Connecting with Community in a Public Health Emergency Toolkit Guide

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Thank you so much for your interest in the Connecting with Community in a Public Health Emergency Toolkit! If you have any questions, please reach out to Kate Gillespie at khgillespie@wisc.edu.

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2 OVERVIEW

2.1 PROJECT OVERVIEW

In 2020 the University of Wisconsin-Madison Prevention Research Center (UWPRC) received a grant to design and pilot test a sophisticated, culturally appropriate strategy to support the rapid scale-up of COVID-19 testing, contact tracing, and vaccination. Working in partnership with organizations across Wisconsin that utilize Community Health Worker (CHW) models, we built a three-pronged intervention to support CHWs (including doulas, home visitors, and others) in their work with families. The intervention includes a **module** for CHWs to incorporate into their everyday work with families, **training** for this module, and an **Action Learning Community** where participants could share with and learn from guests and each other. Additionally, the module is supported by a **resource library** and a **menu of topics** covered by the resources in that library**.**

CHWs from two organizations (one in an urban setting and one in a rural setting) piloted the intervention in spring 2021. Our goal was to create a tested strategy that can be scaled up across Wisconsin, adapted for other populations, and inform public health strategies nationally. This toolkit provides the elements you will need to implement or adapt it for other issues in your setting.

2.2 TOOLKIT OVERVIEW

For each of the components of the intervention (module, resource library, menu of topics, training, and Action Learning Community), we provide an overview of the component, suggestions for implementation based on our experiences in the pilot, and information to help you customize the component for your own needs. The suggestions we share are based on the experiences from the CHWs – doulas and early childhood home visitors – who piloted this intervention. We hope their shared wisdom will help you be successful in your own implementation!

> **PLEASE NOTE***: this intervention was created in 2020 to address the COVID-19 pandemic. This was a fast-moving and oft-changing pandemic, and some materials may be (or become) outdated. You may wish to use the materials in the toolkit to address COVID-19 needs in your community or you may want to adapt these materials for a different situation. We have provided the documents for each of these uses and will share with you our own suggestions for modifying the materials for other situations.*

3 MODULE

Module documents in the toolkit include:

- COVID-19 version
  - o Fillable PDF
  - o Non-Fillable PDF
  - o Word document
- Blank version
  - o Word document

We created the module in 2020 for use around COVID-19. You may wish to use the module as it is for this topic, in which case you will find the fillable and non-fillable PDFs useful. You may want to make minor edits for use around COVID-19, for which you can use the COVID-19 Word document. If you would like to use the module for a different topic, we recommend starting with the blank version of the Word document.

3.1 ABOUT THE MODULE

The module was designed with and for CHWs that work with families in families' homes.

The purpose of the module is to guide you through conversations during your visits with families. It is designed to be used over the course of three visits, but this can be tailored to your own needs. The module includes suggested scripting (*in italic text*), but you are encouraged to use your own language that families are most familiar with.

The first portion assesses clients' knowledge. You should complete the full assessment at the first visit and revisit for any changes at subsequent visits. We invite you to include all members of the household in your assessment because they are probably influential in the family's beliefs and behaviors related to COVID-19. You are assessing the family's understanding of COVID-19 and using the module to introduce education, reinforce behaviors and understandings, and redirect their acceptance of any false information or myths.

Building a Public Health Reserve with Community Health Workers Project
COVID-19 CHW Module

CHW (preferred Name or initials): _____   Client: _____

#adults in household: _____   #children in household: _____

Visit 1 Date: _____	Visit 2 Date: _____	Visit 3 Date: _____
# present (adults/children): ___/___	# present (adults/children): ___/___	# present (adults/children): ___/___
❑ Virtual ❑ In-person	❑ Virtual ❑ In-person	❑ Virtual ❑ In-person

Initial Assessment
- Purpose: to identify the family's baseline understanding of COVID-19 and protective behaviors.
- Please include all full and partial household members in your assessment.
- Complete full assessment at initial contact; then revisit assessment for changes at visits #2 and #3.

Assessment: COVID Knowledge
Example: *"What do you know about COVID-19?"*
Visit 1: ❑   2: ❑   3: ❑
Notes from Visit 1:
Notes from Visit 2:
Notes from Visit 3:

Next, you will move to asking about their concerns related to COVID-19. This may include non-health specific concerns. Your understandings of their concerns will be help you identify the best resources to support the family's navigation of COVID-19.

Assessment: COVID Concerns
Example: *"What are you most concerned about related to COVID-19?"*
Visit 1: ❑   2: ❑   3: ❑
Notes from Visit 1:
Notes from Visit 2:
Notes from Visit 3:

After this, you can provide education on a set of essential topics. With each topic you will ask some questions to explore their understanding and experiences. You will introduce education when needed, reinforce correct understanding and behavior, and redirect misunderstandings. The boxes provided are for your notes.

COVID Education

- We encourage you to include all full and partial household members in your discussion.
- At initial contact: Introduce essential topics; offer menu; cover additional topics based on client needs/interests as time allows.
- At visits #2 and #3: revisit essential topics to assess for changes, reinforce/redirect as necessary, offer menu and cover additional topics as needed.
- Space education out over all three visits based on client/household preference.

For your discussion of the essential topics that follow, we encourage you to start by asking a few questions to help determine what your client(s) already know and/or have experienced in relation to the specific topic. Please offer educational materials related to each topic as is most relevant to your client's needs and experience.

I'd like to start with some basics and then move into the other topics you select.

You can start with the topic of COVID-19 testing, followed by isolation & quarantine.

1. Testing

Start by discussing client's experience and knowledge around COVID-19 testing. Below are a few questions that you may want to consider as part of your discussion:

Has anyone in the household been tested?
- *How many times?*
- *Where did they go?*
- *What was the type of test?*
- *How easy was it to access?*

Offer educational materials related to testing as is most relevant given your client's experience & needs.

COVID-19 Tests
Visit 1: ❑ 2: ❑ 3: ❑
Handout(s) given: ❑ Types of tests   **Did you...**   ❑ Introduce, ❑ Reinforce, or ❑ Redirect   ...information/knowledge on this topic?   **Notes from Visit 1:**
Notes from Visit 2:
Notes from Visit 3:

2. Isolation & Quarantine

Start by discussing client's experience and knowledge around isolation & quarantine.
Below are a few questions that you may want to consider as part of your discussion:

Has anyone in the household had to isolate or quarantine?
- *Describe what you did to isolate/quarantine*
- *Did any symptoms develop?*

Offer educational materials related to isolation & quarantine as is most relevant given your client's experience & needs.

Isolation & Quarantine
Visit 1: ❑   2: ❑   3: ❑
Handout(s) given: ❑ Isolation & Quarantine **Did you…** ❑ Introduce, ❑ Reinforce, or ❑ Redirect …information/knowledge on this topic? **Notes from Visit 1:**   **Notes from Visit 2:**   **Notes from Visit 3:**

Next, you can discuss essential protective behaviors, including wearing a mask and social distancing.

3. Essential Protective Behaviors

Start by discussing client's experience and knowledge around the following protective behaviors:
1. Wearing a mask
2. Social distancing

Ask what protective behaviors they follow and how often (include all household members). Below are a few questions that you may want to consider as part of your discussion:

What kinds of things are you and your family doing to protect yourselves from COVID? Do you:
- *Wear a face covering outside of your home?*
- *Avoid going inside bars and restaurants?*
- *Keep at least 6 feet apart from people who are not members of your household?*
- *Avoid groups of 10 or more persons?*

Offer educational materials related to wearing a mask and social distancing as is most relevant given your client's experience & needs.

Wearing a mask			Social Distancing		
Visit 1: ❑ 2: ❑ 3: ❑			Visit 1: ❑ 2: ❑ 3: ❑		
Handout(s) given: ❑ Masks Did you… ❑ Introduce, ❑ Reinforce, or ❑ Redirect …information/knowledge on this topic? Notes from Visit 1: Notes from Visit 2: Notes from Visit 3:			Handout(s) given: ❑ Social distancing Did you… ❑ Introduce, ❑ Reinforce, or ❑ Redirect …information/knowledge on this topic? Notes from Visit 1: Notes from Visit 2: Notes from Visit 3:		

Next, you can ask about plans to get the vaccine and explore their concerns.

4. COVID-19 Vaccine(s)

- *Have you thought about the getting the COVID-19 vaccine?*
- *What questions or concerns do you (or others in the household) have regarding the COVID-19 vaccine(s)?*

COVID-19 Vaccine(s)		
Visit 1: ❑ 2: ❑ 3: ❑		
Notes from Visit 1: Notes from Visit 2: Notes from Visit 3:		

The next section is optional, where you can choose to discuss other protective behaviors.

5. Other Protective Behaviors *(Optional)*
1. Using hand sanitizer/washing hands
2. Virtual school
   - If there are any children in the home – *Do any of the children attend a daycare? School in person? Virtually?*
3. Limiting going out for local activities
   - *Have you (or anyone in the household) attended any social gatherings or other local activities/events in the last 6 months?*

The next portion relates to the menu, which you can show to families, and they can tell you which topics they are interested in learning more about. For topics they are interested in learning about, you can hand them printed resources or send electronic files. The menu itself is described in Section 5 of this document, and the resource library is described in Section 4. In the module, you will be able to indicate which menu items families were interested in discussing, as well as keep notes you want to take about this part of the conversation.

COVID Education – Menu

- Present the menu of education topics to family and ask what they would like more information on.
- Provide links to materials about specific topics or send as attachment to support conversation.
- Invite other household members to also participate or leave materials for family to share with others.
- Circle or mark any items clients or family members are interested in.

Which would you like to start with first?

Let's plan to go into the rest at our next visit.

OR

I will send you some more information and we can talk about it at our next visit

COVID Education - Notes from menu conversation

Notes from Visit 1:

Notes from Visit 2:

The final section of the module is meant to help assess the impact of COVID-19 on the lives of families. You will document your assessments from each visit in this section. First you will find a table listing the different areas of life that could be impacted and a space for you to check if that topic was discussed during a specific visit.

Areas of Life Impacted by COVID

- Discuss recommendations to maintain family wellness and direct families to local resources using your agency list of local providers to support recommendations.
- Include detailed information on how to access the resources per agency practices.
- Follow agency protocols for emergencies.
- For initial visit:
  - Will vary based on family's knowledge and circumstances related to COVID-19.
  - Basic recommendations will be introduced at first visit.
- For follow-up:
  - Follow up on all recommendations and referrals per agency practice.
  - Reinforce the basic recommendations at visits 2&3.
  - New issues will be addressed if requested/needed at visits 2&3.
  - Ask if they were able to follow through on the recommendations and/or referrals.
  - If not, ask about the barriers they encountered.
  - Offer assistance with troubleshooting the identified barriers within capacity of CHW.

NOTE: The assessment table contains a list of topics that might come up in these conversations. For any topics that come up that you would like to take more notes on, please use the boxes on the following pages.

Assessment: Ask how the family has been impacted

Example: *How are you coping during these difficult times?*	Visit 1	Visit 2	Visit 3
Working outside the home			
Childcare needs			
Health risks			
Job loss			
Concerns about safety			
Economic and food insecurity			
Accessing healthcare - Going for preventive routine care			
Accessing healthcare - Comfort in using urgent/emergent care			
Accessing mental health care			
Ability to care for yourself and family (including family living separately)			
Difficulty caring for pets			
[other topics]			

Following this table there are several blank boxes to describe in more detail which topics were discussed with the family. You can also enter any recommendations discussed and referrals made, and then record the outcome at subsequent visits where appropriate.

Topic:

Visit 1: ☐   2: ☐   3: ☐

Referrals:
Recommendations:

Notes from initial conversation:

Follow-up at next visit:
[Document if client successfully followed through on referral]

Optional additional follow-up:

3.2   TIPS FROM COMMUNITY HEALTH WORKERS ON IMPLEMENTING THE MODULE

Introducing the module to families

- Consider giving families an overview of the purpose of the module, where you share what you will be doing and what families can expect. As one CHW shared, these conversations could include something like, "we're going to be going over these questions, I'm going to ask you some of the same questions again the next time we meet … it's just to kind of help me know what we may still need to go over".

- Consider creating a program guide to the module (e.g., a one-page printed document about the module and what families can expect) to give to families.

- You may find that it works best to introduce the module at the beginning, in the middle, or at the end of a visit. The CHWs who piloted this intervention reported that it worked well to incorporate it at any of these times in the visit, based on the family or CHW's preference.

Building rapport

Many CHWs who participated in the pilot stressed the importance of building and maintaining good rapport with their clients, particularly when talking about topics that might be uncomfortable. Here were some of their suggested ways to do this:

- Balance encouragement of modules with respect for families' choices
- Provide unconditional support (e.g., regarding decisions about vaccination or ability to purchase healthy foods)
- Present module information as "I am also learning this"
- Break down medical terms
- Encourage questions
- Where appropriate, consider sharing your own experiences; this helps clients feel understood, and feels less like being lectured
- Avoid visible use of modules (e.g., staring at papers on a clipboard instead of maintaining eye contact) to aid open engagement
- Use module in conversational, non-business-like way

Determining which topics are covered

While the module is written such that it guides you through different topics to discuss, it is also flexible and intended to be used to guide conversations that make the most sense for CHWs and their clients. As such, the CHWs who implemented the module during the pilot had some suggestions for determining which topics to cover with families:

- Don't push issues families are not interested in

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- Ask for updates instead of walking through the full module; this is especially helpful for topics that clients may feel fatigued in continuing to discuss, and makes the interaction feel less transactional
- Use knowledge/memory from previous visits to initiate or continue the module conversation
- Start with basic COVID questions, build up to bigger topics

Additional suggestions for using the module

Providing supplies (e.g., masks):
- Where possible, be sure to give families some of the tools (e.g., masks, hand sanitizer, etc.) they need to support them in following recommendations – it is not enough to just give information. Modeling protective behavior like wearing masks is also helpful.

When families ask, 'What would you do?' about sensitive topics like getting a vaccine:
- Many CHWs shared that families would ask them what they plan to do around adopting protective behaviors or getting the vaccine. CHWs suggested encouraging families to make the best decisions for themselves; suggestions included telling families, "You have the right to do with your body the thing that you think is best for you", or "regardless of whether or not I choose to get it, you have to decide"

Note: suggestions related to the resources and the menu are in the appropriate sections below.

3.3 CUSTOMIZING THE MODULE

Included in the toolkit is a blank "template" version of the module. Sections of text that you may want to customize are indicated in [bracketed and highlighted text]. We recommend removing the brackets and highlighting after you have updated the text to suit your situation.

Initial Assessment
- Purpose: to identify the family's baseline understanding of [insert focus of module here].
- Please include all full and partial household members in your assessment
- Complete full assessment at initial contact; then revisit assessment for changes at visits #2 and #3

Assessment: [topic] Knowledge
Example: "What do you know about [topic]?"
Visit 1: ☐   2: ☐   3: ☐
Notes from Visit 1:
Notes from Visit 2:

4 RESOURCE LIBRARY

Access to the resource library is provided via a button on the toolkit webpage prc.wisc.edu/chw.

4.1 ABOUT THE RESOURCE LIBRARY

The resource library contains infographics and documents about many topics related to COVID-19. The resources are organized into categories to make them easier to find. English-language resources are provided in every category, and

Spanish-language resources are provided in almost every category, whenever they were available. Additional languages are not included at this time.

We at the UW-Madison Prevention Research Center did not create any of the resources included here; we compiled them from recognized reputable public health sources. Resources were downloaded between October 2020 and February 2021.

4.2   TIPS FOR USING THE RESOURCE LIBRARY

Preparing the resources
- CHWs in our pilot found it helpful to print all the resources they might want to give to families, and to have these printed versions available to share with families. One organization printed binders of the resources that CHWs could bring to their visits with clients.

Choosing which handouts to give
- CHWs reported giving different handouts to different families based on families' needs and beliefs. According to one participant, "I just kind of assessed how they live, and I said, 'well this one would be good for you'".

Presenting resources to families
- Some CHWs told us that they would talk through the information on the handouts before giving the handouts to their clients.
- One CHW reported emailing handouts to a family prior to their visit.
- One CHW mentioned that it was helpful to read through the information on their own prior to sharing it with the families they work with; they were then able to share with the family what stood out to them about the information.

4.3   BUILDING YOUR OWN RESOURCE LIBRARY

We created our initial Resource Library on Box.com. This was a convenient option for us since we have free access to use and storage of materials on Box through our academic institution. Google drive is another option that you could consider. There are probably other places you could host your own Resource Library as well. It's important that it be accessible to all those who will need to access it.

We started by searching for resources, which we found on websites including some of those listed below. Our process was to upload all the resources to a single folder, and then to create categories based on how it made sense to group the resources we had uploaded.

It was the case for COVID-19, and likely will be the case in future scenarios, that information and recommendations change frequently. As such, you will want to consider how you will update the resources in your resource library when new information or guidelines become available.

We found the following sites helpful for resources related to COVID-19:

International + US:

- CDC – COVID-19 Communication Resources: https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html
- CDC – COVID-19 Print Resources: https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc
- CDC – COVID-19 Info on Breastfeeding + Caring for Newborns: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html
- CDC – COVID-19 Communication Resources for Migrants, Refugees, and other Limited English-Proficient Populations: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/communication-toolkit.html

- CDC – COVID-19 At-Home Scavenger Hunt: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/parental-resource-kit/scavenger-hunt.html
- National Association of Commuunity Health Workers: https://nachw.org
- Health Literacy Project – COVID-19 Fact Sheets (in 41 languages as of May 27, 2021): https://covid19healthliteracyproject.com/#languages
- Switchboard – Round-up of Multilingual COVID-19 Resources: https://switchboardta.org/blog/a-round-up-of-multilingual-resources-on-covid-19/?mc_cid=55a6c15918&mc_eid=a3e4a0ec85
- WHO – COVID-19 Advice for the Public: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public
- WHO – COVID-19 Mythbusters: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters
- American Psychological Association – Books to Help Kids Cope with COVID-19: https://www.apa.org/pubs/magination/covid-19-help-kids-cope

Wisconsin:

- WI DHS – COVID-19 Language, Graphic, and Print Resources: https://www.dhs.wisconsin.gov/covid-19/resources.htm
- Wisconsin Literacy – COVID-19 Facts and Myths Resources: https://wisconsinliteracy.org/resources/health-resources/covid-19-facts-myths.html
- Wisconsin Literacy – Supporting Kids during COVID-19 Resources: https://wisconsinliteracy.org/resources/health-resources/supporting-kids.html
- Sixteenth Street Clinic – COVID-19 Community Toolkit: https://sschc.org/our-care/coronavirus/covid-community-toolkit/

Several of these sites offer resources in multiple languages

5 MENU

Menu documents in the toolkit include:

- Menu PDF (English)
- Menu PDF (Spanish)

5.1 ABOUT THE MENU

We created a menu based on the resources found in the Resource Library. This menu is meant for CHWs to present to their clients, either as a handout or on a screen. Clients can review the different topics available and choose which they are most interested in learning about. The menu is available in both English and Spanish. Steps for creating a menu are outlined below in section 5.3.
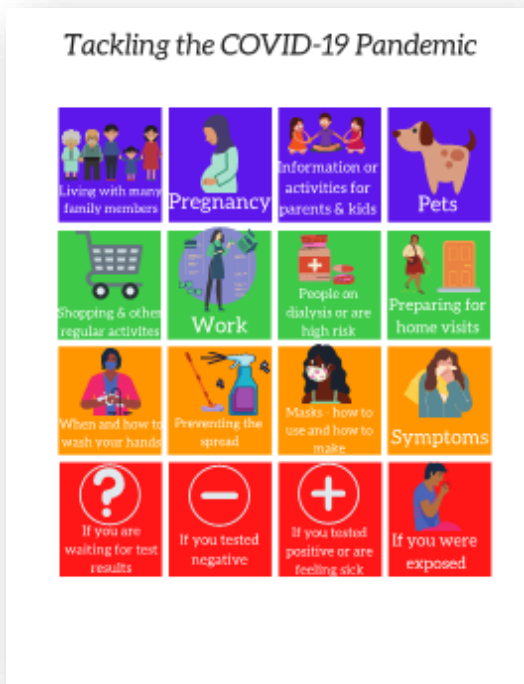
5.2 TIPS FOR USING THE MENU

In our pilot, half the CHWs used the menus with every client, while others only used it with some of their clients. Different CHWs – and different clients – may prefer not to use the menus when deciding which resources, they want to share / receive.

5.3 BUILDING YOUR OWN MENU

Here we share the steps we took to create our menu, which you might want to use as a starting point if you create your own menu:

1. We started by selecting potential menu topics based on the resources we found and the folder structure we created for the Resource Library.
2. After deciding on the initial topics, we created illustrated menus using https://www.canva.com/. You may choose to use other similar software programs.
3. Once we had a draft of the illustrated menu in English, we reviewed it – and the folders of resources available for each menu item – with CHWs and stakeholders. We strongly recommend taking this step, as it helped us identify where category titles were unclear, or where the resources available should be grouped differently.
4. When we were confident with our menu in English, we worked with multiple people to translate it into Spanish. We recommend making the menu available in any languages needed for your community.

6 TRAINING

Training documents in the toolkit include:

- COVID-19 Training PowerPoint

6.1 ABOUT THE TRAINING

We conducted the training using PowerPoint, over a 90-minute virtual meeting, with each pilot site. The training contained the following sections:

- Introduction to the intervention
- Public Health
- Understanding COVID-19
- Module design and process
- Action Learning Community (ALC)

The training PowerPoint includes a script in the Notes section for each slide.

6.2 TIPS FOR IMPLEMENTING THE TRAINING

- The COVID-19 pandemic, and other similar emergency situations, often evolve very rapidly. It is important to remain vigilant and flexible; be prepared to add or edit content to the training that may only become relevant shortly before the training is scheduled to take place.
- Training participants may come with different levels of background knowledge of topics included in the training. Consider adapting the amount of time you spend on each topic based on your audience. You may want pilot test the training with a small cohort first to gauge the appropriate level of information needed.
- If there are specific topics that are deemed highly important to know after the training, consider finding ways to reinforce these topics.
- Work to balance the time dedicated to providing information about the topic at hand (in our pilot, COVID-19) and time spent discussing the processes for incorporating that topic into their work (i.e. the module and resource library).
- Ensure trainings include opportunities for attendees to introduce themselves and interact with presenters and each other.

6.3 BUILDING YOUR OWN TRAINING

You are welcome to use our training PowerPoint as a starting point for creating your own training. We recommend editing all slides to be appropriate for your topic, organization/local & state Public Health department, module, etc.

7 ACTION LEARNING COMMUNITY

Action Learning Community documents in the toolkit include:

- Action Learning Community PowerPoint

7.1 ABOUT THE ACTION LEARNING COMMUNITY (ALC)

The purpose of the Action Learning Community (ALC) is to bring the CHWs together to support them in using the module by providing an opportunity to share their experiences and receive more information. It also allows you to use their feedback and lessons learned to adapt the module.

We began our ALC sessions with a grounding exercise where we were reminded that we all bring our real selves, emotions and all. This helped us understand that everyone can't always be present in the same way.

At some sessions, we followed with a short education piece that lasted about 20-30 minutes, on a topic of interest to the participating CHWs.

After the education piece, we moved to open sharing by CHW's about their experiences using the module with families. We asked some questions to get the conversation flowing but allowed the direction to shift based on what participants wanted to share.

7.2   TIPS FOR FACILITATING AN ALC
- Keeping a script in the PowerPoint Notes section for each slide worked well when slides were being used.
- The PowerPoint can be helpful for some parts of the ALC, especially guest presentations. However, when meeting remotely, sharing a PowerPoint can mean that it's harder for the participants in the ALC to see each other's faces. We sometimes found that stopping the slide-share was better for engaging in conversation.
- Some participants may feel less comfortable engaging; find ways to encourage engagement without making people feel "put on the spot".

7.3   BUILDING YOUR OWN ALC
Setting up your ALC
Who participates?
- Every community and organization will be different, so you should use your best judgment in determining who to include.
- At the end of our pilot, we asked participating CHWs who they thought should be included in an ALC.
    o All CHWs agreed that Community Health Workers, Community Leaders, and Public Health Representatives were essential members of an ALC.
    o Most CHWs thought that CHW Supervisors and Members of a Project Team (e.g. people helping implement or evaluate the intervention) were essential members of an ALC.

When, how frequently, and for how long do you meet?
- You should select a time that works best for those participating in your ALC.
- We met monthly based on consensus with the participating organizations. You should meet as often as is desired and feasible for those participating in your ALC.
- Our ALC met for 90 minutes. While this sometimes felt short (particularly when we tried to have both a presentation and conversation about the module), this was the duration preferred by most CHWs who answered our post-intervention survey.
- We heard multiple times that people wished we had started the ALC (and the whole intervention) earlier. We recommend doing what you can to convene your ALC as early as possible, to reap the most benefits!

Where (or how) do you meet?
- Due to COVID-19, we were unable to meet in person. We used Zoom to meet online, and occasionally had technical difficulties, but overall, it was a smooth experience. We believe there are benefits to meeting in person, especially for building relationships. However, since our ALC included participants from all over the state, meeting virtually allowed everyone to participate. You will need to determine what format best fits the needs of your participants.

Planning ALC sessions
The initial meeting:
- If you want to plan the first session to occur once some or all CHWs have started to implement the module with their clients, consider how frequently CHWs meet with their clients when setting the date for the first ALC.
- Our first session included a presentation about COVID-19 vaccines, as CHWs had many questions about these. If there is a topic that is of high interest to the CHWs, consider inviting a presenter on that topic. Otherwise, you may want to focus the first session on meeting and connecting with one another and discussing the module.

- Consider setting aside time at the initial ALC session to help CHWs navigate the process of using the module with clients, perhaps including role playing sessions with case scenarios. If you choose to do this at your first session, you might want to schedule it closer to the training.
- Our team found that it was extremely important and valuable to directly involve CHW leadership (ie. Supervisors) in the planning and facilitation of the ALC sessions.
- Another important detail was the fact that participants were compensated for their time and that attendance at the meetings was seen as part of their work.

<u>Planning future meetings:</u>
- At the end of each ALC, consider asking what CHWs need more information about or what their clients are asking for. This could help determine the educational component for the next session.
- We aimed to include a process whereby we obtained feedback continuously throughout the project. To that end, we asked CHWs to fill out a very brief survey following each ALC, which helped us understand how things had gone and make decisions about the next session. The survey included the following questions:
  - o **Instructions**: Please select your level of agreement with each of the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
The ALC session felt like a valuable use of my time						
I felt comfortable speaking up and participating in the ALC session						

  - o Please take a moment to expand on any of your answers to the questions in the table above _____.
  - o What worked well for you during today's ALC session? _____
  - o What did not work well for you during today's ALC session? How can we improve the ALC? _____
  - o What topic(s) would you like to learn about in a future ALC session: _____

<u>Future meetings:</u>
- We heard that CHWs liked the combination of presentations with discussions about the module and how that was going with clients. You may want to continue to include both components in each ALC. Alternatively, you may want to try alternating guest-presentation sessions with more intensive discussion-based ones.

8 NOTES FOR SUPERVISORS

We interviewed supervisors from both piloting sites to better understand what the intervention was like for them and to give them an opportunity to share anything they thought might be helpful for other supervisors helping to implement this intervention. Here is some of what we heard:

- Using this intervention did not add much to their workload, as they said they would have been doing similar work to provide support for COVID-19 even if they had not been participating in the pilot. One supervisor estimated that it took 1-2 hours of their time most weeks.
- Tasks supervisors performed that were related to this intervention included:
  - o Planning the intervention.
  - o Talking with staff about the process, how things were going, and if they had any questions. This could include one-on-one meetings or group meetings.
  - o Coordinating personal protective equipment (PPE), like masks or hand sanitizer, for both CHWs and their clients.

- o Putting together printed binders containing all of the resources (one of the pilot sites did this, and said it was very well-received but also somewhat time-consuming).
- Supervisors might want to practice implementing the module with a client, if possible, to get a better sense of what the CHWs will be doing and how they can support their CHWs.
- Supervisors should expect that they might get pushback from members of their team about sensitive topics (like the COVID-19 vaccine); these sensitive topics can be uncomfortable for clients, and also for CHWs themselves. One supervisor suggested, "Just be open to new ideas and other ways for the supervisor and team to communicate with their clients."

9 EVALUATION

While a comprehensive guide to developing an evaluation plan for your specific project is beyond the scope of this document, we did want to stress the importance, not just of laying out an evaluation plan from the very beginning, but also of involving partners in the development of that plan from the start.

For our pilot, we engaged several partners, including some who would be directly involved in the implementation of the module, in discussions around data collection and management as well as evaluation questions. Initially, these partners were involved directly through the creation of a Data & Evaluation workgroup which met regularly. As the project progressed, the level and manner of their involvement evolved in response to changing partner and project needs.

More specifically, partners engaged in feedback sessions around how they would define success for the project. This led to the creation of a list of collaborative goals. These collaborative goals, as well as the original goals of the intervention, were used to draft up a comprehensive evaluation plan. The plan included a variety of activities, based both on quantitative and qualitative methods, which included elements such as:

- **Pre & Post Training surveys** to assess level of knowledge and skills related to COVID-19, Public Health, and pandemic response before and after the training
- **Key informant interviews** with Public Health representatives
- **Community Health Worker Survey** to help determine generalizability of the intervention across the state and with other programs
- **Qualitative Data** analysis of transcripts from Action Learning Community Sessions
- **Demographic data** obtained from the two sites that implemented the intervention to describe populations they serve

This is not meant to be a comprehensive list of potential data collection and evaluative tools; it is meant merely as an example that you can use to think through your evaluation plan. We encourage you to consider a mixed methods approach and engage your partners early and often throughout the evaluation process. If your budget allows, you may want to consider hiring an external evaluator.

Examples of specific evaluation tools we used or developed are available upon request.