

REINFORCE Webinar ‘Improving Retention in HIV Care with Navigation and Community Support’

Audience questions received from live webinar on Thursday, July 20, 2023

» What trainings are available for CHWs?

ALLYSON BAUGHMAN, PHD, MPH: Training for CHWs can be found in many places. Some training will be offered for free, but others will have a cost. Local Community Colleges often offer CHW training, especially if the state has CHW certification. State and local CHW associations are great sources of trainings, webinars, and workshops as well. Many state CHW associations offer conferences too. You can find out if your state has a CHW association by doing a google search, MHP Salud is a great CHW focused organization to find CHW training and resources, and they have a webpage that lists state and local CHW associations, <https://mhpsalud.org/community-health-worker-resources/associations/>.

The federal government funds Regional Public Health Training Centers to strengthen the public health workforce, which included CHWs. You can find information about these centers at <https://bhw.hrsa.gov/funding/regional-public-health-training-centers>.

I also recommend connecting with NACHW, the National Association of Community Health Workers, <https://nachw.org/>. NACHW hosts a conference every year for CHWs which is a great opportunity for CHWs to develop professionally, learn, and connect with other CHWs.

For HIV, trainings may be offered through the AETCs (AIDS Education and Training Centers) and also Area Health Education Centers (AHECs). You can find out information about AHECs from the website of the National Area Health Education Centers, <https://www.nationalahec.org/>.

Sometimes you can find trainings through a Google search, so don't be afraid to do that.

» Is there a particular certificate or educational training that a team member can complete to become recognized as a CHW?

ALLYSON BAUGHMAN, PHD, MPH: Right now there is no national certification for CHWs, but many states do have CHW certification. Every state decides what education/training is required for a CHW to be certified. You can find information on state certification through a google search. The Rural Health Information Hub published information about states that have CHW certification at <https://bhw.hrsa.gov/funding/regional-public-health-training-centers>.

The Association of State and Territorial Health Officials (ASTHO) also has information about state certification. For CHWs, <https://www.astho.org/topic/brief/state-approaches-to-community-health-worker-certification/>.

» Are there detailed training sessions that address the core roles of a CHW?

ALLYSON BAUGHMAN, PHD, MPH: The training sessions that address the core roles of a CHW are most often found in CHW training programs. It can be useful to keep the CHW roles handy when you are looking at trainings to see if they match what you are looking for. You can find the CHW roles on the CHW Core Consensus (C3) Project website, <https://www.c3project.org/>.

» What are some of the benefits you see in bringing in CHWs for retention in HIV care?

ALLYSON BAUGHMAN, PHD, MPH: CHWs can help individuals be retained in care in many ways, but I think of 2 important ones. First, CHWs usually have time to spend with individuals to find out what the barriers to care are for the person, whether it is a tangible need like transportation, or another need, like stigma or lack of trust in the provider, fear, etc. By listening to the individual and finding out what the barriers are, the care team can start to address the barriers. In some organizations, CHWs are the main professionals that screen for and work to address Social Determinants of Health (SDoH), like food, housing, and transportation. CHWs can work on these things directly or by referring individuals to other resources.

Second, the lived experience that CHWs share with the individuals they serve, and the trust they can build with them through knowledge of trauma-informed care, and communication skills like motivational interviewing can help individuals feel more comfortable and motivated to come in for appointments. CHWs can also be a bridge between the patient and the health care team to help build trust between the patient and other members of the health care team, and tell the health care team what is most important to the patient, so that patient can have a good experience when they come in for care.

» To be effective, does the CHW need to be on staff at the healthcare facility, or are you aware of any collaborative models where the CHWs are employed by other community-based organizations and somehow interface with the healthcare facility?

ALLYSON BAUGHMAN, PHD, MPH: There are definitely models where CHWs are employed by an organization, but work at another. For example, a CHW can work for a Community-based organization, but they are located inside a health care facility. Another example is where a CHW is employed by a state or local Health Department, but they work in a community organization or a health care facility. These models can be very effective because the cost of the CHW can be shared, and the CHW can even spend time at different locations during the week, however, there can be some challenges. Supervision can be a challenge because the CHW is employed by an organization where they don't spend most of their work time. In this model, the CHW can have a supervisor at the place they work in addition to their employer. In this case, communication, coordination, and collaboration between the supervisors is critical. Integration of the CHW into the care team can also be a challenge because the CHW is technically not employed by the organization in which they work. In general, if a CHW is employed by one organization, and works at another, communications, coordination, and collaboration are very important so everyone is clear about the CHW's role, supervision, and how they interact with employees of the other organization.

» What would you say are the key differences between a community health worker and a peer outreach/navigator? I am now seeing certifications for peer outreach/navigators as well.

ALLYSON BAUGHMAN, PHD, MPH: This is a very interesting question, and you will probably hear different responses from different people. My opinion is that a peer navigator is a job title under the community health worker umbrella, but the peer navigator's role concentrates on the CHW roles related to system navigation compared to other roles. Sometimes, though, a certification for a peer navigator is actually a CHW role, but they just use the name peer navigator.

Sometimes, the job title is determined by outside factors like source of funding, human resources, etc.

CHW is an umbrella term that many job titles, including promotora de salud, community health representative (CHR), outreach worker, peer navigator, peer outreach, health educator, peer educator, and more. In my view, if a role meets the definition of a community health worker, that role is a CHW, regardless of what the job title is. Also, remember that this workforce is growing still evolving somewhat, so things may change over time.

» How would you suggest an agency should approach recruiting for CHW/Peers for clients living with HIV?

ALLYSON BAUGHMAN, PHD, MPH: In general, I suggest that the organization keep the definition of a CHW in mind when they write the job description and recruit candidates. Think about the individuals that the CHW will serve and what shared experience the CHW might want to have. It could be that the organization decides they want the CHW to have shared ethnicity, or be from a neighborhood, or have experience with incarceration. Work with your Human Resources department to make sure the job description and hiring process is compliant with laws and regulations, but also be explicit about encouraging people with certain experiences to apply for the position (e.g., clearly statement in recruitment materials that people of color, or people with a non-felony criminal record are encouraged to apply).

In addition, be creative about where you post recruitment materials (e.g., consider posting recruitment flyers in the community), or letting community-based organization know that you are hiring.

» What is a healthy ratio for patient to CHW to prevent burnout or overload?

ALLYSON BAUGHMAN, PHD, MPH: In our CHW Initiative, we suggested a maximum caseload of about 20-25. This also depends on the needs of the individuals that a CHW is working with. For example, if a CHW is working with 10 individuals, but all of them have high needs and required a lot of time and attention, the CHW may not be able to work with more. Many organizations try to determine whether an individual is high, medium, or lower need (also called "acuity") before assigning them to a CHW, and they try to have a CHW's caseload be a mix of individuals.

» As a CHW, how does one balance work and continue to successfully engage with one's own health needs?

EFFIE MARVRAY: As a care navigator, I practice the strategies I suggest to the patients, specifically a personal alarm on my phone for taking medication. I value my health and maintain my appointments, take my medicines (but have missed on occasion); also, I like to be transparent with the patients I work with. This helps to foster relationships where honesty is appreciated, and perfection is not expected.

» How do you help motivate to achieve medication adherence?

EFFIE MARVRAY:

1. Truly listen to the patient, as they can tell you why medication adherence is problematic.
2. Assist them to problem-solve and offer ideas to adhere to medication.
3. Ask them what steps they would be willing to take for a short time frame (three days, a week, etc.), and ask if they will be willing to check in with you after a set time.
4. Allow them to restate the goals they set, in their own words.
5. Check in: it is so important not to judge or criticize. Offer support/congratulations.
6. Ask...
 - ▶ *What concerns arose: positive or negative.*
 - ▶ *Will they continue to use same step: increase or decrease time frame.*
 - ▶ *Will they try other techniques previously discussed or newly discussed.*
7. Allow them to restate the goals they set, in their own words.
8. Repeat the process... Remember to congratulate on any steps taken, or their willingness to try or think about making changes to adhering to their medication.

» What resources or workflow can you use to locate unhoused patients during outreach in the field and help them re-engage with care?

EFFIE MARVRAY: I don't work in the field, so I can only offer suggestions for in-house Care Navigation:

- ▶ Phone calls/emails and leave contact information and purpose for the contact. I often give my availability and offer them to leave a message with the best time to call or a way to contact them.
- ▶ Call at different times of the day, days of the week, and beginning of the month versus end of the month. Some patients use government phones and may not have access to wi-fi or minutes consistently.
- ▶ We have access to a portal called CRISP, which is an e-Service Description Clinical Information that gives providers the ability to access critical health information and alerts about patients—including medication data, lab results, radiology reports, encounter information, and more. Sometimes CRISP offers different demographics which are not in our system. It can also identify hospital visits or other medical agencies where the patient may be involved / visiting. (FYI: Not all medical agencies in the area report to CRISP.)

» There are many services offered to the clients with HIV, however, they do not accept those services. As a navigator, do you have specific strategies to help those clients accept services?

EFFIE MARVRAY:

1. Listen to why they are opposed to accepting services.
2. Address their concerns, if possible.
3. Offer a Warm Handoff — with the other agency.
4. Recognize that sometimes: what we want or think they need is not necessarily what they would like. You have given the information/resource, if they desire, they will use it or ask about it, WHEN THEY ARE READY.

» Many patient navigators/community health workers in the HIV realm are extremely underpaid for the number of caseloads and projects given to them. Even though these positions are basically the spine of many HIV programs, many organizations ‘seem’ to not see the importance of these positions and therefore underpay. Do you have any tips about how to stay motivated in the field we all love?

EFFIE MARVRAY: I remember why I am in the field—I am a helper and enjoy helping others. I can get recharged when I hear/review the patients who have benefited from us working together.

I think of the hardest patient I had and how he did not want to work with me. I remember how he called and asked for assistance. Thanked me for not shutting him out when he was rude to me. He transitioned out of care navigation and is doing well. He often calls to check in to say “Hello” and give me an update on his health and life.

That is rewarding and keeps me motivated... I also know that it is okay to be frustrated and need rejuvenation.

» How many hours or sessions are given to each new client?

EFFIE MARVRAY: It varies, depending on the needs of the client and the information needed. Not all the time is face-to-face. Many times, it may be via phone calls or after a medical visit with the provider.