



Understanding the CHW Role, Recruitment and Retention

Welcome!

- Let's take some time to introduce ourselves. Please share:
 - Your name
 - How long you have been with the institution
 - Your past experiences working on CHW projects
 - What project will you be working on?

What will we go over today?

- Defining the CHW Role
- Engagement strategies
- Recruitment talking points
- Retention strategies

DEFINING THE ROLE OF COMMUNITY HEALTH WORKERS

Defining the role of CHWs

Who are community health workers?

Community Health Workers (CHWs) are frontline public health professionals who have a close understanding of the communities they serve through shared ethnicity, culture, language, and life experiences.

Example: DREAM/ MASALA CHWs say "Salam" to study participants when calling to introduce themselves.



What do CHWs do?

Peer Education

- Conduct workshops and group sessions to educate community members about various topics such as healthy eating, exercise, and disease prevention

Tailored Interventions

- Create personalized health plans for participants that consider cultural, social, and economic factors.

Patient Navigation

- Empower community members to take control of their health by providing tools, knowledge, and referrals to local community resources

What do CHWs do? (Continued)

Translation and Interpretation Services

- Serve as language intermediaries between healthcare providers and community members who have limited English proficiency.

Community Building and Mobilization

- Build trust within the community by fostering an environment where health-related discussions are encouraged.

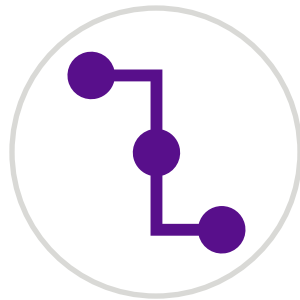
Outreach

- Organize or participate in health fairs, community events, and workshops to engage community members in health-related activities.

How CHWs complement the work of healthcare professionals



CHWs work alongside physicians, mental health professionals, and other experts to enhance care coordination for community members.



CHWs bridge gaps in healthcare access by providing information in ways that community members understand.



CHWs establish personal relationships, making patients feel more comfortable discussing health concerns.

Discussion

What do you think are some benefits to patients/ clients/ community members when working with CHWs?

What are the outcomes of CHWs services?

Since CHWs typically reside in the communities they serve, they have the unique ability to reach community residents. CHWs are frontline agents of change, helping to reduce health disparities in underserved communities.

Known CHW outcomes include:

Improved
adherence to
health
recommendations

Enhanced
communication
between
community
members and
healthcare
providers

Reduced need for
emergency care
and specialty
services

Benefits of working with a CHW

Improved access to health care resources; CHWs bridge the healthcare system and the community

Improved quality & cultural appropriateness of service delivery; CHWs navigate cultural & linguistic barriers to health

More flexibility in meeting patient/client needs (eg. timing, location)

Trusted members of the community that can link patient to resources

Advocates for communities beyond health! (eg. education, labor issues, violence, etc.)

Family-centered approaches provide benefits for the entire family

Participant Engagement

Engagement Strategies

- Building trust
- Connecting to medical/social services
- Involving family members

Strategies for Building Trust

- Sharing a story about their own health journey (managing a diabetes or hypertension diagnosis)
- Sharing about commonalities (hometown, current city or neighborhood, participation in cultural groups, mosques, past work or occupation)
- Talk about your work in the community or how you have helped to improve the community

Strategies for Building Trust

- **Stressing confidentiality:** Assure participants that their personal information will be kept confidential. This is especially important for building trust, especially in sensitive health matters.
 - If participants share personal things about themselves that they don't want their families to know, let them know that it will stay between you two.
- **Referrals to social services:** Listen attentively to the challenges your participants are facing in life (Ex: Losing a loved one, Domestic violence, Job loss, etc) and refer them to appropriate services.
- **Patient advocacy:** Tailor your approach to each participant's individual needs to better advocate for them.
- **Follow up regularly:** Maintain regular contact with participants through phone calls, text messages, or email. Regular check-ins show that you are committed to their well-being.
- **Ask for Feedback:** Seek input from participants about the program's effectiveness and any improvements they suggest. This involvement can foster a sense of ownership and commitment.

Building Trust: Case Example

- Scenario: A client who is difficult to engage because they're closed off or do not want to engage
- This will depend on the individual participant – might be helpful to start with finding some kind of common ground i.e. mentioning a shared hometown, past job, etc.
 - Mention health benefits and how the participant needs to take care of themselves before they can take care of their family
 - Offer social service referrals if there are other more urgent concerns

Involving Family Members: Engagement

- Enlisting family member buy-in in enrollment into program
- Can assist participant and family members with social service needs
- Encourage family members to support the participant in achieving their health goals

Recruitment & Outreach

Discussion: Recruitment Barriers

- What challenges have you faced in recruitment for previous projects?
- What has worked well for you? What hasn't worked so well?
- Any thoughts about how to tailor strategies for different patients?
 - Native English speakers vs. non-native English speakers?
 - Others?

Recruitment Talking Points

- 1. Introduce yourself and the program / purpose of the study**
- 2. Identify the purpose of your call — be friendly and provide appropriate cultural greetings**
 - If relevant, refer to the letter or message sent by their doctor
 - If they didn't receive it, check if they prefer the letters to be mailed or emailed; or if they would like assistance setting up/using their patient portal
- 3. Explain what you do as a CHW**
- 4. Tell them what benefits they get**
- 5. Invite them to participate**
 - Encourage potential participants to at least watch one session on their own time — Often times, they find that they enjoy the session and convince their friends to attend, which helps us with recruitment!

Recruitment Talking Points

1. Identify the purpose of your call

- Hello, my name is _____. I am calling from [Hospital / Academic Institution] and I work with Dr. [Name] on a program for **diabetes**
- Dr. [Name] thought this would be a good program for you **because you recently had a High A1C reading**
- Did you receive the letter/phone call from the doctor's office about this program? (if relevant)

(If no, verify address and update in database/EHR)

Recruitment Talking Points

2. Explain what you do (this is just an example)

- I am a **Community Health Worker** at [Hospital / Academic Institution]
- I am working in **partnership with your doctor** (or state the name of the clinic).
- Our conversation will remain **confidential** (It's important to make potential participants feel comfortable with you!)
- I **provide health education for patients** and follow-up as part of a **diabetes management** program
 - in-language, tailored for our culture
- We will be sending links to health education videos to your phone
 - Verify that the participant can use a smartphone and that you will be following up with them every 2 weeks to discuss health goals

Recruitment Talking Points

3. Tell them what benefits they get

- Learn how to control diabetes:
 - How to eat healthier
 - Exercise recommendations (breathing, stretches, have a buddy, etc)
 - How to take your medications properly
 - Lose weight
 - Manage stress
- **Referrals to social services**
- **One-on-one support** in managing diabetes



Recruitment Talking Points

4. Invite them to participate

- Would you be interested in participating in this program and **watching one of our virtual sessions** about how to better manage your diabetes?
- *If interested:* Do you have a minute for me to ask you some questions to see if this program is right for you? *Complete Screening Questionnaire.*
 - *[If eligible] Confirm availability and schedule Session 1.*
- *If not interested:* I understand. Thank you for your time.
 - Can you please tell me what the reason is? We are always interested to know how we can improve our health programming to make it easier for people to join.
 - Do you know anyone who might be interested in or benefit from this program?
 - Here's my contact information; feel free to call back if you change your mind.

Overcoming Recruitment Barriers: Case Examples

Participant Barrier	Try this solution:
Family doesn't want them to join the program	Ask to speak with family member and explain to them how the program can improve the participant's health. This helps build trust.
Participant has trouble using technology	Family members available to assist with devices. CHWs will also be trained to teach participants how to view the online sessions.

Sensitive Topics in Recruitment

Case: Participant asks questions about how CHW has received their medical records/information

- We don't have access to their full medical record. Their name was provided to us from your doctor's electronic health record because they are eligible for the program.
- Refer the patient back to their doctor if they have concerns. Let the patient know that their doctor recommended them to the program based on study criteria

Case: Participant asks questions about how program is funded

- Mention that the program receives funding from the NIH but participant attendance does not affect the salary of program staff
 - We receive a salary and we do not receive additional payment based on recruitment

Tips for Managing Challenging Conversations

- Try to maintain your calm and answer participant's questions
 - Remember that they are not necessarily upset with the CHW– they could be upset by other factors
- Ask for other's feedback in dealing with a hard participant.
 - You can ask you supervisor for their input.
 - You can ask your peer if/how they've dealt with a similar situation

Breakout Session and Recruitment Skills Practice

Recruitment Skills Practice – Role Play

- CHWs Trainees Review Talking Points
 1. Identify the purpose of your call
 2. Explain what you do
 3. Tell them what benefits they get
 4. Invite them to participate

Recruitment Skills Practice – Role Play

- CHW Peer Mentors and Trainees Staff Pair-Up (10 minutes)
 - CHW Role (Trainees)
 - Participant Role (CHWs)
- CHW peer mentors provide feedback (5 minutes)
- Q&A: Come back together as a group (5 minutes)

Role Play Activity Discussion

- How did things go?
- What did you find difficult?
- What are some areas of improvement for the future?

Participant Retention

Discussion: Participant Retention

- What challenges have you faced with previous participants being lost to follow up from your study/ program?

Case Example: Childcare

- Some participants may be responsible for childcare, which can result in them missing CHW phone calls or messages
- Try to set up discussion times with participants during times when they have no childcare responsibilities (i.e. on a lunch break at work)
 - Alternatively, discuss activities that the participant could set up for their children while they are speaking with the CHW
 - Ask if a family member or friend can briefly watch the children while the participant speaks with the CHW



Involving Family Members: Retention

Strategies

- Assisting family members with social service needs, medications, etc.
- Family members can encourage participants to keep up with the program

Challenges with Doing Physical Activity Case Example

Physical Limitations

Some participants may be **unable to partake** in physical activity due to illness or a doctor's order. To accommodate:

- Check with the participant regarding the scope of limitation.
- Modify some exercises to be less strenuous
 - **Ex:** Walking instead of running, physical activities that can be done sitting down

Cultural Limitations

Some participants may have **cultural or religious beliefs** in which they can't perform physical activity with the opposite gender. To accommodate:

- Suggest participants use the buddy system with participants of the same gender
- Participants can also exercise with family members

Lack of Space

There may not be **enough space in the building** to accommodate participants' exercise needs

- Suggest participants exercise at local parks and open spaces, weather permitting.

Managing Different Situations During Sessions

Case Example: Cultural Competence

- As CHWs, it is important to understand and respect the cultural backgrounds, beliefs, and practices of participants.
- Dietary norms may change during holidays, so adapt your approach to align with participants' needs during these times.
- Are there cultural norms within your community that you anticipate will make it difficult for participants to participate in the CHW program? If so, how do you plan to accommodate these needs?

Summary

- What are three things have you learned today?