



Webinar Transcript | July 11, 2018
The Role of Community Health Workers to Support Linkage to and Retention in HIV Care

Liesl Lu:

Hi everyone, and welcome to today's webinar. Today, you will learn about how to incorporate community health workers, or CHWs, into your organization to help your clients. CHWs can help link clients to care, including substance abuse treatment, and further support CBO efforts to serve as cultural brokers, help clients navigate our increasingly complicated health care and social services system. Serving as a bridge to care, CHWs may also help CBO staff in assisting clients in addressing other pressing social and economic needs that sometimes can make accessing healthcare a lower priority.

My name is Liesl Lu and I'm the Proactive Activity Coordinator at CBA@JSI. This webinar is hosted by CBA@JSI, and we provide capacity building assistance to strengthen organizations to deliver high impact HIV prevention services. You can request CBA via the CRIS system via the link that I will chat out to you in just a few moments.

Just a few housekeeping items. This webinar is being recorded, and we share the recording, the slide decks, and the transcripts with you within a week or so of the webinar. You can call in using the information in the slide, and we will chat it out to now, as well as in the chat box that we chatted out earlier. You also have control over the size of the slides that you see today, you can use the WebEx interface in the upper right-hand corner to adjust your screen view. You can see the example here on the top right of this slide. So you can go from full screen to other views. So if things are hard to see, please adjust your view to your preference.

All attendees are in listen-only mode, so if you have a technical issue or a question, please use the chat box at the lower right of your screen to chat with the hosts. Make sure you select the host from the dropdown box, or you can also select all panelists and one of us will respond to you. If you have a question about the content, and we will be taking questions at the end of the webinar, you can select all panelists from that dropdown box in the chat function on the bottom right-hand corner of the webinar module and type in your question, and we will address them at the end.

So today, I'm happy to be introducing Durrell Fox and Laura Gerard. Laura is a Senior Consultant at JSI and has over 15 years of experience managing public health programs in the public sector. She provides capacity building assistance around organizational development and management to community-based organizations providing HIV prevention services.

Durrell Fox is a Community Health Worker, or CHW as you will hear us use the acronym often during this webinar. He has more than 27 years of experience providing outreach, direct services, case management support, and advocacy for HIV-positive adolescents and young adults, their families, and their

communities. He has served as a CHW for community-based organizations and clinical organizations, and he is currently a community health worker and health equity consultant at JSI on several projects, and recently served as a Technical Advisor for the Massachusetts Department of Public Health Prevention and Wellness Trust Fund, which employs over 70 community health workers across the state of Massachusetts. He continues to serve in a volunteer CHW role at the Paul Robeson Institute for Positive Self Development, which serves young men's rights ... It's a young men's rights of passage program in Boston for youth in third to twelfth grades.

So with that, I will hand it over to Laura to take it away.

Laura Gerard:

Thanks, Liesl, and hi everyone. This is Laura, and thanks for joining the webinar today. The learning objectives for our webinar is that at the end of it, you will be able to describe how community health workers can improve linkage to care and services for people living with HIV, and you'll also be able to identify three strategies to incorporate CHWs into HIV prevention programs to support high impact prevention activities.

Before I hand it over to Durrell and we get started with the webinar, we wanted to take a quick poll to learn more about how you all currently work with CHWs. So the question we'd like you to answer is, does your organization currently employ CHWs to improve linkage to and retention in HIV care? You have four options. A is no, I just want to learn about CHWs. B, we think we want to start using CHWs, but we need to learn more. C, we're implementing a program, and D, yes we currently employ CHWs. I'll give everybody just a couple minutes. Please select one of the answers. Thank you.

Okay. Thanks, everyone who took the poll, who answered the questions. Trying to look at the answers here. Okay, so looks like 14 of the participants do currently employ CHWs at their organization. We have a couple who are just implementing a program to incorporate CHWs. We've got about ten participants who think they want to start using CHWs but need to learn more, and then about 12 who just want to learn about CHWs. So again, thanks so much for taking the poll, and I will hand it over to Durrell.

Durrell Fox:

So some who already have CHWs, but we have found that it's good to mention some of the CHW basics during some of the CHW focus training sessions when we have an audience that might have different familiarities with CHWs.

So who are CHWs? We like to think of CHWs as a bridge of connecting individuals, families, and communities to each other as well as to help public health and social service systems in order to support and create healthy communities. Next slide.

To talk about what CHWs do, let's look at some of the nationally recognized definitions. That includes some of the CHW core functions and things that we do day-to-day. This definition was developed by the CHW section of the American Public Health Association back in the early 2000s with input from CHWs across the country. It has become a generally accepted and cited as the national CHW definition by the workforce, by local state and federal agencies, and many others. A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the communities they serve. This trusting relationship enables CHWs to serve as a link, a liaison, intermediary, between health and social service agencies and providers, and community members.

CHWs facilitate access to services and improve the quality and cultural competence of those services. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities, such as outreach, community education, informal counseling, social support, and advocacy, as well as things like motivational interviewing. Next slide. Next slide. All right.

This slide is an example of a post or a prom card that's used in one state to disseminate information about the roles of CHWs that's based in a clinical setting.

Many of these roles are very common, and some of the same roles for the CHW workforce that work on community-based settings. The seamless roles across CBOs and clinical settings are part of the essence and what makes the CHW workforce so unique, particularly in navigating health systems and communities.

The CHW scope of practice is designed to address the social determinants of health for our clients and communities and also designed to contribute to efforts to achieve health equity. Data shows us that people living with HIV/AIDS have better overall outcomes when we're able to address their social determinants of health. While we will not get into more detail about all the CHW core roles and skills, there is a national list of CHW core roles and skills that was developed by the CHW Core Consensus Project, also known as the C3 Project, last year. On the resource slide, there's a link and you may see it in the chat box as well, for more information about those core roles and skills. Next slide, please.

This is a wonderful graphic that shows community in the center. Over the last two decades, there have been many efforts to document the core roles and skills, and even the qualities and attributes of CHWs. This graphic illustrates that communities and the individual facilities that make up those communities are at the heart of all CHW efforts. In addition to supporting communities more

generally, many of the CHW core roles can support linkage and retention to care for people that have HIV/AIDS.

Now, we're back to do a poll.

Laura Gerard:

Yeah. We'd like to get your thoughts again, and want to ask an open-ended question this time. You can go ahead and chat your response, please. You would select the everyone option from the send to dropdown box, and chat your response.

The question is, considering the many titles and activities that CHWs do, how do you think that CHWs can support linkage to care? I'll give everyone just a couple minutes, and just chat your response in. Thank you.

We don't have any responses yet. If you want to send a response, please go ahead and chat it in. I'll give just another minute here.

Okay, we're getting a few responses. [Megan Crowley 00:15:43] says, "CHWs can forge closer connections with clients and help clients to meet other needs so they can prioritize their health."

Another response from [Erlando Charnot 00:15:56], "Educating clients on free resources for condoms and testing."

[Michelle McVickers 00:16:02] says, "I'm ..." Oh, you're unable to send a chat. Sorry about that.

We have another response from Patrick [Reilly 00:16:11], "They ensure continuity of care across the continuum, utilizing a multidisciplinary approach."

And another response from [Carla Barnette 00:16:23], "By being a constant in the lives of the people they are working with, knowing the ins and outs so that they can give out good information and help them get what they need."

And then, we have one more. One more chat, and then I'll turn it back over to Durrell. This one is from Janet Davis. She says, "Identifying common barriers."

So thanks, everyone for your responses, and I'm going to hand it back over to Durrell.

Durrell Fox:

Look at some of the ways that CHWs serve as bridges or connectors between communities and systems of care. Next slide, please.

This image captures the interconnectedness between the CHW workforce, CBOs, clinical, including Ryan White HIV/AIDS programs, and community prevention. CHWs are in an excellent position to work seamlessly within and between communities, and healthcare, public health, and human service systems, as depicted by the circles, and the close proximity and the overlapping nature.

These make CHWs uniquely positioned to support high impact HIV prevention, to support clients living with HIV/AIDS, and to help clients navigate HIV care systems and services. CHWs serve as a bridge, providing bidirectional, cultural, culturally appropriate information and services. CHWs also have been integrated into programs across all Ryan White program parts.

These connections to communities, to clinics, to CBOs, et cetera, also position CHWs to be effective and linking clients to and supporting retention in HIV care, particularly for those newly diagnosed and for our clients who may have been recently lost to care.

Here is a list of some of the populations CHWs serve, including persons with substance abuse disorders living with HIV/AIDS, individuals who are homeless or living with disabilities, and several cultural and age group populations. Lived experience connects many to the populations they serve, and CHWs usually come to the field with some foundational skills based on those experience, and those skills are then honed by some CHW core training, [inaudible 00:19:16] education.

This shared lived experience helps CHWs gain trust, usually more quickly, and to be more effective in serving their clients and communities. For instance, many of the CHWs working in substance abuse recovery programs and coaching fields are themselves in recovery. Many CHWs who I've known across the country, who are doing outreach and serving homeless populations, were at one time homeless or in unstable living conditions.

And next, we will do another polling question.

Laura Gerard:

We want to get a quick question out to you again, and this one is multiple choice. If you could go ahead and select which of the statements is not true. So I'll give everybody just a few minutes to select A, B, C, or D. And again, it's which statement is not true?

Okay. Thanks, everyone, for answering. Everybody who answered did select the correct answer, which is C, CHWs do not provide services to help people with their pet care. So thanks again for participating, and I'm going to hand it over to Durrell.

Durrell Fox:

Thank you, Laura. Thank you, everyone. I did make a quick note that I joked about the fact that CHWs trying to connect their clients to care means all kinds of things. So there probably is a case or two where an actual CHW did help somebody with pet care if it was getting in the way of them getting to appointments. I don't think anybody could have got that question wrong. Pretty much do all the things we need to, to facilitate access. Thank you.

And now, we're going to kind of shift into a few slides where we're going to focus on the benefits and impacts CHWs contribute within the HIV community. Next slide.

Several studies and programs have demonstrated that CHWs increase access to HIV care, treatment, and support services. On this slide, we list some of the ways CHWs can make an impact on access to health coverage and care, including access to and education about preventive services, primary care, and providing some adherence support to clients. All five of these items on this slide support the role CHWs play in linking and retaining clients in HIV care.

CHWs also address the many health and wellness issues faced by our clients who have HIV, which is critical to primary and secondary prevention efforts. Some clients have their HIV under control, they're virally suppressed, and it's truly the other illnesses and health issues that become their primary health concerns and challenges, including substance abuse disorders, mental health disorders, cancer, cardiovascular disease, hypertension, diabetes, hepatitis, asthma, and violence. And it's not uncommon for clients to be dealing with multiple of these comorbidities. Next slide.

Community-based organizations are designed to meet and address the needs of communities, and many of our communities are in need of access to quality and culturally appropriate clinical medical care and services. CHWs in this bridge function serve as a bridge to help their community by developing and maintaining [inaudible 00:23:40] to that needed care, and services between clients and communities, and within client communities, and between healthcare, public health, and social services systems, and the community members.

CHWs can provide CBOs, clinical care linkages, including the potential to building feedback loops to help inform each entity about the progress of clients that are referred or in care. And also, we can give updates about the outcomes of interventions so that a community-based organization and a provider or system of care can use that knowledge, follow up, check in with clients, and also to improve the quality of care in a client experience.

As we noted earlier, CHWs are trusted members of the communities they serve. They have been effective in reaching those communities. There are also many

reasons for integrating and/or supporting CHWs in CBOs to support in the world of supporting linkages of care and retention. Some of these include the fact that the Institute of Medicine unequal treatment report back in 2003 cited CHWs for their role in addressing the social determinants of health, and about their impact on reducing health disparities.

CHWs also have become a major focus of health system transformation, healthcare reform, and workforce development in healthcare and public health, in part because of their noted effectiveness. CHWs have been part of things like the Community Transformation Grants, the Center for Medicaid Services State Innovation Models, some of the new growing and expanding accountable care, and community care organizations, as well as much of the Medicaid Transformation redesign that's happening as we speak in many states.

There is also a growing body of evidence and research related to a return on investment, the advocacy and efficiency of CHWs. Because of these reasons, we feel that CHWs successful integration into HIV care team will increase the capacity of those teams to reconnect clients, to care, get them engaged, and appropriate services, et cetera. That was a lot.

And now, this is a very busy slide, but I just want to give you all just a sample job description. This one is from the Massachusetts Department of Public Health, Office of CHWs. They actually developed the CHW program development guide that includes this sample.

The key responsibilities on this list and on the following slide are just an example of the many common key responsibilities. Communities supporting CHW's role in linking and retaining clients in care. I just want you to note that this is a sample designed to capture many of the key responsibilities, and not just for one specific job.

So some of the key common responsibilities and roles include coaching clients, particularly related to chronic disease management, providing education, individual and group, on several health topics and issues, assisting clients in identifying and prioritizing ways to get over their barriers to engagement in care, assisting clients in developing potentially HIV management care plans and goal setting. And they also help clients in scheduling appointments, including accompanying them to appointments as well. I'll stop there. Next slide.

Again, I just want to note ... I'm sorry. Okay.

While CHW job responsibilities and duties may vary, there are some common core skills, that we alluded to earlier, related to the C3 Project national list of ten core skills for CHWs. These skills include communication skills, interpersonal

and relationship building skills, service coordination and navigation skills, capacity building, and advocacy skills, education and facilitation skills, individual community assessment skills, outreach, evaluation research as well.

I just want to note that a lot of these CHW skills can assist ... CHWs with these skills can assist clients as well as staffers at CBOs and key critical areas of HIV prevention, including ... I'll highlight skill number four around building capacity of those clients and communities to access services. Advocacy as well as education and facilitation, these are some of the key skills that are used on a regular basis for CHWs working in HIV/AIDS care and linkages and retention in care.

Now, we'll shift to another polling question.

Laura Gerard:

Great. Thanks, Durrell. So we want to do another quick poll based on the last few slides that you saw from Durrell. And the question is when posting a CHW position, which activity do we suggest including? So I'll give you a minute or so to select A, B, C, or D.

Thank you, everyone, for participating. Most of you selected the correct answer, which is A. That we suggest including in the CHW position announcement that they continuously expand knowledge and understanding of community resources, services, and programs. However, Durrell will probably point out that CHWs do just a variety of things, so they may also be asked to facilitate focus groups, but the correct answer based on the sample we provided is A.

So I'm going to hand it back over to Durrell.

Durrell Fox:

Thank you, Laura. And now, we wanted to try to take some time during this call to kind of talk about a organization, and look at an example of how one organization has integrated CHWs into their HIV care and services team.

The McGregor Clinic is a community-based organization serving people living with HIV/AIDS in the greater Fort Myers, Florida area. While they have grown to providing more comprehensive services, including some healthcare and clinical services today, today I'll focus on the preventative services and services provided by their CHWs. Next slide.

CHWs at McGregor provide services that facilitate linkages and retention in care by supporting a team-based approach to care. Client and community education, prevention services including HIV counseling, and testing are integrated into their clinical care. So it's a seamless ... I'm sorry, I can't think of the word, but anyway. CHWs support case management services that are aimed at addressing all health issues, including the comorbidities and social determinants of health,

particularly housing and food security, which is a critical need in their area of Fort Myers.

CHWs provide client and community education, preventive services, HIV counseling, and testing. They do some case management in collaboration with the case management team. They provide access to clinical trials, and then critical to the social determinants of health, they have things like the food pantry and clothing closet in their facility.

McGregor is currently participating in the Improving Access to Care: Using CHWs to Improve Linkage and Retention in HIV Care Project. It's a long title, but it's a great project that is funded through the Secretary's Minority AIDS Initiative and administered through the Health Resources and Services Administration and their division of 280 HIV/AIDS programs.

One of the goals of the project is to enhance CHW capacity in identifying people living with HIV/AIDS, and then linking or reconnecting those clients to care and services. The Boston University site of this project developed an implementation guide for integrating CHWs into HIV care teams. That is currently being used by ten grantees, including McGregor, and will be available to all far and wide in the future. More information about this project can be found ... I threw a link on the resources slide, and they all should be shared in the chat box.

McGregor has supported and integrated CHWs from the very start, the very founding of their agency, by using many CHW integration promise and practices. I'll talk about a few of those. They work continually to build the capacity of the CBO and of their CHWs, including seeking funds to sustain their goals in providing HIV/AIDS support care and services.

CHWs have been a value-add to their CBO. Mainly because CHWs possess several core roles and skills or qualities that cut across and support many of the existing roles within their CBO. Community health workers also bring a unique perspective that is critical to enhancing the CBO programming and services to be responsive to the needs of the community.

At McGregor, the CHWs work with the HIV care team and using electronic health record, medical records systems, they identify clients who are lost to care, which is sometimes noted as haven't been to an appointment in the last six months. Once they generate a list of these clients lost to care, the CHW uses the available information from chart notes, from team meetings, and other avenues, to develop strategies to reach out to these clients who have been lost to care. This includes sending letters, phone calls, and also home visits or visits to common areas where the client may be, at a program, et cetera.

The CHW, they use a mix of outreach and motivational interviewing skills to engage the client in conversations about re-engaging in care, looking to identify any barriers to care that's kept them out of care, and enhancing opportunities to support the facilitators to care for that client.

Once clients are engaged in care, the CHWs use informal counseling and other core skills to work with their clients on retention in care. CHWs are also available to link newly diagnosed clients to care using some of the same core roles and skills they use to engage those who are lost to care. Big model. Next slide.

Some of the promising practices around CHW integration and support include issues related to CHWs being integrated into the care team and participating in all the related team meetings. CHWs receiving regular supervision and support from their direct supervisor is also a critical component to a promising practice of integration. McGregor also works with the BU project mentioned earlier, to support CHWs in their linkages and retention in care roles. This includes having regular coaching calls with some seasoned CHWs and their team as part of the project. Supervisors are also involved in those meetings and calls as well. There's also a quarterly learning community and quality improvement sessions that are all focused on providing support and building the capacity for the CHWs to link and retain clients in care, and to be a fully integrated member of their care team.

And next, we'd like to ask you a few questions.

Laura Gerard:

Thanks, Durrell. So we now have a series of questions for you all. Now that you've heard a lot from Durrell, we wanted to hear from you.

The first question, now that you have heard more about the roles and skills of CHWs, what value do you think CHWs may bring to your organization? So again, we're going to ask that you chat your answer, using the chat box. So I'll give everybody a few minutes to go ahead and chat an answer in. Thank you.

Okay. We've got a few responses. So Jill [Despenza 00:38:48] said, "Flexibility to meet clients where they are." And then, [Angela Hickson 00:38:55], "We are able to get more people into care at our facility." Michelle McVickers, "They will help improve retention rates and viral suppression." And then, we've got another response from Susan [Ault 00:39:13], "Locating consumers who do not show up for appointments." And then, I'll read off one more from William [Chastain 00:39:26], "Because they bring a variety of avenues to help with the patients and retaining them in care." That was great. Thank you very much. We're going to ask you another question.

What do you think would be a challenge for your organization in including CHWs in the workforce? So if you could go ahead please, and chat your response in. And for those organizations who already have CHWs in your workforce, would love to hear what has been a challenge if there have been any. So I'll give you a few minutes, thank you.

Okay. We've got a few responses, thank you. Janet Davis said, "Budget and training." And then, we also heard a similar response from Rob Anderson, who said, "Our main challenge has been around maintaining funding for the position." Jacob [Daugherty 00:41:13] said, "Setting clear boundaries between the roles and responsibilities of the CHW and the roles and responsibilities of traditional case managers." Another response from Michelle McVickers, "Determining how they integrate with managed care teams." And then, Carla [Barnette 00:41:34] says, "Making immediate connections has been a challenge." And we heard from Jill Despenza, who said, "Retention of CHWs after training." So thank you very much.

We've got one more question we'd like to ask you, and that is what more would you like to learn related to CHWs? So again, please chat your answer in, and I'll give you a minute or so. Thank you.

Okay. So we've got some responses, and Jill Despenza says she'd like to learn about links to best practices and training needs. Carla Barnette said, "Coaching clients in effective management of their health and comorbidities." [Ganaia 00:43:20], I apologize if I'm not saying your name right, "Their education background," and then Elizabeth Miller said, "More about how organizations have implemented CHW programs that are community-based rather than clinic-based." Susan Ault would like to learn more about the availability of training materials and programs. MI training, specifically for CHWs.

So thank you all again for responding, and I am now going to turn it back over to Durrell.

Durrell Fox:

Thank you, and just a brief response is those were some great responses. Some of the challenges around funding sustainability, retention of the workforce, and access to quantity of training are things that are being worked on actively in the field, and we may get a chance at the end to talk about some of the things going on.

But I think with all that said, I think some of the next steps include some questions for you, the organization, to consider to determine if it's feasible to integrate CHWs into your HIV care program, to enhance capacity for HIV clients' linkage and retention in care, or to enhance your program if you already have CHWs there.

One of the questions that comes up a lot when integrating CHWs is, “Is CHW integration aligned with your mission?” And I think there are several organizations that have used their strategic planning processes to discuss and develop plans and strategies to integrate CHWs.

Another question is, “Is there funding available for CHW positions?” There's a lot of new information out there about advance payment models. There's a lot of push for CHW reimbursement through Medicaid, and through CMS, and so there's a lot of new work happening on funding availability and sustainability.

And another question is, “Are there agency resources to implement promising practices to support CHW integration and supervision?” Do you have the appropriate orientation strategies for CHWs to be onboarded? Do you have a system where you can have some critical supervision, which is clinical as well as some of the programmatic supervision for CHWs in place? If you don't have them in place, is it feasible to put that in place? So those are some of the key questions that programs that are new have asked, and I think those of you on the phone already have CHWs. These are continuing questions that come up as you try to address the needs of your CHW workforce.

Thank you, next slide.

And so I mean, in summary, there's a lot more we can say about this, but we just wanted to capture some of the key messages, which includes that CHWs serve as a bridge, a connector for community and clinical linkages. That's a key piece of their role.

An interdisciplinary team approach that integrates CHWs can better support linkage and retention in HIV care, treatment, and also in your prevention efforts. There are many successful CHW integration strategies, including developing a comprehensive orientation for CHWs, involving CHWs in care teams and care team meetings as well as agency meetings, and providing regular supervision to those CHWs.

You have, on the next slide, a link to some resources, and we just wanted to share a few with you. There are many more out there, and if we do have time for questions and answers, I can maybe even talk about some of the upcoming national meetings or other ways that people can get additional information.

And on that note, I'll say thank you on my end. Back to Laura and Liesl.

Laura Gerard:

Great. Thank you so much, Durrell.

Durrell Fox:

Yeah. Yeah. I could ... I'm sorry. I don't know if you want me to talk about some of these, but you'll notice some of the links. You have, looks like the American Public Health Association, which is the second link. CDC is the first link, it goes to a page at CDC. ASTHO, the Association of State and Territorial Health Officers has some great resources, including ASTHO and then NASHP, which I can never remember that acronym, sorry guys. Both of those organizations actually try to keep links up of some of the policy and legislative action happening around the country, where you can scroll over a state and kind of see what's going on.

The Center for Health Impact, on the fifth bullet down, is a link to a comprehensive CHW orientation toolkit that's free, that you can download, that has everything from soup to nuts, from onboarding to some of the sustained best practices on supporting CHWs.

The CAHPP.org website is related to the BU project I discussed that McGregor is part of, and then you'll see three links to the National CHW Core Consensus Project, including two short videos in English and Spanish, that are excellent in kind of talking about some of the basics of CHWs, but more importantly, the Core Consensus Project process and outcomes.

Thank you.

Laura Gerard:

Thank you, Durrell. So we now want to open it up for questions. Please go ahead and chat any questions you may have in the chat box. And while we're giving time for you to do that, we're going to ask some of the questions that were previously asked in one of the earlier slides. We'll ask those questions to Durrell, but please go ahead, if you have additional questions, and just chat them in the chat box.

So one question that came through earlier, Durrell, was, what education training is needed for CHWs?

Durrell Fox:

Yeah. So this is a question that, depending on which state you're in, has a different answer. Right now, there is no national curriculum for CHW core training. What you have, though, is probably 35 to 40 states, you have one or more entities that have a CHW core training program that might range anywhere from 80 to 160 hours, with I think Texas being 160 hours. Basically, the curriculums are based upon those ten core roles we saw from the C3 Project list that we shared with you earlier. So depending on your state, there is either a training-based organization or a university who actually has a CHW core training, and in some states there are free-standing CHW training programs that provide CHW core training as well as CHW continual training opportunities, and there are several opportunities for virtual training through some of the regional training centers, like the agents who came to the training centers, the Addiction Technology Transfer Center, which have been helpful to the CHW workforce.

There are also some national conferences, including the American Public Health Association and a national CHW conference called Unity, that also provide a forum for CHWs education and training.

Laura Gerard: Thank you, Durrell. Someone asked if these slides will be made available after the presentation, and they will be available. So you can have them after.

Another question that came through earlier was around availability of training materials and programs, specifically for CHWs. Durrell, I'm not sure if some of the links you provided in the previous slide had information on that, but do you want to answer that question?

Durrell Fox: Yeah, some may. I think I saw the question around motivational interviewing as well. I spotted that question, and this is the challenge we have. There are some organizations, there's one called CHW Central, which tries to put up a lot of particularly the free resources for CHWs. There are a couple of those sites that are ... I shared the link with you, that also have some free resources. I know for a long time, some state health departments were putting up CHW resources, including links to trainings on motivational interviewing. So once again, that's a question that depending on which state you're in, you have a various level of resources, with many states having several and then some states not having much at all. We're working on that as we speak.

I don't know if that answered the question or not, but yeah.

Laura Gerard: I think that was great. Thanks, Durrell. So another question for you, can you talk about some models of how they perform different roles? For example, home visits.

Durrell Fox: Yeah. There's been a lot of great work, particularly in pediatric asthma. They've now been doing it in senior asthma. In several states, related to a model of home visiting, there's a national site that Texas ... It might be Texas Tech that had some expertise and has a curriculum that they've used in several states, that's specifically around home visits related to pediatric asthma. I know there are some Ryan White programs. If you look at the TARGET Center or some of the Ryan White resource links, they have models on home visiting related to HIV clients and basically trying to follow up on people who are lost to care, and I also feel that the improving access in HIV care project that I mentioned earlier that's still in process will have a great resource that'll be available soon to the world.

Laura Gerard: Thanks, Durrell. I think I'm going to read out just one more-

Durrell Fox: Oh, what. Just going to add the resource here. I'd be remiss if I didn't note. So there's a Healthy Start. JSI has their wonderful, online, free Healthy Start CHW

training curriculum, that does include some tips and pointers related to home visits, related to maternal child health and Healthy Start Program. But, it's the EPIC Center website at JSI that has some great, free resources. Although it's been designed for Healthy Start CHWs, there are some very common experiences with those during visits for HIV and others. So there's some good tips and pointers that can be translated into your role in HIV care for CHWs.

Laura Gerard: Thanks, Durrell. I think we have time for one last question. Can you tell us more about how organizations have implemented CHW programs that are community-based rather than clinic-based?

Durrell, did you get that question?

Durrell Fox: Yes, I did. Sorry.

Laura Gerard: That's okay.

Durrell Fox: Yeah. I use the McGregor as a example because it actually is a CBO, even though clinic is in the title, and they've been shifting more towards that. But, prior to that happening, they did have CHWs in their CBO, playing those roles. So some of the things I've mentioned, related to McGregor, are related to a CBO implementing a CHW program. I think the implementation guide that will come from the BU project, the HRSA-funded project, will be a great resource because it actually has soup to nuts on implementing a program. The link that was on the resource slide for their orientation toolkit has some information that is relevant to implementing a CHW program. Although it was developed by a community health center, many CBOs have used it as their kind of operating practices as they've tried to implement programs. So there's that.

I can't think of any more off the top of my head, but I'm urging people to click on some of those links. And I'm not sure if we'll have another opportunity, but we may be able to answer some of these questions in more detail at a later time through another webinar and/or sharing information about another upcoming training or webinar that might address some of these specific questions.

Laura Gerard: Thank you, Durrell. And thanks again, everyone, for joining the webinar today, and all your great questions and comments. I want to point out that our contact information, and more specifically Durrell's, is on the slide in front of you. So you can feel free to email me or Durrell directly or call us if you have any follow up questions. And you can always visit JSI@www.CBA.JSI.com, and you can send us a message from there.

And lastly, I want to mention that you can always also take advantage of the available capacity building assistance providers, and request technical assistance to help you think more about using CHWs in your organization.

So again, thanks, everyone, for participating and thank you, Durrell, for the great information you provided.

Durrell Fox: Thank you, everyone. Thank you, Laura, Liesl, Chris. Thanks, everyone.

Laura Gerard: So we are showing the job description sample again because somebody requested that, and then the webinar is over, so thank you again.

Durrell Fox: Thank you.