UNITY 2016
COMMUNITY HEALTH WORKERS: SOCIAL CHANGE AGENTS ADVANCING
HEALTH EQUITY AND IMPROVING OUTCOMES

CONFERENCE AGENDA

Sunday, July 17, 2016

2:00 p.m. – 5:00 p.m. Conference Registration
Prefunction, 2nd Floor

2:00 p.m. – 5:00 p.m. Exhibitor Set-Up
Prefunction, 2nd Floor

6:00 p.m. – 8:00 p.m. Paintbrush Therapy
Pre-registration or on-site registration required.
Salon

Monday, July 18, 2016

8:30 a.m. – 5:00 p.m. Conference Registration
Prefunction, 2nd Floor

8:30 a.m. – 9:30 a.m. Continental Breakfast
Prefunction, 2nd Floor

9:00 a.m. – 4:00 p.m. Exhibits
Prefunction, 2nd Floor

9:00 a.m. – 9:30 a.m. Welcome and Opening Remarks
Georgia Ballroom
Dr. Susan Mayfield-Johnson, Center for Sustainable Health Outreach
The University of Southern Mississippi, Hattiesburg, Mississippi

9:30 a.m. – 10:15 a.m. Community Health Workers: Social Change Agents Advancing
Health Equity and Improving Outcomes
Georgia Ballroom
Dr. Henrie Treadwell, Founding Director, Community Voices Initiative
Research Professor, Department of Community Health and Preventive
Medicine, Morehouse School of Medicine, Atlanta, Georgia

10:30 a.m. – 11:15 a.m. Keynote Address: Addressing Disparities in Health in America:
Community Health Workers Working Toward Social Justice
Georgia Ballroom
Dr. Camara Jones, MD, PhD, MPH, President, American Public Health
Association, Washington, D. C.; Senior Fellow, Satcher Health Leadership
Institute and Cardiovascular Research Institute, Morehouse School of
Medicine, Atlanta, Georgia

11:15 a.m. – 11:30 a.m. Keynote Presenters Question and Answer Session
Georgia Ballroom

11:30 a.m. – 12:30 p.m. Plenary Session I: History Matters – How Policy and Real Estate
Practices Helped Shape the Geography of Health Inequity
Georgia Ballroom
Mr. David Norris, Senior Researcher, The Kirwan Institute for the Study
of Race & Ethnicity, Ohio State University, Columbus, Ohio

12:30 p.m. – 1:30 p.m. Lunch
25th Floor, Sky Floor
Poster Session – CHWs Enhancing Health through Mobilization, Training, and Advocacy  
Atlanta Ballrooms A/B

Poster 1: Promoting Access to Care and Increasing Health Equity: Community-Based and Culturally-Informed Strategies that Work!  Venoncia M. Bate-Ambrus, Suburban Primary Health Care Council Access to Care, Westchester, Illinois
The Suburban Primary Health Council’s Access to Care program has served Cook County for nearly 30 years as a safety net for uninsured, underinsured and undocumented persons in suburban Cook County and Northwest Chicago. This presentation will discuss community-based and culturally-informed strategies ATC has employed to remain viable and adapt to the evolving healthcare landscape.

Poster 2: Strategies to Reducing Breast Health Disparities in Minority Communities: The Role of CHWs, Veronica Robles, Jessica Ramsay, and Helen Margellos-Anast, Sinai Urban Health Institute, Chicago, Illinois
To address racial disparities in breast cancer mortality, the Helping Her Live (HHL) program utilizes the Community Health Worker (CHW) model to educate and navigate women to mammograms and diagnostic services in Chicago’s most underserved communities by exerting confidence and leadership, ask key questions to keep women engaged, and, addressing concerns, fears, or misunderstandings around breast health. This poster will demonstrate how HHL’s CHWs engaged women in navigation services and educated over 2,000 women in the community.

Poster 3: Indiana’s Evolution of the Certified Community Health Worker Program and Professional Development Skills, Kiara Bembry, Shannon Holloway-Sargent, ASPIN, Indianapolis, Indiana
This poster session will provide an overview of Indiana’s Community Health Worker certification training program, including curriculum, specialty designations, description of testing processes, career ladder opportunities with certification, and the internship program, ARRC. Also, a snapshot of Indiana’s workforce will be highlighted to demonstrate how CHWs are utilized in various healthcare settings.

Poster 4: Our Health Matters, Too: How Community Health Workers Impact Social Determinants of Health for the Elderly Population, Brittany Watson and Mary Parker, Virginia Department of Health, Portsmouth Health Department, Portsmouth, Virginia
The elderly endure many social determinants of health that create barriers to their quality of life. This poster presentation will showcase how Community Health Workers are equipped to be an effective resource to meet their unique needs. The poster presentation will illustrate the development and structural organization of the partnership between the Portsmouth Health District and the Senior Station of Portsmouth City Department of Parks Recreation and Leisure Services. It will also discuss social determinants of health affecting the elderly, the roll of data (i.e. community health assessment) in working with vulnerable populations and best practices resulting from the collaboration to date.

Poster 5: Training for Community Health Workers (Lessons Learned), Vernita Perry, Institute of Public Health Innovation, Washington, D.C.
This poster session will highlight the success of a program designed to improve the health of people living with HIV. It was first started in Washington DC and then successfully moved into other adjacent states. Most recent data, CHW training and qualifications, and future CHW initiatives will be highlighted.
Poster 6: Community Health Workers Reduce Readmissions in a High Risk Heart Failure Population, Kimberlee Desormeaux and Meia Jones, Institute for Public Health Innovation, Washington, D.C.
Little research has focused on CHWs and reducing re-hospitalizations of patients with heart failure. This poster session will present a study documenting the impact of a CHW-based program on 30-day Heart Failure readmissions at a Northeastern Metropolitan hospital. Integrating CHWs into the health care team was associated with a dramatic reduction in Heart Failure readmissions.

Poster 7: I Heart being a CHW – from the Perspective of the HIV CHW, Phronie Jackson, Washington, D.C.
CHWs have helped to address growing concerns of health disparities and social determinants of health, with a passion to address complex problems that they & their clients face. CHWs engage in providing for human needs through social justice lenses. There are many CHW Models, and CHWs work in a plethora of environments. A qualitative study was conducted among 17 CHWs living with HIV/AIDS. This poster session will describe the theoretical foundation, methods, and content analysis of the interview sessions.

Poster 8: Make Your Health Your Wealth, “You Are in Charge,” Francis Tillery Randolph and Mollie Robinson Miodovski, Feed the Flock/Health & Wellness Ministry, Carson, California
Make Your Wealth is a program to empower CHWs to appreciate their value and worth. Through balanced diet and exercise, CHWs can become refreshed and renewed. This poster session will describe the program goals, lessons learned, and ways to reduce risk factors for burnout and chronic diseases.

Poster 9: Prevention is Better than Cure: CHWs in the Lone Star State Diabetes Self-Management Education and Support (DSME/S) Programs, Beatrice Smith, Texas Department of State Health Services, Austin, Texas
In the United States, more than 90 million adults impacted by low literacy may be at risk for negative health outcomes. Limited English Proficiency (LEP) patients are found more among minority and medically underserved populations. In Texas, CHWs are the cultural brokers in eliminating barriers to health services, and increasing health literacy. The session will highlight the Texas HealthSteps educational initiative aimed at steering health care providers to become more culturally and linguistically competent through CLAS.

Poster 10: What Texas CHWs Say – Is CHW Certification Beneficial? Beatrice Smith, Texas Department of State Health Services; Austin, Texas
The CHW Training and Certification Advisory Committee requested additional evaluation to explore the benefits and challenges of CHW certification from the perspective of Texas CHWs. Texas implemented an online and paper survey in English and Spanish for CHWs with 2015 certification dates. Results from the study will be shared in the poster session.

Poster 11: Methods to Enhance Community Health Worker’s with Assessing and Meeting the Medical/Social Needs of Patients with Chronic Disease, Timothy Maveritt, Clayton Bourges, Asha Hopkins, Linda Witkin, and Richard Katz, George Washington University, Medical Faculty Associates: Division of Cardiology, Washington, D.C.
CHWs can be crucial to diabetes management and treatment and the patient’s control of the condition. Through a PCORI-funded study, a checklist to guide comprehensive needs assessment was developed. This poster session will highlight the study, methods, results, and lessons learned.
Poster 12: Making mHealth Work to Manage Diabetes: Integrating mHealth with Community Health Workers, Timothy Maveritt, Clayton Bourges, Asha Hopkins, Linda Witkin, and Richard Katz, George Washington University, Medical Faculty Associates: Division of Cardiology, Washington, D.C.

Diabetes (DM) self-care is complex for Medicaid/Medicare patients (pts). mHealth strategies to improve DM care have had mixed results due to lack of a human link with patients and failure to address crucial social needs. Through a PCORI-funded project, it was hypothesized that combining mHealth with CHWs would improve DM self-care and related outcomes better than single treatment modalities of only mHealth or a CHW. CHWs were trained in DM care and the Voxiva Care4Life mHealth DM app. This poster session will discuss project methods, project results, and lessons learned.

Poster 13: Predictors of Cervical Cancer Screening Among Female South American Immigrants Living in the United States, Cathy McElderry, Southeast Missouri State University, Cape Girardeau, Missouri

The purpose of this study was to determine predictors of Pap smear testing among female South American immigrants in the United States. A four-year pooled cross-sectional data on 1863 female South American immigrants was extracted from the National Health Interview Survey. Five predictor variables of interests (marital status, level of education, income status, physician’s recommendation for Pap smear test and age) were tested against Pap smear testing in 771 respondents. Multivariable logistic regression was used to examine the association between variables, and statistical findings will be discussed. Community health worker can improve participation in Pap smear testing by increasing awareness on the importance of cervical cancer screenings, subsequently reducing health disparities.

Poster 14: Targeted Screening for Obesity Risk Factors in Nigerian Immigrants, Cathy McElderry, Southeast Missouri State University, Cape Girardeau, Missouri

In this poster session, the association between alcohol consumption and obesity outcomes in Nigerian immigrants in the United States were examined. A cross-sectional study on 181 Nigerian was conducted to examine the predictors of general obesity (body mass index [BMI] ≥30) and moderate/morbid obesity (BMI ≥35). Logistic regression models were used to investigate whether alcohol consumption was a predictor for obesity outcomes, after adjusting for other variables such as gender, socio-economic status, length of stay, education, and physical activity. The average weekly consumption of alcohol was 3.91±3.85 drinks. There was a statistically significant association between weekly consumption of alcohol and general obesity (p = .021), and moderate/morbid obesity (p = .013). Community health workers should conduct targeted screenings for alcohol consumption that increase the risk for obesity in this population, as well as provide appropriate health education.

Poster 15: Who are they? A Case Study of Community Health Workers in Primary Health Care; Constance Shepard and Diane Carr, University of South Carolina & Midlands Technical College, Lexington, South Carolina

Community Health Worker (CHW) programs are an important strategy to address the rising cost of health care, the shortage of healthcare staff, and the lack of accessible, affordable and quality health care. Researchers have demonstrated CHW programs are effective interventions for increasing positive health outcomes in the management of chronic diseases, however, missing from the literature is the information regarding the nature of the cultural context in which CHWs provide services to diverse people within primary health care (PHC) at multiple levels. The purpose of this ethnographic case study was to gain insight into the culture of CHW programs in PHC. CHW programs at three PHC sites in South Carolina were explored to craft rich descriptions of the provisions of CHW services from the perspectives of the people engaged in the services. The aim was to understand CHW services, the roles, and responsibilities CHWs provide.

Numerous studies have demonstrated that breast cancer navigation is an effective tool in reducing delays in the diagnosis and treatment of breast cancer. Extra Help, Extra Care utilizes a community navigator as a dedicated resource to lower resource hospital/clinic radiology departments that only provide limited diagnostic breast imaging services. The program focuses on decreasing fragmentation of care, increasing communication across service providers, and ensuring timeliness of diagnosis and treatment and the quality of care received in order to improve patient outcomes.

Poster 17: CHWs as Partners: Redefining Medical Education Training, Gail McCray, Morehouse School of Medicine, Atlanta, Georgia

This poster session will highlight how CHWs have been instrumental in redefining medical education training.

Poster 18: Addressing Breast Cancer Health Disparities in the Mississippi Delta: An Innovative Partnership for Education, Detection, and Screening, Susan Mayfield-Johnson and Danielle Fastring, Department of Public Health, The University of Southern Mississippi, Hattiesburg, Mississippi

Although cancer prevention programs have increased knowledge levels about how screenings can prevent premature deaths, screening rates among low-income African American women remain low. Funded by the Avon Foundation, a study was conducted to increase breast cancer screening rates among African American women in the Mississippi Delta. This study underlines the need for strong collaborations between academic universities, state departments of health, and community-based organizations, and the application of culturally appropriate multimodal strategies in reducing health disparities in breast cancer rates through increased awareness of early self-detection methods. This program highlights avenues for underserved, older, minority women to be screened, and serves as a case study example for successfully increasing breast cancer screening to potentially reduce health disparities related to breast cancer.


The purposes of this qualitative study was to conduct interviews with Community Health Workers and experts in the field to assess the acceptability for the use of mHealth Technology by Community Health Workers to deliver health and wellness interventions to historically underserved health consumers. This research could potentially set the stage for utilizing traditional community-based research principals and CHW methodology integrated with mHealth to deliver health and wellness interventions to decrease health disparities in historically underserved health consumers in the United States.

2:30 p.m. – 3:45 p.m. Breakout Session I: Participants will choose one to attend.

Session 1: The CDC 6|18 Initiative: Accelerating Evidence into Action Atlanta C

Melanie Carmel Lagarde, Centers for Disease Control and Prevention, Atlanta, Georgia

CDC is partnering with health care purchasers, payers, and providers to improve health and control health care costs. This initiative offers proven interventions that prevent chronic and infectious diseases by increasing their coverage, access, utilization and quality. Additionally, it aligns evidence-based preventive practices with emerging value-based payment and delivery models. By 6|18, we mean that we are targeting common six and costly health conditions – tobacco use, high blood pressure, healthcare-associated infections, asthma, unintended pregnancies, and diabetes – and 18 proven specific interventions that formed the starting
point of discussions with purchasers, payers, and providers. Successful CHW interventions will be discussed.

Session 2: CHW’s and Social Determinants of Health: How Far Upstream Are We Looking?
Durrell Fox, Massachusetts Prevention and Wellness Trust Fund, Worcester, Massachusetts, and Geoff Wilkinson, Boston University School of Social Work, Boston, Massachusetts
It is time to critically assess how CHWs “address the social determinants of health” as members of integrated primary care teams. The presenters will describe risks associated with the growing emphasis on support for licensed clinicians as the primary CHW role. These risks include marginalizing effective work CHWs do outside the health care delivery system and diminishing advocacy as a CHW core competency.

Session 3: Promotores de Salud as Community Researchers for Obesity Prevention along the US-Mexico Border
Alicia Sander, Mariposa Community Health Center, Nogales, Arizona and Elva Beltran, Texas A & M University, College Station, Texas
Familia Saludable (Healthy Family) is a CHW-led childhood obesity prevention research project being conducted with Mexican-origin families in Texas, New Mexico and Arizona along the US-México border. During the first year of a five-year project, CHWs (Promotora(e)s de Salud) were trained to assess environmental factors in the proposed study neighborhoods, including the context of the built environment. During this formative process, the Promotora(e)s de Salud were actively involved in providing input to researchers regarding data collection tools and testing of data collection instruments. Promotora(e)s de Salud from the lead organization and partners in Arizona (Mariposa Community Health Center) will describe their experiences as respected members of the research team during the community assessment process.

Session 4: Advancing the Community Health Representative (CHR) Workforce: Tribal CHR Programs Perspectives on Certification, Financing, and Sustainability
Kim Russell, Arizona Advisory Council on Indian Health Care, Phoenix, Arizona and Samantha Sabo, Arizona Prevention Research, Zuckerman College of Public Health, University of Arizona, Tucson, Arizona
In the 1960s, American Indian communities in the US identified the need and lobbied for community health professionals to improve cross-cultural communication between Native communities and predominantly non-Native health care providers. Known as Community Health Representatives (CHR) – with an estimated workforce of 1,700 representing 264 tribes, CHRIs are characterized as community leaders who share the language, socioeconomic status and life experiences of the community members they serve. Although formally recognized by the Indian Health Service (IHS) and allocated resources annually since 1968, there is no formal or state recognized certification of CHRIs as a workforce. In 2015, 15 of 19 Tribal CHR Programs from across Arizona came together for the first time to participate in a CHR Policy Summit that focused on the unique issues and opportunities regarding sustainability and advancement of the CHR workforce and the need for inclusion of CHRIs in state level dialogue. Findings will be shared.

Session 5: Return on Investment Toolkit for Community Health Worker Programs: Get Ready for ROI
Patria Alguila and Colleen Reinert, MHP Salud, Bradenton, Florida
Despite increasing evidence of CHW programs as a cost-effective, preventative health measure, the impact of these efforts on the economy are often inadequately documented. A growing number of studies have formally evaluated the long-term economic return, providing a framework that others can follow. One method is to perform a ROI analysis, which estimates the cost return for every dollar invested. This session will introduce a toolkit designed to assist agencies of various sizes to compile data on CHW program
finances and health outcomes. It will provide an overview of key questions to consider before beginning ROI, including necessary data points and key personnel to include in this approach. Exercises to walk through the steps to properly prepare for study design, data management and analysis. Emphasis will be placed on the pros and cons of retroactive vs. proactive studies, and whether it will be necessary to integrate outside research from past surveillance efforts.

Session 6: Creating Dynamic, Innovative Models for Health Center Community Health Workers
Crystal Korpi and Nina Lavi, Michigan Primary Care Association, Lansing, Michigan
Community Health Workers (CHWs) have a significant amount of training and expertise to add to Health Center care teams, particularly in addressing the challenging pressures impacting people’s health and quality of life, including poverty, illiteracy, homelessness, and more. In 2015, Michigan Health Centers launched a statewide initiative to implement interdisciplinary team-based approaches that equip them to link their patients with clinical care, community-based interventions and supports, utilizing CHWs as care team members. CHWs are change agents reducing health disparities and positively impacting social determinants of health. This session will introduce the model and demonstrate tools used to document patient risk factors and provide services to mitigate the socioeconomic causes for poor health. Sustainability, promising practices and plans for value-based pay will also be discussed.

3:45 p.m. – 4:00 p.m. Break

4:00 p.m. – 5:00 p.m. Taking Care of Ourselves: Nurturing CHW Mind, Body, and Spirit
Participants will choose one session to attend.
Session A: 2 Blessed 2 B Stressed
Phronie Jackson and Sabrina Heard, Washington, DC
This interactive workshop will guide participants to a better understanding of stress and provide the participants with useful skills to cope with sources of stress. Using the Health Belief Model and the Social Cognitive Theory, the presenters will engage the participants in evidence-based, hands-on techniques that improve the response to stress and encourage relaxation. Participants will leave the workshop with tools they can utilize to create a better quality of life as it relates to self-care and overall well-being.

Session B: “Free the Spirit” Back Down Memory Lane
Michelle Hammond, Chesapeake Multicultural Resource Center, Easton, Maryland
This session will have deep breathing exercises using meditation CD and aromatherapy. Handouts of self-care of mind, body, and spirit will be provided as well as fun icebreakers.

Session C: Keeping It Real – Old School Dance
Keith Lewis, My Mother’s Heart Foundation, Hattiesburg, Mississippi
Be prepared to sweat in this session. Come comfortable and ready to take it back to old school dance.

Session D: An Introduction to Latin Dance
Sergio Matos, CHW Network of NYC, New York, New York
Dancing is a great way to release stress, relax, and have fun, while also getting exercise. This session will give an introduction to Latin dance.

5:00 p.m. – 7:00 p.m. Dinner on Your Own

7:00 p.m. – 9:00 p.m. Paintbrush Therapy
Pre-registration or on-site registration required.
Tuesday, July 19, 2016

8:30 a.m. – 5:00 p.m. Conference Registration
Prefunction, 2nd Floor

8:30 a.m. – 9:30 a.m. Continental Breakfast
Prefunction, 2nd Floor

9:00 a.m. – 4:00 p.m. Exhibits
Prefunction, 2nd Floor

9:00 a.m. – 9:45 a.m. Plenary Session II: Return on Investment for a Model of RN/CHW Practice
Georgia Ballroom
Mark Lubberts, Director of Community Health Education
Spectrum Health, Grand Rapids, Michigan

9:45 a.m. – 11:00 a.m. Plenary Session III: Sustainable Financing for CHWs
Georgia Ballroom
Outcomes – Results from a Randomized Clinical Trial
Jill Feldstein, Director, Penn Center for Community Health Workers
Cheryl Garfield, Community Health Worker, Penn Center for Community Health Workers
Philadelphia, Pennsylvania
An Integrated Model of Care for Patients at High Risk for Readmissions
Presenters: Ugochi Ohuabenwa, MD, Associate Professor, Emory University School of Medicine, Atlanta, Georgia; Aisha Henry, Community Health Worker, Family Health Centers of Georgia, Inc., Atlanta, Georgia; Anthony McClarn, Community Health Worker, Grady Health Systems, Atlanta, Georgia; and Thomasine Mungo, Community Health Worker, Community Health Worker, St. Joseph’s Mercy Care, Atlanta, Georgia

11:00 a.m. – 11:15 a.m. Presenters Question and Answer Session
Georgia Ballroom

11:15 a.m. – 11:30 a.m. Break

11:30 a.m. – 12:30 a.m. Plenary Session IV: Policy and Other Approaches to Establish Community Health Worker Certification
Georgia Ballroom
Colleen Barbero, Centers for Disease Control and Prevention, Atlanta, Georgia
Carl Rush, CHW Policy & Practice, University of Texas, Houston, Texas
Ashley Wennerstrom, Tulane University, New Orleans, Louisiana

12:30 p.m. – 1:30 p.m. Lunch
25th Floor, Sky Floor

1:30 p.m. – 3:00 p.m. Roundtable Sessions: Promising Practices and Lessons Learned
Atlanta Ballrooms
Participants will choose three table discussion to attend.
Roundtable 1: Polishing the “Gem”: How Continued Training and Storytelling Help to Shape and Enhance a CHW, Kim Artis, Sinai Urban Health Institute, Chicago, Illinois
There are many factors that contribute to a Community Health Worker’s (CHW) success in delivering health education and engaging participants. This presentation, given by a CHW, will discuss the CHW Core Skills training program developed and implemented by CHWs at the Sinai Urban Health Institute (SUHI) over the last 5 years.

Roundtable 2: Tobacco Cessation: A Healthier You, Blanca Macareno, and Katharine Nimmons, Texas A&M CCHD’s National Community Health Worker Training Center, College Station, Texas
The presentation describes the adaptation of underutilized clinical tobacco cessation training into a curriculum for CHWs. Tobacco use is especially prominent in rural, low-income Hispanic and LGBTQ communities served by CHWs. The curriculum focuses on tobacco prevalence, health risks, traditional and emerging tobacco products, benefits of quitting, best practices for treating tobacco dependence, available resources for quitting, and the Ask-Revise-Refer clinical intervention model. CHWs and instructors developed this state-
certified 4-hour training for both in-person and on-line formats, in English and Spanish. As part of implementing the new curriculum, project members are also attending meetings at the Tobacco Prevention and Control Coalition, as a way to generate community support. By incorporating CHWs into the development and distribution of tobacco cessation information, this project aims to decrease tobacco use in vulnerable populations.

**Roundtable 3:** The Effect of CHW Led Diabetes Self-Management Education in a Community Setting, Joy Johnson, Northeast Texas Public Health District, Tyler, Texas
This roundtable session will discuss how DSME trained Certified Community Health Workers opened in a vacant fire station with the goal of providing chronic disease prevention and self-management services to uninsured residents of Northeast Texas. Residents were recruited from the community to participate in the program. DSME was offered to all interested individuals free of charge using the Diabetes Empowerment and Education Program (DEEP). Participants were asked to attend weekly classes for six weeks. Biometric assessments were administered to participants before and after participation in the DEEP program. Program findings will be shared.

**Roundtable 4:** Creating A Pipeline for High Schoolers to Become Career CHWs, Arletha Williams-Livingston, Innovations Learning Laboratory, Morehouse School of Medicine, Atlanta, Georgia and Gail McCray, Morehouse School of Medicine, Atlanta, Georgia
This session will highlight an innovative model for developing a career path for high school students to become career CHWs.

**Roundtable 5:** Perinatal Community Health Workers – Impacting Maternal Infant Health Inequities, Sherry Payne, Uzazi Village, Kansas City, Missouri
This roundtable will discuss national standards and policies for perinatal Community Health Workers and how they can be mobilized to address racially biased health disparities among pregnant women, newborns, and postpartum and intrapartum women.

**Roundtable 6:** Walk, Then Talk! Improving Quality of Life for Persons with Hearing Loss and their Families in a US/Mexico Border Town, Cecilia Navarro, Mariposa Community Health Center, Nogales, Arizona
Oyendo Bien, an academic-community partnership between Mariposa Community Health Center, a private, non-profit Federally-Qualified Health Center and the University of Arizona, is a program that addresses hearing loss among Hispanic adults in Nogales, Arizona. This culturally competent program uses Promotoras de Salud to deliver a five session intervention. Communication strategies will be presented during the roundtable discussion. Conference attendees will be invited to volunteer in educational role-playing scenarios.

**Roundtable 7:** Certifying Teen Health Facilitators as Part of Our CHW Team, Giannyn Fabian and Arianna Del Cid, Mariposa Community Health Center, Nogales, Arizona
Teen Health Facilitators are adolescents selected to participate in an annual Summer Youth Institute which offers vocational training in a variety of public health topics. For seven weeks, students receive training in Tobacco Basic Skills, HIV/AIDS education, First Aid CPR, Diabetes, Self-Esteem, Leadership Development, and others. These trainings allow students to receive a Teen Health Facilitator certification, which allows them to conduct peer education in their community.

**Roundtable 8:** Enhancing New Skills Development for Community Health Workers, Terri Price, and Susie Williamson, Spectrum Health Healthier Communities, Grand Rapids, Michigan
Electronic Provider Information Center (EPIC) is a multi-level documentation system (shared medical record) with an integrated platform. This roundtable discussion will focus on how CHWs can integrate EPIC and enhance CHW skills.
Roundtable 9: Integrating Community Health Workers into Healthcare Teams for Cardiovascular Risk Reduction, Tameka Walls, Mississippi State Department of Health, Greenwood, Mississippi

Community Health Worker (CHW) models have existed for decades; yet CHWs have not been fully integrated into the existing clinical teams in Mississippi. The Clinical CHW Initiative was implemented to improve cardiovascular disease outcomes through self-management of A1C, blood pressure (BP), cholesterol, and smoking through home visits. Patients from participating healthcare systems, including health centers and private providers, were selected based on diagnosis of uncontrolled hypertension, diabetes, or dyslipidemia. The roundtable will discuss program components, CHW trainings, and clinical results from the program.

Roundtable 10: Community Health Workers Enhancing Resident Education, Monica White, Henry Ford Health System, Detroit, Michigan

This session will present background and project information related to the Community Health Workers Enhancing Medical Education pilot project funded by the American Association of Medical Colleges (AAMC), including the projects goals, objectives, lessons learned and recommendations. There will be an emphasis on the processes employed to integrate the CHW seamlessly into the clinical care setting at two of Henry Ford Health System's community-based medical clinics (Detroit Northwest and Harbortown) and their role in educating the medical residents, while assisting to improve health outcomes among diabetic patients.

Roundtable 11: Full Steam Ahead – Moving Forward Maternal and Child Health Priorities: CHW Roles in Texas, Beatrice Smith, Texas Department of State Health Services, Austin, Texas

States receive Title V MCH Block Grant funds to improve health outcomes and increase access to quality care for women, children, and adolescents. Key areas for Texas include improving access to well woman care within medical homes, preventing child and adolescent injuries, and reducing household smoking and smoking during pregnancy. CHWs play important roles in addressing these areas through outreach and education, as leaders and members of coalitions and as members of interdisciplinary healthcare teams. Texas Title V Block Grant funds support the administrative infrastructure for CHW statewide certification. Title V staff partner with CE programs to increase CHW skills and expertise in population-based maternal and child health initiatives. This session shares examples of training modules and CHW initiatives supporting Title V priorities from diverse areas of the state.

Roundtable 12: California Perspectives on Workforce Development and the Promotor Model for Community Transformation, Maria Lemus and Melinda Cordero-Barzaga; Visión y Compromiso; El Cerrito, California

Visión y Compromiso gathered leaders in the promotor movement in California together as a workforce development think tank. Representing community organizations, hospitals, clinics, educators, place-based initiatives and advocacy groups, the Partnership was tasked with: (1) reviewing the current workforce landscape in California, and (2) identifying key workforce priorities for the community transformational model. The Partnership designed a statewide strategy to solicit feedback from those most familiar with the challenges and opportunities facing the promotor workforce: supervisors, program managers and employers of promotores. The findings will be shared in this roundtable session.

Roundtable 13: CHW 101: Mobilizing CHWs to Improve Access to Care in Rural, Latino Communities, Blanca Macareno and Katharine Nimmons, Texas A&M CCHD's National Community Health Worker Training Center, College Station, Texas

This roundtable will discuss an initiative to increase access to health services among underserved Latino residents in a rural Texas community who are predominantly
uninsured/underinsured, non-English speaking, and served by non-culturally competent healthcare providers. Team members completed a community needs assessment with Spanish language focus groups and interviews with key leaders. A community-based CHW model was generated and resulted in a 32-hour curriculum that was adapted from an existing 160-hour certification course that focused on eight core competencies. In partnership with health care providers, social services, and the school district, the modified CHW 101 curriculum is available for delivery to Latino key leaders and community members. This roundtable will describe the process and curriculum developed.

Roundtable 14: Engaging Community Health Workers to Prevent and Control Chronic Disease, Bina Jayapaul-Philip, Division of Community Health, Centers for Disease Control and Prevention, Atlanta, Georgia
The Centers for Disease Control and Prevention’s Division of Community Health funds community-based initiatives that engage CHWs in vulnerable populations. Twenty-one awardees, including hospitals, local health departments, and community coalitions engage CHWs in making referrals to and/or delivering diabetes and hypertension self-management programs. Awardees track outcome indicators that measure the extent of CHW provider referral and patient care coordination, CHW-enabled enrollment in preventive services and self-management programs, and improved capacity of CHWs to facilitate bidirectional patient referrals between community-based resources and clinical settings. Awardee examples will describe CHW roles, steps taken to address barriers, population reached, and implementation successes and lessons learned in the first year.

Roundtable 15: Promoting Community Health Workers in the effort to Improve Health Outcomes for Women and Young Children, Qadrriyyah McKinnis, Leonda Lee, Michelle Harrison, Barbara Robinson, and Victoria Lane, Rutgers School of Nursing Jordan and Harris Community Health Center; Newark, Newark, New Jersey
The Jordan and Harris Community Health Center is a nurse managed center which serves four public housing developments in Newark, New Jersey, and is staffed by Community Health Workers (CHWs) who are recruited from these communities. They help target relevant health needs of their predominantly African American communities and improve its efforts to provide comprehensive services to women and young children. This session will highlight how CHWs have successfully recruited women for HPV prevention workshops, breast cancer screening, and parent support groups.

3:00 p.m. – 3:15 p.m. Break

3:15 p.m. – 4:30 p.m. Professional Development Skills – Participants will choose one session to attend.

Session 1: Workplace Bullying: Dynamics, Impact, and Solutions
Buckhead
Joanne Calista, Executive Director, Center for Health Impact, Worcester, Massachusetts
Workplace Bullying is repeated, health-harming mistreatment of one or more persons (the targets) by one or more perpetrators. It is threatening, humiliating, or intimidating, and can include work interference or verbal abuse. Becoming a more common phenomenon, workplace bullying is a serious issue, and can impact CHW effectiveness. This session will describe the dynamics and impact of workplace bullying, and offer solutions to address this issue.

Session 2: Using Law to Support and Sustain the CHW Profession
Peachtree
Colleen Healy, Staff Attorney, and Jennifer Bernstein, Deputy Director, Network for Public Health Law – Mid States Region, Ann Arbor, Michigan
Community Health Workers are critical members of the health care team and of the public health workforce, and key players in addressing social determinants of poor health. In recent years, increasing recognition of the important and unique role of community health workers has prompted states across the country to employ a variety of strategies, including legislation, to define the role of CHWs, standardize training and certification procedures, and facilitate
reimbursement. The legal landscape impacting CHW practice is also significantly shaped by federal and state Medicaid policy and state Medicaid Managed Care contracts. This session will explore existing legal approaches and opportunities for improvement to increase use, effectiveness, and reimbursement of CHWs.

Session 3: Mapping in your Community: How to use GIS Mapping to Highlight Health Needs

Danielle Fastring, The Department of Public Health, The University of Southern Mississippi, Hattiesburg, Mississippi, and Candice Green, Office of Health Disparity Elimination, Mississippi State Department of Health, Ridgeland, Mississippi

Data tools can be utilized to support and enhance data management in CHW programs. This session will demonstrate how to utilize existing mapping tools to highlight needs, such as access to health care services, and other elements of the built environment that can impact health outcomes. Please feel free to bring any electronic devices (laptop or tablet) to the session.

Session 4: Supplements, Complementary and Alternative Medicines: Knowing What to Look For,

Dr. Richard Sagall, NeedyMeds, Gloucester, Massachusetts

Lower prices and the convenience of online shopping are major factors driving consumers to other sources for supplements, complementary and alternative types of medicines. This session will offer insights for CHWs to know what to look for as they assist their community members.

5:00 p.m. – 7:00 p.m. Dinner on Your Own
7:00 p.m. – 8:00 p.m. CHW Lip Sync Battle Georgia Ballroom
Come join us as CHWs battle each other with lip sync performances. Costumes, elaborate dance routines, and lip singing skills are put to the test, and the audience will decide the winner.

8:00 p.m. – 10:00 p.m. Reception and Awards Ceremony Georgia Ballroom
The coveted Esther M. Holderby Award will be presented to a deserving CHW. A light reception with a cash bar will be available as we celebrate a successful CHW conference. Please come and join us.

Wednesday, July 20, 2016

8:30 a.m. – 3:00 p.m. Conference Registration Prefunction, 2nd Floor
8:30 a.m. – 9:30 a.m. Continental Breakfast Prefunction, 2nd Floor
9:00 a.m. – 4:00 p.m. Exhibits Prefunction, 2nd Floor
9:00 a.m. – 10:00 a.m. Plenary Session V: Developing a National Association for Community Health Workers – Sharing Vision and Developing Consensus Georgia Ballroom
Authors: Mae-Gelene Begay, Community Health Representatives, Navajo Nation, Window Rock, Arizona; Durrell Fox, CHW, Worcester, Massachusetts; Wandy Hernandez, CHW, HealthConnect One, Chicago, Illinois; Gail Hirsch, Massachusetts Department of Health, Boston, Massachusetts; Lisa Renee Holderby Fox, CHW, Worcester, Massachusetts; Maria Lemus, Executive Director, Vision y Compromiso El Cerrito, California; Katherine Mitchell, Project Director, Michigan Community Health Worker Alliance, Ann Arbor, Michigan; Sergio Matos, CHW and Executive Director, CHW Network of NYC, New York, New
York; Ashley Wennerstrom, Tulane University, New Orleans, Louisiana; and Geoff Wilkinson, Boston University, Boston, Massachusetts

10:00 a.m. – 10:15 a.m.  
**Plenary Session VI: Update on the CHW Core Consensus (C3)**  
Georgia Ballroom  
Julie St. John, Texas Tech University Health Sciences Center, Abilene, Texas

10:15 a.m. – 10:30 a.m.  
Break

10:30 a.m. – 12:00 noon  
**Plenary Session VII: CHWs 101 – Feedback Session for the Development of a CHW Textbook**  
Georgia Ballroom  
Wandy Hernandez, CHW, HealthConnect One, Chicago, Illinois; Julie St. John, Texas Tech University Health Sciences Center, Abilene, Texas; and Susan Mayfield-Johnson, The University of Southern Mississippi, Hattiesburg, Mississippi

12 noon – 1:30 p.m.  
Lunch  
Atlanta Ballroom

1:30 p.m. – 2:45 p.m.  
**Breakout Session II – Participants will choose one to attend.**

**Session A:** *Building Effective and Responsive Community Health Assessments with Community Health Workers*  
Buckhead  
Belia Cantu and Colleen Reinert, MHP Salud, Bradenton, Florida  
The key expertise that CHWs possess is their understanding of the community and their ability to build trusting relationships with peers. By incorporating CHWs into community health assessments, they can shape the assessment into a more responsive and effective instrument, as well as increase community engagement in the assessment in order to create a more accurate portrayal of the community. This session will explore how CHWs can contribute to each stage of the assessment process. Additionally, the session will examine MHP Salud’s experience with the Starr County Health Network, where CHWs work with community partners on an assessment to uncover health disparities and community strengths and challenges, in order to develop an area strategic plan for health. Interactive small group activities will also lead participants into discussions on how to effectively support and integrate CHWs into community health assessments at their own organizations.

**Session B:** *How Community Health Workers Can Learn from Marketers to Promote Diabetes Self-Management Education and Increase Participant Retention*  
Peachtree  
Betsy Rodriguez and David Ojeda, CDC / NDEP, Atlanta, Georgia  
CHWs are challenged to motivate people with diabetes to attend self-management education and to overcome barriers for retaining participants in DSME programs. One potential approach to consider is using marketing approaches when planning and implementing DSME programs. This involves understanding a range of individual, social, and structural factors that can affect behavior (such as attending DSME) and using the “marketing mix,” as a framework to guide the development of wide-ranging marketing strategies. This presentation will examine the application of basic marketing strategies to DSME programs, and identify existing tools and resources that can be used to support marketing efforts.

**Session C:** *Join the Fight for Oral Health – Advocating For and With Our Communities*  
Roswell  
Lisa Renee Holderby-Fox, Community Health Worker, Worcester, Massachusetts and Anita Duhl Glicken, National Interprofessional Initiative on Oral Health, Englewood, Colorado  
This interactive workshop will help participants understand the connection between oral health and overall health, highlighting the unique contributions Community Health Workers (CHWs) can make to the oral health movement. Throughout the nation many efforts are underway to reduce oral health disparities, particularly in our underserved communities. CHWs are natural partners to reduce oral health disparities given their unique position...
within the community and connection to the people they serve. Additionally, CHWs are strong community advocates promoting policies that improve community health. A brief summary of efforts across our health care delivery system to improve oral health equity will be followed by a panel discussion of CHW’s who will introduce current oral health activities in their states. Participants will work together to identify activities that support CHWs as partners in oral health education, prevention and community engagement.

Session D: Feedback Session for Developing a National Association for Lenox Community Health Workers – Sharing Vision and Developing Consensus,
Facilitated by Katie Mitchell, Michigan Community Health Worker Alliance, Ann Arbor, Michigan; Sergio Matos, CHW and Executive Director, CHW Network of NYC, New York, New York; Ashley Wennerstrom, Tulane University, New Orleans, Louisiana; and Geoff Wilkinson, Boston University, Boston, Massachusetts
Efforts are underway to develop and launch a national independent professional association of Community Health Workers (CHWs). This session will follow up on the morning plenary session, providing an opportunity to engage CHWs in engaging in, contributing to, and guiding the creation of this independent professional association. Facilitators will guide attendees through various prompts in open discussion, providing an opportunity to CHW’s to drive the development and design process of a national association forward. This session is designed in two parts, and attendees are asked to attend both session A and B. This breakout session will ask participants to consider potential visions for the CHW association. Both sessions are intended to inform people in attendance at the conference to consider contributing their wisdom, expertise and passion to the creation and growth of this professional association.

2:45 p.m. – 3:00 p.m. Break

3:00 p.m. – 4:15 p.m. Breakout Session III – Participants will choose one to attend.
Session A: Smiles for Life: An Educational Tool to Enhance Oral Health Partnerships
Anita Duhl Glicke, National Interprofessional Initiative on Oral Health, Englewood, Colorado, and Lisa Renee Holderby-Fox, Community Health Worker, Worcester, Massachusetts
The national oral health movement has acknowledged the important role CHWs play in reducing oral health disparities. This workshop will offer CHWs and other participants’ opportunities to discuss oral health education for CHWs, focusing on the utilization of Smiles for Life (SFL). SFL is a free online national oral health curriculum, now in its third edition. Originally designed for delivery system primary health care providers, the SFL Steering Committee has now recognized the added value of CHWs in promoting preventative education and care. Using an interactive workshop format, participants will have the opportunity to review and offer feedback on a draft of the SFL CHW training module. Participants will also share creative ideas to incorporate oral health into CHW education and training efforts and to identify the role of CHWs as partners to promote oral health prevention efforts.

Session B: Partners working together to Support CHW’s and Empower Senior Adults with Diabetes
Jeana Partington and Jessica Knopf, Alliant Quality, Atlanta, Georgia, and Vicki Karnes, Diabetes Community Action Coalition, Atlanta, Georgia
The Everyone with Diabetes Counts (EDC) program is a 6\six-week, evidence-based diabetes self-management workshop led by trained Peer Educators. It is a CMS-sponsored health disparity reduction program with goals to improve health literacy and quality of care among people with diabetes/pre-diabetes, including Medicare beneficiaries who are dually eligible for Medicare/Medicaid and those from medically underserved racial/ethnic minority and/or rural populations. EDC is a national program administered by 14 Medicare Quality
Improvement Organizations which are mandated to improve the effectiveness, economy, and quality of services delivered to beneficiaries. The Diabetes Community Action Coalition works in partnership with Alliant Quality in Metro ATL by connecting underserved/vulnerable individuals to health services and by training Peer Educators on community resources and ways to save money while navigating the Medicare program. DCAC provides expertise on diabetes for CHWs in MSM’s iADAPT 2.0 Project.

Session C: Engaging Fathers in Your Work

Buckhead

Tony Jolliffi, Strong Beginnings, Spectrum Health, Grand Rapids, Michigan

Literature suggests that developing specific strategies for engagement of fathers and strengthening those relationships with their children is at the center of rebuilding vulnerable communities. Strong Fathers has worked to strengthen relationships between fathers and their children by utilizing the valuable role of the Community Health Worker through home visiting. Responsible fatherhood includes holistic parenting, which empowers fathers to assume emotional, moral, spiritual, psychological and financial responsibility for their children. In this session, methodology, activities, and tools for engaging fathers will be shared.

Session D: Feedback Session for Developing a National Association for Community Health Workers – Sharing Vision and Developing Consensus

Lenox

Facilitated by Katie Mitchell, Michigan Community Health Worker Alliance, Ann Arbor, Michigan; Sergio Matos, CHW and Executive Director, CHW Network of NYC, New York, New York; Ashley Wennerstrom, Tulane University, New Orleans, Louisiana; and Geoff Wilkinson, Boston University, Boston, Massachusetts

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3:00 p.m. – 6:00 p.m. Georgia CHW Network Meeting 25th floor, Sky West