MODERATOR:
Welcome to today’s Coffee Break presented by the Applied Research and Evaluation Branch in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

We are fortunate to have Amara Ugwu as today’s presenter, she is an ORISE fellow from the CDC’s Division for Heart Disease and Stroke Prevention on the Applied Research and Translation Team.

My name is Ashley Marshall and I am today’s moderator. I am an ORISE fellow on the Evaluation and program effectiveness team within the Applied Research and Evaluation Branch.
MODERATOR:
Before we begin we have a few housekeeping items.

All participants have been muted. However, to improve audio quality please mute your phones and microphones.

If you are having issues with audio or seeing the presentation, please message us using the chat box or send us an email at AREBheartinfo@cdc.gov

If you have questions during the presentation, please enter it on the chat box on your screen. We will address your questions at the end of the session.

Since this is a training series on applied research and evaluation, we do hope you will complete the poll and provide us with your feedback.
MODERATOR: The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

So, without further delay. Let’s get started. Amara, the floor is yours.
Amara:

Thank you Ashley.

Today’s presentation focuses on community health workers.

Community health workers (or CHWs) are frontline lay health workers who often serve as a liaison between the community and health systems to improve access to care and quality of services.
CHWs are integral to heart disease and stroke prevention initiatives and have been shown to help manage and reduce risk factors for chronic conditions.

The Division for Heart Disease and Stroke Prevention (DH DSP) has developed various resources related to the work of CHWs in heart disease and stroke prevention. Current DH DSP resources include published articles, trainings, policy assessments, and translation and implementation products.
The increased interest in the CHW field within DHDSP resulted in a proliferation of products. The development, promotion and dissemination of CHW resources by DHDSP is continually shaped by the needs of our partners, and grantees. These resources help to build the evidence-base and capacity of health promoters and evaluators.

However, the increase in resources also created a challenge- to compile and organize CHW resources.
The solution was the DHDSP CHW toolkit.

Previously, Many of the existing resources were placed in different locations on the DHDSP website, so in an effort to make things easier for users of our website to navigate, we compiled all CHW-related resources onto a web-page that we named the CHW Toolkit.

The toolkit includes information that state health departments can use to train and further build capacity for CHWs in their communities, as well as helpful resources that CHWs can use within their communities.
During today’s presentation, we’ll spend some time highlighting a select number of tools. Given our limited time, we’ve considered those items that are most relevant to the work that is being carried out in the states.
First we have the CHW e-learning course.

This course is designed to provide state programs and other stakeholders with basic knowledge about CHWs. For example official definitions of CHWs, workforce development, and other topic areas. The course covers how states can become engaged in policy and systems change efforts to establish sustainability for the work of CHWs, including examples of states that have proven success in this arena.

The six-session course covers
1. CHWs’ roles and functions
2. Current status of the CHW occupation
3. Areas of public policy affecting CHWs
4. Credentialing CHWs
5. Sustainable funding for CHW positions
6. Examples of states successful in moving policy and systems change forward

http://www.cdc.gov/dhdsp/pubs/chw_elearning.htm
The policy group within the Applied Research and Translation team here at the CDC have developed several CHW related products. From State law fact sheets to policy evidence assessment reports.

The Community Health Worker Policy Evidence Assessment Report summarizes the evidence bases for community health worker policies to inform researchers, evaluators, and practitioners. There is also a one page summary of the full report.
The toolkit also houses the CHW Technical Assistance Guide for 1305 Grantees

Overview/Key Highlights:
The guide is categorized into 2 parts: health systems and CCLs
It Summarizes the CHW activities of 9 organizations as it relates to Domains 3 & 4
Offers strategies and practice-based recommendations for states to consider in their implementation efforts
Provides references to evidence-based literature to supplement the guidance
And the Resources section that provides contact information from the profiled organizations and list states implementing similar strategies

Audience:
The audience for this guide is primarily Funded state partners implementing CHW strategies in 1305. However, it is important to note that the information found in this Guide is applicable and would be useful to other grantees (e.g., 1422) and audiences.
How to use:
Identify examples of what has worked and not worked from others
Identify opportunities that might align with your context
Tailor and apply strategies that meet those alignments. This TA guide is particularly helpful since it is specifically designed for 1305 awardees
Connect to peers through resource pages

Stage of implementation:
Exploratory – this guide is a bit beyond exploratory stage. A user of this guide should have a pretty good idea of what the context is for CHW in your state so that you can make the most use out of this resource.

Development or Full implementation Stage – for those in the development or full implementation stage, you’ll be able to quickly see opportunities that would align with the work that is in preparation or in full implementation.

Maintenance – for those in the maintenance stage, the guide might be used to determine how to tweak some of your current work.
Another tool we’d like to highlight today is the St. Johnsbury Community Health Team Model.

To provide some context, this slide provides a visual illustration of the St. Johnsbury, VT CHT. DH DSP sponsored a 30-month rigorous evaluation of this program. The first objective of the evaluation was to describe the core components of the St. Johnsbury model and identify lessons learned for replication. We learned about the make up and role of the community health team, specifically community health workers, and the interaction with primary care and community. The community health workers are called the Community Connections team. Using the evaluation findings, we created an implementation guide.
Overview/Key Highlights:
In-depth detail of CHW program
Multiple aspects addressed (e.g., team-based care, CHW financing, etc.)
Evaluation guidance and examples Proposes concrete steps to implementation

Audience:
Health system administrators
Community program implementers
Program managers of state public health
departments
How to use:
Identify specific steps for adaptation and replication
Modify conceptual model into core components applicable to your setting
Consider program outcomes beyond health outcomes
Utilize as a reference for potential evaluation activities

Stage of implementation:
Exploratory
Development
Full implementation
Maintenance
Don’t Read: Go to CHW webpage and highlight the following resources based on time:

- **CHW Training resource**
- **Policy resources**
- **E-learning**
- **Educational material (English and Spanish)**
- **Million Hearts**
- **Publications**
We are working on more content to be added to the DHDSP CHW toolkit. Additionally, we plan on adding brief descriptions, and links to other CHW resources on our page.

The Chronic Center’s CHW workgroup is also in the final stage of developing a CDC-wide CHW webpage. Please contact the workgroup at chwwork@cdc.gov with any questions or feedback.

To provide suggestions on ways to improve the CHW Toolkit, please email: CHWwork@cdc.gov
MODERATOR: Thank you Amara for the great presentation. At this time, we’ll take any questions that the audience may have. You may submit questions through the Q&A box.

Here we have a few questions.

**When will the CDC-wide CHW website be available?**

The website should be available by the early fall. It is in the final development phase. For more information please contact the NCCDPHP CHW Workgroup at CHWWORK@cdc.gov.

**Can I share the tools and resources on the tool-kit?**

Yes, all publications on the CHW toolkit are public domain. So long as you acknowledge the source, you do not need to request permission to adapt and use any of the materials within it. Please share the webpage and its contents.

**What other CHW related products are in the pipeline?**

The ART and Eval team are working on various CHW related products. You can keep up to date by visiting the CHW toolkit. E.g?

Moderator: Thank you once again Amara for that informative presentation.
MODERATOR: Please stay with us for a three short poll questions.

NOTE (don’t read) Pull up on polls and pause for 15 seconds after each poll question.

Poll 1. I am interested in learning more about CHW resources
Yes
Maybe
No

Poll 2. The information presented was helpful to me.
Yes
Somewhat
No not at all

Poll 3. I plan to attend future Coffee Break sessions
Yes
Maybe
No
MODERATOR:

All sessions are archived and the slides and script can be accessed at:
http://www.cdc.gov/dhdsp/pubs/podcasts.htm

If you have any questions, comments, or topic ideas send an email to:
AREBheartinfol@cdc.gov

If you have any ideas for future topics or have any questions, please contact us at the listed email address on this slide.
MODERATOR:

Our next Coffee Break is scheduled for Tuesday, September 13th, 2016 and is entitled “Getting back to the value of evaluation.”

Thank you for joining us. Have a terrific day everyone. This concludes today’s call.