

# **Introduction to Quality Improvement for Community Health Care Workers: Module 4**

A Practice Facilitator Guide to Engaging CHWs as Quality  
Improvement Partners

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## INSTRUCTOR'S GUIDE

### TIME

- Pre-session preparation for trainer: 30 minutes
- Session: 120 minutes

### OBJECTIVES

**After completing this module, learners will be able to:**

1. Describe ways CHWs can help the practices where they work with QI.
2. Use the QI journey map to describe the first two steps of the QI process.
3. Identify a quality issue and create an improvement goal.
4. Explain what a process is and create a process map.

### EXERCISE AND ACTIVITIES TO COMPLETE BEFORE AND DURING THE SESSION

**Pre-session preparation for trainer:**

1. DETERMINE LOCATION: Determine if training is in person or virtual and prepare for the room or platform.
2. SET UP ROOM/VIDEO PLATFORM:
  - A. Room:
    - Set chairs in a semi-circle
    - Prepare the screen to project video and slides
    - Prepare snacks and beverages

- Cue up the video and PPT for the session

**B. Platform:**

- Deliver the orientation to participants, including how to change their name, raise their hand, and use emojis
- Utilize the notetaking/whiteboard function
- Cue up the video and PPT for the session

**3. REVIEW CONTENT OF MODULE:**

- A. You can use the narrative for this module as a “script” or as a guide/set of suggestions.
- B. The corresponding slide for each section of the narrative is provided in parentheses next to the header for that section.

**4. PREPARE MATERIALS**

- A. Download the accompanying PPT and make any modifications you want for your session
- B. Prepare printed (or an online location for download by learners) copies of:
  - a. The QI journey
  - b. The QI goal worksheet
  - c. The process map worksheet
  - d. The QI project homework packet
- C. Prepare any job aids or handouts for learners to take home via printed copy, email, or text message

**During the session**

1. Present concepts from the module along with PPT. Read the text directly or use it as a guide
2. Respect, recognize, and engage the expertise of your CHW learners
3. Incorporate participation and adult learning methods in your delivery of the modules (see companion PF module). Adult learners:

- Are internally motivated and self-directed and adult education should focus on creating empowered, perpetual learners.
- Bring life experience and knowledge to learning.
- Are goal-oriented, relevancy-oriented, practical, and collaborative. The teacher does not need to be the “expert” with all the answers and leadership roles can be assumed by different people at different times, and content and sequence negotiated among the learners.
- Like to be respected.

**Discussion, reflection, and action questions for the end of the session:**

1. What did we discuss that was an old idea for you?
2. What did we discuss that was a new idea for you?
3. What are you looking forward to using from this training? How will you use it?

**Supplemental Resources for Learners**

## CHWs in QI Work

- Health Leads Integrating CHWs on QI Teams

<https://healthleadsusa.org/wp-content/uploads/2020/01/Integrating-Community-Health-Workers-on-Quality-Improvement-Teams-Final.pdf>

## Agency for Healthcare Research and Quality (AHRQ) Training Modules for Practice Facilitators

- 31-module PDF

<https://www.ahrq.gov/ncepcr/tools/transform-qi/deliver-facilitation/curriculum/index.html>

- AHRQ interactive online training modules with content that can be used to illustrate the CHW training modules in process mapping, Root Cause Analysis (RCA), other:

<https://www.ahrq.gov/ncepcr/tools/transform-qi/deliver-facilitation/modules/index.html>

- Simple QI Toolkit

<https://www.aafp.org/family-physician/practice-and-career/managing-your-practice/quality-improvement-basics.html>

#### Information on CHW training

- Evidence of effectiveness of CHW interventions-systematic review:

<https://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-071521-031648>

- National standards for diabetes self-management education (DSME) (2022):

<https://journals.sagepub.com/doi/full/10.1177/26350106211072203>

<https://nachw.org/wp-content/uploads/2021/09/8.25.21StatewideTraining.pdf>

<https://www.ruralhealthinfo.org/toolkits/community-health-workers/4/training/curriculum>

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## MODULE 4

### Welcome (Slide 1)

The purpose of this module is to:

- Prepare you to provide introductory training on quality improvement (QI) for community health workers (CHWs) using the modules developed by the American Diabetes Association® (ADA).
- Help primary care practices and other organizations engage CHWs as partners in QI to improve patient experiences and outcomes.
- Advance health equity.

### Learning Objectives (Slide 2)

By the end of this module, you will be able to:

1. Design a training course for CHWs using the ADA's QI 101 Modules for CHWs.
2. Describe three techniques for increasing practice readiness to engage CHWs in QI.
3. List two ways of being an effective partner with CHWs on QI.

### Who are CHWs? (Slide 3)

CHWs are also referred to by various titles such as:

- Promotoras or promotores de salud
- Community health representatives
- Community health navigators
- Lay health workers
- Community health advisors



CHWs have an over 70-year history of service in the United States. The American Public Health Association (APHA) defines CHWs as (2009):

*A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the community health worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.*

## **CHWs' Role in Health Care (Slide 4)**

CHWs are increasingly being incorporated into primary care practices as members of the care team. Common roles CHWs play in primary care include:

1. Health education and promotion: CHWs conduct educational workshops, seminars, and one-on-one sessions to educate patients about preventive care measures, chronic disease management, healthy lifestyle choices, and medication adherence.
2. Care coordination and navigation: CHWs assist patients in navigating complex health care systems, scheduling appointments, arranging transportation, and coordinating referrals to specialists or community resources such as social services, housing assistance programs, and food banks.
3. Chronic disease management support: CHWs provide ongoing support to patients with chronic conditions like diabetes, hypertension, or asthma by offering guidance on medication management, dietary modifications, physical activity recommendations, and self-monitoring techniques.
4. Social determinants of health (SDOH) identification & service navigation: CHWs assess patients' social needs—such as housing instability, food insecurity, unemployment, or lack of insurance—and help connect them with appropriate resources and services to address these SDOHs.

5. Peer support and advocacy: CHWs serve as advocates for patients, offering emotional support, empowerment, and encouragement to navigate health care challenges, adhere to treatment plans, and actively engage in their own care. They may also facilitate support groups and peer-to-peer mentoring programs to promote social connectedness and improve overall wellbeing.

6. Empowerment and motivation: CHWs provide social support and coaching to counteract patient discouragement and encourage health motivation by emphasizing a healthy lifestyle for quality of life, setting actionable goals, and empowering patients in care. Before the CHW, patients described themselves as exhausted or discouraged, when facing health care obstacles. A patient says, “When you are sick, you don’t feel like living, and when you chat with her, she encourages you, and she pulls you out from that world of darkness...they show interest in us, so that makes you move forward little by little.” (source:)

7. Building trust: Once a relationship is established between the CHW and patient, CHWs work to build a patient’s trust in the medical system by addressing concerns, listening, providing consistent support, and ensuring patient consensus in care. CHWs describe some patients’ distrust of health care. A CHW explains, “To actually win [patient] trust because they’ll say, ‘Well, so-and-so said they were going to help me, but it never happened.’ ...When you come along, they’re like, oh, why should I trust you.” A patient describes how their limited English proficiency affected trust, “In the past, we didn’t trust them because we didn’t know how the doctor would react due to the way we talked, but now I feel more confident and trust my doctor...[the CHW] told me, “You don’t have to feel embarrassed. Speak up. Ask questions. That’s their job.” (Source:)

8. Skill-building to promote self-efficacy in diabetes self-management: CHWs help patients increase capacity and self-efficacy through skill-building. Skill-building includes teaching patients to:

- Write down care questions before visits
- Remove socks to remind their health care provider to conduct a foot exam
- Eat healthy
- Exercise
- Use a blood glucose monitor
- Track results
- Obtain and understand how to take medicines
- And more

A patient describes, “now, I write down the questions I want to ask my doctor, which I didn’t do before...I have learned to be more organized. Now I take my medications...it’s like a routine now.” A CHW explains that patients have “missed appointments...[because] they’re not willing to follow through with a primary care provider. We have to teach them.”

10. Increase provider knowledge about a patient: CHWs can share information with providers about a patient to enable the provider to make more effective and patient-centered care decisions. For example, sharing information about patient priorities, limitations, and life circumstances. One CHW describes how their knowledge of the patient was critical to share with the provider to ensure medication reconciliation. “You have a patient who admits and knows ‘I am diabetic... I know this can help me, but doctor, the side effects disrupt my life. I can’t take Metformin that causes diarrhea, nausea, and vomiting...I’m working two jobs to keep a roof over my head so that I can eat. I can’t take that medication early in the morning or late in the afternoon because I’m on public transportation, and I do security work, and if I’m a security guard, I can’t spend half my time on the job in the bathroom.’”

11. Facilitate linkage to social services and community resources: CHWs provided linkage assistance to social services and community resources for sustainable wellbeing, including assistance in determining eligibility, enrollment, and facilitation of logistics to services, like transportation. A CHW describes, “They’re having a problem getting transportation or things like...DPSS, Medi-Cal.” CHWs described limitations or temporary aspects of resource linkage, including difficulty obtaining housing benefits or patient inability to exercise due to neighborhood safety. A CHW explains, “They’ve gone to the nutritionist, they’ve heard what you’ve said as a doctor, but their income is not going to provide a way for them to get the nourishing type of food that they’re supposed to have.” Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8622376/>

## Why involve CHWs in QI? (Slide 5)

CHWs’ firsthand observations and interactions with patients allow them to identify critical quality issues that traditional QI data may not capture.

Through their close relationships with patients, CHWs gain insights into barriers to care, gaps in service delivery, and opportunities for improvement that may otherwise remain hidden. By bringing these issues to light, CHWs help practices identify areas for

enhancement and develop targeted interventions to address them, ultimately improving the quality of care provided to patients.

By sharing personal stories, anecdotes, and observations with health care providers, CHWs humanize the health care experience, bridging gaps in communication, understanding, and trust between patients and providers. These stories often highlight important aspects of patients' lives and health care interactions that may go unnoticed by health care providers and traditional QI data.

Through their authentic voices and lived experiences, CHWs can help providers adopt more patient-centered, culturally competent, and equitable approaches to patient care.

## **The ADA's QI Training Modules for CHWs (Slide 6)**

The ADA recognizes the unique contributions CHWs can make to improving the quality of care for people with type 2 diabetes through their knowledge of the patient, their knowledge of the community, their own lived experience, and the powerful contributions they can make to QI around diabetes care.

The ADA funded the development of introductory training modules for CHWs to prepare them to participate in QI in a meaningful way in their organizations and in the primary care practices where they work.

### **Principles of Adult and Diverse Learner Education**

The modules incorporate adult learning principles that recognize the importance of drawing upon the expertise and prior lived experience of adult learners, and on principles for effective engagement and support of learners with limited opportunities for formal education.

The modules emphasize active learning and alternate between the introduction of new knowledge and skills and the opportunity to apply these skills in areas most familiar to the learner: their own daily lives.

### **Uses the Metaphor of a Journey**

The modules use the metaphor of a "journey" to outline the primary activities of QI to the learner and connect it with something familiar in their environment. Everyone is familiar with taking a walk in the park, a trip to the store, or traveling to see family or friends.

There are six stops on the QI journey the learner is introduced to over the course of the training. Each of these “stops” aligns with a basic QI task or activity. In the curriculum, learners also bring a backpack with them on their journey that they fill with different QI tools they can use at each stop.

## QI as a Journey (Slide 7)

Table 1: QI as a Journey and Your Backpack of QI Tools

Stops on the QI Journey	Tools for your backpack
Stop 1: Identifying an issue and creating a QI goal	5-part QI goal template
Stop 2: Gathering information (data)	How to create a process map
Stop 3: Finding the root cause of the issue	The 5 Whys
Stop 4: Generating ideas for improvements to test	Brainstorming
Stop 5: Selecting the best idea and testing it	
Stop 6: Implementing the idea that works and keeping it going	
Skill: Presenting your ideas	Laser presentation generator

## Structure of the Modules (Slide 8)

The modules include the following:

- An instructor’s guide that includes suggestions for room or video conference set-up, learning objectives, learning activities, and additional resources.
- A PDF “narrative” the trainer can use as a script reference and use as resource to develop their own content, as well as speaker’s notes.
- An accompanying PowerPoint the trainer can use in conjunction with the speaker’s notes, or as a resource for developing their own presentation.

## **Training Logistics (Slide 9)**

Each module, delivered in person or virtually, takes one to two hours depending on the needs of the learners. The modules are designed to be delivered sequentially and can be broken into mini modules to fit into shorter time periods.

A training plan generator is included in this module to help you think through logistics as well as the incorporation of adult education principles and diverse learner strategies.

## **Content of the Modules (Slides 10-12)**

The modules are a 101 on QI for CHWs.

Additional training and support will be needed to continue to develop the CHWs QI skills, knowledge, and feelings of self-efficacy with QI work.

Table 2 provides a high-level overview of the content of each of the three modules.

## **Module 1 Introduction to the QI Journey: Creating a QI Goal & Process Mapping**

### **Content**

1. Welcome from the ADA
2. Learning Objectives
3. What is quality?
4. CHWs as QI Partners
5. What is quality improvement?
6. The Six-Stop QI Journey

7. Stop 1: Identify the Quality Issue and Create a QI Goal
8. Stop 2: Gather Data to Understand the Quality Issue
9. Skill Building: Learn to Create a Process Map
10. Homework: Identify a personal QI issue, create a QI goal, and gather data with a process map.
11. Reflection and Evaluation

#### Handouts

- QI Goal Creation worksheet
- Process Mapping worksheet
- Personal QI project homework

## **Module 2 Continuing on the QI Journey: The 5 Whys, Brainstorming, and PDSAs**

1. Welcome
2. Exercise: Present your Homework
3. Learning Objectives
4. Stop 3: Find the Root Cause of the QI Issue
5. Skill Building: The 5 Whys
6. Stop 4: Generate Solutions to Test
7. Skill Building: Brainstorming

8. Stop 5: Select the Best Idea and Test It
9. Skill Building: PDSAs
10. Stop 6: Implement What Works and Keep it Going
11. Implementing the New Eye Exam Script
12. Homework: Find the root cause for your personal QI issue and generate ideas for solutions to test.
13. Reflection and Evaluation

#### Handouts

- Job aid: The 5 Whys
- Job aid: Brainstorming
- Homework: Person QI project page 2

## **Module 3 Continuing on the QI Journey: Partners, Presentations, and American Diabetes Association Resources**

1. Welcome
2. Present Your Homework
3. Learning Objectives
4. Who can you work with on QI in your organization?
5. Exercise: Who are potential QI partners at my workplace?
6. How People Talk About QI in Busy Organizations



7. Ask the Magic Question: What are next steps?
8. Exercise: Make and Give a Laser Presentation
9. The American Diabetes Association (ADA)
10. *Standards of Care in Diabetes*
11. Resources for CHWs on the ADA's Website
12. Exercise: Explore Resources on the ADA's Website
13. (Optional) Exercise: Join the ADA as a CHW Member
14. QI Tools in Your Backpack
15. Reflection and Evaluation

#### Handouts

- My QI Partners worksheet
- Laser Presentation worksheet

## Build Self-Efficacy (Slide 13)

The goal of your training should be to increase CHW learners' self-efficacy in engaging in QI activities. Self-efficacy refers to an individual's belief in their ability to accomplish tasks and achieve goals, not just their acquisition of simple knowledge and skills.

As learners, we build confidence in our abilities as we successfully complete tasks and overcome challenges over the course of training (mastery-based learning), and from observing role models and other students carrying out the same (vicarious learning).

The more an individual learner experiences mastery, the more likely they are to apply the skills and knowledge beyond the learning environment (Bandura, 1997).

Similarly, incorporating concepts from Paulo Freire's theories of education for marginalized populations can be particularly powerful when working with learners who have had limited opportunity for formal education.

He challenged the traditional "banking concept of education" where "knowledge is a gift bestowed by those who consider themselves knowledgeable upon those whom they consider to know nothing." (<https://freire.org/concepts-used-by-paulo-freire>)

## Get to Know Your Learner (Slide 14)

The majority of the CHWs you work with will be adults and will bring extensive work and/or lived experience to the training. You should incorporate principles of adult education and working with diverse learners into your trainings.

Your CHW learners will also come from diverse educational, cultural, and socioeconomic backgrounds you should consider and address. In a single training course, you may work with learners who have master's degrees and even PhDs, along with individuals who may have had limited access to formal education and may have only completed up to second or third grade in their home countries.

Well-designed training for CHWs considers their status in the following:

- Adult learners
- Literacy levels
- Preferred language
- Cultural preferences
- Expertise they have developed through their life experiences

## Be Familiar with Traditional CHW Training (Slide 15)

CHWs participate in a variety of trainings and state health departments are beginning to define core competencies for CHWs. The California Pan-Ethnic Health Network (CPEHN) defined the following core competencies for CHWs:

- Communication skills
- Interpersonal and relationship-building skills
- Service coordination and navigation skills
- Capacity building skills
- Advocacy skills
- Education and facilitation skills
- Individual and community assessment skills
- Outreach skills
- Professional skills and conduct
- Evaluation and research skills
- Knowledge base of public health principles and social determinants of health

They also typically receive specialized training in specific health areas such as diabetes or asthma self-management.

## **Gather Learner Profiles From Your CHW Participants (Slide 16)**

Consider having the CHWs you will be working with complete a learner profile before you begin the training. Ask participants to fill in a form with information about their goals and previous experience, or use the form as an interview guide and ask the CHWs to share this information during a group discussion at the start of a training. Of course, having this information in advance of designing the session is optimal, but if this is not an option, you can also adjust your training on the fly based on what you learn at the start of the session.

## **Incorporate Adult Education and Diverse Learner Principles (Slide 17)**

Consider incorporating the following principles of adult and diverse learner education into your delivery of the 101 modules:

## **Provide accessible materials and content.**

Deliver your training in the language in which your learner has the greatest fluency. If you are not fluent in the preferred language of the CHWs you are training, partner with someone at the practice or in their organization who is bi-lingual. You can take a train-the-trainer approach to introduce your linguistic partner to the content of the modules and their key concepts. Another option is to deliver the training yourself and have your partner provide simultaneous translation for the group.

## **Be flexible.**

Be flexible in the delivery of training to accommodate the diverse learning needs and preferences of CHWs. Offer options for self-paced learning, virtual training sessions, or asynchronous learning activities to accommodate busy schedules and varying levels of experience.

## **Be a co-learner rather than a teacher.**

Foster a collaborative learning environment where CHWs can learn from each other as well as from the facilitator. Encourage peer-to-peer learning, knowledge sharing, and collaboration on QI projects.

## **Acknowledge the CHWs' expertise and build on it.**

Acknowledge and respect the prior knowledge and experience of CHWs. Provide opportunities for them to share their insights and perspectives and incorporate their input into the training content and discussions. Build on learners' existing knowledge and experiences as a foundation for learning. Relate new concepts to familiar contexts and use real-life examples to make abstract concepts more concrete and understandable.

## **Facilitate critical inquiry.**

Critical inquiry encourages individuals to approach issues with skepticism, curiosity, and an open mind and to understand issues below the surface level from multiple perspectives. In QI training, apply methods that encourage CHWs to delve deeply into the underlying factors affecting health outcomes among their patients and in their communities and engage in critical reflection on how processes at their organizations or practices address these.

To encourage critical inquiry, incorporate methods into your training such as:

- Open-ended questions that cause learners to think about an issue from different perspectives
- Active learning methods such as role plays and simulations
- Project-based learning approaches
- Opportunities to reflect on what has been learned through group discussion

## **Keep it simple, clear, and sequential.**

Present information in clear, simple language that is easy to understand. Avoid jargon, complex vocabulary, and lengthy explanations. Use plain language, short sentences, and visual aids to convey key concepts effectively. Break down complex concepts into smaller, manageable chunks and present them in a logical, sequential order. Build on learners' existing knowledge and skills, gradually increasing the complexity of content as they progress.

## **Be practical and interactive.**

Emphasize the practical application of QI concepts and tools in real-world settings. Provide opportunities for CHWs to practice using QI techniques and tools and support them in applying these skills to address specific challenges in their communities. Provide many opportunities for learners to practice skills and apply new knowledge over

the course of the training. Incorporate hands-on exercises, group discussions, role-playing, and visual aids to enhance comprehension and retention.

### **Repeat, repeat, repeat.**

Reinforce key concepts and skills through repetition and reinforcement. Provide opportunities for review and practice and incorporate spaced repetition techniques to enhance retention and application of learning over time.

### **Incorporate opportunities for feedback, reflection, and action.**

Provide opportunities for CHWs to receive feedback on their learning progress and reflect on their experiences. Encourage self-assessment and reflection on how they can apply QI principles in their work.

### **Celebrate!**

Celebrate the successes and achievements of CHWs in implementing QI initiatives. Recognize and reward their contributions to improving health outcomes and quality of care in their communities, which can serve as motivation for continued learning and improvement.

By incorporating principles of adult education into the training for CHWs on QI, you can create a learning experience that is engaging, relevant, and empowering, ultimately leading to improved outcomes for individuals and communities.

## **Engage CHWs in QI (Slide 18)**

As a Practice Facilitator (PF) working with practices on QI, you will want to be prepared to help build organization readiness to engage CHWs in QI. While participation in research and evaluation is included in the standard list of core competencies for CHWs,

organizations and the practices where CHWs work may not be in the habit of including them in QI.

Staff and clinicians may not think of CHWs as a resource for QI ideas and work. They may feel they lack the skills or training in this area, or that they are already in such high demand for direct patient support that they do not have time to participate. As we discussed earlier in this module with the tree root example, involving CHWs in QI work can result in substantial improvements in patient care and health outcomes.

As a PF, you can help increase the readiness of staff and clinicians in primary care practices to involve CHWs in QI work in a variety of ways:

Work with practice leadership to remove barriers to CHW participation in QI.

Many factors can impede CHW participation in QI activities at their organization or practice. As a PF, you can work with the office manager, QI director, or QI team to make it easier for CHWs to participate in QI.

- Schedule QI meetings at times CHWs are not in the field and able to participate.
- If the CHW is not fluent in English, seat them next to someone who is bi-lingual and can help translate discussions for them, or even better, provide simultaneous translation.
- Be sure the CHWs are seated at the main table, not sitting in the back or the edges of the meeting.
- Assign someone to emcee the sessions and make sure CHWs have opportunities to share their ideas and insights.
- Use visual aids, simplified language, and translated documents/forms to make it easier for CHWs with lower-literacy levels to participate and increase their comfort in the meeting.
- Continuously assess and address other barriers that may hinder CHW participation, such as transportation issues or conflicting responsibilities, to ensure inclusion in QI discussions and projects.

## **Model inclusion of CHWs in QI for the practice.**

Identify opportunities to include CHWs in QI work, for example, by encouraging clinicians and staff to seek their input when they are considering making changes to workflows that might affect patients that CHWs work with, or are attempting to understand problems. You can model inclusion for the practice by wondering out loud in meetings what ideas the CHW might have about a particular QI issue, suggesting the practice engage them in discussions about improvement work, and routinely seeking out and sharing their ideas with practice leadership. This will help solidify the practice of seeking input from CHWs.

## **Educate practice members on the value CHWs can bring to QI.**

CHWs' stories are a powerful form of QI data and can help a QI team develop a more robust and comprehensive understanding of a QI issue and design more effective solutions. You can encourage the practices you work with to include CHW "stories" in all their QI work—introducing the principle, "No data without stories, and no stories without data." (Health Leads: <https://healthleadsusa.org/wp-content/uploads/2020/01/Integrating-Community-Health-Workers-on-Quality-Improvement-Teams-Final.pdf>)

## **Provide concrete examples of contributions CHWs have made to QI. (Slide 19)**

You can help create a vision for how CHWs might be incorporated into QI work at the practice by sharing stories of successful QI projects in which CHWs have played a significant role.

A great example of a success story is one about CHWs from Latino Health Access and the approach they developed to help patients understand the importance of regular diabetes eye exams.


Here is a great example of what CHWs can contribute to QI.



CHWs at Latino Health Access developed a unique way of explaining to patients with diabetes why getting regular diabetes eye exams is so important.

During their training on eye health and when to get eye exams CHWs made the observation that the changes in the arteries in the eye that happen when a patient develops diabetic retinopathy are a bit like the tree roots that grow-up under the sidewalks and break them.

They then developed a story around this idea and started using it to help patients they worked with understand why it was important to get regular diabetes eye exams even if they felt they didn't need one.



**American  
Diabetes  
Association®**


**Eye Exam Script for Patients  
with Diabetes**

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**English**

Have you seen places where tree roots have grown under the sidewalk and broken the concrete? Something like this can happen to your eyes.

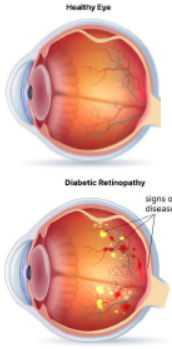
When you have diabetes, the blood vessels in your eyes can grow too large and hurt your eye. This is why you need to get an eye exam so your eye doctor can find out if this is happening."



**Spanish**

¿Has visto lugares donde las raíces de los árboles crecen bajo la acera y rompen el concreto? Algo así puede pasar con tus ojos.

Cuando tienes diabetes, los vasos sanguíneos de tus ojos pueden crecer demasiado y dañar tu ojo. Por eso necesitas hacerte un examen de la vista para que tu oculista pueda saber si esto está ocurriendo.



Note: Story and script idea from the Promotoras from Latino Health Access in Santa Ana, CA.

diabetes.org | 1-800-DIABETES (800-342-2383)

After hearing the story, participants would say, “Oh, so that’s what can happen to my eyes when I have diabetes, and I don’t take care of them. Wow! Now I get it. I didn’t realize that’s what happens.”

All of the patients who CHWs shared this story or metaphor with went to get their eye exams, where before PCPs were saying only 20-30% of their patients would go.

The PCPs were surprised at the change and even called Latino Health Access to ask what they were doing. One said, “I’ve been trying to get them to go for years. I asked them why they went and they said they went because of what the CHW explained to them.”

Latino Health Access, a Santa Ana California-based non-profit with 130 CHWs and staff working on chronic disease prevention and management, mental health, and community advocacy.

## **Become an Effective QI Partner for CHWs (Slide 20)**

### **Shadow CHWs in the Field**

One of the most powerful ways you can initiate a QI partnership with a CHW is to shadow them during a workday. These experiences can be invaluable, giving you a firsthand look at the type of work CHWs are engaged in and the issues they encounter that can inform QI efforts in their organization. Before you do this, be sure you have the appropriate permissions in place, including:

- A Business Associate Agreement (BAA)
- Approval from the practice director
- Approval from the CHW director
- Approval from the CHW
- Approval from their client(s)

Work with the CHW to create a script to explain your presence to the CHWs’ clients. For example,

*“Jennifer is a practice improvement facilitator. She is working with our practice to help us improve the quality of the care we are providing our patients. She is going to be shadowing me for a few days so she can learn more about what CHWs do and what can help us provide even better support to our patients.”*

## **Solicit CHWs’ Input on Current QI Projects**

Meet with the CHW and use questions to solicit input from CHWs on QI issues the CHW or their organization are facing, and share these ideas with practice leadership. This will also help leadership recognize the value of CHW involvement in QI over time.

Use powerful questions to help CHWs share their ideas about QI issues and for improvement. Powerful questions are open-ended and intended to help the receiver of the question think more deeply and gain insights about a particular event, activity, or issue.

Examples of powerful questions you might ask a CHW about QI issues include:

- If you had a magic wand, how would you use it in your practice?
- What are your thoughts about...?
- Help me understand what you mean by...?

## **Be a QI Co-Pilot**

Work as a partner or co-pilot to the CHW when they first start participating on the QI team. Help them prepare a laser presentation to the QI team using the template from the CHW QI 101 modules. Ask them if they would like you to co-present with them during the meeting the first couple of times. By taking a collaborative approach, you can create a supportive environment where CHWs feel empowered to share their ideas and actively participate in practice improvement efforts.

## **Help CHWs Continue to Develop Their QI Skills**

Help CHWs find opportunities to continue to build their QI skill and knowledge. In addition to delivering QI 101 training for the CHWs using the ADA modules, you can

assist them in identifying other opportunities for training such as AHRQ's interactive QI 101 module for practice facilitators at [ahrq.gov/ncepcr/tools/transform-qi/deliver-facilitation/modules/index.html](https://ahrq.gov/ncepcr/tools/transform-qi/deliver-facilitation/modules/index.html)

You can also provide ongoing micro trainings for the CHWs on additional QI tools they may find helpful.

## Support CHWs' Dual Role

In addition to recognizing and respecting CHWs' expertise in the local community and in the needs of the clients or patients they work in their organizations, it is important to be aware of the dual roles CHWs play within their organizations and the challenges this can create for them.

While CHWs have specialized training and experience in supporting their clients, they often also have to navigate similar stressors and challenges as their clients. Often, they live in the same communities and are managing the difficulties of poverty or distressed and under-resourced communities.

They may also be managing similar complex health conditions and coping with similar challenges to accessing care—ranging from costs of medication to transportation, to linguistic barriers, and cultural differences while they work with others to help them navigate these barriers. Be aware of these unique aspects of being a CHW and provide them with support in these areas when appropriate.

## Reflection (21)

In a quality culture, we are always improving. We'd like to improve this module too and appreciate your feedback on it.

Let's take a few minutes before we close to reflect on and evaluate what you've learned and what we can do to improve the module.

First, let's see if we met the learning objectives for this module:

- Design a training for CHWs using the American Diabetes Association's QI 101 Modules for CHWs.
- Describe three techniques for increasing practice readiness to engage CHWs in QI.
- List two ways of being an effective partner with CHWs on QI.

## **Evaluation (Slide 22-23)**

- A. How much do you feel this session increased your quality knowledge?
- B. How satisfied are you with this session today?
- C. What was the most helpful part of the session for you today?
- D. What is one thing we can change to make this session more helpful next time?

## **Participant Evaluation (Slide 24)**

Please use the QR code to open your participant evaluation