



THE ROLE OF CHW'S ON TEEN PREGNANCY PREVENTION AND HPV VACCINE PROMOTION IN HISPANIC ADOLESCENT GIRLS LIVING IN PUBLIC HOUSING

Session 2: Critical Elements for Outreach and Delivery Mechanisms in the Community

National Center for Health in Public Housing



Tuesday, March 17, 2020

NATIONAL CENTER FOR HEALTH IN PUBLIC HOUSING



Training and
Technical
Assistance



Research and
Evaluation



Outreach
and
Collaboration



DISCLAIMER:

The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Cooperative Agreement (NCA) for \$608,000, and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



MUTE



CHAT



RAISE HAND



Q&A

OBJECTIVES

1

Identify barriers to care
in teens living in public
housing

2

Recognize strengths
and challenges to
provide health
education in public
housing

3

Recognize effective
training and education
methods that can be
used to provide health
education in teens
living in public housing

HAVING THE TALK

Poll Question 1

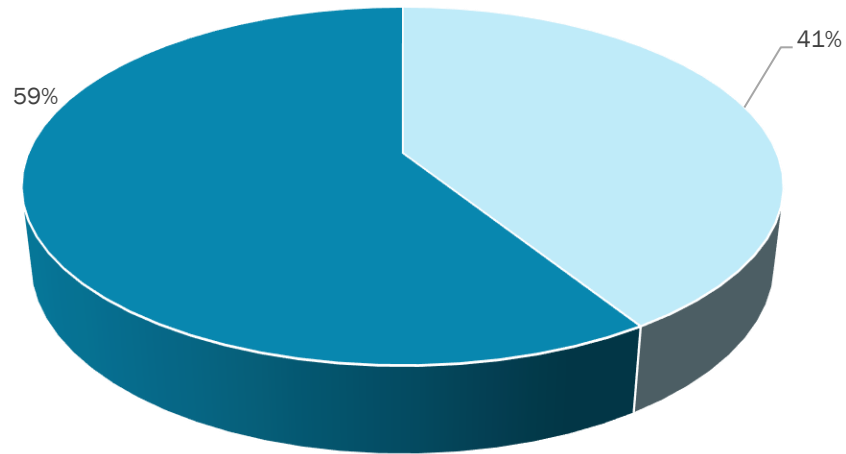
Which response best describes why parents avoid having conversations about sexual health with their children?

- a) Waiting until high-school sex education classes begin
- b) Relying on an "app" my kids use to answer their questions
- c) Relying on information my kids get from their friends
- d) Don't know what to say, afraid to screw up
- e) All of the above

PERCENTAGE OF LATINO POPULATION IN PHPC PROGRAM AND HEALTH CENTER PROGRAM SETTINGS

PHPC

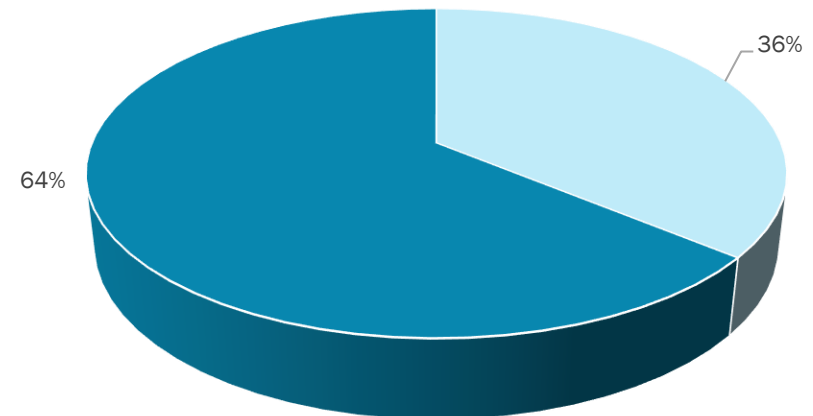
Percentage of Hispanic/Latino in PHPC Settings



- % of Hispanic/Latino in PHPC Settings
- % of Non-Hispanic/Latino in PHPC Settings

Health Centers

Percentage of Hispanic/Latino Population in HC Settings

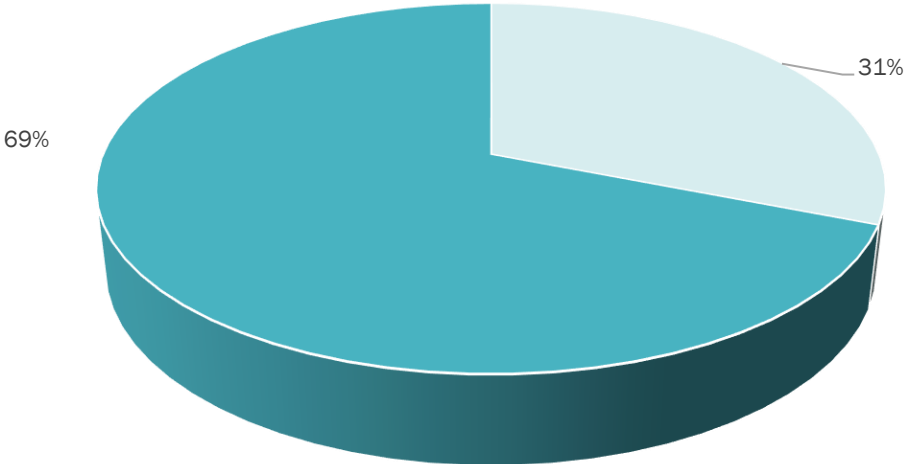


- % of Hispanic/Latino in HC Settings
- % of Non-Hispanic/Latino in HC Settings

PATIENTS BY LINGUISTIC BARRIER TO CARE

PHPCs

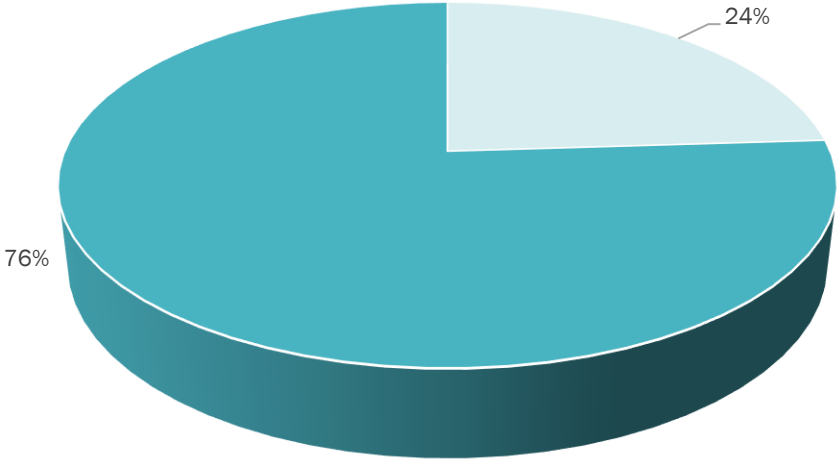
Patients by Linguistic Barriers to Care



- Patients Best Served in a Language Other than English
- Patients Served in English

Health Centers

Patients Best Served in a Language Other than English



- Patients Best-Served in a Language Other Than English
- Patients Served in English

DEMASIADO JOVEN – TEEN PREGNANCY IN THE LATINA COMMUNITY



Source: <https://powertodecide.org/>

BARRIERS TO CARE



Lack of Cultural Competence and Humility



Distrust



Stigma



Unsafe Communities



Negative Experience with Providers



Disability



Lack of Transportation

CULTURAL COMPETENCE



- The capacity to work effectively with persons from different cultural backgrounds and beliefs, not just racial minorities.

SEXUAL ACTIVITY AND BIRTH CONTROL IN TEENS



- 43%

About 43% of teens ages 15 to 19 have ever had sex.



- 4 in 5

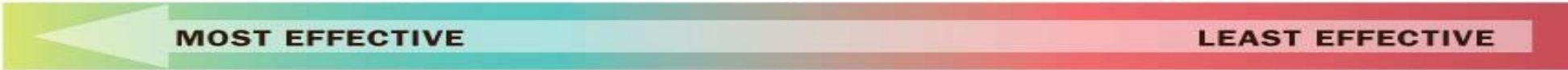
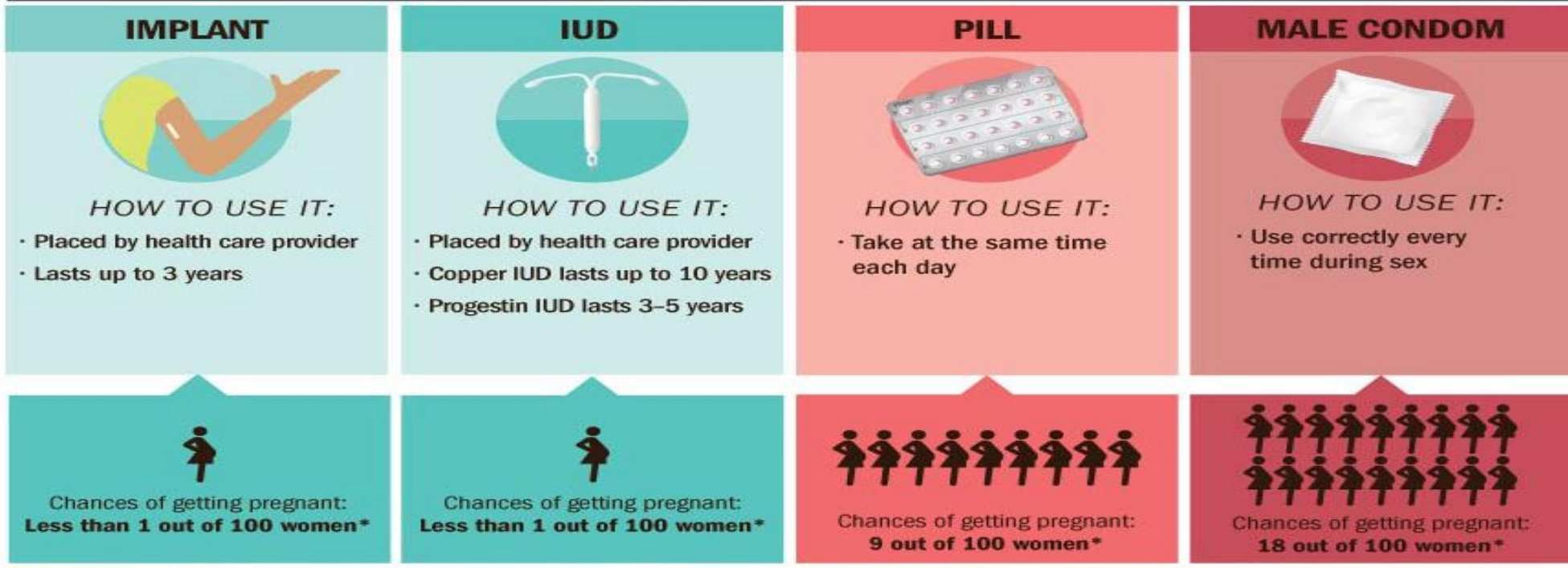
More than 4 in 5 (86%) used birth control the last time they had sex.



- 5%

Less than 5% of teens on birth control used the most effective types.

How effective is LARC at preventing pregnancy compared with other birth control commonly used by teens?



Condoms should always be used along with the preferred birth control to protect against sexually transmitted diseases.

*Number of pregnancies per 100 women using the method within first year of typical use.

SOURCE: Trussell J., Contraception, May 2011; www.cdc.gov/reproductivehealth/UnintendedPregnancy/Contraception.htm

BIRTH CONTROL AMONG TEENS: WHAT IS THE PROBLEM?

- Few teens (ages 15 to 19) on birth control use the most effective types.
- Use of Long-Acting Reversible Contraception (LARC) is low.
- Less than 5% of teens on birth control use LARC.
- Most teens use birth control pills and condoms, methods which are less effective at preventing pregnancy when not used properly.
- There are several barriers for teens who might consider LARC:
 - Many teens know very little about LARC.
 - Some teens mistakenly think they cannot use LARC because of their age.
- Clinics also report barriers:
 - High upfront costs for supplies.



GETTING STARTED – ASSESSING COMMUNITY NEEDS

Community Characteristics and Needs:

The community characteristics assessed would include:

- Socio-economic Data – Age ,race, gender, ethnicity, income, insurance, education.
- Cultural Diversity – Religious/ethnic beliefs that impact behaviors, sexual orientation, language barriers, regional differences in population.
- Housing Status – Section 8 or public housing, scattered developments, physical and social isolation.
- Health Indicators – Mortality rates, prevalence of other health issues, ethnic disparities in the incidence and impact of chronic conditions.
- Environmental Hazards – Gangs, violence, lead poisoning.



COMMUNITY RESOURCES - STRENGTHS AND CHALLENGES

An assessment of community resources would include:

- Existence of natural helping networks and groups.
- Willingness of concerned residents to be involved in their community.
- Presence of other agencies and resources in the community.
- Level of trust and acceptance of agency and staff.
- Extent of involvement and support from the local Housing Authority.
- Level of cooperation and support from tenant managers and other TMC staff.
- Existence of a strong, proactive Tenant Management Organization and Board.
- Level of community support from local businesses, schools and churches.
- Extent of political support from local and state elected officials.
- Access to services such as grocery stores, public transportation, schools, health care, libraries, recreational facilities



ASSESSING HEALTH CENTER NEEDS AND RESOURCES

- Staffing Resources
- Board Support – is the board “on board”?
- Staff Support – Are the staff supportive?
- Financial Capacity – Is there adequate funding?
- Facilities – What are the HC space needs?



DEVELOPING THE OUTREACH PLAN

Identify the need

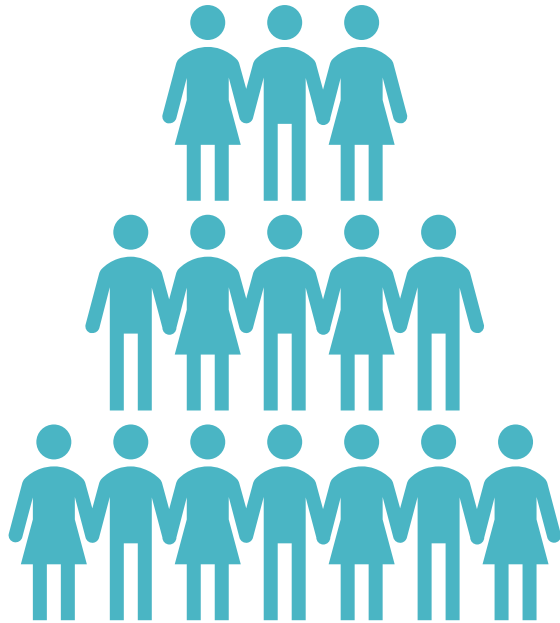
Goals and objectives

Collaborations

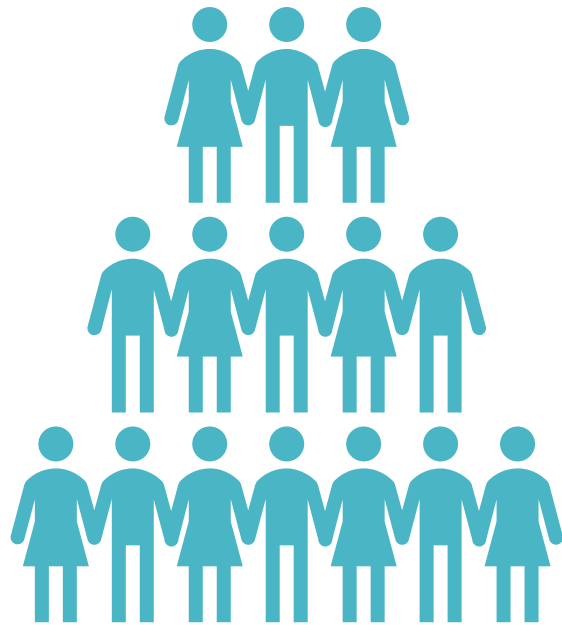
Logistics

Training Module

COMMUNITY HEALTH WORKERS (CHWS)



- Who are the CHWs?
 - CHWs are the eyes and ears of a community
 - Link between the provider and the service recipient
 - Live in the community



QUALITIES OF AN EXCELLENT CHW

- Respected member of the community being served
- Demonstrates warmth, caring and concern for community and patients
- Strong desire to help others - committed to give back to the community
- Assertive – strong advocate, does not tolerate injustice and inequity
- Good problem-solving skills – not easily discouraged
- Good communication skills – very articulate and an active listener
- Quick learner and knowledgeable about health issues
- Good role model – has self-discipline and practices good health habits
- Sensitive to and respectful of cultural differences in practices and beliefs of other groups
- Current or former resident of public housing or the community being served

IMPLEMENTING THE OUTREACH PLAN



Poll Question 2

Adolescent Pregnancy Case:

A 14- year old female comes to the clinic for a missed period. Her pregnancy test is positive. She initially does not want any family members informed and needs to be evaluated and counseled. She is followed through her pregnancy and struggles with the realities of being a teen parent after the delivery.

WHAT PRIMARY PREVENTION PROGRAMS MIGHT HAVE WORKED FOR THIS PATIENT?

- A. Peer Groups
- B. School-Based Clinics
- C. Mentoring Programs
- D. Parent Support Programs
- E. All of the Above

DEVELOPING AN EFFECTIVE TRAINING PROGRAM



- Adult Learning Needs: Past experience to learn new concepts
- Site Selection
- Recruiting Trainees and Perfecting Attendance
- Accommodating Physically Challenged Participants
- Training Hours
- Training Duration
- Time Frame
- Training Content

REPORT CARD



How much did we do?



How well did we do?



Is anyone better off?

EFFECTIVE TRAINING METHODS

- Ice breakers
- Lecture
- Role play/Simulation games
- Group Projects
- Case Studies
- Brainstorming



CONVERSATION CAFÉ

- Engages participants in having calm and profound conversations.
- Provides less chances for debating and arguments and promotes more listening.
- Purpose:
 - To generate new ideas
 - Understand complex, difficult or painful situations
 - Build shared understanding
 - Avoid arguments based on misunderstandings
 - Build trust
 - Participants will appreciate productive conversations that focus on the positive, not the negative

Source: <http://www.liberatingstructures.com/17-conversation-cafe/>



CONVERSATION CAFÉ CONT'D

5 Structural Elements:

1. Structuring Invitation - small groups to listen to each other's thoughts and reflect together on a shared challenge
2. How space is arranged, and materials needed - Unlimited number of 5 to 7 chairs around small tables and use talking object
3. How participation is distributed - Everyone is included. Everyone has an equal opportunity to contribute.
4. How groups are configured - Mixed, diverse groups of 5-7 participants

Source: <http://www.liberatingstructures.com/17-conversation-cafe/>



CONVERSATION CAFÉ CONT'D

5 Structural Elements:

5. Sequence of steps and time allocation

1. State the theme in the form of a question
2. Four rounds of conversation at every table, two first rounds using a talking object, the third one as open conversation, and a final round with the talking object.
3. Distribute the talking objects
4. Read the six Conversation Café agreements. See reference.
5. Identify a volunteer as the host.
6. First round with the talking object: each person shares what he or she is thinking, feeling, or doing about the theme or topic.
7. Second round with the talking object: each person shares thoughts and feelings after having listened to everybody at the table.
8. Third round: open conversation
9. Fourth round with the talking object: each member shares “takeaways.”

27



Source: <http://www.liberatingstructures.com/17-conversation-cafe/>

OPEN SPACE TECHNOLOGY

- Enables the ability to tackle common, complex challenges by using creativity and leadership capacity.
- Purpose?
 - Generate action, energy, commitment and shared leadership
 - Address problems and conflicts through self-organization
 - All issues in important to participants must be raised, added to their agenda, and addressed
 - Taking responsibility for tackling issues and for what does and doesn't happen

Below left, room set up for an Open Space unconference in Madrid. A large open circle invites people into less formal, less hierarchical interaction. Moving and mixing with others is simplified. Smooth walls are used to create large posters for insights generate the community. The results, as they emerge, are visible to all.

Below right, participants signing up for sessions ("A" through "S") on the agenda they created. Two hundred and twenty grantee representatives from 50 states across the U.S. are meeting in Washington DC to implement health information exchanges. Rather than program staff selecting topics for the agenda, 55 sessions were proposed and convened by the participants. Everyone used their "two feet" to find where they could contribute or learn.



Source: <http://www.liberatingstructures.com/25-open-space-technology/>

OPEN SPACE TECHNOLOGY CONT'D

5 Structural Elements

1. Structuring Invitation - Invite people to come and address a complex problem.
2. How space is arranged, and materials needed – see reference*
3. How participation is distributed- Everyone who cares about the challenge at hand and accepts the organizers' invitation is included.
 1. The “Law of Two Feet” governs the participation of all attendees in the various sessions. It says: “Go and attend whichever session you want, but if you find yourself in a session where you are not learning or contributing, use your two feet!”
4. How groups are configured - Start together in one large circle (or as many concentric circles as needed). Continue with groups of various sizes self-organized around agenda topics.

Below left, room set up for an Open Space unconference in Madrid. A large open circle invites people into less formal, less hierarchical interaction. Moving and mixing with others is simplified. Smooth walls are used to create large posters for insights generated by the community. The results, as they emerge, are visible to all.

Below right, participants signing up for sessions (“A” through “S”) on the agenda they created. Two hundred and twenty grantee representatives from 50 states across the US are meeting in Washington DC to implement health information exchanges. Rather than program staff selecting topics for the agenda, 55 sessions were proposed and convened by the participants. Everyone used their “two feet” to find where they could contribute or learn.



OPEN SPACE TECHNOLOGY CONT'D

5 Structural Elements

5. Sequence of Steps and Time Allocation

	Short Form	Long Form
	90 minutes total time	Up to 3 days
<ul style="list-style-type: none"> Leader and/or facilitator introduces the concept and mechanics of Open Space, including the Law of Two Feet and its Four Principles. 	5 min.	20-45 min.
<ul style="list-style-type: none"> "Marketplace" opens: participants propose topics plus a time and place for groups to meet. 	15 min.	20-30 min.
<ul style="list-style-type: none"> Conveners facilitate sessions; groups develop recommendations and action plans. Notes are taken and published or posted. 	2 rounds of 30 min. sessions or 1 round of 60 min.	Several rounds of 60-90 min. sessions
<ul style="list-style-type: none"> Debrief, proceedings distributed, and closing. 	10 min.	60 min. Daily

Source: <http://www.liberatingstructures.com/25-open-space-technology/>

DISCOVERY AND ACTION DIALOGUE (DAD)

- A group or community is able to discover practices and behaviors to find better solutions than their peers to common problems. These are called positive deviant (PD) behaviors and practices.
- People in the group, unit, or community to discover by themselves PD practices.
- Creates favorable conditions for stimulating participants' creativity in spaces where they can feel safe to invent new and more effective practices.
- Resistance to change evaporates as participants are unleashed to choose freely which practices they will adopt or try and which problems they will tackle.
- DADs make it possible to achieve frontline ownership of solutions.



Source: <http://www.liberatingstructures.com/10-discovery-action-dialogue/>

DISCOVERY AND ACTION DIALOGUE (DAD) CONT'D

5 Structural Elements:

1. Structuring Invitation

- How do you know when problem X is present?
- How do you contribute effectively to solving problem X?
- What prevents you from doing this or taking these actions all the time?
- Do you know anybody who is able to frequently solve problem X and overcome barriers? What behaviors or practices made their success possible?
- Do you have any ideas?
- What needs to be done to make it happen? Any volunteers?
- Who else needs to be involved?

2. How Space is Arranged and Material Needed - In a local settings or units. Groups can be standing or sitting. Record insights and actions.

3. How Participating is Distributed – Through a facilitator to introduce questions. Everyone is invited to join. Everyone has an equal opportunity to participate.

4. How Groups Are Configured - Facilitator works with a partner to serve as a recorder. Group size can be 5–15 people. Diversity in roles and experience is an important asset.



DISCOVERY AND ACTION DIALOGUE (DAD) CONT'D

5 Structural Elements:

5. Sequence of Steps and Time Allocation

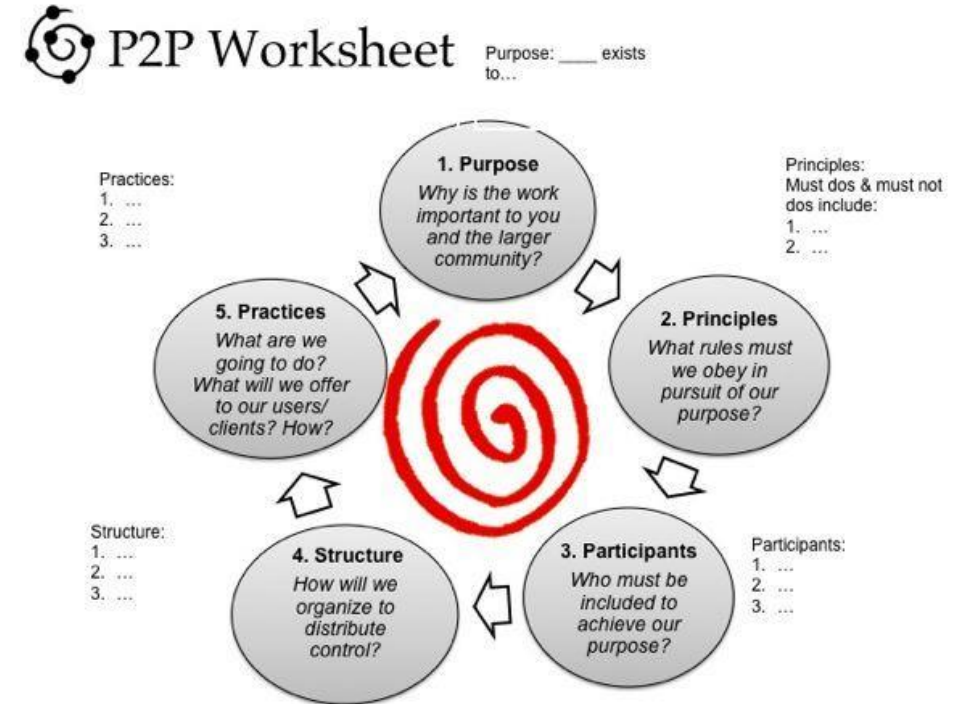
- State the purpose of the initiative being discussed and the DAD and invite brief introductions
- Ask the 7 questions one by one in the order given in the Invitation.
- Ask your recorder to recap insights, action ideas, and who else needs to be included.



Source: <http://www.liberatingstructures.com/10-discovery-action-dialogue/>

PURPOSE-TO-PRACTICE (P2P)

- At the start of an initiative, stakeholders can shape together all the elements that will determine the success of their initiative.
- All additional elements—principles, participants, structure, and practices—are designed to help achieve the purpose.
- By shaping these five elements together, participants clarify how they can organize themselves to adapt creatively and scale up for success.
- For big initiatives, P2P makes it possible to include a large number of stakeholders in shaping their future initiative.



Source: <http://www.liberatingstructures.com/33-purpose-to-practice-p2p/>

PURPOSE-TO-PRACTICE (P2P)

5 Structural Elements

1. Structuring Invitation- Invite all or most stakeholders to participate in the design of their new initiative in order to specify its five essential elements
2. How Space Is Arranged and Materials Needed - Chairs and small tables for people to work in groups of 4. A large wall with poster paper for recording the P2P result for each element with 5 worksheet per participant.
3. How Participation Is Distributed - All individuals who have a stake in launching the initiative are included. Everyone has an equal opportunity to contribute.
4. How Groups Are Configured - 1-2-4-All, Whole group for finalizing each element.
5. Sequence of Steps and Time Allocation



Source: <http://www.liberatingstructures.com/33-purpose-to-practice-p2p/>

PURPOSE-TO-PRACTICE (P2P)

5 Structural Elements

5. Sequence of Steps and Time Allocation

- Introduce the idea of P2P
- To clarify the first element, Purpose, ask the question: “Why is the work important to you and the larger community?”
- Use **1-2-4** to generate individual ideas and stories for Purpose.
- In groups of four, compare, sift, and amplify the top ideas.
- As a whole group, integrate themes and finalize ideas for Purpose.
- Move to the remaining **P2P** elements, in turn, repeating the three steps of **1-2-4-All**. Be prepared to go back and revise previous elements as needed.
- When all elements have been completed, ask participants to step back and take a close look at their draft of the five elements together. Ask them to use What, So What, Now What?
- After the initiative has been launched, invite the participants to revisit their P2P design periodically and adapt elements based on their experience.



ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH (SRH) PROGRAM IMPLEMENTATION MODEL

PHASE 1: ESTABLISH SRH QUALITY INITIATIVE

- Conduct organizational assessment
- Identify healthcare delivery system strengths/gaps against best practices/national recommendations
- Model anticipated demand and work effort for enhanced services
- Establish a practical vision
- Establish change leadership structure
- Formally adopt enhancing adolescent access to SRH services as health center QI Initiative
- Develop improvement, communication, staff training, referral and linkage work plans and timelines

Source: https://www.cdc.gov/teenpregnancy/projects-initiatives/pdfs/Adolescent-sexual-reproductive-health_TAGGED-508.pdf

PHASE 2: CREATE SUPPORTIVE ORGANIZATIONAL CONTEXT

- Address gaps identified through assessment
- Ensure BC methods and formulary LARC methods are in stock every day and exam rooms are "LARC ready"
- Establish performance metrics, and system to compile and use data (e.g., electronic health record, (EHR))
- Set benchmarks for performance (process, access and patient experience)
- Redesign workflow/steps in delivery of care
- Select staff who will provide SRH services
- Revise staff roles and responsibilities and develop job aids and tools
- Finalize staff training and mentoring plan

Source: https://www.cdc.gov/teenpregnancy/projects-initiatives/pdfs/Adolescent-sexual-reproductive-health_TAGGED-508.pdf

PHASE 3: TRAIN STAFF AND BUILD COMPETENCY

- Core training for all staff, clinicians, staff providing contraceptive counseling and front-line staff
- Build competency in mentoring, observation and feedback, huddles, staff meetings, supervision

Source: https://www.cdc.gov/teenpregnancy/projects-initiatives/pdfs/Adolescent-sexual-reproductive-health_TAGGED-508.pdf

PHASE 4: IMPLEMENT AND IMPROVE

- Pilot, modify, and finalize new system of care
- Promote broad implementation
- Continue to build competency through mentoring, observation/feedback, huddles, staff meetings, supervision, advanced training
- Report, review and use performance metrics to improve
- Implement communication/marketing and referral and linkage plans

Source: https://www.cdc.gov/teenpregnancy/projects-initiatives/pdfs/Adolescent-sexual-reproductive-health_TAGGED-508.pdf

PHASE 5: INSTITUTIONALIZE

- Quarterly reporting, review, and use of performance metrics for quality improvement.
- Revise job descriptions, staff performance reviews, and hiring practices.

Source: https://www.cdc.gov/teenpregnancy/projects-initiatives/pdfs/Adolescent-sexual-reproductive-health_TAGGED-508.pdf

CLIENT OUTREACH



- Conduct individual proactive client follow-up
- Promote broad awareness of availability of SRH services
- Reduce barriers to increase access to services (i.e., mobile clinics, transportation reimbursement)
- Develop partnerships with organizations to refer and link youth to SRH services

CLIENT OUTREACH/SUPPORTING YOUTH-FRIENDLY BEST PRACTICES



- Conduct individual proactive client follow-up
- Promote broad awareness of availability of SRH services
- Reduce barriers to increase access to services (i.e., mobile clinics, transportation reimbursement)
- Develop partnerships with organizations to refer and link youth to SRH services
- Examples of supporting youth-friendly best practices include: confidentiality, family-child communication, cultural competency, convenience, referrals and youth participation in clinic operations.

STAFF CORE TRAINING TOPICS

All Staff: Time-alone, Adolescent Development, Confidentiality/Minors' Rights, Birth Control Basics, Common Birth Control Myth, Introduction to CDC and OPA's Providing Quality Family Planning Services (QFP)

Clinicians: Client-Centered Birth Control Counseling, LARC Insertion/Removal, Managing LARC Side Effects, STD/HIV Basics, The Adolescent Healthcare Visit (Assessment and Services)

STAFF CORE TRAINING TOPICS (CONT'D)

Staff that provide contraceptive counseling: Client-Centered Birth Control Counseling, STD/HIV Basics, The Adolescent Healthcare Visit (Assessment and Services)

Front line staff: Key Messages for Ensuring Access to SRH services.

Advanced training for staff: SRH and Adolescent Males, Trauma-informed Care, SRH and LGBTQ Youth, Communicating with Parents About Adolescent SRH, Communication/Marketing to Youth, Health Literacy, Providing Referrals

SRH PROGRAM OUTCOMES

More youth visits to health care network partners

Increase in youth receiving sexual and reproductive health services

Increase in youth receiving contraception

Increase a larger percentage of youth receiving highly effective contraception

Overall increased use of contraception

Source: https://www.cdc.gov/teenpregnancy/projects-initiatives/pdfs/Adolescent-sexual-reproductive-health_TAGGED-508.pdf



NEXT SESSION: TUESDAY, MARCH 24, 2020 @ 1:00 PM EDT

Registration link:

<https://attendee.gotowebinar.com/register/1868760054057967628>

Topic: Evidence Based for the Utilization of CHWs: HPV and teen pregnancy

Objectives:

- Review evidence-based practices to prevent teen pregnancy and HPV vaccine promotion
- List strategies to promote HPV vaccination among teens living in public housing
- Recognize other Health Issues Impacting adolescents in public housing

Q&A



If you would like to ask the presenter a question, please submit it through the questions box on your control panel.



If you are dialed in through your telephone and would like to verbally ask the presenter a question, use the “raise hand” icon on your control panel and your line will be unmuted.



- When? June 18 – 19, 2020
- Symposium Registration, Call for Abstracts and Posters, and sponsorship opportunities are now available for our 2020 Symposium.
- Early-bird registration March 31, 2020
- For more information visit:
[NCHPH.org](https://www.nchph.org)

**SIGN
UP...**

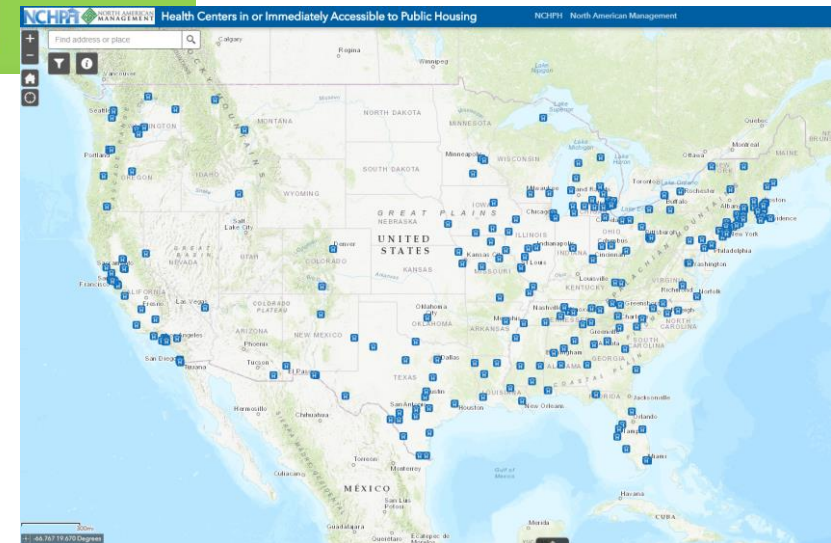
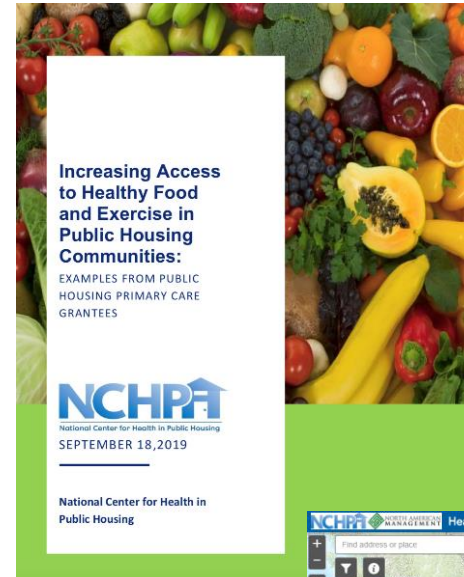


JOIN OUR MAILING LIST AND RECEIVE:

- HRSA Updates
- Medicare Updates
- Funding Opportunities
- Senior Programs
- Resources and Services
- Webinars

VISIT OUR WEBSITE: [HTTP://NCHPH.ORG](http://NCHPH.ORG)

- Webinars
- Monographs
- Publications
- Interactive Maps
- Provider and Resident-Centered Factsheets
- Training Manuals
- Newsletters
- Annual symposiums
- One-on-One



CONTACT US

Robert Burns
Director of Health
Bobburns@namgt.com

Dr. Jose Leon
Chief Medical Officer
jose.leon@namgt.com

Saqi Maleque Cho DrPH, MSPH
Manager of Policy, Research, and Health Promotion
Saqi.cho@namgt.com

Fide Pineda Sandoval, CHES
Health Research Analyst
Fide@namgt.com

Chantel Moore
Communications Specialist
Cmoore@namgt.com

Please contact our team for Training and Technical Support
703-812-8822

THANK YOU!

