

Community Health Worker Project Inventory, Nebraska, 2017

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Introduction

The Nebraska Community Health Worker (CHW) Project Inventory was initiated in December 2016 as an element of a project conducted by the author with the assistance and participation of a project team of nurse leaders and linked to the Future of Nursing – Nebraska Action Coalition. The project title is “The Emerging Role of the Community Health Worker: Nurses as Champions and Policy Leaders in a Transforming Health Care System.” The primary objectives of the project are to engage nurses in dialogue about the role and contributions of nurses to a transforming health care system, and to identify the unique and positive contributions of Registered Nurses to a transforming health care workforce. The emerging CHW workforce is one example of such transformation, and serves as a case study for the project. The purpose of this project inventory is to inform the work of the project team with an accurate, current snapshot of the scope and variability of projects involving CHWs in Nebraska in early 2017.

The context of the project is the Robert Wood Johnson Foundation’s Culture of Health framework (<https://www.cultureofhealth.org/>). Through a Culture of Health lens, health systems transformation is desirable in order to improve population health, well-being, and equity. Developing an effective health care workforce oriented to growing a Culture of Health requires stakeholders from across all sectors to be actively engaged in identifying shared values and expectations not only of health and health care, but also of health workers. Cross-sector collaboration is vital to develop a health workforce that serves the needs of a diverse society, and delivers quality and ethical care through an integrated team approach that leaves no resource functioning as a silo. The opportunities for multisector collaboration in transforming the health care workforce to meet the needs of diverse populations are great. Nurses have much to contribute as leaders and champions for an effective, inclusionary, and high-quality health system.

The nursing profession has a long and productive history developing the health care workforce to serve the health needs of the population. Nursing assistants, orderlies, mixed-level care team models, medication assistants, home health aides and home visitors, and advanced practice registered nurses all serve as examples of ways nursing has engaged to effectively and efficiently deliver quality care and open career ladders in the health professions. Nurses have developed many curricula and methods for development and verification of competencies; as well as providing supervision and oversight, and performance indicators for health care teams. Nurses possess valuable expertise in the development of standards for quality practice and professional ethics. Roles as trainers, supervisors, mentors, coaches, and team leaders continue to characterize the role of registered nurses in an array of settings. To remain relevant and impactful in a Culture of Health, nurses must be fully engaged in transformation of the health care workforce.

Methods

The initial tasks were to develop a minimum data set and a contact list. Project team members made significant contributions to both. All communications were initiated by email, with responses obtained by email, telephone, and in-person interview. Following the initial data collection phase, between December and early March, 2017, the data compiled for each project were sent back to the contact for review and correction as needed. The data gathering phase ended in May, 2017.

The Minimum Data Set proposed by the Project Team and used in making inquiries is summarized below in Table 1:

Table 1: Minimum Data Set for CHW Project Inventory
<ol style="list-style-type: none">1. Complete Contact Information2. Brief Description of Project Scope or Purpose3. Project Start Date4. # and FTE CHWs participating (employed or trained, as applicable)5. Priority Population(s) to be served by the CHW6. Brief Description of Training (Curriculum, duration)7. Who Provides Oversight for the CHW8. Project Funding Source9. Community Involvement in Project

In outreach to potential projects, the following descriptor was provided:

“Community health workers may fill a variety of roles and job titles, but mainly I am speaking of a new member of the integrated health care team whose focus is connecting with priority and hard-to-serve populations, and helping them to access needed health services and achieve better health outcomes.”

An overview of contacts and the harvest of project descriptions are summarized below in Table 2.

Table 2: CHW Contact and Project Description Summary

IMPLEMENTATION PROJECTS		
DESCRIPTION OF CONTACT	NO. RESPONSES NO. PROJECT DESCRIPTIONS	NO. ORGANIZATIONS
Local Public Health Departments (17 contacts)	11 Responses 8 Project Descriptions	8
NE Dept. of Health and Human Services, Division of Public Health (5 contacts)	4 Responses 4 Project Descriptions, encompassing ten (10) additional project sites not otherwise identified: 5 more LPHDs, 3 Community Action Agencies, and 2 private organizations.	14
University of Nebraska (5 contacts)	5 Responses 4 Project Descriptions	4
Health Center Association of Nebraska; FQHCs (3 contacts)	1 Response 1 Project Description	8
Faith Community (4 contacts)	2 Responses 1 Project Description	1
RELATED CHW PROJECTS OF NOTE		
Public Health Association of Nebraska – Community Health Worker Section	1 Project Description	1
University of Nebraska Curriculum Development Project (3 contacts)	2 Responses 1 Project Description	1
DHHS Division of Public Health Office of Rural Health Perceptions project	1 Project Description	
DHHS Division of Public Health Office of Chronic Disease Prevention and Control	1 Project Description	1
Total Contacts: 37	Total Responses: 26 Total Project Descriptions: 21	Total Organizations Represented: 37

Results

The thirty-seven contacts yielded a total of twenty-one CHW projects involving an unduplicated count of 37 participating or sponsoring entities or organizations, over a period of investigation lasting approximately six months. The projects are numbered below in Table 3, and attached as an Appendix. Of all descriptions received, two were excluded from the inventory as they employ only licensed nurses (ELVPHD School Nurse project; CHI Parish Nurse Project). At Four Corners Health Department, one CHW is employed for oral health promotion and two Registered Nurses are dually-trained as CHWs for cancer and chronic disease control. Due only to the former, Four Corners is included in the inventory.

Four non-implementation projects of significance are included in the inventory. There is a Community Health Worker organization in Nebraska, affiliated with the Public Health Association of Nebraska. Another is a curriculum planning project for a group of rural partners including local public health. A second project involving the DHHS Office of Rural Health with partners is also included, in this instance, a research project studying attitudes about Community Health Workers. The final related project of note describes a new project with Nebraska participating as one of five states nationally in a CHW Learning Community sponsored by the Association of State and Territorial Health Officers (ASTHO). As these projects contribute to informing the perspective of current activities involving CHW practice, they appear in the inventory as project descriptions No. 18-21, even though they are not implementation projects involving community health workers per se.

Table 3: CHW Project Descriptions		
Local Public Health Departments		
Project No.	Project Title	Organization
1	Diabetes Prevention Program	Central District Health Department
2	Accountable Health Community; Healthy Families America	Douglas County Health Dept.
3	Minority Health Initiative; Health Hub; Cancer Prevention	East Central District Health Department
4	Patient Navigator	Elkhorn Logan Valley Public Health Dept.
5	Preventive Oral Health and Community Health Hub	Four Corners Health Department
6	Minority Health Initiative	Northeast Nebraska Public Health Dept.
7	Healthy Families America: Diabetes Prevention Program; Western NE Community Health Resources	Panhandle Public Health Department
8	Minority Health Project; Health Hub; Healthy Pathways	Public Health Solutions

Nebraska DHHS Division of Public Health		
Project No.	Project Title	Organization
9	Healthy Families America evidence-based Home Visiting	Nebraska Maternal Infant Early Childhood Home Visiting program (N-MIECHV). <i>Includes descriptions of CHWs (Home Visitors) in four (4) additional organizations not described elsewhere: Lincoln Lancaster Co. Health Department, Northeast NE Community Action Partnership, Visiting Nurses Association, and Lutheran Family Services.</i>
10	Minority Health Initiative	NE DHHS Office of Health Disparities and Health Equity. <i>Includes descriptions of CHW projects in four (4) additional organizations not described elsewhere: Dakota County Health Department, West Central District Health Department, Community Action Partnership of Mid-Nebraska and Community Action Partnership of Western Nebraska.</i>
11	Nebraska Teeth Forever	NE DHHS Office of Oral Health Includes CHW projects in two (2) additional organizations not described elsewhere: North Central District and Two Rivers
12	Nebraska Health Navigation	NE DHHS Office of Women’s and Men’s Health
University of Nebraska		
Project No.	Project Title	Organization
13	BHECN/MHI CHW Project	UNL Minorities Health Disparities Initiative with UNMC Behavioral Health Education Center of NE
14	Reducing Rural Preterm Births with Mobile Technology and CHW Reinforcement	Collaborative Project with NE DHHS Office of Rural Health
15	Parent Resource Coordinators	University of Nebraska Medical Center, Munroe-Meyer Institute

Other Implementation Projects		
Project No.	Project Title	Organization
16	Improve Chronic Disease Self-Management	Health Center Association of Nebraska
17	Faith Community Health Network	CHI Health
Related Projects of Note		
18	Community Health Worker Section of PHAN	Public Health Association of Nebraska
19	CHW Curriculum Planning Project	UNMC College of Public Health and College of Nursing
20	Perceptions of Roles of Nurse Practitioner/CHW Teams	DHHS Office of Rural Health
21	NE State Team: Association of State and Territorial Health Officers (ASTHO) CHW Learning Community	DHHS Office of Chronic Disease Prevention and Control

Discussion

Grouping project descriptions by type of organization is intended for the convenience of the reader, and is not intended to suggest that the projects within an organization type are similar or coordinated. For the most part individual projects are entirely unique and operate independently of one another.

There is high variability in the understanding of who the community health worker is, and the work they do, as evidenced by reports of projects involving nurses or other credentialed health professionals such as paramedics and social workers. There may also be confusion about requirements for training (no such requirements are in place, yet may be perceived to exist).

In Nebraska, community health workers are engaged in projects where they work with individuals with chronic disease, oral health concerns, promoting healthy pregnancy, improving outcomes of early childhood, and in the area of mental and behavioral health. Some CHWs are aligned with clinical teams, some with local community services, and some associated with academia or state-level projects. A related or collateral function of the CHW may be translation and interpretation services for other members of the health care team.

The data indicate there may be just one or two CHWs working to serve an entire project, priority population, or organization, suggesting that peer mentoring and shared leadership or support between CHWs would be a challenge.

There is significant variability regarding training and supervision of community health workers in Nebraska, and no specific training or competencies are required in order to use the title of Community Health Worker. Curricula are designed and implemented to meet specific project requirements, as needed. There is no coordinating body providing oversight for approval, or approved curricula. Two CHW roles are most clearly aligned with evidence-based practice: evidence-based home visiting models and also those implementing the CDC diabetes prevention program. In other projects the framework for evidence-based practice is not clear.

There is no clear framework for understanding the CHW role as either *included in*, or *excluded from*, an overarching vision of integrated and collaborative cross-disciplinary health care teams working within integrated systems to achieve population health and equity in the community. As a result, there is variability in how the CHW role is structured and carried out in relation to other health care professionals, teams, and the health care system. In some projects it appears the CHW may be acting as an independent agent.

The CHW Project Inventory was necessary in order to more accurately assess the landscape of a transforming workforce. Looking forward, the information in the inventory, particularly the organizational and employer contacts, will enrich opportunities for engagement across sectors, in order to strengthen communication and collaboration channels.

Limitations

There is no directory or systematic reporting mechanism in Nebraska which enumerates the workforce of community health workers, trained by whatever means, or their practice locations, or their employers. As a result, this inventory was conducted based on outreach with a network of partners with mutual interests. Projects may have been inadvertently overlooked.

This project sought to collect only a minimum data set in terms of information gathered. Consequently, some areas of project development may be reduced to a level that does not reveal all that could be known. The main example is Nebraska's seven Federally Qualified Health Centers, FQHCs, represented in the inventory by a single description of work by the Health Center Association of Nebraska. In reality, each FQHC has unique programming that may include *promotoras* and navigators, as well as the role in chronic disease control that is described.

As the project inventory timeframe neared completion, additional types of projects continued to spring up for consideration. Unlicensed trained school health personnel who provide health, medical, and first aid services to children in schools may fit the description of community health workers. Trained respite caregivers, suicide prevention

workers, and veterans involved in outreach to veterans may also represent important examples of community health worker projects that are not captured in this inventory.

Conclusions

The project inventory demonstrates that the emerging community health worker movement in Nebraska is both highly dynamic and highly variable in setting, population, age, health concerns of focus, training and supervision. Nebraska lacks recognized state-wide, state-level consensus and adoption of CHW role description, competencies, curriculum, supervision, and career ladder. As yet, there is no generally accepted framework in Nebraska for the CHW role that has withstood tests of consumer confidence and satisfaction, broad community engagement, and integration with the existing health professions. Projects involving community health workers are springing up in a dynamic climate of innovation and absence of unifying expectations or purpose.

This Inventory represents the first attempt located on record to create a statewide data set of CHW projects and sponsoring organizations in Nebraska. Noted in the Limitations section is the fact that some projects were likely overlooked precisely because there is no available directory of CHW projects. An enumerated directory is needed, but raises additional questions: where would such a directory of projects be located? How could it be accessed? How would it be maintained?

Professional Registered Nurses have a long history and heritage of making positive contributions to training and empowering a diverse health care workforce in support of achieving health outcomes. Nurses can be capable and enthusiastic champions for community health workers who work as members of integrated health care teams, charged with improving health care outcomes for individuals, groups, communities, or populations. Nurses have experience developing curricula, measuring standards, and assessing competencies. Nurses can help model innovative, experientially-driven career ladders for CHWs in order to offer a gateway to greater diversity in the health professions. Nurses and other systems partners, as well as communities and individuals, will benefit as the diversity and inclusion within integrated health care teams continues to grow. As other roles evolve and mature in the changing health care workforce, nurses and nursing organizations can be important champions and policy leaders for high-quality ethical care, equity, and a diverse workforce ready to meet the needs of the population.

Appendix (Attached)

Complete project descriptions are attached, numbered in sequence as shown above in Table 3.

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Project No. 1

Name of Project: Diabetes Prevention Program (DPP)

Completed by: Colette Evans

Website (if applicable): www.cdhd.ne.gov

Date: March 10, 2017

Sponsor Organization and Address Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
Central District Health Department Colette Evans 1137 South Locust Street Grand Island, NE 68801 308/385-5175 cevens@cdhd.ne.gov	Diabetes Prevention Program (DPP) is a year-long, evidence based program provided to eligible individuals in the community to teach/facilitate classes on a weekly basis how to manage their food intake to ensure they establish healthy eating, increase their physical activity (150 minutes a week), and lose weight (7% of their weight) to work towards reducing their risk of developing Type 2 Diabetes. DPP is geared towards individuals who are diagnosed pre-diabetic; at risk of being pre-diabetic; or who have had gestational diabetes.	January, 2016	There are two Community Health Workers employed at Central District Health Department who are trained to facilitate DPP. The CHW's are Alma Low De Fuentes and Mayra Barrios.
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW Physician, RN, Social Worker, Other	Funding Source <i>Please note if volunteer</i> <i>Please note if CHWs are paid in the form of gift cards</i>
Our CHW's provide DPP to the Hispanic population in Hall, Merrick and Hamilton Counties.	Mayra and Alma are the DPP trainers of CHW trainers who facilitate all the DPP classes in Spanish. They attended a 2 day training on how to understand the materials they use as well as learned how to facilitate the sessions. DPP is a year-long program. The first 16 weeks, the sessions are weekly for one hour. The remainder of the year the group meets 1 time per month. For the last six months of the program, in addition to the monthly meetings,	Colette Evans, Health Project Supervisor, provides oversight for Mayra and Alma. Colette has a BA in Human Services with a minor in Social Science.	The funding source for the program is through the Minority Health Initiative Grant.

	<p>the CHW's reach out to the participants in the program to offer and provide support and continued education.</p> <p>Curriculum includes: Welcome to the National Diabetes Prevention Program; Be a fat and Calorie Detective; Reducing Fat and Calories: Healthy Eating; Move Those Muscle; Being Active, A Way of Life; Tip the Calorie Balance; Take Charge of What's Around You; Problem Solving; Four Keys to Healthy Eating Out; Talk Back to Negative Thoughts; The Slippery Slope of Lifestyle Change; Jump Start Your Activity Plan; Making Social Cues Work For You; You Can Manage Stress; Ways to Stay Motivated.</p> <p>Each day the participant is expected to document their food intake and their exercise activity/activities. The CHW's review each weekly document and provide feedback to the participant on what could have been done differently as well as what was done well.</p>		
<p>Comments <i>please note if community members or partners are involved in the project</i></p> <p>We utilize partnerships with Heartland Health Center in Grand Island, as well as some of the local Mexican Grocery stores for referrals. We also utilize our partnership with the Nebraska Department of Health and Human Services to obtain referrals for DPP.</p>			

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Project No. 2

Name of Project: Accountable Health Community CHW Workgroup

Completed by: KK interview with Kerry Kernan

Website (if applicable): http://douglascountyhealth.com/

Date: 1 18 2017; 3/3/2017

Sponsor Organization and Address Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
<p>Douglas County Health Department 1111 South 41st Street Omaha, NE 68105 (402) 444-7471</p> <p>Kerry Kernan, MPA, MSN, RN Division Chief, Community Health and Nutrition Services Phone: 402-444-1773 Cell: 402-510-7959 Kerry.Kernan@douglascounty-ne.gov</p>	<p>DCHD participates in cross-sector collaborative activities to address social determinants of health and improve population health outcomes.</p> <p>DCHD is providing leadership for the Community Health Workers Workgroup, aligned with an activity to create an Accountable Health Community.</p> <p>Building capacity for CHWs in Douglas County is also related to DCHD work in the 1422 Grant.</p> <p>DCHD also participates as a sub-recipient in the delivery of evidence-based home visiting (MIECHV).</p>	<p>LiveWell Omaha launched a “decision accelerator” strategic planning activity in Sept. 2017. A strategy to improve health is through development of the community health worker workforce.</p>	<p>No active engagement of CHWs by DCHD, however, the Community Health Workers Workgroup includes members who are working actively on CHW projects (CHI Health, One World FQHC)</p>
<p>Priority Populations Served</p>	<p>Brief Description of Trainer, Training curriculum, and duration of training</p>	<p>Who provides oversight for the CHW Physician, RN, Social Worker, Other</p>	<p>Funding Source <i>Please note if volunteer</i> <i>Please note if CHWs are paid in the form of gift cards</i></p>
<p>At-risk low income families; non-English speaking families; refugee families</p>			<p>Sherwood Foundation</p>
<p>Comments <i>please note if community members or partners are involved in the project</i></p>			

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Project No. 3

Name of Project: Minority Health Initiative/Community Health Worker | Health Hub (Cancer Prevention Coordinator)/Community Health Worker | Community Health Worker (in clinic) Completed by: Jackie Farrell

Website (if applicable): _____ Date: 12/20/2016

Sponsor Organization and Address Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
East Central District Health Department 4321 41 st Ave PO Box 1028 Columbus, NE 68602 Jackie Farrell 402-564-9931, ext 204 jfarrell@ecdhd.ne.gov	*Improve glycemic control among racial ethnic minorities with diabetes. *Improve physical activity levels of racial ethnic minorities. *Increase colon, breast and cervical cancer screenings. *Education on cancer awareness, cancer prevention, hypertension, diabetes, MyPlate, exercise, health goal setting. *Improve awareness of blood pressure numbers during checks. *Make referrals to other resources in the agency or community as needed.	Minority Health Initiative – 2014 Cancer Prevention – 2015 Clinic - 2014	Currently as of December 2016 – Three
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW?	Project Funding Source
*Minority – mostly Hispanic *Aging adults *Individuals who are overweight, diabetic, have hypertension, need cancer screenings, etc. who present to the clinic	Community Health Workers are trained at the state level by DHHS through the Community Health Worker online course. The core competency modules include skills and strategies that will assist Community Health Workers in being successful in their roles: <ul style="list-style-type: none"> • Organizational Skills • Documentation Skills 	Community Health Worker within the Minority Health Initiative and the Community Health Worker for the Cancer Prevention Coordinator are supervised by the <u>WIC Coordinator</u> who has a	Minority Health Initiative grant funds one coordinator/community health worker and a .5 FTE community health worker. A Health Hub grant funds the cancer prevention community health worker. Other grants fund the community health workers in the Good Neighbor Community Health Center, one being a Rural

	<ul style="list-style-type: none"> • Assessment Skills • Service Coordination Skills <p>Modules offered include the following health topics:</p> <ul style="list-style-type: none"> • Colorectal Health • Cardiovascular Disease • Breast Health • Cervical Health <p>Besides the topic-specific content, each module contains forums, resource activities with documents to download for placement into a resource manual, an audio case study with an assignment, and a quiz.</p> <p>This course also requires three on-site training days. The first in-person session begins the course and introduces the participant to:</p> <ul style="list-style-type: none"> • Health Navigator Roles and Boundaries • Communication • Cultural Competency • Introduction to Online Learning <p>The final two in-person days give participants a chance to debrief on the online learning process and course, learn new skills such as taking a blood pressure, receive helpful information about diabetes, and develop a case presentation based on the case studies from the online modules. To further enhance skills, the Community Health Workers participate in a Community Health Worker Capstone Project to finish the course.</p>	<p>Master of Science degree. The Community Health Workers within the Good Neighbor Community Health Center are <u>supervised by a lead Patient Educator</u> who also has a Master's degree.</p>	<p>Health Outreach grant for pediatrics.</p>
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Comments *Please note: are community members involved as partners in the project?*

Not currently as individuals. Our Cancer Prevention Coordinator partners with a senior center for blood pressure checks on a monthly basis.

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Project No. 4

Name of Project: Patient Navigator

Completed by: Taylor Hinrichs

Website (if applicable): www.elvphd.org

Date: 12/7/2016

Sponsor Organization and Address; Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
Elkhorn Logan Valley Public Health Department 2104 21 st Circle, Wisner, NE 68791 Tayler Hinrichs 402-529-2233 taylor@elvphd.org	The intended scope of Patient Navigator is to provide access to care to clients who otherwise may not be able to receive services or know how to obtain those services. These services include: colon cancer, breast, and cervical screenings.	July 2014	4
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW? <i>Physician, RN, Social Worker, Other</i>	Project Funding Source <i>Please note if volunteer Please note if CHWs are paid in the form of gift cards</i>
Women 40-75 Men 50-75	The project coordinator provides instructions for each CHW based on the task at hand. These are gone over with each CHW to answer any questions that may be posed from the instructions. This usually lasts 20-30 minutes.	Tayler Hinrichs, Patient Navigator Project Coordinator	3 CHW's are paid staff with 1 CHW being a volunteer from another agency with a similar mission.
<p>Comments <i>Please note: are community members involved as partners in the project?</i> The various businesses in the community that help promote the mission of the project, specifically the colon cancer portion. These businesses would include: area pharmacies, libraries, medical clinics, and the Northeast Nebraska Area Agency on Aging.</p>			

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Project No. 5

Name of Project: 1) Preventative Oral Health and Dental Screenings; 2) Community Health Hub

Completed by: Laura McDougall

Website (if applicable): www.fourcorners.ne.gov

Date: 03/10/2017

Sponsor Organization and Address Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
Four Corners Health Department Laura McDougall, Executive Director 2101 N. Lincoln Avenue York NE 68446-1027 402-362-2621 lauram@fourcorners.ne.gov	1) Provide oral health screenings & cleanings to underserved older men & women ages 65 years and older; and Provide oral health screenings, cleaning & sealants to children 0 – 5 years of age. 2) Provide health screenings (blood pressure, colorectal cancer, etc.), health coaching & navigation of clients to appropriate healthcare providers as needed.	1) March 1 st , 2017 2) July 1 st , 2014	1) 1 – CHW 2) 2 – CHW positions filled by RNs who are also trained as CHW's
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW	Funding Source
1) Underserved older adults who live in an assisted living facility or nursing home; and Children 0 – 5 years old and Elementary age (in 2018) 2) Primarily focused on Every Woman Matter clients & lower income adults 18 years of age and older.	1) Completed CHW training available through DHHS, plus Upcoming oral health training held by DHHS on May 8 – 12 in Lincoln, NE. 2) CHW training through DHHS; plus Ongoing trainings, Webinars & meetings throughout the grant timeline.	1) RN/BSN (Project Director)– Suzanne Phinney and Exec Director – Laura McDougall 2) Executive Director	CHW and RNs are compensated as a full time employee. 1) sub-award from the DHHS Office of Oral Health 2) sub-award from DHHS Office of Women's and Men's Health.
<p>Comments <i>please note if community members or partners are involved in the project</i> Public Health Dental Hygienists, Long-term care facilities, Assisted-Living facilities, schools, preschools, Headstart, Daycares</p>			

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Project No. 6

Name of Project: Northeast NE Public Health Department

Completed by: Julie Rother

Website (if applicable): http://www.nnphd.org/

Date: 1 18 16; 3 3 2017

Sponsor Organization and Address Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
Julie Rother, RN, Executive Director 215 N. Pearl St. Wayne, NE 68787-1975 402-375-2200 Phndirector@nnphd.org	Screening for risk of cardiovascular disease and risk for diabetes. Education and assistance with personal goal setting to develop healthy lifestyle changes to prevent onset of chronic disease	Spring 2011	2 (0.80 FTE)
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW	Funding Source
Hispanic	Mirian Aguirre, M.D., MPH developed the training with the assistance of Julie Rother R.N. and Deb Scholten, M.A., MCHES. The curriculum has 8 modules which include the following topics: Determinants of Health; Public Health; Role, Responsibilities and Limitations of CHW; Health Promotion; Barriers to Accessing Healthcare; Cultural Beliefs and Practices; Communication; Interpretation and Translation in Healthcare Settings; Medical Terminology; Home Medication and First Aid; Documentation; Resource and Referrals; and Community Concepts and Participation. The training is usually done 1 module per week for 8 weeks. This curriculum was utilized as a for credit class at Northeast Community College a few years ago and at that time was extended into a 10 week class which included an internship at the end of the course.	Director of Public Health Nursing (RN)	Minority Health Initiative and NNPHD General Funds

Comments *please note if community members or partners are involved in the project*
Main partners involved in this project include Salem Lutheran Church which provides private space, free of charge to allow CHWs to meet with participants in one of the communities served. Another partner is WIC which allows CHWs to provide outreach and screenings to participants.

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Project No. 7

Name of Project: 1) Healthy Families American Nebraska Panhandle; 2) National Diabetes Prevention Program in the Panhandle; 3) Health and Wellness Coaching/Patient Navigation; 4) Dental Health Program (Nebraska Teeth Forever)

Completed by: Tabi Prochazka

Website (if applicable): www.pphd.org

Date: 3/22/17

Sponsor Organization and Address Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
Panhandle Public Health District 808 Box Butte Ave Hemingford, NE 69348 Tabi Prochazka, Community Health Coordinator tprochazka@pphd.org 308-487-3600 ext 107	1) Healthy Families American Nebraska Panhandle Free Evidence-based home visitation program provided to at risk new and expecting parents to help them raise healthier babies, create stronger bonds, increase their child's brain development and build parental confidence.	October 2012	4 CHW's employed, trained and active
	2) National Diabetes Prevention Program in the Panhandle The National Diabetes Prevention Program (NDPP) is a year-long evidence-based lifestyle change program that helps participants eat healthier and include physical activity into their daily lives. Participants meet weekly for 16 weeks, then twice monthly for the remainder of the year. The goal of NDPP in the Panhandle is to reduce the number of Nebraska Panhandle residents who develop type 2 diabetes and other chronic illnesses through three primary objectives: <ol style="list-style-type: none"> 1. Work with partner organizations with the capacity and infrastructure in place to recruit and train individuals to deliver the evidence-based lifestyle change intervention. 2. Identify strategies targeting people at risk for diabetes in order to raise awareness about risk factors and the availability of the lifestyle change program. 3. Facilitate relationships between partner organizations delivering the lifestyle change intervention and referring clinical partners; and develop a healthcare provider protocol that facilitates referrals into the program. 	September 2012	1 CHW (title: Community Health Educator) is employed, trained and active Community Health Educator is trained as a DTTAC Master Trainer Select; is an active lifestyle coach for ongoing NDPP classes, and an active lifestyle coach trainer. 13 CHW's employed at partner organizations We partner with 8 organizations, primarily health care systems, to offer NDPP across 10 counties. There are 14 active lifestyle coaches across the Panhandle.

	3) Health and Wellness Coaching/Patient Navigation 1. To provide Health and Wellness Coaching, an evidence-based strategy to engage in conversation that guides clients to making sustainable behavior change that will lower their risk for chronic disease, to Panhandle residents. 2. To provide Patient Navigation to diagnosis / treatment and to reduce barriers to receiving screenings / treatment.	June 2015	1 CHW (title: Community Health Educator) is employed, trained and active CHW is a certified Wellcoach®
	4) Dental Health Program (Nebraska Teeth Forever) Dental Disease Prevention program currently offering a school-base fluoride varnish program to all head starts, preschools, and public schools in PPHD's district. PPHD's Public Health Dental Hygienist coordinates with all participating schools and provides dental screenings to alert the parent/guardian of the need for dental treatment and will apply fluoride treatments that are approved through parent/guardian approval.	April 2017	1 CHW (title: Community Health Educator) is employed
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW	Funding Source <i>Please note if volunteer</i> <i>Please note if CHWs are paid in the form of gift cards</i>
1) Healthy Families American Nebraska Panhandle			
At risk, new and expecting parents.	Highly structured and proprietary: Healthy Families America and Growing Great Kids, Family Wise curriculum approximately 80 hours	Health Families America Supervisor/Manager	Sub-award from DHHS N-MIECHV
2) National Diabetes Prevention Program in the Panhandle			
Prediabetics	DTTAC Master Trainer Select (2 day) Lifestyle Coach Training (2 day) Motivational interviewing and updates training as needed.	PPHD's Community Health Coordinator	Contract from DHHS – Health Hub
3) Health and Wellness Coaching/Patient Navigation			
Low income, rural residents, underserved populations. With priority to women 40-74 and men 50-74	CHW training through DHHS Wellcoach Certification Ongoing program specific trainings, webinars and meetings	PPHD's Community Health Coordinator	Contract from DHHS – Health Hub
4) Dental Health Program			
Low income, rural residents, underserved adults who live in an assisted living facility or nursing home; youth 0-5 years of age and school age.	CHW training through DHHS	Dental Health Coordinator	Sub-award from DHHS Office of Oral Health
Comments <i>please note if community members or partners are involved in the project</i> <i>Kimball Health Services, Sidney Regional Medical Center, Diabetes Care Center at Regional West Physicians Clinic, Box Butte General Hospital, Western Community Health Resources, Nebraska Extension, Volunteers of America-Western Nebraska, Chadron Native American Center (CNAC), Morrill County Community Hospital, Bayard Public Schools, public schools across the Panhandle (school nurses), Panhandle Worksite Wellness Council</i>			

Community Health Worker Project Inventory, Nebraska, 2017

Project No. 8

Name of Project: _1) PHS Health HUB; 2) PHS Minority Health Project; 3) PHS Healthy Pathways_

Completed by: Ford Witthoff

Website (if applicable): www.phsneb.org

Date: 12/11/16

Sponsor Organization and Address; Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
Public Health Solutions 995 E Highway 33 Ste 1 Crete, NE 68333 Phone: (402) 826-3880 jane@phsneb.org	1) Decrease cancer rates by increasing screening and preventive services 2) Decrease undiagnosed and untreated minority population relative to hypertension and diabetes 3) Decrease people with undiagnosed and untreated chronic illness. Increase compliance with care regimen. Increase access to services.	1) 2013 2) 2013 3) 2011	1) 3 2) 1 3) 3
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW?	Project Funding Source
1) Women 40 to 85 2) Minority population in Saline Co. 3) Those with chronic illness and low income	1) State required 2) As required by state 3) We use what state requires	All) Public Health Nurse	1)Health hub reimbursement 2) \$32,000 in minority funds and health funds 3) Unfunded health fund
Comments <i>Please note: are community members involved as partners in the project?</i>			

Community Health Worker Project Inventory, Nebraska, 2017

Project No. 9

Name of Project: N-MIECHV: Nebraska-Maternal, Infant & Early Childhood Home Visiting Program Completed by: KK

Website (if applicable): dhhs.ne.gov/homevisiting

Date: 1 18 2017

Sponsor Organization and Address; Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
DHHS Division of Public Health Jennifer Auman N-MIECHV Program Manager Jennifer.auman@nebraska.gov	Evidence-based home visiting for at-risk families, prenatal to age 3 years	2010	25 in seven local implementing agencies.
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW Physician, RN, Social Worker, Other	Funding Source <i>Please note if volunteer</i> <i>Please note if CHWs are paid in the form of gift cards</i>
Pregnant or parenting families of children birth to age 5, who may struggle with significant life stressors such as poverty, exposure to violence or substance abuse, teen parenting, or military families with one or both parents in service.	Highly structured and proprietary: Healthy Families America and Growing Great Kids curriculum	HFA trained supervisor; sometimes but not always an RN	HRSA (federal) NE general funds allocation for evidence based home visiting
<p>Comments <i>please note if community members or partners are involved in the project</i></p> <p>Yes, home visiting requires community planning activities as well as an advisory committee made up of community stakeholders.</p> <p>LIAs are: Douglas County Health Department, Lincoln Lancaster Co. Health Department, Panhandle Public Health District, Northeast Nebraska Community Action Partnership, Public Health Solutions, Visiting Nurses Association, and Lutheran Family Services.</p> <p><i>(Highlights show organizations not otherwise identified in the Inventory.)</i></p>			

Community Health Worker Project Inventory, Nebraska, 2017

Project No. 10

Name of Project: Nebraska Minority Health Initiative

Completed by: KK with info from Josie Rodriguez

Website (if applicable): <http://dhhs.ne.gov/publichealth/Pages/MHI2015.aspx>

Date: 3/7/2017

Sponsor Organization and Address; Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
NE DHHS Division of Public Health Office of Health Disparities and Health Equity Josie Rodriguez, Administrator Josie.rodriquez@nebraska.gov Source document: Minority Health Initiative 2015-2017, provided by Office of Health Disparities and Health Equity	The Nebraska Legislature appropriates \$1.58 million annually for the purpose of implementing a minority health initiative in counties with minority populations of 5% or greater. For the 2015-2017 project period, 15 projects were funded through the application process and an additional 3 by contract. In a review of 18 projects, 8 identified CHWs specifically. See comment field for these 8 funded organizations.	2015-2017 Request for Applications for next round of projects is currently open.	Unspecified in source info. Of the 8 projects naming CHWs, two use the singular form, six use the plural form.
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW <small>Physician, RN, Social Worker, Other</small>	Funding Source <small>Please note if volunteer Please note if CHWs are paid in the form of gift cards</small>
Projects are to target but are not limited to: infant mortality, cardiovascular disease, obesity, diabetes, and asthma.	Road to Health Diabetes Prevention Program CATCH Kids Unspecified		NE Legislature, through Office of Health Disparities and Health Equity.
<p>Comments <i>please note if community members or partners are involved in the project:</i></p> <p>Central District Health Department; Community Action Partnership of Mid-Nebraska; Community Action Partnership of Western Nebraska; Dakota County Health Department; Northeast Nebraska Public Health Department; One World Community Health Centers; Public Health Solutions; West Central District Health Department. <i>Highlight indicates a unique project not described elsewhere in this inventory.</i></p>			

Community Health Worker Project Inventory, Nebraska, 2017

Project No. 11

Name of Project: Nebraska Teeth Forever Completed by: Charles Craft, DHHS Office of Oral Health and Dentistry

Website (if applicable): http://dhhs.ne.gov/publichealth/Pages/dental_index.aspx

Date: 12/20/2016; 3/7/2017

Sponsor Organization and Address; Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
NE DHHS Division of Public Health Office of Oral Health and Dentistry Dr. Charles Craft 402-471-4599 Charles.craft@nebraska.gov	CHWs function as members of dental disease prevention teams serving designated dental professional shortage areas in rural NE.	01 Sept 2016	7 – 10
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW?	Project Funding Source
Young children 0-9 Older adults 65+	On-line training modules in preventive dentistry, oral health education, and health literacy. On-site one week training at UNMC College of Dentistry, directed by DHHS Office of Oral Health and Dentistry.	CHW will partner with Public Health Dental Hygienist. Nebraska Teeth Together local Project Coordinators	2016 – 2018 HRSA Oral Health Workforce Grant

Comments *Please note: are community members involved as partners in the project?*

Six local rural public health departments with coordination through Nebraska Association of Local Health Directors: **North Central**, East Central, Four Corners, PPHD, Elkhorn Logan Valley, and **Two Rivers**.

Highlights indicate organizations not included elsewhere in the inventory

Community Health Worker Project Inventory, Nebraska, 2017

Project No. 12

Name of Project: DHHS Community Health Worker Curriculum/ NE Health Navigation Completed by: Melissa Leypoldt, RN

Website (if applicable): http://dhhs.ne.gov/PublicHealth/HealthNavigation/Pages/Home.aspx Date: 03/30/2017

Sponsor Organization and Address; Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
<p>NE DHHS Division of Public Health Office of Women’s and Men’s Health</p> <p>Melissa Leypoldt Melissa.leypoldt@nebraska.gov</p> <p>Margarita Allen Margarita.allen@nebraska.gov</p>	<p>Build capacity for Local Health Departments, Partners, and Non-profits to provide trained CHWs to work within communities to increase positive health outcomes around preventable diseases and linkages to health supports.</p> <p>Piloted initially in the fall of 2012 as a hybrid of an existing program from University of Massachusetts Area Health Education Center of Southeastern Massachusetts, the program has continued to evolve to meet the needs of Nebraska agencies across the state. CHW Definition, Roles, and Core Competencies were developed and agreed upon by the Nebraska Community Health Worker Coalition Steering Committee in 2014. These were adapted as part of the curriculum.</p>	<p>2012</p>	<p>93 CHWs trained</p>

Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW Physician, RN, Social Worker, Other	Funding Source <i>Please note if volunteer</i> <i>Please note if CHWs are paid in the form of gift cards</i>
Provision of trained and confident CHWs serving those populations with disparate health needs.	The curriculum is a 15 week course and consists of 9 online modules with two 2-day in person interactive sessions. The course includes the core competencies and topical modules related to cancer and cardiovascular disease and includes modules on blood pressure, breast feeding, and trauma informed care. The course culminates with a Capstone Project. The course is offered through a collaboration of DHHS partners including Women's Health Initiatives, Office of Health Disparities and Health Equity, Heart Disease and Stroke program, and Diabetes program. The course is offered twice a year	DHHS Women's and Men's Health Programs CHW Curriculum Team. Margarita Allen is the lead	Funding source for all facilitation of the course is Through the CDC's Breast and Cervical Cancer Early Detection Program.
<p>Comments <i>please note if community members or partners are involved in the project</i></p> <p>The program will also explore the expansion of offering a Spanish course. Nebraska has a significant population of women throughout the state whose primary language is Spanish. Offering a Spanish course will allow trained individuals to better serve Nebraska's Latina population by decreasing barriers that exist related to culture, language, and trust. Currently two of the course facilitators are bilingual; but this has not been adequate to meet the needs of Spanish speaking CHWs.</p>			

Community Health Worker Project Inventory, Nebraska, 2017

Project No. 13

Name of Project: BHECN/MHDI COMMUNITY HEALTH WORKERPILOT PROJECT PROPOSAL Completed by: Kim Matthews
 Website (if applicable): _____ Date: 1/3/2017

Sponsor Organization and Address Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
UNMC BHECN And UNL Minority Health Disparities Initiative (MHDI) Contact Person: Kim Matthews kmatthews2@unl.edu (202)253-8557	The pilot project seeks to collect data to evaluate the short-term effectiveness of behavioral health trained community health workers (CHWs) and to use this evaluation to predict the potential long-term cost-saving to Managed Care Organizations (MCOs): (1) better incorporating the roles of CHWs in Integrated Care Teams (ICTs) through the development and implementation of a mental health feedback mechanism between the CHW and the mental health provider; (2) training CHWs, as non-mental health providers, to identify and report the signs and symptoms of mental illness, in order to facilitate early detection and intervention; (3) training the CHWs to delivery a structured 8-week community intervention to address the behavior modification necessary to address pediatric obesity and diabetes; and (4) training the CHWs to better observe and report the child/family clusters for signs and symptoms of mental health/chronic illness comorbidity during the structured 8-week intervention.	4/1/2016	1 in Lexington 2 in Grand Island

Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW	Funding Source
<p>Low-income rural Latino families with children who are pre-obesity to obese and/or pre-diabetes to diabetic.</p>	<p>Bodyworks Training – 1 day Mental Health First Aid Training adult and children – 1 day total Project training with mental health feedback mechanism – 3 hours</p> <p>Weekly telehealth sessions on the modifying the Bodyworks training to their population and support for behavior modification of children clients – 1.5 hours per week for 8 weeks.</p>	<p>Kim Matthews, Project Manager</p> <p>Their respective mental health providers</p> <p>Bodyworks trainers from Teach a Kid to Fish</p>	<p>UNMC BHECN</p>
<p>Comments <i>please note if community members or partners are involved in the project</i></p>			

Community Health Worker Project Inventory, Nebraska, 2017

Project No. 14

Name of Project: Reducing Rural Preterm Births with Mobile Technology and CHW Reinforcement Completed by: Mary Cramer

Website (if applicable): _____

Date: 11/22/2016; 3/6/2017

Sponsor Organization and Address Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
<p>Collaborative project with UNMC College of Nursing, Blue Cross Blue Shield of Nebraska, and DHHS Division of Public Health Office of Rural Health</p> <p>Principal Investigators: MARY CRAMER mecramer@unmc.edu STEPHEN LAZORITZ, MD KEN SHAFFER, MD</p>	<p><i>Two group design study in Buffalo and Dawson counties testing an intervention that used CHW reinforcements (home visits, phone calls, texting) to measure effects on birth outcomes, adherence to medical care, patient activation, and intervention feasibility</i></p> <p><i>Provided prenatal training for CHW across the state as co-sponsor with NDHHS, Office of Rural Health</i></p>	<p><i>Project Period: January 2015 to July 2016</i></p>	<p><i>Mariana Hernandez-Sena, Employed by Catholic Health Initiatives/Good Samaritan, trained as a CHW and SW</i></p>
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW?	Project Funding Source
<p><i>Rural Hispanic Pregnant women</i></p>	<p><i>Prenatal health coaching curriculum developed by Crystal Winfield and Dr. Amy Ford, UNMC CON.</i></p>	<p><i>In our study, the CHW was supervised by Dr. Amy Ford. As an employee of CHI, Mariana is supervised by Crystal Winfield, MPA</i></p>	<p><i>Grant funded by Bluse Cross Blue Shield Nebraska, Fund for Health Care Quality (\$225,000) and NE DHHS Office of Rural Health (\$16,000).</i></p> <p>NDHHS OFFICE OF RURAL HEALTH</p>
<p>Comments <i>Please note: are community members involved as partners in the project?</i> Manuscript is under development. Study authors: Craer, M., Lazortiz, S., Shaffer, K., Wilson, F., Ford, A.</p>			

Community Health Worker Project Inventory, Nebraska, 2017

Project No. 15

Name of Project: The Family Care Enhancement Project: Parent Resource Coordinators

Completed by: KK interview with Sarah Swanson

Website (if applicable): www.unmc.edu/mmi/services/familyresources

Date: 4/24/2017

Sponsor Organization and Address Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
University of Nebraska Medical Center Munroe-Meyer Institute Sarah Swanson, Family Care Enhancement Project Manager Sarah.swanson@unmc.edu 402-559-4573	*Help families receive early intervention services *Assist families who have children with disabilities or special health care needs to access needed community resources to keep medical appointments and improve health outcomes *Identify other sources of funding to enhance and further support families that have children with disabilities or special health care needs. *Expand the project statewide	2015	Four Parent Resource Coordinators
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW Physician, RN, Social Worker, Other	Funding Source <i>Please note if volunteer</i> <i>Please note if CHWs are paid in the form of gift cards</i>
Families that have children with disabilities and special health care needs.	Provided by Munroe-Meyer Institute	FCEP Manager	Munroe-Meyer Institute and NE Early Development Network
Comments <i>please note if community members or partners are involved in the project</i> PRCs are parents or family members who have experienced navigating the resources their family member with a disability needs in order to achieve optimal health outcomes.			

Community Health Worker Project Inventory, Nebraska, 2017

Project No. 16

Name of Project: Health Center Association of Nebraska

Completed by: KK interview with J.Thomsen

Website (if applicable): <http://www.hcanebraska.org/>

Date: 12 20 2016

Sponsor Organization and Address; Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
Health Center Association of Nebraska Jenna Thomsen, MA Director of Training and Technical Assistance 3929 S. 147 th St. Altech Plaza Suite 100A Omaha NE 68144-5529 302-504-4415 Jthomsen@hcanebraska.org	Improve chronic disease self-management among FQHC clients with diabetes (HRSA) Explore expanded payment models	2017	One or more per seven FQHCs
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW <small>Physician, RN, Social Worker, Other</small>	Funding Source <small>Please note if volunteer Please note if CHWs are paid in the form of gift cards</small>
FQHC clients with diabetes, colorectal CA, assess special and vulnerable populations	Varies by FQHC, determined by FQHC. May include training by DHHS; Stanford model of self-management TOT; or other.	Decided by FQHC – not specified in project plan	HRSA (federal)
Comments <i>please note if community members or partners are involved in the project</i>			

Community Health Worker Project Inventory, Nebraska, 2017

Project No. 17

Name of Project: CHI Health Faith Community Health Network Completed by: Ronnette Sailors, FCHN Coordinator
 Website if applicable): www.chihealth.com/faithandhealth Date: 12/8/2016

Sponsor Organization and Address Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
CHI Health Faith Community Health Network McAuley Fogelstrom Center 12809 West Dodge Rd. Omaha NE 68154 402-343-4395 Ronnette.sailors@alegent.org Nicole.ayer@alegent.org	Faith Community Nurses provide education, screening, and support for individuals and groups within their congregations and the communities they serve. Non-nurse Health Ministers also provide health promotion activities/services.	2005	Approximately 100 volunteer members; the majority are RNs.
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW	Funding Source
Omaha/Council Bluffs Grand Island, Kearney, Hastings	Curriculum from Westberg Insititute for Faith Community <u>Nursing</u> in Memphis. 6 days of training.	CHI Health FCHN Coordinators, although each FCN/HM is their own free agent.	If FCNs are paid, it is by their own local church. Most volunteer. Funding source for the program is through CHI Health.
<p>Comments <i>please note if community members or partners are involved in the project</i> These are community members. Congregational clergy or leaders sign a covenant with us stating they will be supportive of a health ministry and nurses/health ministers also sign, committing to training, continuing education, record-keeping, etc. Preliminary research shows significant positive perceived impact on health of body/mind/spirit.</p>			

Community Health Worker Project Inventory, Nebraska, 2017

Project No. 18

Name of Project: Community Health Worker Section of PHAN

Completed by: Kathy Karsting

Website (if applicable): <http://publichealthne.org/phan-sections/community-health-worker-section/>

Date: April, 2017

Sponsor Organization and Address Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
Public Health Association of Nebraska (PHAN) P.O. Box 20321 Lincoln NE Phone 402-904-5286 Email Director@publichealthne.org and necommunityhealthworkers@gmail.com	The Public Health Association's Community Health Worker Association Section was created in January 2014 with the objective of giving Community Health Workers in Nebraska recognition for their work, giving them a voice that advocates for public health as well as their profession, providing avenues for further training and uniting all Community Health Workers across the state, and the entire nation.	Jan. 2014	Not shown on webpage
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW Physician, RN, Social Worker, Other	Funding Source <i>Please note if volunteer</i> <i>Please note if CHWs are paid in the form of gift cards</i>
Recognition, advocacy, and networking for CHWs.	Website provides NE CHW policy paper (2015), definition/role description, and consensus competencies of the group.	Not specified	
Comments <i>please note if community members or partners are involved in the project</i>			

Community Health Worker Project Inventory, Nebraska, 2017

Project No. 19

Name of Project: CATCH Rural Health Planning Grant: Community Health Worker Curriculum Planning Project

Completed by: KK with info from Kathy Kaiser, Brandon Grimm, and Pat Lopez

Website (if applicable): _____

Date: Jan. 2017

Sponsor Organization and Address Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
Kathy Kaiser UNMC College of Nursing kkaiser@unmc.edu with Brandon Grimm UNMC College of Public Health blgrimm@unmc.edu	Establish a core curriculum for preparation to work as a Community Health Worker. Not envisioned as statewide or state level in scope, but a project tailored to a specific strategy for primary care. Decrease ER use by those with Chronic Disease; better meet rural health needs.	Grant ends May 2017	None as yet.
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW <small>Physician, RN, Social Worker, Other</small>	Funding Source <small>Please note if volunteer Please note if CHWs are paid in the form of gift cards</small>
	Curriculum underdevelopment. Competency-based	Not determined or addressed as yet.	
Comments <i>please note if community members or partners are involved in the project</i>			

Community Health Worker Project Inventory, Nebraska, 2017

Project No. 20

Name of Project: Perceptions of Roles of Nurse Practitioner/Community Health Worker Teams in Health Promotion Activities Targeting Cardiovascular Disease Risk Factor Reduction in Rural Nebraskans. Completed by: KK with info from M. Brockman
 Website (if applicable): <http://dhhs.ne.gov/publichealth/RuralHealth/Pages/RuralHome.aspx> Date: 3/6/2017

Sponsor Organization and Address Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
NE DHHS Office of Rural Health Margaret Brockman, Administrator Margaret.brockman@nebraska.gov <i>Principal Investigator:</i> Patrik Johansson, MD, MPH College of Public Health University of NE Medical Center pjohansson@unmc.edu	The study conducted focus groups with adult rural Nebraskans with cardiovascular risk factors to learn participants' perceptions of health teams of nurse practitioners and community health workers to engage individuals and communities in health education.	Focus groups: August 2016 to Spring 2017	Focus groups participants were giving feedback on the COACH intervention trial, which included care from the nurse practitioner and CHW team. COACH = Community Outreach and Cardiovascular Health
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW Physician, RN, Social Worker, Other	Funding Source <i>Please note if volunteer</i> <i>Please note if CHWs are paid in the form of gift cards</i>
The COACH trial successfully applied cognitive behavioral strategies in an urban, medically underserved, and predominantly African American and White sample of adults to improve clinical outcomes for CVD risks. The focus group activity involved adult rural Nebraskans with cardiovascular risk factors	COACH curriculum, with adaptations and enhancements		
Comments <i>please note if community members or partners are involved in the project</i> Manuscript under development. For summary info on the COACH Trial, see: https://www.cdc.gov/dhdsp/pubs/docs/science_in_brief_coach_trial.pdf			

Community Health Worker Project Inventory, Nebraska, 2017

Project No. 21

Name of Project: NE State Team: ASTHO CHW Learning Community
 Website (if applicable): _____

Completed by: KK with info from D. Wing
 Date: 3/27/2017

Sponsor Organization and Address Contact Person with email and phone	Brief Description of Intended Scope or Purpose of the Project	Approximate Date Started	# CHWs participating, employed, or trained
<p>Danielle Wing, MPH Health Care Extenders Coordinator CHRONIC DISEASE PREVENTION & CONTROL PROGRAM Division of Public Health, Nebraska Department of Health and Human Services OFFICE: 402-471-6439 FAX: 402-471-6446 danielle.wing@nebraska.gov</p>	<p>Five state are participating in a Community Health Worker Learning Community, with technical assistance on issues related to certification, training, strategic planning, coalition building, evaluation, and financing. Teams will have perspectives on how multidisciplinary teams are used and successful efforts to promote workforce development and coordination across the spectrum of care. Participating states are: NE, LA, OK, NV, and NC.</p> <p>This project is designed to:</p> <ol style="list-style-type: none"> a. Increase states' implementation and utilization of CHWs and integrated care teams to improve access and health outcomes; b. Improvement state health agency understanding of policies and mechanisms to 	<p>Feb. 2017</p>	<p>N/A</p>

	support financing for community based prevention services; and c. Increase MCH and primary care integration efforts in state public health.		
Priority Populations Served	Brief Description of Trainer, Training curriculum, and duration of training	Who provides oversight for the CHW Physician, RN, Social Worker, Other	Funding Source <i>Please note if volunteer</i> <i>Please note if CHWs are paid in the form of gift cards</i>
States using CHWs to increase access to care among vulnerable and underserved populations, such as rural communities, adolescents, and maternal child health (MCH) populations.	Five (5) states were selected to participate in this CHW Learning Community TA opportunity, which includes regular calls to identify needs and tailor TA in preparation for virtual or on-site meetings. States will also have the opportunity to partner with other states who have common interests or TA needs through peer-to-peer learning or shared TA sessions. Three out of the five states will be selected by ASTHO to have a one day in-person site visit.	CHWs are not directly involved in the CHW Learning Community TA opportunity. Through this TA opportunity, ASTHO identified five states to participate in a CHW Learning Community to share perspectives on how multidisciplinary teams are used and successful efforts to promote workforce development and coordination across the spectrum of care.	Association of State and Territorial Health Officers, with support of HRSA National Organizations for State and Local Officials. No monetary funding is provided.
<p>Comments <i>please note if community members or partners are involved in the project</i></p> <p>State teams taking part in this CHW Learning Community TA must include the following members:</p> <ul style="list-style-type: none"> • CHW director or designated staff responsible for managing CHW activities; • Senior Deputy or State Health Official; and, • Additional stakeholder(s) critical to CHW work in the state (teams should include appropriate parties to help implement state-specific plans, such as key state health department staff, Medicaid officials, patient or consumer advocates, and/or representatives of ACOs, hospital systems, community health centers, payers, primary care associations, training programs, partners from other sectors of state government, etc.). 			