaches to reducing HIV-related disparities and addressing health inequities
- Need to provide more training and guidance to facilitators about how to apply lessons learned and insights gained through the course to discussions about:
  - Power, privilege, and oppression within one's organization
  - Experiences of the communities served by one's organization
  - Social justice approaches to improving HIV outcomes among minority populations
  - Support or encourage engagement of senior leadership within organizations early on



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# Acknowledgements

## **NACCHO**

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## **Southern Initiative Sites *Roots* Course Facilitators**

- Jean Redmann, CrescentCare
- Linda White, Friends for Life
- Jon Hoekstra, Positive Impact Health Centers
- Oscar Perez, Avenue360 Health and Wellness





# Questions

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