

College of Public Health and Human Sciences

Community Health Worker Training Update

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Oregon State
University

Disclosures

- Funding for the OSU College of Public Health and Human Sciences Community Health Worker training program is provided in part by Eastern Oregon Coordinated Care Organization
- Other funders of my effort at the OSU Center for Health Innovation (including coverage of my salary) are:
 - PacificSource
 - Oregon Health & Science University (OHSU) Center For Children and Youth with Special Health Needs
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Team-based Rapid Assessment of Community-level coronavirus Epidemics (TRACE-COVID-19) Research Study



Overview

- News/updates: Community Health Worker Training Program
 - Program History
 - Current Progress
 - Future Directions

- Q&A



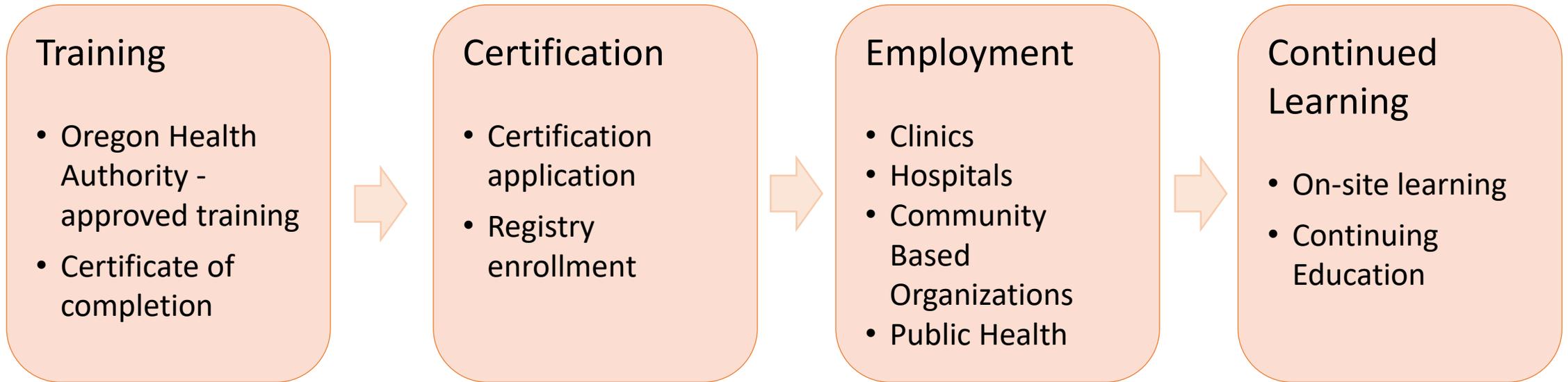
Learning Objective

- Interpret the basic components of the community health worker training program
- Summarize community health worker certification and renewal requirements
- Identify roles of community health workers in organizations, communities, and the health care sector



Community Health Worker Training Program

Oregon Community Health Worker Training & Certification



CHW Training Program History: 2016-2020

2015: EOCCO and the OSU Center for Health Innovation Partnership

December 2015: Oregon Health Authority-approved 85 hour entry-level training

2016-2020: Delivered 15 sessions to 144 participants

2017-2020: Continuing education opportunities (20 CEUs every 3 years)

- Management of Chronic Health Conditions
- Poverty & Related Social Determinants of Health
- Mental & Behavioral Health

Leadership Certificate Course

- Began Development September 2017
- Planned to start September 2018

Change in OCHI Leadership and CHW Training Program

- September 2018 – Allison Myers
- August 2019 – Oralia Mendez

Update on Program Achievements



- Achieved renewed approval from Oregon Health Authority according to revised regulatory standards (through July 2022)
- Shared program goals
 - Increase the availability of high-quality training for CHWs
 - Improve the behavioral health system
 - Increase value and pay for performance
 - Focus on the social determinants of health and health equity
 - Maintain sustainable cost growth

CHW Training Learning Objectives

- Identify and describe Interpersonal Skills relevant for CHWs including organization; communication; cultural competence; and skills relevant to group facilitation, crisis identification, and de-escalation.
- Identify and describe his/her personal preferred and other common learning styles.
- Identify and describe strategies for self-efficacy and self-care to prevent burnout as a CHW.
- List and explain core elements of the CHW Profession, including history, professional roles, scope of practice, code of ethics, and legal responsibilities.
- Define and illustrate knowledge of factors related to Determinants of Health and Health Promotion including disease, social determinants of health, health disparities among diverse populations, health across the lifespan, trauma-informed approaches to care, stages of change for behavior change, best practices in health promotion, and health literacy.



CHW Training Learning Objectives

- Identify and describe key components of Assessment, including types of data and their use; individual assessment; community needs assessment; resource identification and mapping; and documentation.
- List and compare Capacity Building skills and techniques such as community engagement, empowerment, and advocacy.
- Define and illustrate knowledge of adult learning principles, popular education methods, and motivational interviewing techniques.
- Identify and describe Service Coordination skills and techniques related to navigating systems; working with families, support systems, and community groups; working with supervisors and multidisciplinary teams; building partnerships and managing conflict; and organizing communities.
- Demonstrate the capacity to Integrate and Apply organization, communication, and cultural sensitivity knowledge and skills relevant to CHWs.



Update on Program Achievements



- Delivered two sessions of renewed entry-level training prior to COVID-19
 - 24 participants (Hermiston and La Grande)
- Delivered one completely remote session to a cohort of 4 participants in Burns
 - Currently offering the Tillamook training to 14 participants
- Several entities interested in our program
 - Sending students
 - Licensing our content
 - Coordinating a training in their area
 - Developing CEU courses

Future Program Directions



CPHHS is leading the Coast to Forest (C2F) program to serve the state.

Goals

C2F Local

1. Improve mental health and well-being;
2. Reduce opioid misuse and abuse and associated harms;

C2F Oregon

1. Expand training, tools, and technical assistance through the Extension service pipeline; and,
2. Build capacity in rural Oregon to prevent/reduce opioid and stimulant use disorders and their consequences, and move people to recovery.

Program Components

“C2F Local”

Baker, Lincoln, Tillamook, and Union Counties
USDA Funding (\$289K)

“C2F Oregon”

All 36 Oregon Counties
SAMHSA Funding (\$1.1M)

1. Free Mental Health First Aid Training (MHFA)

2. County-specific Resource Guides

3. Local Extension Radio Programming

4. Community Conversations

5. Prevention Week

6. Web Library of Tools, Resources, Trainings

7. De-Stigmatizing Media Training

8. Peer Support Fundamentals (PSF) Training

Outcomes

C2F Local

1. Increased knowledge and awareness about mental health (MH), substance abuse (SA), and available helping resources.
2. Decreased stigma related to MH and SA;
3. Increased skills and confidence for helping community members in distress;
4. Increased helping behaviors and referrals for MH and SA;
5. Increased use of MH and SA services;
6. Greater community efficacy to address local needs through community changes; and,
7. Development of community-driven plans to promote MH and prevent SA.

C2F Oregon

8. Trained 300 Extension faculty or community partners in MHFA; MHFA attendees confident in performing helping behaviors;
9. 300 unique users have accessed online resource guides;
10. Aired 18 radio programs related to SUD & MH;
11. 500 unique users have accessed web-based library resources; Materials downloaded in all 36 Oregon counties;
12. 75 Extension faculty, community partners, or journalists have completed media training; trainees have identified ways to impact practice;
13. 45 Extension faculty or community partners have completed PSF training; trainees demonstrate increased KSAs; and,
14. Hosted 8 quarterly meetings of Opioid Response grantees; collected feedback on 100% of trainings and materials developed.

Coast to Forest Local programming kicked off April 1, during the COVID-19 pandemic.

C2F Local – Tillamook, Lincoln, Union, Baker (Funding from USDA NIFA)

Year 1

9/1/2019*- 8/31/2020

*We started ~April 1st given funding delays at USDA NIFA.

Year 2

9/1/2020-8/31/2021

No Cost Extension Year 3

9/1/2021-8/31/2022

*Their NCEs are ~automatic b/c of common funding start-up delays, essentially.

C2F Oregon (Funding from SAMHSA)

Year 1

8/31/2020-8/30/2021

Year 2

9/1/2021-8/31/2022

Coast to Forest (Local + Oregon) programming is re-launching, kicking-off now.

C2F Local – Tillamook, Lincoln, Union, Baker (Funding from USDA NIFA)

Year 1

9/1/2019*- 8/31/2020

*We started ~April 1st given funding delays at USDA NIFA.

Year 2

9/1/2020-8/31/2021

No Cost Extension Year 3

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*Their NCEs are ~automatic b/c of common funding start-up delays, essentially.

C2F Oregon (Funding from SAMHSA)

Year 1

8/31/2020-8/30/2021

Year 2

9/1/2021-8/31/2022



C2F Local Re-Launch, C2F Oregon Kick-Off = August 31, 2020

Coast to Forest is an opportunity to more fully realize the SP 4.0 vision of a statewide network of public health and extension partnerships as a national model of health services delivery.

Let us leverage our unique-to-Oregon-and-OSU statewide context:

- ✓ >150-year history as a Land-Grant University with Family and Community Health Extension
- ✓ Public Health “3.0” Modernization legislative investment with Oregon Health Authority leadership
- ✓ Healthcare transformation (Better Health, Better Care, Lower Costs) through Oregon Health Plan geographically-based Coordinated Care Organizations
- ✓ College of Public Health and Human Sciences
 - *With* an UPSTREAM vision of lifelong health and well-being for every person, every family, every community in Oregon and beyond;
 - *Without* an Academic Medical Center, knowing that AMCs can often focus DOWNSTREAM



Summary of Coordinated Care Organization Model

<https://www.pccci.org/blog/oregon%E2%80%99s-coordinated-care-model-inspiring-health-system-innovation>

We are inviting broad buy-in, for broad reach, and broad impact.

Today, we are grateful to our notable list of partners and supporters.

Moving forward, we aim to build awareness and engagement across all of Oregon State University.

Please visit our website: <https://extension.oregonstate.edu/coast-forest-mental-health-promotion-rural-oregon>

- Adventist Health – Tillamook Reg. Medical Center
- Alexandra Communications – Tillamook Radio
- Center for Human Development, Inc.
- C.H.A.N.C.E. Recovery
- Eastern Oregon CCO
- InterCommunity Health Network CCO
- Lincoln County Board of Commissioners
- Lincoln County Health and Human Services
- Newport Police Department
- North East Oregon Network
- Northwest Portland Area Indian Health Board
- Oregon Office of Rural Health
- Oregon Department of Human Services
- Oregon Health Authority
- Oregon Mental Health First Aid
- Assoc. of Community Mental Health Programs
- Oregon Parenting Education Collaborative
- OSU Pesticide Safety Education Program
- Union County Safe Communities Coalition



Q & A, Discussion

College of Public Health and Human Sciences

Thank you!

**Oregon State University
Center for Health Innovation
Community Health Worker Training Program**

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Appendices/Extra Slides

OSU CHW Training Program Financial Analysis

How many people do we have to train each year to make this program self-sustaining?

Model 1

Entry-level CHW course (Blended)								
	Tuition Fee		CostShare%	An. Revenue projections	Number	\$Amount	To OCHI	To PACE
EOCCO	\$800	OCHI	70%	Full-priced students	20	\$24,000.00	\$16,800.00	\$7,200.00
Full Price	\$1,200	PACE	30%	EOCCO-priced students	80	\$64,000.00	\$44,800.00	\$19,200.00
Community Health Worker Continuing Education Course: Poverty and Related Social Determinants of Health (Instructor-facilitated online)								
	Tuition Fee		CostShare%	An. Revenue projections	Number	\$Amount	To OCHI	To PACE
EOCCO	\$175	OCHI	70%	Full-priced students	10	\$2,500.00	\$1,750.00	\$750.00
Full Price	\$250	PACE	30%	EOCCO-priced students	10	\$1,750.00	\$1,225.00	\$525.00
Community Health Worker Continuing Education Course: Mental and Behavior Health (Instructor-facilitated online)								
	Tuition Fee		CostShare%	An. Revenue projections	Number	\$Amount	To OCHI	To PACE
EOCCO	\$250	OCHI	70%	Full-priced students	10	\$2,500.00	\$1,750.00	\$750.00
Full Price	\$250	PACE	30%	EOCCO-priced students	10	\$2,500.00	\$1,750.00	\$750.00
Community Health Worker Continuing Education Course: Management of Chronic Conditions (Self-Paced)								
	Tuition Fee		CostShare%	An. Revenue projections	Number	\$Amount	To OCHI	To PACE
EOCCO	\$175	OCHI	70%	Full-priced students	10	\$2,500.00	\$1,750.00	\$750.00
Full Price	\$250	PACE	30%	EOCCO-priced students	10	\$1,750.00	\$1,225.00	\$525.00
Community Health Worker Leadership Development Course (not yet launched)								
	Tuition Fee		CostShare%	An. Revenue projections	Number	\$Amount	To OCHI	To PACE
EOCCO	\$800	OCHI	70%	Full-priced students	10	\$12,000.00	\$8,400.00	\$3,600.00
Full Price	\$1,200	PACE	30%	EOCCO-priced students	30	\$24,000.00	\$16,800.00	\$7,200.00
To pay 100% of Oralia, and 20% each of Ann and Allison, wages and fringe, it costs \$162,737.41/year.						To OCHI>	\$96,250.00	
to pay 100% of Oralia, it costs \$95,652.36/year.								

OSU CHW Training Program Financial Analysis

How many people do we have to train each year to make this program self-sustaining?

Model 2

Entry-level CHW course (Blended)				An. Revenue projections	Number	\$Amount	To OCHI	To PACE
	Tuition Fee		CostShare%	Full-priced students	30	\$36,000.00	\$25,200.00	\$10,800.00
EOCCO	\$800	OCHI	70%	EOCCO-priced students	80	\$64,000.00	\$44,800.00	\$19,200.00
Full Price	\$1,200	PACE	30%					
Community Health Worker Continuing Education Course: Poverty and Related Social Determinants of Health (Instructor-facilitated online)								
	Tuition Fee		CostShare%	Full-priced students	15	\$3,750.00	\$2,625.00	\$1,125.00
EOCCO	\$175	OCHI	70%	EOCCO-priced students	10	\$1,750.00	\$1,225.00	\$525.00
Full Price	\$250	PACE	30%					
Community Health Worker Continuing Education Course: Mental and Behavior Health (Instructor-facilitated online)								
	Tuition Fee		CostShare%	Full-priced students	15	\$3,750.00	\$2,625.00	\$1,125.00
EOCCO	\$250	OCHI	70%	EOCCO-priced students	10	\$2,500.00	\$1,750.00	\$750.00
Full Price	\$250	PACE	30%					
Community Health Worker Continuing Education Course: Management of Chronic Conditions (Self-Paced)								
	Tuition Fee		CostShare%	Full-priced students	15	\$3,750.00	\$2,625.00	\$1,125.00
EOCCO	\$175	OCHI	70%	EOCCO-priced students	10	\$1,750.00	\$1,225.00	\$525.00
Full Price	\$250	PACE	30%					
Community Health Worker Foundations of cross-systems care coordination for children and youth with special health needs and their families (Self-Paced)								
	Tuition Fee		CostShare%	Full-priced students	15	\$3,750.00	\$2,625.00	\$1,125.00
EOCCO	\$250		70%	EOCCO-priced students	10	\$2,500.00	\$1,750.00	\$750.00
Full Price	\$250		30%					
Community Health Worker Leadership Development Course (not yet launched)								
	Tuition Fee		CostShare%	Full-priced students	0	\$0.00	\$0.00	\$0.00
EOCCO	\$800	OCHI	70%	EOCCO-priced students	0	\$0.00	\$0.00	\$0.00
Full Price	\$1,200	PACE	30%					
To pay 100% of Oralia, and 20% each of Ann and Allison, wages and fringe, it costs \$162,737.41/year.						To OCHI>	\$86,450.00	
to pay 100% of Oralia, it costs \$95,652.36/year.								

Future Program Directions

- Retroactive data evaluation of enrolled CHWs

Learning Objective(s):

Describe demographics of enrollees during the first four years of an Oregon-based, entry-level, 85-hour, blended Community Health Worker training course.

Background:

Community Health Workers (CHW) are a growing portion of the public health workforce. CHWs are brokers of culture, language, and health literacy, and ensure access to health-promoting services. In partnership with Eastern Oregon Coordinated Care Organization (EOCCO), a blended (online + in-person + live virtual), entry-level CHW training program was launched in 2016.

Methods:

We analyzed four years of course enrollment data (2016 to 2020 [N=151]) to describe trainees' race/ethnicity, language preference, level of education, and job status upon enrollment. Data were analyzed with Stata/SE 15 (StataCorp LP, College Station, TX).

Results:

25% of enrollees identified as Hispanic/Latino; 52% white. 94% preferred English language instruction. 86% had completed education beyond high school. Upon enrollment, 41% were CHWs, 6% medical assistants, 2% nurses, and 44% other professions. 56% took the course as a job requirement and 26% were offered advancement after completion. Employers at enrollment were community-based organizations (28%), hospital systems (26%), private primary care providers (9%), mental & behavioral health clinics (8%), Federally Qualified Health Centers (7%), or unrelated to health care (12%).

Conclusion:

Data offer a preliminary picture of CHW trainees in *one* blended, entry-level course. Additional work to diversify enrollment is likely a mechanism to promote health equity.

Future Program Directions

- Leadership survey results

Learning Objective(s):

Assess awareness of continuing education courses among the CHW workforce.

Identify discrepancies in professional development interests between employers and CHW's.

Background & Purpose

As public health, social needs care and health care are increasingly integrated, Community Health Workers (CHW) roles are evolving. A need exists to understand CHWs' and their employers' interests and needs for workforce development.

Methods

We administered a questionnaire via Qualtrics (version 4.2020) to graduates of an entry-level CHW Training Program (N=131) and their employers (N=85) in April 2020. Items included (a) level of interest and (b) awareness of leadership and continuing education courses, (c) availability of other relevant trainings, and (d) factors that would influence their decision to register. Data were analyzed with Stata/SE 15 (StataCorp LP, College Station, TX).

Results

Completed questionnaires from employers (RR 69%) and CHWs (RR 16%) indicated varied course interests: leadership development (23.8% CHWs, 62% employers); chronic conditions (33.5% CHWs, 57% employers); SDoH (43% CHWs, 55% employers); and behavioral health (43% CHWs, 48.5% employers).

Conclusion

Workforce development efforts for CHWs must take into account shared or disparate preferences between CHWs and their employers. Differences between employers and CHWs include gaps around who will bear the course costs, employers' accommodations for employees if they pursue the course, and level of advancement or recognition upon course completion. Future workforce development efforts should harmonize interests and needs.