

Chapter 7

Creating a Community Health Worker Training Program



Dawn Graham, Kerri Shaw, and Lesli Johnson

CHW Importance in the Region

The role of Community Health Workers (CHWs) cannot be understated. Their roles include outreach, programming, prevention, and linkages to healthcare access for the wider population. This emerging occupation is critical as noncommunicable, chronic, and preventable disease rates continue to rise. For a successful implementation, community organizations and university partnerships must work efficiently and in tandem in order to enhance service delivery. CHWs serve a key role in facilitating access to services in rural areas. By developing a certified CHW training program, healthcare providers are creating a strong workforce that aims to improve overall health outcomes in the region. Promotion of health and wellness combined with preventing the adverse effects of noncommunicable disease states prove an important advancement in the health and well-being of the Southeastern Ohio region. In partnership with the Athens City-County Health Department and colleges from across Ohio University, we promote and extend the CHW efforts within the region. In this chapter, we discuss the implementation, challenges, and resilience that contribute to a successful CHW program.

D. Graham (✉)

Social Medicine, Heritage College of Osteopathic Medicine, Athens, OH, USA
e-mail: grahamd@ohio.edu

K. Shaw

Social Work, Ohio University, Athens, OH, USA

L. Johnson

Voinovich, Ohio University, Athens, OH, USA

© Springer Nature Switzerland AG 2019

S. L. Arxer, J. W. Murphy (eds.), *Community-Based Health Interventions in an Institutional Context*, International Perspectives on Social Policy, Administration, and Practice, https://doi.org/10.1007/978-3-030-24654-9_7

Community Health Worker (CHW) trainings are offered throughout the Appalachian region of Ohio, which suffers from at-risk and distressed economies, high poverty rates, declining population demographic trends, and a workforce that often lacks the skills needed in emerging business sectors. Additionally, these counties have low levels of educational attainment, relative lack of access to health-care services, and sparse health-promoting community infrastructure. A key social determinant that influences health outcomes is the level of economic distress. Athens County is the poorest county in Ohio according to data from the 2010 US Census, and neighboring counties experience similar levels of economic distress. Adjacent to Athens County, Vinton County is the second poorest in the State of Ohio. In Vinton County, approximately 1 out of 5 (20.6%) residents is living in poverty and in nearby Meigs County, 22.4% of residents are living in poverty (quickfacts.census.gov). Perry County ranks 78th out of Ohio's 88 counties; Washington County ranks 34th out of the 88 counties. The healthcare needs of this population are greatly impacted by its poverty (Kliegman, 1992). Lack of access to care combined with high rates of uninsured contribute to overall acute and chronic health concerns.

The Appalachian Region

The distinct needs of Appalachian Ohio and the unique cultural elements of our service area provide a key context for the training design. This uniqueness of culture is highlighted at a state level, as the Ohio Development Services Agency partners with the Governor's Office of Appalachia to enhance strategic initiatives to promote health, wellness, and strengthen both the health and economic development of this underserved region of Ohio (Ohio Development Services Agency, 2019). Specifically, the focus areas include increasing job opportunities, reducing isolation, and most important, strengthening the capacity of regional infrastructure and the ability of people to be competitive in the global economy. The proposed community health worker program enhances these strategic principals by augmenting social support networks (decreasing social isolation) and connecting our population with access to healthcare.

Access to healthcare services is a critical need throughout Perry, Meigs, and Vinton Counties and specifically in the rural areas of Athens and Washington Counties. Vinton, Washington, and Perry are designated as federally underserved areas for primary care, dental care, and mental healthcare, while Athens County is underserved for dental and mental health. Perry and Vinton Counties also lack adequate hospitals, urgent care facilities, and emergency departments. The targeted counties also rank poorly in the Robert Wood Johnson 2016 County Health Rankings. Among the 88 Ohio counties, Athens (68th), Perry (54th), Meigs (79th), Muskingum (71st), and Vinton (85th) all rate in the lower half in terms of measured health outcomes.

Developing a New Curriculum

One of the major challenges in developing a new curriculum was to first explore what other training programs were doing successfully, and then develop a plan to integrate these ideas into our existing organization in an efficient way. The CHW program was an interprofessional, university-community collaboration joining the Athens City-County Health Department, the Ohio University College of Health Professions, and the Heritage College of Osteopathic Medicine. The community health work is at an intersection of social work and health professions, and we recognized the need to work across disciplines to meet the training needs of our community. Additionally, the Athens City-County Health Department was already involved in community health work and was a willing partner thanks, in part, to successful past collaborations. Logistically, the three organizations held regular face-to-face meetings to develop a curriculum that aligned with the Ohio Board of Nursing's competencies and our own community needs. We created a shared electronic depository for the creation of e-materials.

The Northeast Ohio Medical University (NEOMED) granted us access to the materials they had developed. In addition, as the planning team collected and amended materials found throughout the curriculum "road trip," we took to assess other community health worker programs and inform our own. Working within the university system, the curriculum is technically university property. Our colleagues at NEOMED were gracious in granting access to the documents and materials they used in order to implement their own training program. In fact, throughout the State of Ohio, there is a formalized library cloud into which various organizations can download and disseminate research and materials to one another for increased efficiency in programming.

Currently, there are 15 certified community health worker training programs throughout the State of Ohio (Ohio Board of Nursing, 2019). Certification is a challenge, since the Ohio Board of Nursing has the duty to accommodate the needs of healthcare organizations throughout the state, while still adhering to strict standards of competency. Since the educational level of CHW trainees ranges from GED-level students to individuals with college degrees, the curriculum must be set up to make CHW training didactics understandable and portable across various agencies and regions within the state. As we talked to colleagues around the state, the most basic lesson learned was that there was no standardized curriculum that existed due to CHW as an emerging profession.

The OU CHW Training Program received certification by the Ohio Board of Nursing in January 2017. The curriculum content focuses on culturally competent care within a patient-centered, rural Appalachian Ohio community. Participants learn how to provide relational-based care to patients as generalists, while learning about chronic care issues prevalent in the rural community such as Type 2 Diabetes, and COPD. Participants also develop a knowledge base of the resources available to community members to help them meet basic needs and tackle social determinants

of health. Due to the high poverty rate, ingrained behavioral health patterns, and isolated population, the program's development leadership specifically recruits participants with a deep commitment to serve and understand the distinct population.

The Appalachian Region and Stakeholders

There are three key stakeholder groups and two related groups within the Appalachian region related to CHW programming. Primary stakeholders include the programs and organizations that utilize or seek to utilize CHWs to increase access and improve health outcomes, including health departments and Federally Qualified Health Centers. Others include individuals who could potentially become certified and employed as CHWs and those who are part of a vulnerable population who could benefit from the effective use of CHW services. Secondary stakeholders include the OU CHW certification, providers, and Medicaid/managed care organizations. In order to address these critical health outcomes, we offered a training and master training program throughout the region. The master training program was delivered to us by Northeastern Ohio Medical University. As master trainers are developed in each region, they are able to sustain programming efforts by working collectively and offering low or no cost training to other healthcare sites interested in the curriculum.

History of the Program

In the fall of 2015, faculty across Ohio University were invited to discuss a potential grant that would allow greater access to healthcare agencies and services to local community members. The authors have years of experience in the healthcare system and have experience in this Appalachian region. The main charge was to begin setting up the infrastructure that would later become Ohio University's more standardized and formal curriculum. Eventually, we were able to develop, train, and disseminate both a standardized community health worker curriculum and a master training program for long-term sustainability of CHWs across the area. The purpose of this critical grant funding opportunity (Ohio Medicaid and Technical Assistance and Policy Program) is to help train healthcare professionals to work with the large population of Medicaid-assisted patients in order to improve the overall health metrics in the State of Ohio.

The Ohio University Community Health Worker Program is well-received throughout the region to date and, has developed a strong working partnership with the Athens City-County Health Department and its Director of Community Health Worker Development, who serves as a primary trainer for the OU CHW Program. In 2016, the Athens City-County Health Department conducted a Communities

Preventing Chronic Disease Assessment (CPCDA), which identified if and how local healthcare providers utilize CHWs in their practices to link patients to community resources that promote the self-management of blood pressure. As a result of this assessment, participants in Year 2 identified evidence-based lifestyle change programs (42.9% Yes) and prevention of type 2 diabetes (28.6% Yes). Holzer Clinic, Ohio University Community Health Program Free Clinic, OhioHealth O’Bleness Athens Medical Associates OB/Gyn, University Medical Associates, Inc., O’Bleness Ohio Health Residency Clinic, and Hopewell Health Center (FQHC) were included in the CPCD Assessment. This information was used toward setting the goals of creating CHW field placements and workforce development opportunities moving forward.

In August 2016, nine professionals completed Community Health Worker and Master Trainer programs. These trainers are community members serving their home communities in public health and are committed to offering CHW training programs in their counties, as well as supporting efforts in other identified counties. These nine professionals represented:

- Ohio University College of Health Sciences and Professions
- Ohio University Heritage College of Osteopathic Medicine Department of Social Medicine
- Athens City-County Health Department
- Muskingum County Health Department
- Washington County Health Department
- Unique Services Logistics Career Academy, LLC (Columbus)

In addition to the professional organizations listed above, additional agencies are coordinating efforts. The Athens City-County Health Department and Washington and Meigs County Health Departments were recipients of a POWER (Partnerships for Opportunity and Workforce and Economic Revitalization) grant through Marshall University. Through this opportunity, the CHW trainers focused on creating healthcare professionals who specifically target clients with chronic health concerns including decreasing A1C levels in patients with diabetes. Although training will continue to expand, we currently have CHWs working in a regional Mennonite community, a local FQHC, and a WIC office.

CHW Regional Training and Utilization

In March 2016, *State Reform*, an online resource sponsored by the Robert Wood Johnson Foundation, provides up-to-date information about how different states are addressing the use of community health workers (State Community Health Worker Models 2016). Ohio has a certification process in place through the Board of Nursing, as well as a number of certified training programs. However, compared to other states, Ohio has not yet identified a funding mechanism or appropriate CHW roles. Currently, there are a number of efforts throughout Ohio University and

Southeast Ohio to utilize CHWs. Several local health departments, some physician practices, and The Diabetes Institute among others have requested or received funding to support CHWs within their organizations. Since the CHW Program was initiated in 2015, opportunities for research collaboration, workforce development, and community partnerships have arisen. For example, the Diabetes Institute submitted a HRSA expansion grant, *A New Approach to Diabetes Navigation in Rural Appalachia*, to train and employ community health workers in tandem with Diabetes Navigators to expand the reach of services in the region to include children with diabetes while also providing a sustainable source of employment for community members.

Additionally, Marietta Senior High School is offering a year-long course to graduating seniors, taught by a CHW Master Trainer. The training program serves as a pipeline for workforce development in this poverty-stricken region. This course allows graduating students to be eligible for the Ohio Board of Nursing certificate, thereby making them more competitive in the job market. The training offers them experience and practice in the healthcare field while serving as a pathway to higher education in healthcare professions. The course falls under the administrative auspice of Ohio University.

Stakeholder Needs

The primary stakeholder groups benefit from shared information, role clarification, education, and potential collaboration. As the CHW pipeline progresses, the stakeholders could use a common marketing platform to spread word to the public. The OU CHW certification provider could use information for continuous program improvement and to support the clinical training requirement, while managed care organizations benefit from more cost-effective services. Further, some exploration of opportunities to network and potentially collaborate could be beneficial to the various stakeholder groups. Finally, exploring strategies for sustainability is key to the continued development of this effort. Otherwise, current efforts will be fragmented and time-limited. We utilize a multipronged approach, beginning with contacts with organizations, currently or potentially employing CHWs, to identify the following: what current programming efforts are in place, challenges, successes, evaluation activities, and current needs, otherwise known as an environmental scan. After this initial step, we propose a facilitated stakeholder meeting to explore opportunities, needs, and barriers to collaboration.

We explored the feasibility of creating a regional network that would include organizations that are using or plan to utilize CHWs and identify potential opportunities for collaboration and the creation of community health improvement strategies. Another objective is to standardize the curriculum already approved by the Ohio Board of Nursing to create user-friendly, replicable lesson plans and training manual for the CHW training program. To date, we have completed a

comprehensive training manual, and e-based trainings continue around the region. Experimental courses were offered to Ohio University students beginning in fall 2018.

Diversity of Programs

We discovered that CHW training programs were as diverse as the communities in which they were implemented. In an urban, northern Ohio, CHW trainings were offered to high school students as a way to help promote community advocacy, as well as give these students a skill set upon graduation. With graduation rates in Ohio currently at 84% (nces.ed.gov), the implementation of new certification upon graduation would serve to set up high school seniors for success.

From an organizational perspective, this program is also a strong workforce development pipeline. As the national rhetoric focuses on affordability and accessibility, the timing of our local implementation could not be more perfect. In a sense, we are training people to implement access to healthcare services at a lower cost at the same time insurance companies and managed care organizations are ramping up ways to cover the cost of preventative services. One of our first steps in information gathering was to visit existing programs around the state to see how they were training and implementing their CHW curriculums. Two sites within Ohio included Cleveland State University and the University of Cincinnati Nursing programs. Of note, the Cincinnati program focuses on decreasing infant mortality rates. Our purpose is to create a generalist program that allows each student to specialize on a target population (maternal/child health, developmental disabilities, diabetes management, etc.) These two institutions were gracious in helping us to develop ideas that could work in our rural, Appalachian region.

Logistical Challenges

One of the main challenges of managing the ongoing training program is to find a graduate assistant who is passionate and available to provide support with the certification process, literature review, and curriculum development. Throughout the life of the program, we have been fortunate to hire graduate assistants who have been instrumental in helping with day-to-day duties and moving the project forward. The College of Health Sciences houses a series of graduate students from health professions to help us organize and document the developing curriculum. They have also conducted and transcribed interviews as part of the regional assessment process.

Another challenge of implementing our community health work has been learning how to market the service. In the early days, we received feedback from other health professionals worried about “turf” issues. More specifically, public health

professionals were worried that community health workers would target the same communities that receive services from the local health departments (i.e., immunizations). But, through cultivating relationships and building trust, we were able to understand how to best market the value of community health workers. In fact, that marketing is still in process. We had to learn to explain to our colleagues that the role of CHWs is to serve as a liaison to connect community members to services. Oftentimes, the role of the CHW can be seen as overlapping with public health and nursing professionals. Time was needed to help CHW trainees understand how to market themselves as a help to other service providers while making the case that the CHW serves as a pipeline for patient populations that would otherwise have not accessed these health services. This understanding was critical to developing a meaningful relationship that emphasized the outcome of services while strengthening the healthcare workforce. In addition, we had to recruit community partners who would help us train with minimal recompense due to limited resources.

The concept of community health workers as culturally competent conduits of health information and access to care, is especially useful in rural areas where people may be reluctant to trust outsiders and tend to rely on family and friends for health information. Oftentimes, especially in rural areas, people are reluctant to trust outsiders. In addition, if someone has what is perceived to be a bad experience in a healthcare setting, that person is likely to avoid the organization and spread this information to their friends and family members.

Scope of Work/Timeline

The chart below outlines the timeline and scope of work as the program continues to evolve throughout Ohio University and the larger Southeastern Appalachian region of Ohio.

Year 1 Fall July–Dec 2017	Year 1 Spring Jan–Jun 2018	Year 2 Fall July–Dec 2018	Year 2 Spring Jan–June 2019
Training #1 (2 simultaneous cohorts)	Curriculum Implementation (cohorts 1 and 2)	Training #2 (2 simultaneous cohorts)	Curriculum implementation (cohorts 3 and 4)
Student recruitment for year 1 spring	Student recruitment for year 2 fall	Student recruitment for year 2 spring	Focus group interviews for student experience
Community site recruitment	Community/student match (cohorts 1 and 2)	Community/student match (cohort 2)	Community/student match (cohorts 3 and 4)
Evaluation data setup and planning	Pre-evaluation for cohorts 1 and 2	Post-evaluation for cohorts 1 and 2	Pre-evaluation for cohorts 3 and 4 (post upon completion)

Year 1 Fall July–Dec 2017	Year 1 Spring Jan–Jun 2018	Year 2 Fall July–Dec 2018	Year 2 Spring Jan–June 2019
Identifying content experts to provide specialized training across years (cultural competency, etc.)	Motivational interviewing training and cultural competence training for cohorts 1 and 2	Motivational interviewing training and cultural competence training for cohorts 3 and 4	Post-evaluation for cohort 2
CHW site travel and discussions	Active recruitment of cohorts 3 and 4 for year 2	Preliminary data gathering and assessment	Dissemination and write up of data research to academic journals/conferences

CHWs Addressing Health Disparities

The community health worker can fulfill multiple roles in helping clients to access services. According to Snyder (2016), the roles of a CHW include the following: addressing social determinants of health affecting care, increasing care access, providing educational services, assisting in care coordination, and sharing cultural and economic characteristics with community members. The CHWs can provide and share access to screenings, focus on chronic disease management such as Diabetes, and promote maternal and child health.

An important component of the responsibilities of a community health worker include helping clients educate themselves on the importance of preventative health. Most insurance companies, including Medicaid, cover basic health screenings such as colon cancer screens and pap smears. Many community members do not realize that these prevention services are fully covered by Medicaid and private insurance. A large number of local community health workers promote screenings as critical prevention tools to help diagnose and treat problems before they result in a serious and chronic health condition or illness.

Program Metrics

Program outcome measures allow us to continue to monitor quality improvement processes and make sure that the program is having an impact on patients. Outcome measures are also key to sustainability for financial purposes. By talking with colleagues around the state and contracting with the Ohio University Voinovich School for Leadership and Public Affairs, we were able to come up with key program metrics. They include the following below:

Patient demographics	Process measures	Patient behaviors	Intervention outcome measures
Age	# receiving education	Program education process	Specific health outcomes (i.e., blood pressure, A1C levels)
Gender	# outside referrals to local agencies	Changes in daily activities	Consumer satisfaction
Specific health problems (i.e., type 2 diabetes, asthma)	# patients screened	Presence of compliance and self-management	Increase in health issue awareness as evidenced by survey data
Physical activity	# educational programs facilitated by CHWs	Office visits to primary care/ preventative medicine	Cost savings metrics (i.e., lower ED visit utilization)

In addition to program metrics, conducting continuous quality improvement processes is crucial to increasing sustainability efforts and efficiency in program delivery. In coordination with local agencies, we determined the key strengths, weaknesses, opportunities, and threats to program sustainability. The strengths identified included:

- Ohio University’s CHW Program is now certified by the Ohio Board of Nursing and remains a platform for sustainable workforce development within the Southeastern Ohio region.
- An already existing master trainer program allows for expansion of services wherever demand is greatest.
- Local media and word of mouth has expanded the knowledge of our programming efforts in surrounding counties outside of Athens.
- Community partnerships and support for the CHW program have expanded in the form of providing participants, sites, and resources for training.
- The relationship with Athens City/County Health Department continues to grow and strengthen, thus extending financial resources and in-kind capacity to expand the CHW work throughout the region.

Weaknesses identified are as follows:

- This is an intensive training program with a significant time commitment; scheduling is challenging for trainers and trainees.
- Uncertainty in local and federal funding makes it difficult to plan for sustainability of programming efforts.
- The inability to have a full-time worker devoted to CHW training and development causes logistical difficulties in coordinating training efforts.
- The application turnaround was very quick for the first cohort, which might explain small cohort number.

New partnerships with health departments in neighboring counties are emerging:

- New Washington County partnerships extend programming across the region.

- Ongoing relationships with CHWs in Franklin County provide greater opportunity for training in urban areas.

Threats:

- Ambiguity of sustainable funding sources causes greater uncertainty in planning future training opportunities.
- Political climate around Medicaid funding and other organizations and impact on rural service providers makes it difficult to plan future programming.

The Curriculum

As the curriculum continues to refine individual modules and flexibility in course delivery, the original program goals stay consistent. Namely, the objectives are fivefold:

1. Increase enrollment and completion of community health worker programming for community members who may not otherwise have access to professional development opportunities that are offered in population dense areas.
2. Expand enrollment and completion of community health worker programming for community members who may not otherwise have access to professional development opportunities that are offered in population dense areas.
3. Increase, sustain, and maintain a community population in line with the community strategic initiative for economic development, patient recruitment, and overall public health prevention services.
4. Promote educational activities across multiple healthcare serving agencies.
5. Enhance community members' opportunities for professional development along the adult developmental spectrum.

Community-Based and Experiential Learning Curriculum

The existing CHW program emphasizes adult learning strategies that engage learners with community organizations in a systematic and engaging way. The Ohio University CHW Training Program emphasizes cultural competence throughout its curriculum, including a training session facilitated by FQHC Hopewell Health Center, *Appalachian Culture and Poverty*, which utilizes author Ruby Payne's materials from *Bridges Out of Poverty* (2001) to frame socioeconomic issues, social determinants of health, and communication styles in Appalachia to develop empathy and understanding in care providers. Twenty of the 100 hours of in-class didactic content focus on cultural competence implementing a curriculum developed by a faculty member of the Ohio University Social Work Program with an additional 130 hours completed while immersed in community-based field placements.

Students also complete a module of motivational interviewing training. The theory of motivational interviewing is a unique addition to the community health worker program in Appalachian Ohio. Motivational interviewing is an evidence-based practice that promotes behavior change with a patient-driven perspective that originated in the treatment of patients with substance abuse issues (Carroll et al., 2006). The practice employs an “OARS” approach to promote healthy behaviors and will be actively learned and implemented by all community health workers. The “OARS” approach allows for Open-ended questions; utilizes Affirming statements to promote patient empowerment; utilizes Reflective listening to confirm beliefs and challenges that prevent clients from making healthy choices; and Summarize concerns and feeling about healthcare in general (Berthold, Avila, & Miller, 2009). Motivational Interviewing is a systematic, learner-friendly approach to empowering patients for long-term, positive impact.

The Ohio University CHW Training Program is a model of interprofessional participation that utilizes trainers from diverse backgrounds, including public health, social work, psychology, and nursing with a focus on experiential learning practices. Ohio University has a unique approach of interprofessional learning, since it holds a yearly interprofessional education (IPE) forum for students and healthcare workers alike. Community health workers will have ready access to programming efforts and educational opportunities offered by Ohio University. Examples of IPE learning opportunities for community health workers include access to Global Health programming, interdisciplinary research symposiums, and practicum placement in integrated community health settings. In addition, the certified CHW curriculum has IPE examples and readings embedded into the training.

Identification of Students and Community Partners

Over the past 2 years, relationships have been cultivated with over 20 organizations in the region, and the CHW Program has been received with success and enthusiasm. Members of the recruitment team include a Social Work Field Liaison and the Director of Campus and Community Relations, both of whom have strong ties and histories with agencies and organizations in the region. These relationships have facilitated conversations and commitments from potential field placements and employers.

For example, students will be recruited through Ohio University, Hocking College, local social service agencies, healthcare institutions, and the AmeriCorps/COMCorps program. COMCorps is housed in the Ohio University Heritage College of Medicine Community Health Program and has a mission to increase access to:

- Evidence-based nutrition education
- Healthy fresh food

- Physical activity
- Preventative and primary healthcare services

The first training cohort began in February 2017 in Athens with six participants. These persons were recruited from local partner agencies that are supportive of the Community Health Worker training program. Participants represent the following organizations that serve Athens, Vinton, and Hocking counties:

- AmeriCorps/COMCorps – Athens City/County Health Department & Live Healthy Appalachia
- Vinton County Help Me Grow
- Ohio University College of Family Medicine
- Hopewell Health Center (FQHC)
- HAVAR, an agency that provides in-home daily living support to individuals with disabilities

Evaluation Plan

Students complete knowledge-based assessment surveys pre- and post- the training period. Demographic data are also collected, including employment history and the significance of obtaining the CHW certificate. Data are regularly compiled and analyzed into a longitudinal dataset via statistical analysis and through qualitative data coding. Participant feedback is collected after the completion of each training module and during field visits to enhance programming and continuous quality improvement practices. The Voinovich School of Leadership and Public Affairs is managing the evaluation plan and providing annual reports. Employment status and benefits of obtaining the CHW certificate will be tracked across time by the Voinovich School.

In addition, change in social empathy is assessed using a Social Empathy scale. The purpose of this study is to understand the level and dimensions of social empathy in community health worker trainees. Using the Social Empathy Index (Segal, 2011), information will be gathered when participants enter and complete the program. Participants will complete the SEI in the first class of the program and then again in the final class. The pre and post-assessments will be examined for changes generally in social empathy and specifically in areas of strength and weakness for the student group at entrance and completion. This analysis will contribute to understanding of community health worker education, social empathy in participants, and the concept of social empathy generally.

Social empathy adds dimensions of understanding system-level barriers and broader self-other knowledge to interpersonal empathy: “interpersonal and social empathy [are] tools for us to improve our own lives and other people’s lives, as well as to promote social well-being” (Segal, 2011). The community health worker program is focused on improving access to care and increasing education related to

all aspects of health—physical, mental, and social. Cultural competence is required to provide quality, effective service and is a key element of the program.

Proposed Partnerships

The community health worker program that has been established through MEDTAPP currently has over 21 linkages within the Southeastern region of Ohio. These referral networks will be enhanced by each cohort trained throughout the next 2 years (approximately 8 additional training sites). By utilizing existing trained community health workers, we will continue to utilize and expand our reach for engaging providers. In addition, former MEDTAPP partnerships established in the local trauma informed care initiative have allowed us to expand outreach opportunities for local providers. For example, current training at Hopewell Health Centers, a local Federally Qualified Healthcare Center that also serves as a Community Mental Health Center, has been working with our local team and has access to providers in over 19 Ohio counties throughout the region. Our plan to expand partnerships includes the following steps:

1. Ask known established entities (i.e., Hopewell) about potential providers who are apt to utilize and/or communicate the usefulness and effectiveness of community health worker services.
2. Reach out to existing providers and providing brief education about the CHW program.
3. Utilize the marketing/communication toolkit to inform existing patients about the benefits and services existing within the community.
4. Track referral sources by existing community health workers through an already existing shared documentation platform through Ohio University's MEDTAPP programs.

Placement Sites

To date, over eight local rural agencies have agreed to be a secure placement site for regional trained community health workers, including a drug/alcohol addiction center, a geriatric nursing facility, two health departments, a local WIC agency, and a local Primary Care and dental clinic. As current community health workers continue to be certified in the region, part of their charge will be to identify additional site placements (including current employment sites). In addition, the current community health worker program through the Athens Health Department will utilize additional existing funding streams to help place CHWs in the surrounding rural areas.

In tandem, we will continue to enhance and develop community partnerships with managed care plans. Current leadership maintains existing partnerships with several of the local managed care plans through the work of former maternal and child health grants throughout the region. These existing linkages include Molina, Paramount, Caresource, and United. As CHWs are placed within the region, existing linkages with these managed care outreach workers will be called on for ongoing communication and potential employment opportunities to serve in the rural regional healthcare sites. In addition, managed care plans are invited to regional collaboration meetings for updates and information sharing between university and community partnerships.

Addressing Social Determinants of Health

Helping students understand the nuances of a community and community needs plays an integral role in the success of this program. The students need to understand the social determinants that affect the community members' decisions to seek or not to seek medical attention. The core instructors, given their extensive experience working in these communities, along with exposure through supervised practicums, will help develop these skills. Understanding the social determinants surrounding the healthcare of a community is paramount in the success of the CHW and the overall outcomes of the curriculum.

The social determinants of health that the CHW training program will utilize are taken from the evidence-based practice contributed by the Office of Disease Prevention and Health Promotion ([HealthyPeople.gov](https://www.HealthyPeople.gov)). Leading health indicators such as poverty, local graduation rates, statistics on violence, and unemployment are emphasized and highlighted throughout the already approved curriculum through the Ohio Board of Nursing. Multiple pre-/post-outcome measures that include social empathy, concrete health knowledge, and developmental warning signs are measured on a quarterly basis to help track knowledge, attitudes, and outcomes. Culturally sensitive education involving the complexities of health disparities in this rural, Appalachian region is of the highest priority when training local CHWs. One CHW training participant shared that she is asked at every home visit where she is from and who her relatives are. Because of her cultural training, she understands that this is a way her patients build rapport and identify her as an "insider."

CHWs are embedded automatically into interprofessional experiences at each placement site. A unique aspect of the rural healthcare systems within Appalachian Ohio includes the ongoing coordination and programming between health professionals from several disciplines. Utilizing the existing infrastructure within Ohio University's College of Health Sciences and Professions, CHW cohorts are exposed to ongoing efforts across the region to make interprofessional experiences available. A specific example will be the inclusion of speakers from Hopewell

Health Centers, Inc. Hopewell Health Centers is a regional Federally Qualified Healthcare Center that also serves as a certified Community Mental Health Agency with 15 separate locations within the Southeastern Ohio. Hopewell is an established partner and has been providing integration and cultural competence training for our agencies throughout the past decade.

Implementation Timeline

Year 1 fall July–Dec 2017	Year 1 spring Jan–Jun 2018	Year 2 fall July–Dec 2018	Year 2 spring Jan–June 2019
Training #1 (2 simultaneous cohorts)	Curriculum implementation (cohorts 1 and 2)	Training #2 (2 simultaneous cohorts)	Curriculum implementation (cohorts 3 and 4)
Student recruitment for year 1 spring	Student recruitment for year 2 fall	Student recruitment for year 2 spring	Focus group interviews for student experience
Community site recruitment	Community/student match (cohorts 1 and 2)	Community/student match (cohort 2)	Community/student match (cohorts 3 and 4)
Evaluation data setup and planning	Pre-evaluation for cohorts 1 and 2	Post-evaluation for cohorts 1 and 2	Pre-evaluation for cohorts 3 and 4 (post upon completion)
Identifying content experts to provide specialized training across years (cultural competency, etc.)	Motivational interviewing training and cultural competence training for cohorts 1 and 2	Motivational interviewing training and cultural competence training for cohorts 3 and 4	Post-evaluation for cohort 2
CHW site travel and discussions	Active recruitment of cohorts 3 and 4 for year 2	Preliminary data gathering and assessment	Dissemination and write up of data research to academic journals/conferences

Future of the Training Program in Southeast Ohio

In 2017, funding priorities for MEDTAPP shifted and the Ohio University Community Health Worker Training Program went from being grant-funded to support a university endowment fund through the College of Health Sciences and Professions. This change has allowed the program director to focus on information gathering and visioning during 2018–2019. In collaboration with the Voinovich

School, an environmental scan of the work being done by community health workers in the region has been completed and analyzed in preparation for a Stakeholders Convening to be held in June 2019. The CHW Program is supported strongly by the University leadership and is included in several community-university grant proposals. As more data are collected and shared about the benefits and efficacy of community health workers in our region, we are hopeful that a consistent funding stream for employment will be identified; that the workforce will continue to grow and flourish; and that our communities will become more engaged in healthier lifestyle choices through access to resources and information as a result of their relationships with community health workers.

Acknowledgments Athens City-County Health Department: Ruth Dudding, Josh Scakacs, Jack Pepper

Cari Hollenbeck

Gemini Wright

Ohio Medicaid and Technical Assistance and Policy Program (MEDTAPP)

Marietta High School: Kim Depue and Mary Ella Bauer

Dr. Sarah Garlington

Dr. Jeff DiGiovani

Dr. John McCarthy

Dr. Randy Leite

References

- Berthold, T., Avila, A., & Miller, J. (Eds.). (2009). *Core competencies in community health*. Oakland, CA: Jossey Bass.
- Carroll, K., Ball, A., Nich, S., Martino, C., Frankforter, S., Farentinos, T., et al. (2006). Motivational interviewing to improve treatment engagement and outcome in individuals seeking treatment for substance abuse: A multisite effectiveness study. *Drug and Alcohol Dependence, 81*, 301–312.
- Kliegman, R. (1992). Perpetual poverty: Child health and the underclass. *Pediatrics, 89*(4), 585–588.
- Ohio Board of Nursing. (2019, March). *Community health workers*. Retrieved from URL <http://www.nursing.ohio.gov/CommunityHealthWorkers.htm>
- Ohio Development Services Agency: Governor's Office of Appalachia. (2019, March). *Appalachian Regional Commission*. Retrieved from URL https://development.ohio.gov/cs/goa_rc.htm
- Payne, R., DeVol, P., & Smith, D. (2001). *Bridges out of poverty: Strategies for professionals and communities*. Highland, TX: Aha! Process.
- Segal, E. (2011). Social empathy: A model built on empathy, contextual understanding, and social responsibility that promotes social justice. *Journal of Social Service Research, 37*(3), 266–277.