





Community Health Workers: COVID Response and Resilient Communities

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Agenda



- ✓ Overview of CDC Funding Opportunity
- ✓ Rhode Island Implementation
- ✓ Addressing Your Questions

Centers for Disease Control and Prevention (CDC) Logic Model



Strategy	Y1 Outcomes	Y2 Outcomes	Y3 Outcomes
TRAIN CHWs	Increase: ~ Skills ~ Capacity ~ Roles	Increase: ~ Reach	Increase: Community Resilience Decrease: Health Disparities Increase Health Equity
DEPLOY CHWs	Increased CHW workforce	Continued integration of CHWs into the existing work force	Same as above
ENGAGE CHWs	Increased utilization of	Increase provision of	Same as above

Centers for Disease Control and Prevention (CDC) Funding



Component A *For state, local and tribal nations that have one year of experience in implementing a CHW program*

Component B *For state, local and tribal nations that have three years of experience and are currently working with CHWs*



Component C *Focus on policy, systems or environmental changes, is innovative and will employ all CDC high level strategies and that builds upon Component B, but must be different than Component B*



Component B: Implementation Ready



TRAIN

Strategy: Collaborate with current efforts to ensure knowledge/roles/skills by CHWs to engage with existing PH actions to manage COVID-19

1. 150 CIs, HEZ Outreach Workers, Community Paramedicine, etc. in CORE (and fully certify)
2. Create a new training around key PH concepts and PH programs and services; conduct training
3. Formal networking meetings of CHWs; engage MLPB
4. Refresh CORE CHW training with RICB

Component B: Implementation Ready



TRAIN

Strategy: Align trainings with PH efforts to address the underlying conditions an/or environments that increase risk and severity of COVID-19

1. Racism and Social Justice training for clinicians alongside CHWs for shared learning
2. Specialty trainings for CHWs in existing endorsements
3. Leverage Chronic Pain SMP
4. CHWs in leadership opportunities
5. Develop/pilot CHW Supervisory Training

Component B: Implementation Ready



Deploy

Strategy: Integrate CHWs into CBOs and/or care teams to support COVID response and recovery

1. Support Cohort 1 and 2 HEZ with ongoing CHW work
2. RFP to other entities to scale their CHW work
3. CHW Liaison to collaborate between public health, EOHHS and Medicaid

Component B: Implementation Ready



Deploy

Strategy: Integrate CHWs into public health emergency preparedness and vaccine deployment planning.

1. Embed CHWs into vaccine deployment planning tables across municipalities
2. Embed CHWs into the Community Mitigation Team at RIDOH
3. Partner with RIDOH's immunization program to coordinate deployment of CHWs to places where vaccine outreach is happening such as colleges, schools, faith-based organizations, employer settings

Component B: Implementation Ready



Engage

Strategy: Promote messaging and education within communities and clinical settings to facilitate engagement of CHWs in addressing needs of those at highest risk of poor health outcomes.

1. Conducting formative research with CHWs and community residents to further augment existing community assessments of communications channels related to health promotion and disease prevention messaging
2. Take the data from formative research to support multi-lingual/grassroots communications campaigns and strategies
3. Support the production of communications resources that align with federal CLAS standards

Component B: Implementation Ready



Engage

Strategy: Facilitate engagement of CHWs in the care, support and follow-up across community and clinical settings of populations at highest risk for poor health outcomes.

1. Encourage the use of Unite Us and/or other social service platforms to track patient referrals, needs and outcomes.
2. CHWs to teach Chronic Pain Self-Management
3. Support 'deep dive' evaluation of innovative CHW work happening across the state

Component C: Demonstration Projects



- ☐ To employ policy, systems or environmental changes
- ☐ Innovative
- ☐ TRAIN, DEPLOY, ENGAGE CHWs to address health disparities

Component C: RHODE to Equity



TRAIN

1. Train a Cohort of up to 18 R2E CHWs in R2E constructs

2. Hire, onboard and train a 'Lead' CHW to co-manage the CHW Cohort

3. Support CHWs with tailored TA to increase their confidence and competence on team deliverables and scope

4. Orient/train CHWs on the PLE trainings

5. Partner with the CHWARI in a series of conferences in topics such as: data and data collection, QI, policy and leadership

Component C: RHODE to Equity



Deploy and Engage

1. CHWs work at the neighborhood level to understand barriers to vaccine uptake and barriers to health/social wellness

2. CHWs can support their Teams by screening for and connecting residents with needed supports

3. Arm CHWs as trusted messengers to drive community and resident buy-in to PH measures

4. Coach PLEs to also be trusted messengers



Supporting
Community
Health Workers



Questions?

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