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GRC PROGRESS REPORT

FY 2016



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Community Healthy Workers (CHW)

COHORTS THAT HAVE COMPLETED ALL CLASSROOM WORK

Cohorts are working on their applications and will be certified soon

Cohort name	Number of students
Youth Opportunities Unlimited (YOU)	4
Youngstown	20
Canton	14
Ohio University	9

CURRENT COHORTS

Cohorts are working on their classroom work

Cohort name	Number of students
AmeriCorps	28

FUTURE COHORTS

Cohorts that are scheduled

Cohort name	Number of students	Expected start date
Akron	Up to 20	October 7
Hiram	15	Mid-October
Cleveland State University	14	Mid to Late October

Master Trainer Program

In June of 2015 this Course was designed to enable leaders to learn how to deliver the CHW course, mini-workshops and community seminars in the content area of community health as certified by the state of Ohio Board of Nursing. Individuals who elect to participate in this training to become a CHW Master trainer should first observe and take part in the CHW Training program. Specific content will focus on training the trainers to gain expertise in the following areas:

- Creating a comfortable learning environment ideal for adult learners.
- Ability to emphasize the training’s applicability to address future CHW issues, concerns, needs, or interests.
- Provide a large number of practical examples as well as exercises that let participant’s role play or practice activities that will help them apply the new information.
- Relate training to the needs of their communities that they will serve.
- Keep CHWs actively involved in the learning process.
- Utilize a variety of training methods to vary the presentation of information and help participants understand the meaning of the new knowledge or skills.

Course Schedule

The timeline for completing this training is approximately 20-24 hours. This course is designed in an accelerated format. Participants will have 4 weeks to complete and it will take approx. 5-6 hours each week to complete all required assignments. Each module requires in class participation, homework and additional activities such as research papers, case studies, field experiences and presentation development. A general guideline for your course completion is as follows:

Master Trainer Time Commitment							
Module	Class Time	Homework	Research Paper	Case Study	Field Experience	Final Presentation	Total
#1	2	2			2		6
#2	2	3					5
#3	1	3	2				6
#4	1	2		1		2	6
Total Hours	6	10	2	1	2	2	23

Requirements

Certified Master Trainers, CMT, will have the knowledge, skills and abilities to train Community Health Workers (CHW) in Ohio. They must meet all requirements, complete the Master Trainer Training and corresponding assignments and successfully present their work to an assigned administrator at NEOMED or designated facilitator. Specific requirements include;

1. Bachelor's degree or equivalent certification
2. CHW Certification
3. Interest in health education
4. Experience leading adult groups or teaching
5. Recognition of importance that CHW program can facilitate/promote behavioral change
6. Personable and availability for evenings and possibly weekends

Data and Statistics

Between June of 2015 and August of 2016 we have successfully provided certificates of completion to 43 individuals in Ohio. We currently have 4 training classes on the schedule for this grant year. Each class will host 10- 15 students providing us with the opportunity to certify up to an additional 60 Master Trainers. Our schedule is as follows:

- September 2016=currently 16 active students
- November 2016= 10-15 projected
- February 2016= 10-15 projected
- April 2016= 10-15 projected

Project ECHO

PROJECT ECHO OVERVIEW

ECHO is a hub and spoke model using case based learning with short didactics. Originally, this model has been used for medical specialists to train and support other providers who do not have the specialty training. We are taking the format and molding it into our other programs.

PROJECT ECHO SPECIFIC MODELS

AmeriCorps

Each week we are holding ECHO where the members come together either in person or via Zoom (video conferencing software). Each clinic, a member presents a case-a struggle they are having with one of their sites. The other members and other participants ask clarifying questions and then provide feedback on how to overcome that struggle. A didactic relevant to where the members are in their service is then presented for about 20 or 30 minutes. Lastly, a second case is presented. This second case is either a member representing a case and discussing how the feedback worked or another member presenting a struggle at a site.

- Data:
 - 2 clinics have occurred to date-1 mock and 1 full clinic
 - 29 members and staff were present for the full clinic from Marietta, Dayton, Cleveland, Toledo, Youngstown, Cincinnati, and between.
- Highlights
 - A week after the clinic, another member ran into the same issue presented by a case-presenting member.
 - Most felt it was beneficial listening to other issues and solutions

FMEC

Every fall several AmeriCorps members and about 50 community leading HPAC students travel to the Family Medicine Education Consortium (FMEC) and present posters on their community engagement work. The students often become close over the weekend and desire for additional connections throughout the year. Beginning October 11th all the members and students attending FMEC will travel to NEOMED to complete a mock ECHO which will meet bi-monthly after FMEC (October 28-30). The cases will be presented by the students and highlight any challenges they are experiencing within their community engagements. The expert panel of fellow HPAC students, medical students, and staff members will ask any clarifying questions and provide feedback. A 20 to 30 minute didactic on college readiness, ACT preparation, and other such topics will be presented. Finally, a second case will then be presented. The second case will either be a re-presented case discussing the impact of the feedback given or a new case will be presented by another student. Ultimately, the students will be better prepared for college and lead their communities in stronger ways.

Community Health Collaborative (E-Commons)

The Community Health Collaborative is an online community for Community Health Workers (CHWs) that provides evidence-based resources, continuing education, training information, and a social network for professional development. The Community Health Collaborative also provides resources about CHWs for faculty and students, employers, and licensed health professionals who work with or want to work with CHWs. The Community Health Collaborative is a platform for individuals to gain, transfer, and share information, resources, and applied lessons of learning related to CHW practice via technology.

The Community Health Collaborative develops and spreads the impact of CHWs in the following ways:

- Provides online resources that support and promote CHW practice
- Provides a central location to showcase CHW events and activities
- Provides professional development opportunities for CHWs which include continuing education materials, training opportunities, information for professional organizations and conferences, etc.
- Provides resources to health professionals and employers to support the integration of CHWs on the health team in the clinic and the community

Mission

To integrate Community Health Workers into health care teams and community situations to improve the health and well-being of all communities.

Vision

To provide open-source education for CHWs and health professionals working with CHWs, community connectivity, improved health and life success for our communities.

Project Partners and Collaborators

We are a group of professionals across the United States passionate about community health. We are striving to find innovative ways to solve the health care issues facing our great nation today and in the future. All have advanced degrees in various health disciplines and have experienced the gaps within the health care system that Community Health Workers can fill.

Many teach within various Community Health Worker programs and interact with Community Health Workers on a daily basis. They have used their experiences to tailor the training to Community Health Worker needs. Others have had tremendous experience working with the community and know the specific gaps needing to be addressed, which are pinpointed within the courses.

NAME	ORGANIZATION	ROLE
Gina Weisblat	NEOMED	Primary Committee
Chelsey Bruce	NEOMED	Primary Committee
Cara Whalen	GRC-MedTapp	Primary Committee
Matthew Rota	University of Cincinnati College of Nursing	Primary Committee
Jennifer Higgins	Inspire Consulting Inc. (contracted with NEOMED)	Primary Committee
Gayle Walters	Access Health Stark County	Extended Committee
Nita Carter	UHCAN	Extended Committee
Katherine Cauley	Ohio State University Medical College	Extended Committee
Coleen O'Brien	Ohio State University Medical College	Extended Committee
Michelle Y. Smith- Wojnowski	Neighborhood Health Association & Ohio Community Health Worker Association	Collaborator

Teacher Training Program

OVERVIEW

Today many health and wellness classes are being taken out of the classroom. Consequently, students are not receiving pertinent lessons on wellbeing. To combat this, our CHW program has decided to train inner-city Cleveland teachers as CHWs and have them incorporate health and wellness into their everyday lessons while still teaching the required standards.

For example, a high school biology teacher was talking about bacteria. Within this lesson she taught her students the importance of handwashing and how to properly wash their hands. The next day she had several students coming to her reporting that they had washed their hands properly! Additionally, if a student approaches a teacher with a health question or other issue that a CHW could assist with, they can be a first line of defense.

This year, we will be training 7 teachers and their mentor teachers. This way, the teachers and mentor teachers can work together on creating lesson plans that incorporate health and wellness. Then, when the teacher is hired into a full time position the following year, they already have some experience incorporating these important aspects and the mentor teacher can continue to teach the health and wellness lesson plans. Lastly, there will be less friction between the mentor teachers and students since the mentor teachers will know and understand what is being asked of the teachers.

DATA

- 9 students were trained last year
- Locations of students: John Marshall, John Hay, Max S Hayes, John Hay Cleveland School of Science and Medicine, Design Lab, JFK Eagle Academy
- Lessons taught included:
 - Pedigrees-discussion on heredity of heart disease
 - Lead testing and implications-discussion on Flint Michigan
 - Mechanisms of inheritance-discussion on potential social, moral and political issues of genetic mutation
 - Antibiotic resistance-why some people are still sick after taking medications
 - Communicable disease-discussion on different types of medication and bacteria vs. viruses (specifically that antibiotics don't cure viral infections)
 - Genetic disease-exploring relationship between mutations and genetic diseases, diagnoses, symptoms, prognosis, and treatments
 - Skeletal system function & bone health-discussion on why bone health matters, how do you know if you have healthy bones, and what to do to keep bones healthy
 - Inside the Cell City-discussion on why each part of the cell is important
 - The economics of early home pregnancy tests-analyzing brands of pregnancy tests, how to modify expensive pregnancy tests to make them cheaper without sacrificing accuracy, discuss other design propositions to develop a better design

HRSA/HCOP Training

The purpose of this proposal is to increase health career opportunities for individuals from disadvantaged backgrounds in Ohio. This effort will increase the number of disadvantaged students who successfully complete high school, enter college, and matriculate into health professions degree programs. The proposed program organizes and supports existing efforts and creates new opportunities to enhance the academic, career, and social preparation of students from disadvantaged backgrounds to ensure their success in high school, college and careers in health care. In our work, we will expand the Ohio Alliance (OA) consisting of academic, workforce, and community partners to yield a well-resourced, interconnected network to further support, increase and diversify the health professions opportunities for youth. The mission of OA is to concurrently advance the health and life success of Ohio communities through diversification of health professions pathways leading from and to medically underserved communities. As an Alliance (OA) our primary goal is to recruit, support, and train students aspiring to the health professions for and from medically underserved communities and disadvantaged economic and cultural groups.

This grant programs which leverages the existence of the Ohio Alliance and coalesce four existing partner/feeder universities as programmatic “hubs” in Northeast Ohio. The partner institutions include Cleveland State University, Youngstown State University, Hiram College, and Baldwin Wallace College.

The OA recognizes that all Ohio neighborhoods are home to people who can and will become vital members of the future health care workforce. The Alliance focuses on identifying residents and particularly those from under-represented groups who have (a) the academic potential and motivation to pursue a health professions degree, (b) a strong commitment to the values and ideals of primary health care, (c) a strong commitment to medically underserved communities, and (d) value and reflect the diversity of Ohio. Through an interconnected network of new programs, the Alliance is building a system to identify, support, and train community members with these qualities to become leaders of the future health care workforce in Ohio.

Our Health navigators that support this program and are trained as community health works from our CHW program. These navigators then work with each of the hubs to build programming that supports the HRSA Grant, supports the Ohio alliance and further offers internship opportunities related to health career fields for students who have an interest in Health careers. We have trained 20 students to become community health workers and have been subsequently working at their local universities with their peers as a community health workers. This coming year we will be working with faculty to further in bed the CHW program and look to institute long-term opportunities for training and employment for students interested in the health careers.

Akron Children's Hospital Project

OVERVIEW

Dr. Rajeev Bhatia, MD, FAAP, is a pediatric pulmonologist and medical director of the clinical exercise physiology lab at Akron Children's Hospital. His research focuses on cystic fibrosis patients and how exercise improves lung function, life expectancy, and overall quality of life. Often, his patients will exercise while in studies within the lab, but not continue after. Therefore, he would like to explore other internal motivations for increasing exercise and measure the cardiopulmonary outcomes.

The NEOMED CHW program is partnering with him to use CHWs to help the patients identify their own preferred methods of exercise within their communities (i.e. run around the block) and how they will measure their success (i.e. FitBit™). The patients will then participate in ECHO once a month. The cases presented will be discussing their personal exercise plans, how they are measuring their exercise, and how well they are following through. The other participants can then provide assistance as needed. At the end of 6 months, Dr. Bhatia will test the patients and analyze any improvement. Lastly, Dr. Bhatia will test the patients a third time 6 months later to see if they have continued their exercise regiments intervention and if there have been any improvements or declines in their cardiopulmonary measurements.

Ultimately, we are hoping that CHWs can increase internal motivation to exercise within the patients, which would intern increase their lung function, life expectancy, and overall quality of life. If internal motivation can be increased, the patient's likelihood to continue to exercise post intervention will also increase leading to better outcomes.

TIMELINE

October 2016: Begin writing protocol

November 2016: Write IRB and submit through Akron Children's Hospital and NEOMED

January 2016: Dr. Bhatia begin recruiting and testing patients

March 2016: Begin CHW and ECHO intervention

July 2016: Finish CHW and ECHO intervention and Dr. Bhatia re-test patients

January 2017: Dr. Bhatia re-test patients

AmeriCorps

Northeast Ohio Medical University (NEOMED) received funding from AmeriCorps to support 30 full-time members to create a rural volunteer health corps devoted to advancing the health and success of rural Ohio communities. This corps utilizes a Health Professions Affinity Community (HPAC) service learning curriculum that helps youth identify pressing health concerns in their community through self-directed learning, seek and obtain resources from within their community, and combine resources and learning to formulate health improvement programs while advancing themselves toward health care careers. The HPAC service-learning model ultimately empowers youth to become engaged in the health care of their community by partnering with the community. The model also casts youth in a role positioned spanning school and work as community health entrepreneurs and prepares them for the academic and career skills leading to 21st century health careers. The project will specifically focus on the area of middle to high school academic engagement and career development with the aim of enhancing academic achievement, school attendance, and increasing the fraction of high school graduates and college-going students pursuing training in health care fields.

The AmeriCorps members will establish and deliver the HPAC program in rural Ohio school districts with a particular focus on communities with demonstrated academic achievement, employment, and health care access challenges. AmeriCorps members will work to co-create a self-generating pool of community-based volunteers and a system for asset-based community building and self-organizing to sustain the program after the three year funding period has ended. The expected outcome for AmeriCorps members is improved opportunities for career success (with an emphasis on reaching students who have not traditionally had the tools to access such opportunities), especially in the health care industry, which will occur partly through enhanced college and career readiness, leadership skills, community engagement, and self-efficacy. On a more general level, AmeriCorps members are expected to become more attuned to the opportunities and challenges of rural communities and learn effective strategies to employ community resources to confront and solve pressing community challenges and themselves become a part of the healthcare workforce once they have complete their tenure in the program.

The Health Professions Affinity Community (HPAC) program is one of the largest health professions pipeline programs for youth in the country. The program empowers youth to identify health concerns and invent community health programs to address them. Through this work, youth become a vital community champion for health as they advance into health professions educational pathways. The program currently serves about 2,000 youth in Ohio and they, in turn, serve more than 10,000 Ohioans.

DATA

2013-2014: 20 AmeriCorps members

2014-2015: 30 AmeriCorps members-20 trained as CHWs

2015-2016: 30 AmeriCorps members-20 trained as CHWs or Master Trainers

2016-2017: 40 AmeriCorps members-30 trained as CHWs or Master Trainers

Visit us: www.hpac.us

Research

FOCUS GROUP

Overview

In May, 2016 and June, 2016 three focus groups were conducted with community partners from the area of Ohio surrounding Northeast Ohio Medical University, and included Akron, Canton, Cleveland, Youngstown and surrounding counties. The intent of these focus groups was to assess the needs of community partners for community health workers and the knowledge and skills that they would like these CHWs to possess. As the NEOMED CHW program was in its second year and assessing the impact of the curriculum at this point helped insure that the program is generating CHWs that meet the needs of the local healthcare community. Each focus group included 6-8 adult participants, for a total of 16 participants. The focus groups consisted of individuals that hold positions in the healthcare community or a community organization that directly impact the health and welfare of the MEDICAID population, and are in a position that make it likely that they might hire CHWs in the future. The age of the participants in all three groups ranged from 20 up to 80 years old. The groups addressed the training of Community Health Workers at NEOMED and their likelihood to hire CHWs trained there. They also discussed any changes in training that might increase this likelihood.

Evaluation

Each focus group was transcribed and coded between and across the focus groups. The coding revealed themes and local barriers to CHW employment.

Key findings

3 major themes (table 1):

- 1) Knowledge and sustainability of CHWs
- 2) Fiscal impact and support needs of CHWs
- 3) Issues surrounding variability and capacity of CHWs

Participants who have hired CHWs

- 1) 38% yes
- 2) 56% no
- 3) 6% no answer

Table 1-the three major themes, examples, and total mentions from focus groups

Most Prominent Themes From CHW Focus Groups	Examples of Focus Group Comments	Total Mentions
Knowledge and Sustainability of CHWs		56
Community Need for CHW	"A lot of our residents go to um either Aultman or Mercy and they're waiting 5-6 months to even be a new patient, if they'll accept them."	18
Role CHW	"I kind of picture CHWs, some you know, a lot of people are like I'm a nurse I'm a doctor I'm a teacher, a CHW can be all those things but also infiltrate and make the connections between all those things..."	31
CHW Acceptance by Community	"So a CHW has to be able to willing understand that community to be able to communicate with that community. The can have the information great and the can even be from there but they also have to be receptive to what their other surroundings are."	7
Fiscal Impact and Supporting CHWs		87
Cost Effectiveness	"We've actually studied you know we were able to you know reduce medical cost for these people by \$120/person/month. So you know if you start to extrapolate that out that's a significant amount of money."	8
Funding for CHW	"...the program we currently have is grant funded. Kind of like you said it's grant funded, we have the funds there the the it's a free program to the clients and there's no money coming in from our CHWs."	31
Insurance Reimbursement	"I know that initially they said that there's going to be a billing code but that seems that that's only going to be give to insurance companies...it needs to come out for everybody to use it because then I could bill for my CHW services."	15
Employment Opportunities for CHWs	"Cause they're going to be the ones they are responsible in 2017 for the case management for every at risk human being in the United States... and if they're at if the State of Ohio and the Medicaid payers are responsible for that, then they need CHWs."	18
Business Investment in managing CHWs	"You're not going see outcomes right away. I think you know your going see your investment come down the road, 3-4 years..."	15
Training and CHW Capacity		40
Variability in CHW training and across CHW expertise	"...We need 3 different levels of training actually. There's different levels that people can be at in the community, and one would be at the highest level which is on the pathway to a nursing career... there's certain programs that need a very high level CHW and others that need someone really to navigate just through resources..."	40

YOUNGSTOWN COLLABORATION

Overview

Father David Bergner the Youngstown Archdiocese's Vicar for Social Concerns is collaborating with the NEOMED CHW program. We will train two CHWs to support immigrant communities in the archdiocese. These two communities are the Guatemalan community in Columbiana County and the Mexican community in Ashtabula County. The CHWs will be supported by funds from the MEDTAPP grant, designated Community Placement Support (Faith), and matching funds from the archdiocese. The CHWs will be hired at an hourly rate of \$12.50. The archdiocese will contribute additional funds to cover fringe benefits and a modest training stipend for each CHW. The matching funds will come from a grant from the Mercy Medical System.

Evaluation

The evaluation of the CHWs' success will be determined qualitative and quantitatively. First, the number of patients seen in each clinic prior to the utilization of the CHWs will be compared to the numbers seen while they are employed by the clinic. This numbers will be further broken down by medical issue, such as Diabetes, Obesity etc.

There will also be interviews conducted with clinic staff pre and post-intervention. Interviews conducted prior to the use of CHWs will give a baseline for the types of problems experienced by the personnel in reaching these populations. Follow-up interviews will indicate how effective CHWs are in reaching these populations. Additionally, interviews with the CHWs will also be conducted. Interviewing the CHWs both before and after they begin their work in the field will provide useful information. The first interviews will give an indication of how prepared the CHWs feel they are post-training and the challenges they expect to face in their jobs. The follow-up interviews will give the CHWs an opportunity to describe the barriers they experienced in implementing their training and give an opportunity to evaluate the program's training based on real-world experience.

National and State Presentations

LOCATIONS

Beyond Flexner

AAMC

Ohio Alliance

PCOC-AAMC

HealthPath Ohio Meeting

FMEC

APTA

State AmeriCorps

SOLE

OVERVIEW

Self-Organized Learning Environment (SOLE) is a method of learning where students gather into groups of three to five with no more than two pieces of technology. The facilitator then asks a big picture question to the classroom. The students spend about 20 minutes researching the question and forming a creative way to present the learned information back to the rest of class in about three to five minutes. Ultimately, the students gain deeper insight into the topic within question and tend to remember the information better since they are actively working with it rather than passively learning.

When presenting out, students have created skits, PowerPoints, acrostic poems, and many others. SOLE also gives them a chance to collaborate and talk together rather than the instructor standing up front lecturing the entire time. When presenting, the students are instructed to use only reputable resources and must report out their resources. Within the anatomy portion, students give presentations on diseases within the body systems. As some CHW students have not been in a structured class in a while, the SOLE activities provide them with some assistance in researching and presenting before giving their own slightly larger presentations.

QUESTIONS USED WITHIN CURRICULUM

1. What are community health workers?
2. Where is America on the cultural competency continuum and how you as a CHW work with your community to increase its cultural competency?
3. What are the issues in the community that make it difficult to be healthy?

More information on SOLE can be found at: www.solecle.com

Medical and Pharmacy School Community Experience

OVERVIEW

The first year and medical and pharmacy students participate in the Community Experience class co-taught by Dr. Gina Weisblat and Dr. Amy Lee. Within the class the students have multiple options. They can assist with an HPAC project within the community, create a booth for Kick off for HPAC, participate in the FMEC ECHO, participate in the CHW class, or something else they come up with. This class is designed to give the students real world experience working in the communities and understand some of the challenges faced by community members and groups.

The students return with a deeper appreciation for the community and the importance of working within the community, not just for the community. Ultimately, when the students finish school and are working with patients they understand more of the challenges experienced and hopefully produce improved outcomes due to this deeper understanding.

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