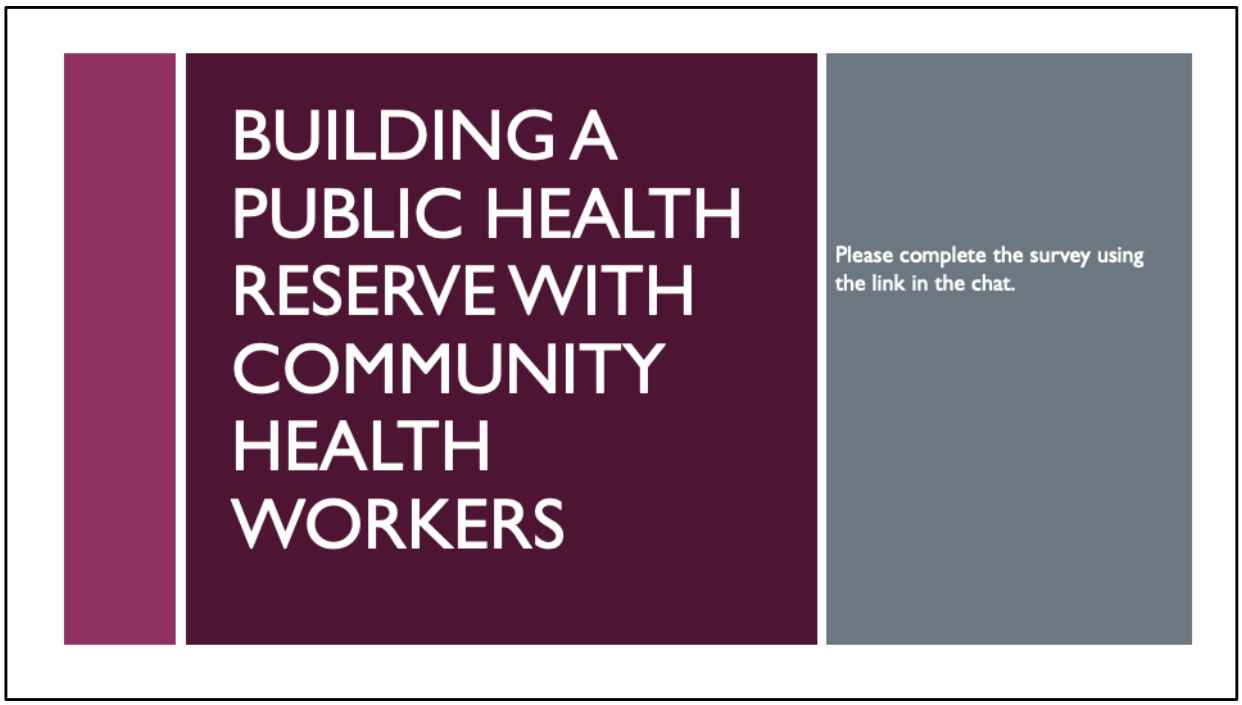


Hello,
We want to welcome you all to the training for the *Building a Public Health Reserve with Community Health Workers* pilot. Before we get started please complete the survey using the link in the chat box. You also received an id sent to you individually in the chat.

UW-Madison Prevention Research Center
African American Breastfeeding Network
Southwest Community Action Programs
RISE
Wisconsin Department of Health Services
UniteWI
Wisconsin Community Health Worker Network
Center for Special Children
Centro Hispano of Dane Co.

The University of Wisconsin-Madison Prevention Research Center is one of 26 Prevention Research Centers funded by the Centers for Disease Control and Prevention.

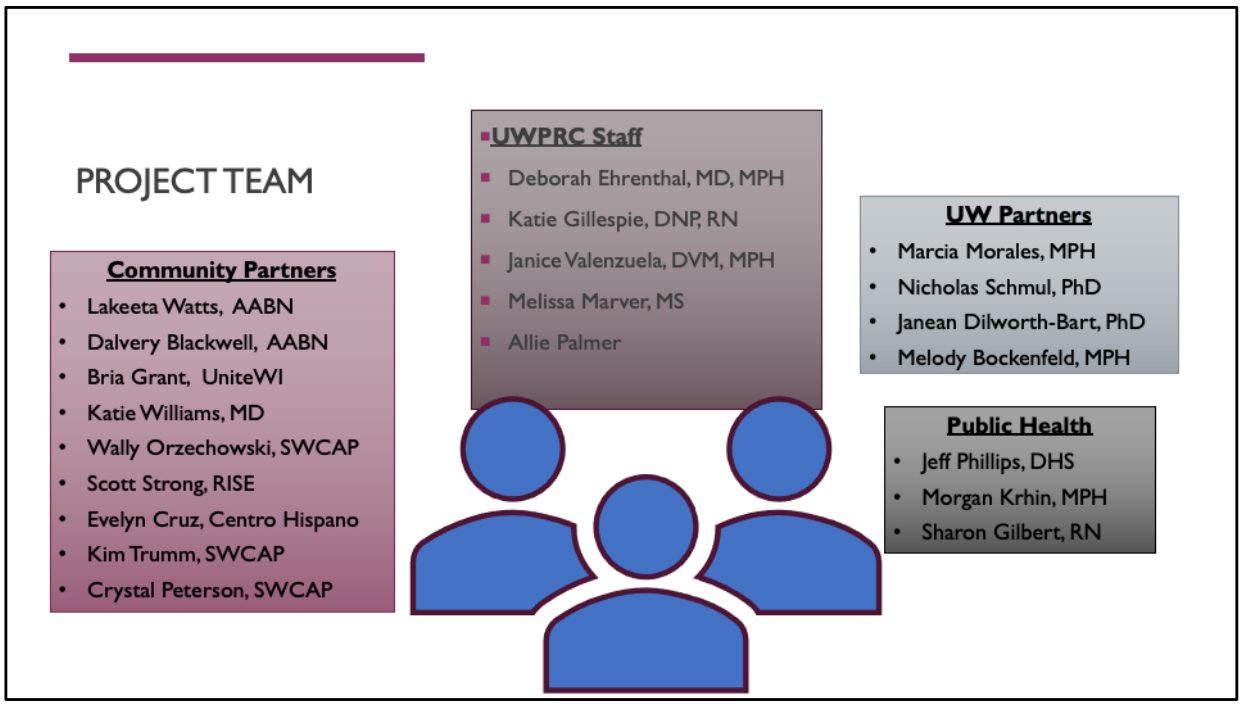
The mission of the UWPRC is to improve the health of women, infants and families living with low-incomes through the conduct of high-quality health promotion and disease prevention research with a focus on achieving health equity.

We support community engagement, research, and training to expand applied prevention research in the following areas:

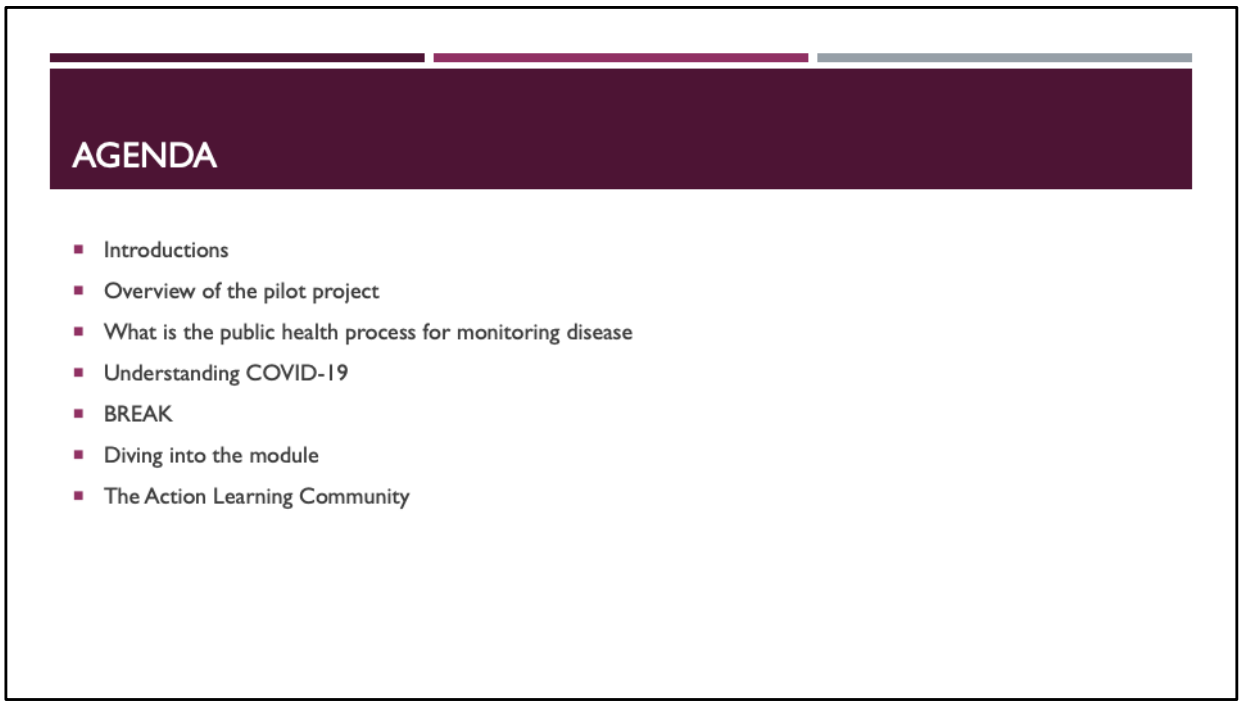
- Community-based programs engaging mothers, fathers, and families to support child health and development
- Quality improvement strategies to reduce maternal morbidity and infant mortality
- Economic interventions to improve maternal and child health among women and families with low income.

FUNDING PROVIDED BY:

- UW School of Medicine and Public Health from the Wisconsin Partnership Program through a grant to the UW Institute for Clinical and Translational Research.
- CDC infrastructure grant (U48 DP006383-01, 09/30/2019-10/01/2024) that supports the center and the core research project.
- In addition, we receive annual funding from the SMPH Dean's Office, Office of the Vice Chancellor for Research and Graduate Education, the Departments of OB/Gyn and Pediatrics.



I want to take a moment to thank our project team. This project has involved academic, community, state, and local public health partners. Together we bring experience in the areas of women's health, public health, research, home visiting, and family and community wellness. We also have expertise in medical and nursing practice, public health, social work, health education, and child development. These people have contributed their time and talent toward developing this project. We are at this point today because of their combined efforts.



Here is what we will cover in today's session. We have a lot to cover and want to allow for a short break, so we ask that you put your questions in the chat as we go.

PROJECT OVERVIEW

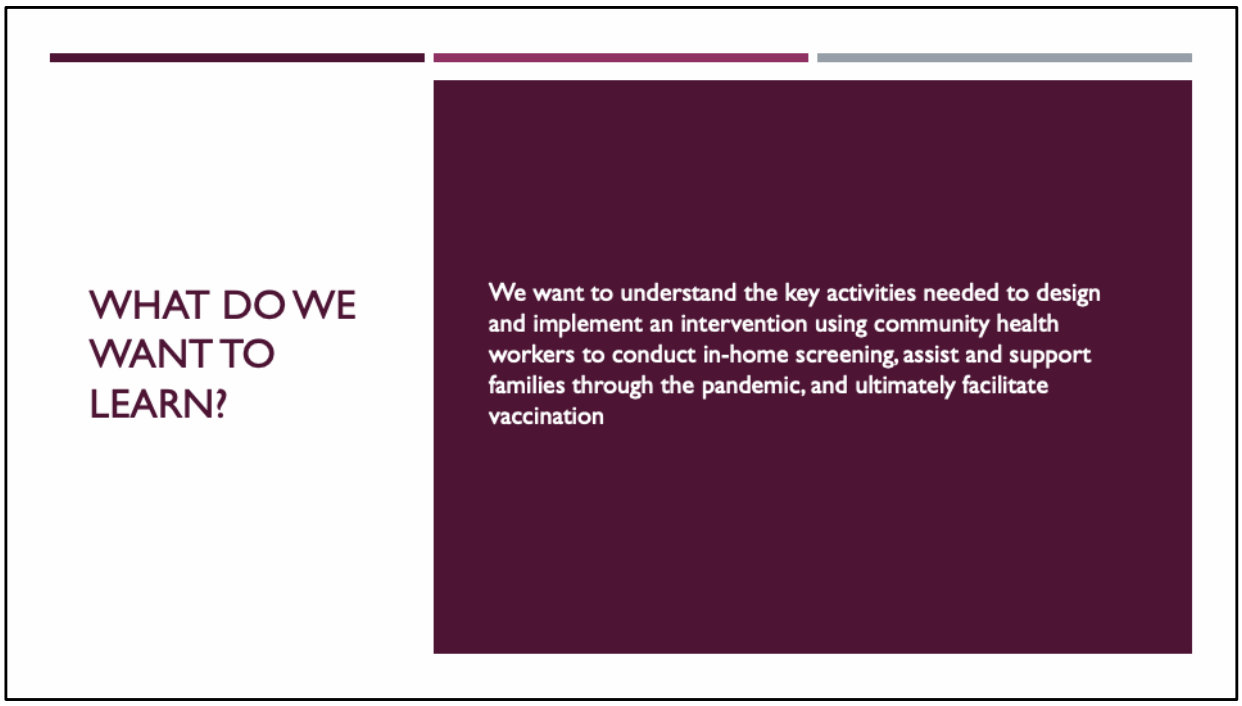
TO DESIGN, AND PILOT TEST A CULTURALLY APPROPRIATE STRATEGY TO SUPPORT THE RAPID SCALE-UP OF COVID-19 TESTING, CONTACT TRACING, AND ULTIMATELY VACCINATION.

The Building a Public Health Reserve with Community Health Worker project is intended to design, and pilot test a culturally appropriate strategy to support the rapid scale-up of responding to COVID-19 with testing, contact tracing, and vaccination. We intended to work with and learn from all of you and to adapt the project as we go.

We decided to focus on this project because we recognized that Wisconsin needs better strategies to reach all populations with the public health response to the pandemic. Given the highly disparate impact of COVID-19 on communities of color in Wisconsin, these strategies must allow for engaging community partners that understand the historic experiences with health care and discrimination that has led to distrust.

At the same time, we must address the public health workforce needs that have been reduced to minimal over the years.

Our believe is that programs that employ CHWs are already working effectively with communities and with focused training could be engaged to address the needs of the pandemic response.



We want to learn from all of you that are working closely with communities and that have a deep understanding of the issues of greatest concern for families. So, we are trying out this intervention as a small pilot to test how well it works. Our goal in the end is to develop a toolkit that will allow other programs and locations do something similar.

MOST CBPS* WORK UNDER A DEFINED CARE PLAN.

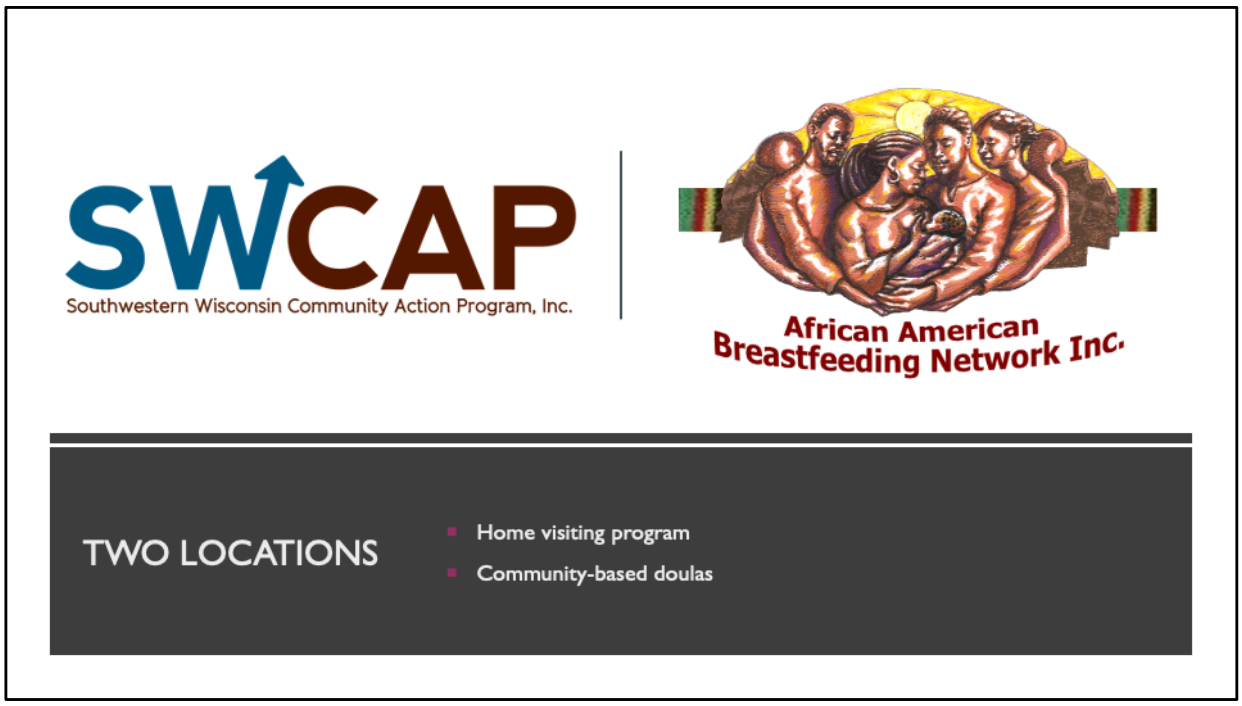
This intervention **adds** COVID to the care plan.

*CPBs = Community-Based Providers, and can include community health workers, home visitors, doulas, and others

OUR TASKS:

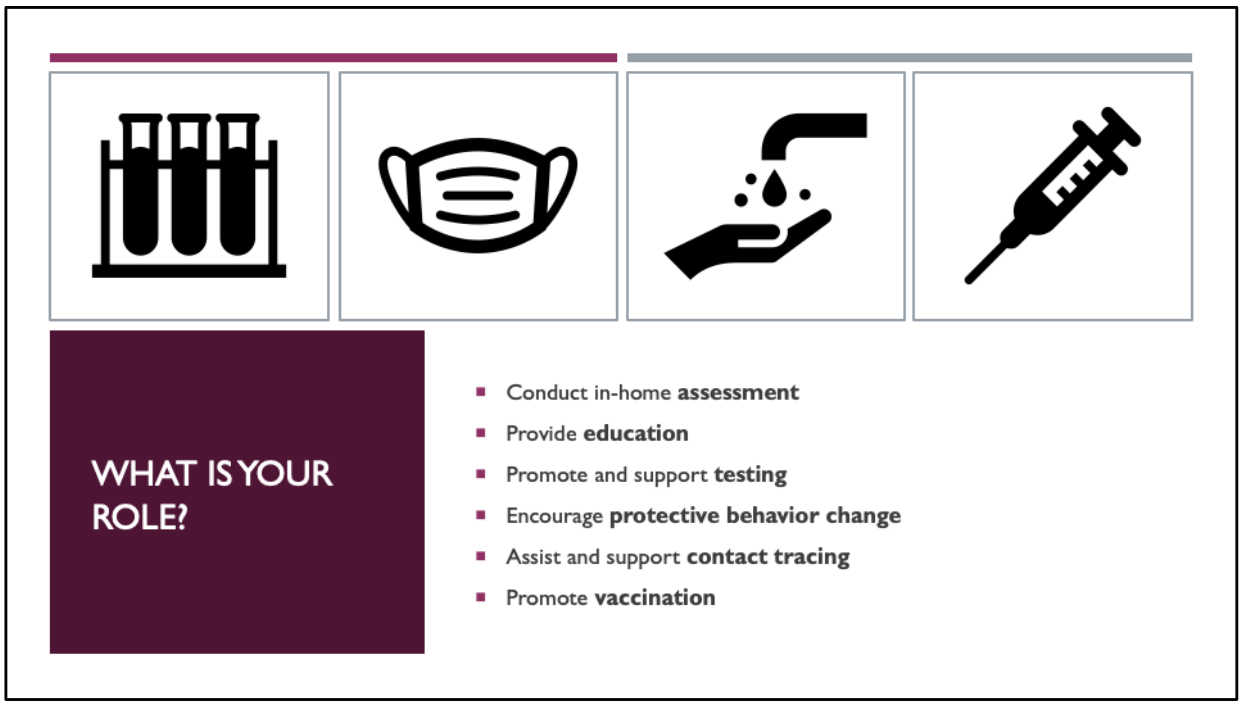
1. **Create a *new* module** (AKA pathway, care plan, protocol) that includes:
   - COVID-19 Education
   - Risk Assessment for client and household
   - Recommendations for client and household
   - Referrals as needed
   - Follow-up
2. **Create training** for CBPs to use the *new* COVID-19 module and support their clients
3. **Create an Action Learning Community** to provide ongoing support, share updates, and connect with Public Health as needed to support the CBPs and keep everyone up-to-date and working in collaboration

This pilot is intending to insert a module on COVID-19 your existing program structure. These three steps are the intervention. Since August we have been meeting with partners on the team to identify these steps and what you would need to incorporate a new module. We continued to work together in designing the module and resources to support your part in implementing it with households.



We are working with two locations that have incorporated different community health worker models.

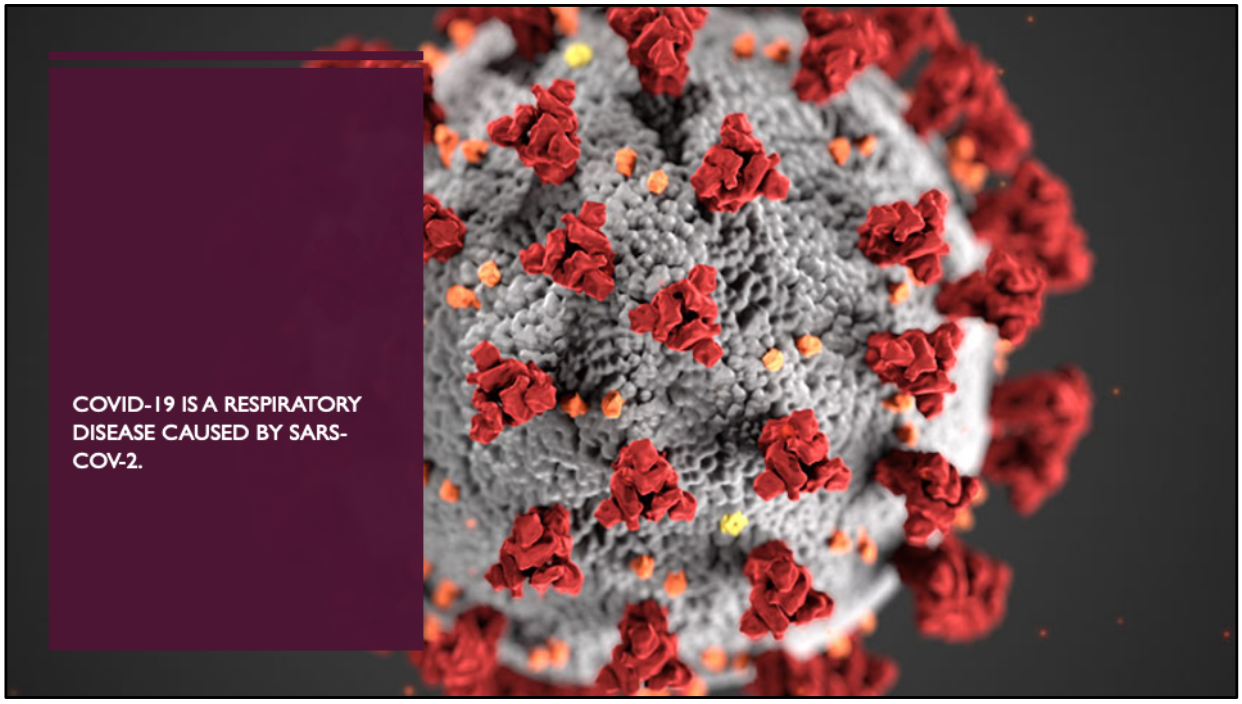
1. AABN has a community doula program working with families around pregnancy
2. SWCAP has an early childhood home visiting program that works with families prenatally and postpartum.



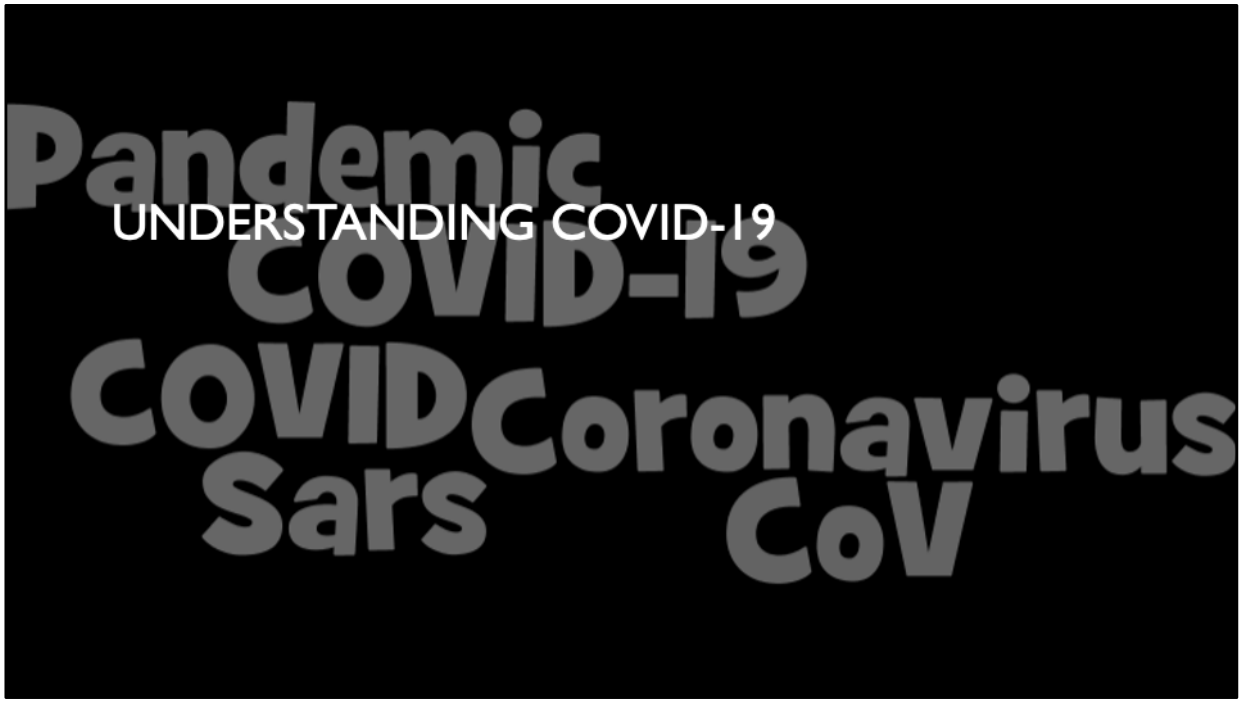
You will :

- Conduct in-home assessment
- Provide education
- Promote and support testing
- Encourage protective behavior change
- Assist and support contact tracing
- Navigate to vaccination.

Both sites will come together through an Action Learning Community to evaluate the intervention pilot and provide input to further development and refinement.



COVID-19 is a respiratory disease caused by SARS-CoV-2; a new coronavirus discovered in 2019. You may have seen it referred to by any of these names.

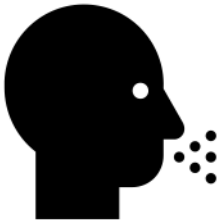


You may have seen it referred to by any of these names.

TRANSMISSION

Spread person to person through respiratory droplets and aerosols that are produced when an infected person:

- Coughs
- Sneezes
- Talks



https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Spread

The virus is thought to spread mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks.

Respiratory viruses are transmitted in multiple ways (Source: CDC https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-sars-cov-2.html)

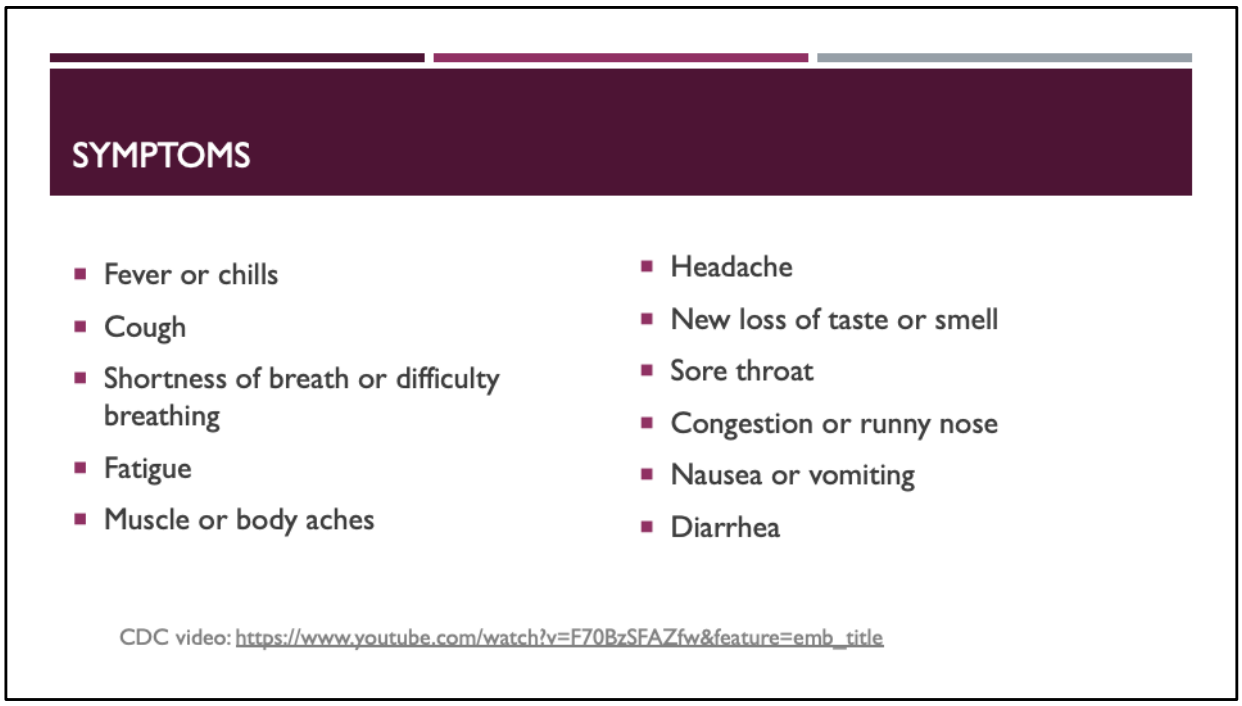
Infections with respiratory viruses are principally transmitted through three modes: contact, droplet, and airborne.

a) Contact transmission is infection spread through direct contact with an infectious person (e.g., touching during a handshake) or with an article or surface that has become contaminated. The latter is sometimes referred to as "fomite transmission."
b) Droplet transmission is infection spread through exposure to virus-containing respiratory droplets (i.e., larger and smaller droplets and particles) exhaled by an infectious person. Transmission is most likely to occur when someone is close to the infectious person, generally within about 6 feet.
c) Airborne transmission is infection spread through exposure to those virus-containing respiratory droplets comprised of smaller droplets and particles that can remain suspended in the air over long distances (usually greater than 6 feet) and time

(typically hours).

Droplet transmission consists of exposure to larger droplets, smaller droplets, and particles when a person is close to an infected person. Airborne or aerosol transmission consists of exposure to smaller droplets and particles at greater distances or over longer times.

These modes of transmission are not mutually exclusive. For instance, “close contact” refers to transmission that can happen by either contact or droplet transmission while a person is within about 6 feet of an infected person.



Some people who are infected may not have symptoms. For people who have symptoms, illness can range from mild to severe. Adults 65 years and older and people of any age with underlying medical conditions are at higher risk for severe illness. At this time, there is a new vaccine to prevent infection but there is no specific treatment recommended for COVID-19.

People with COVID-19 that have symptoms report a wide range –from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus.** People with these symptoms may have COVID-19:
Fever or chills
Cough
Shortness of breath or difficulty breathing
Fatigue
Muscle or body aches
Headache
New loss of taste or smell
Sore throat
Congestion or runny nose
Nausea or vomiting

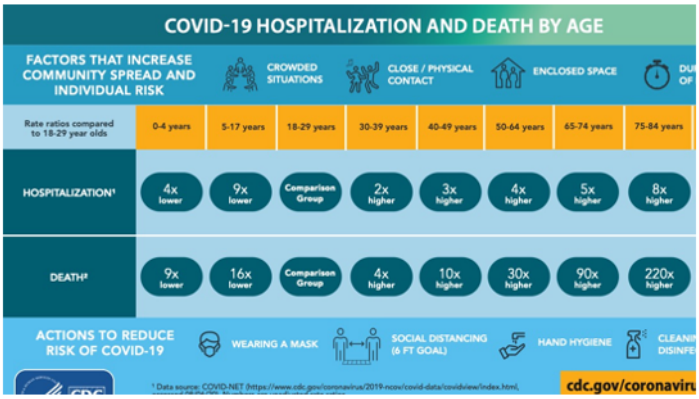
Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

WHO IS AT GREATEST RISK OF GETTING SERIOUSLY ILL FROM COVID?

Adults 65 years and older and people of any age with underlying medical conditions are at higher risk for severe illness. At this time, there is no vaccine to prevent infection and there is no specific treatment recommended for COVID-19.

* Children and young adults WITHOUT any underlying risk factors can also become seriously ill and die from COVID-19.*



We are all at risk of getting the virus. But age increases the risk for severe illness. Severe illness means that a person with COVID-19 may require:

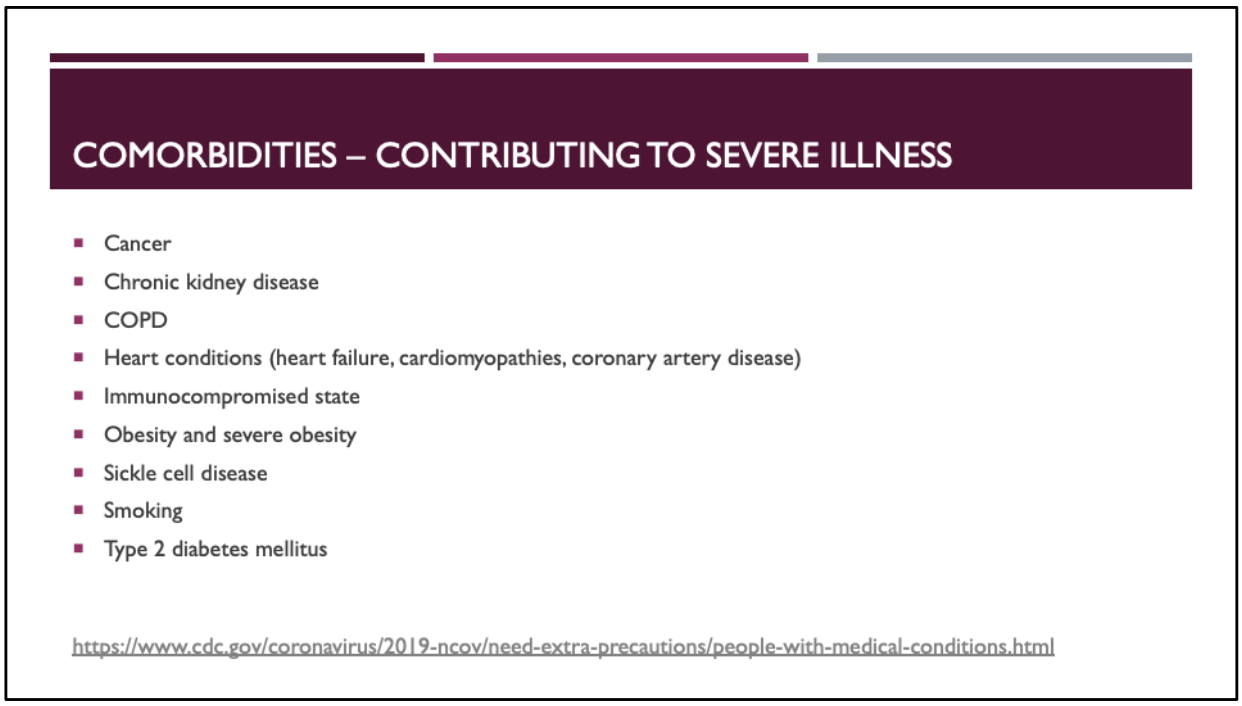
- Hospitalization
- Intensive care
- A ventilator to help them breathe
- Or may even die

Because COVID-19 is a new disease, more work is needed to better understand the risk factors for severe illness or complications. (Source: https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/assessing-risk-factors.html)

Potential risk factors that have been identified to date include:
Age
Race/ethnicity
Gender
Some medical conditions
Use of certain medications
Poverty and crowding

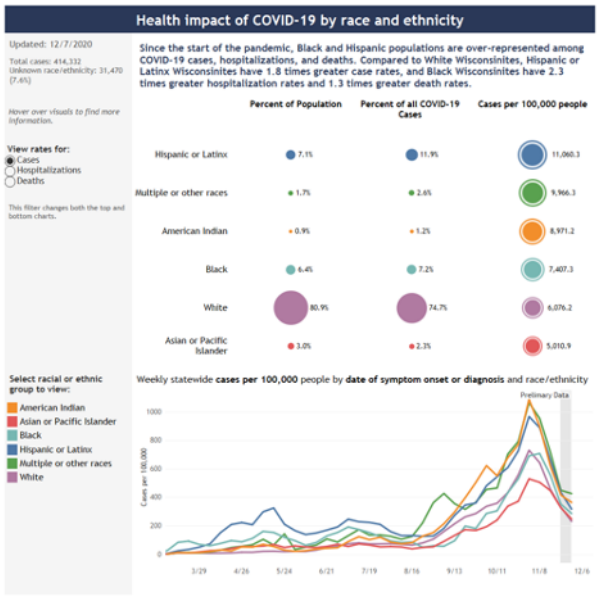
Certain occupations
Pregnancy

Additional research will help us confirm if these are risk factors for severe COVID-19 illness and determine if there are other factors that increase a person's risk.



Everyone is at risk for severe illness from COVID-19. However, there are also many underlying conditions that contribute to severe illness. Every day we are understanding more about this virus. The CDC maintains a list of underlying medical conditions that are associated with increased risk of severe illness from COVID-19. Severe illness is defined as hospitalization, admission to the ICU, intubation or mechanical ventilation, or death. The list is not exhaustive.

The list is being updated as new evidence supports increased risk. There is also a list (not shown here) of conditions that might be associated with an increased risk for severe illness from the virus, but data are limited and inconclusive. Asthma is one of the conditions on that list. You can use the link to access both lists.



https://www.dhs.wisconsin.gov/covid-19/disparities.htm

SOCIAL DETERMINANTS AND INEQUITIES

- Who is most affected
- Place matters
- Work-related risk
- Children in school

This virus has reminded us that everyone's health is intertwined with their community. We see that Black, Brown, Indigenous and other communities of color are bearing the brunt of this pandemic. Inequities caused by racism and other forms of oppression have intensified during the pandemic. People who work in essential jobs or live, in high-density housing are more likely to contract COVID-19 because of close person-to-person interaction, and those who have less access to health care and certain chronic diseases have more severe outcomes. These conditions for greater exposure and more serious illness have been concentrated in communities of color. The impact of decades of policy and racist institutional practices like housing discrimination, disinvestment from low-income neighborhoods, and breaking treaties with Tribal nations have contributed to the current situation.

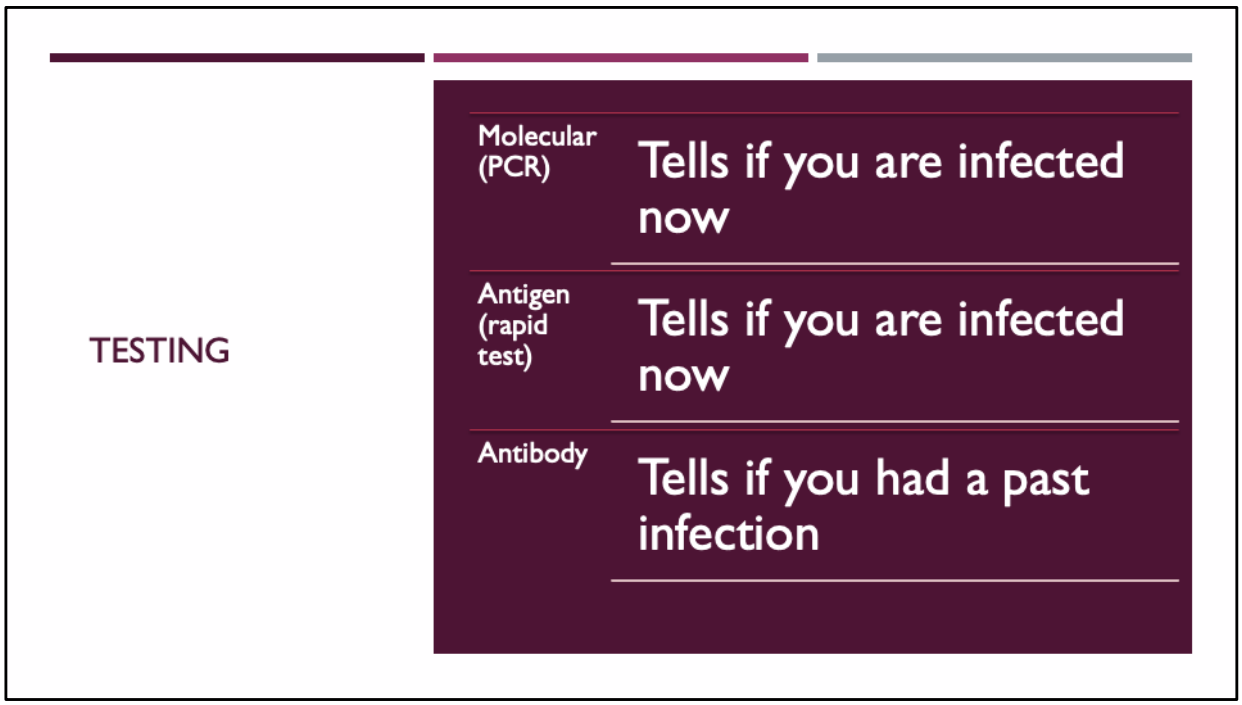
This slide shows how Wisconsin is monitoring the impact across populations. The graph and chart depicted are showing cases across population groups.

These policies and racist practices have led to diminished pathways to opportunity.

For example, racial residential segregation has led to underfunded schools and lower educational outcomes that result in limited employment opportunities that are high-exposure, low-paying frontline jobs that offer little protections for workers' rights. These types of jobs may not include benefits and sick leave.
Disinvestment from these communities also leaves people with fewer grocery stores, safe places for exercise and fun, and higher rates of pollution in air and water leading to worse rates of chronic diseases that can make you more likely to acquire the virus and become severely ill from it.

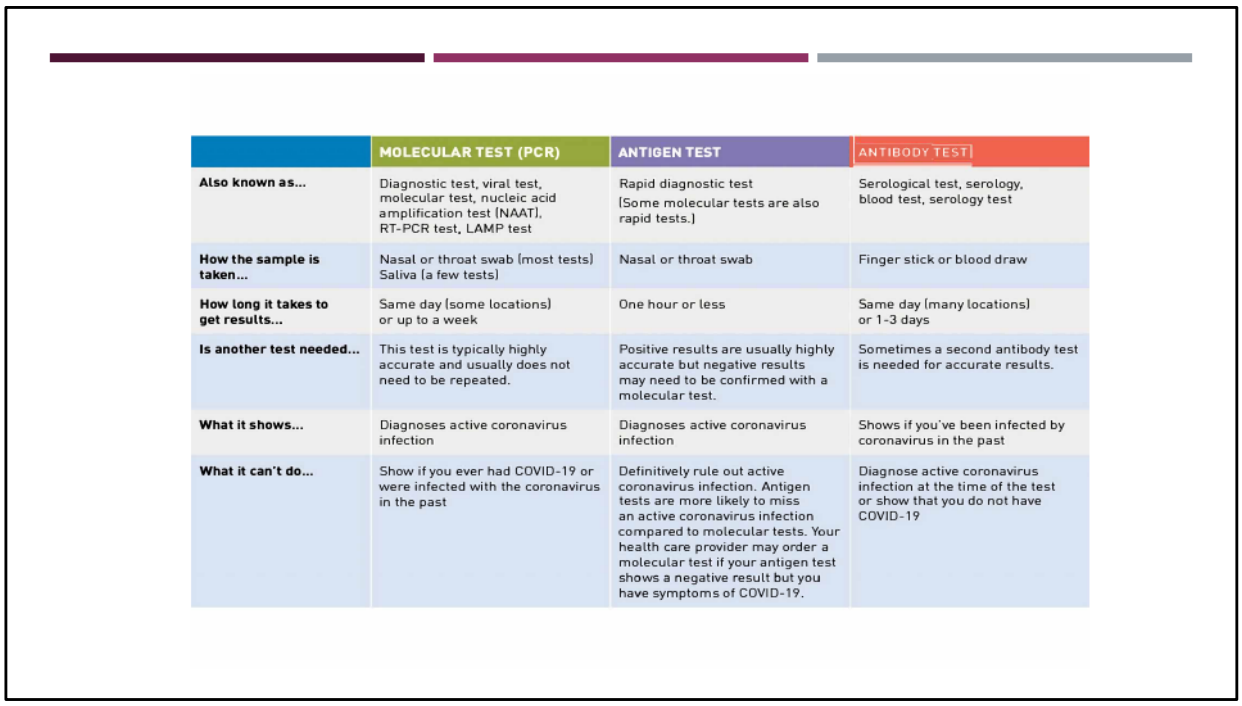
The long-standing unjust conditions have been compounded by an unequal response. For example, the frontline jobs as well as the communities at large are under-resourced with PPE, testing, and investment in the community and public health infrastructure that are necessary for an appropriate response to this pandemic.

Taken from www.dhs.wisconsin.gov.



Generally,

A molecular (PCR) test may tell if you are infected now. If the test is positive you are actively contagious. If the test is negative, you are not immune. It can't tell you if you were infected before.
The antigen test is the rapid test that also detects if you are infected now.
Antibody tests check your blood for antibodies, which may tell you if you had a past infection with the virus that causes COVID-19. Antibody tests do not diagnose current COVID-19 infection. Even if the antibody test was positive, you are still not considered immune from possible future infections for life.



	MOLECULAR TEST (PCR)	ANTIGEN TEST	ANTIBODY TEST
Also known as...	Diagnostic test, viral test, molecular test, nucleic acid amplification test (NAAT), RT-PCR test, LAMP test	Rapid diagnostic test (Some molecular tests are also rapid tests.)	Serological test, serology, blood test, serology test
How the sample is taken...	Nasal or throat swab (most tests) Saliva (a few tests)	Nasal or throat swab	Finger stick or blood draw
How long it takes to get results...	Same day (some locations) or up to a week	One hour or less	Same day (many locations) or 1-3 days
Is another test needed...	This test is typically highly accurate and usually does not need to be repeated.	Positive results are usually highly accurate but negative results may need to be confirmed with a molecular test.	Sometimes a second antibody test is needed for accurate results.
What it shows...	Diagnoses active coronavirus infection	Diagnoses active coronavirus infection	Shows if you've been infected by coronavirus in the past
What it can't do...	Show if you ever had COVID-19 or were infected with the coronavirus in the past	Definitively rule out active coronavirus infection. Antigen tests are more likely to miss an active coronavirus infection compared to molecular tests. Your health care provider may order a molecular test if your antigen test shows a negative result but you have symptoms of COVID-19.	Diagnose active coronavirus infection at the time of the test or show that you do not have COVID-19

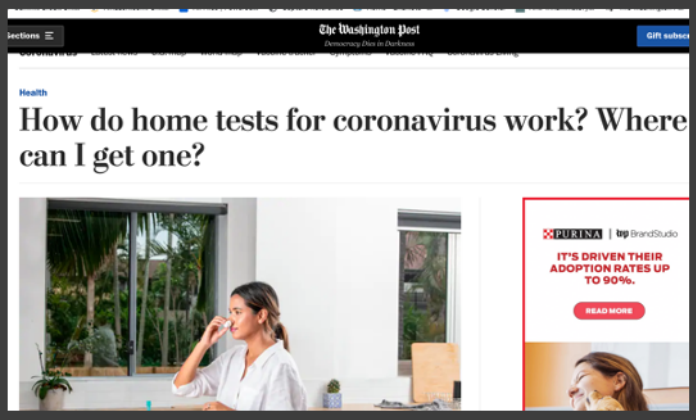
This more information on the different types of tests for COVID-19.

Testing for current viral infection can be done through molecular testing or rapid antigen tests. The rapid antigen tests are inexpensive and can be used at the point-of-care. Results are available in 15 minutes. The antigen tests are less sensitive than the viral PCR tests. That means that antigen tests are more likely to miss a case.

The rapid antigen tests perform best when the person is tested in the early stages of infection and the viral load is highest. They can also be useful in situations that call for repeat screening.

WHO SHOULD GET TESTED..

- People who have symptoms of COVID-19
- People who have had close contact (within 6 feet of an infected person for a total of 15 minutes or more) with someone with confirmed COVID-19
- People who have been asked or referred to get testing by their healthcare provider, local or state health department



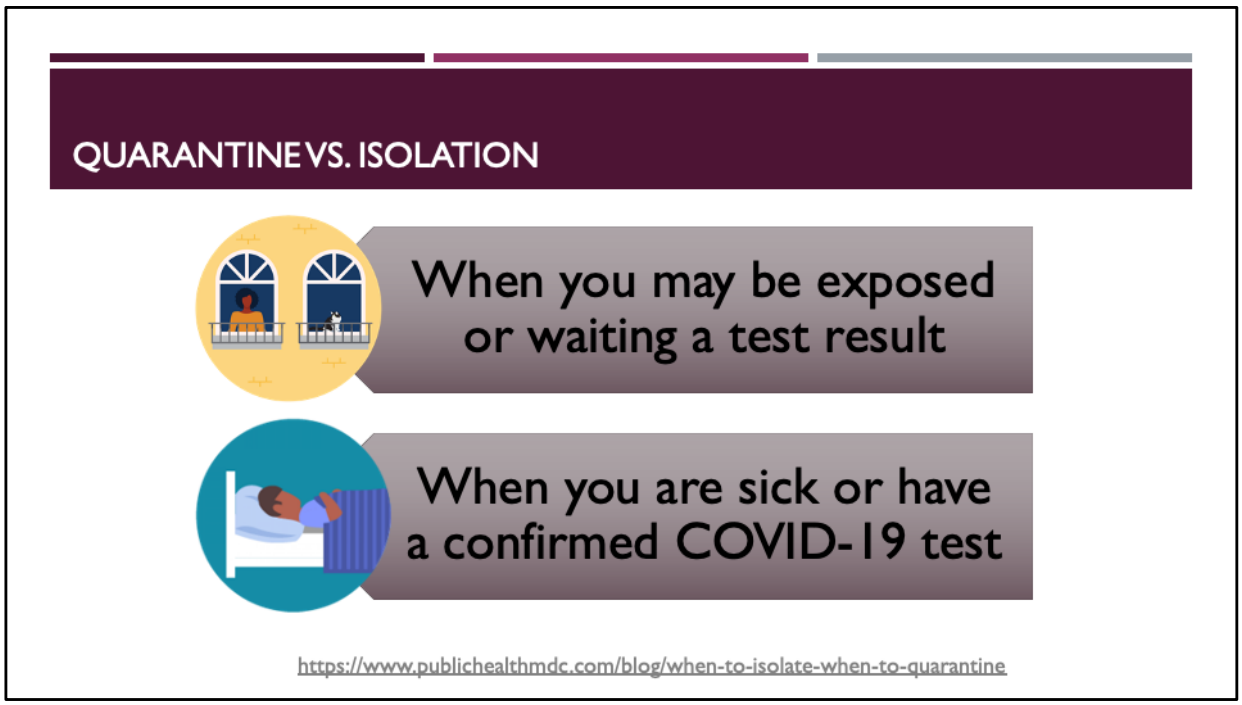
https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html#:~:text=%E2%80%A2%20People%20who%20have%20symptoms,a%20public%20health%20professional.

It is recommended that people who are symptomatic or have been in contact with someone that is confirmed positive for COVID-19. Testing sites are listed on local and state health department websites. Some clinics are also testing if the person has symptoms.

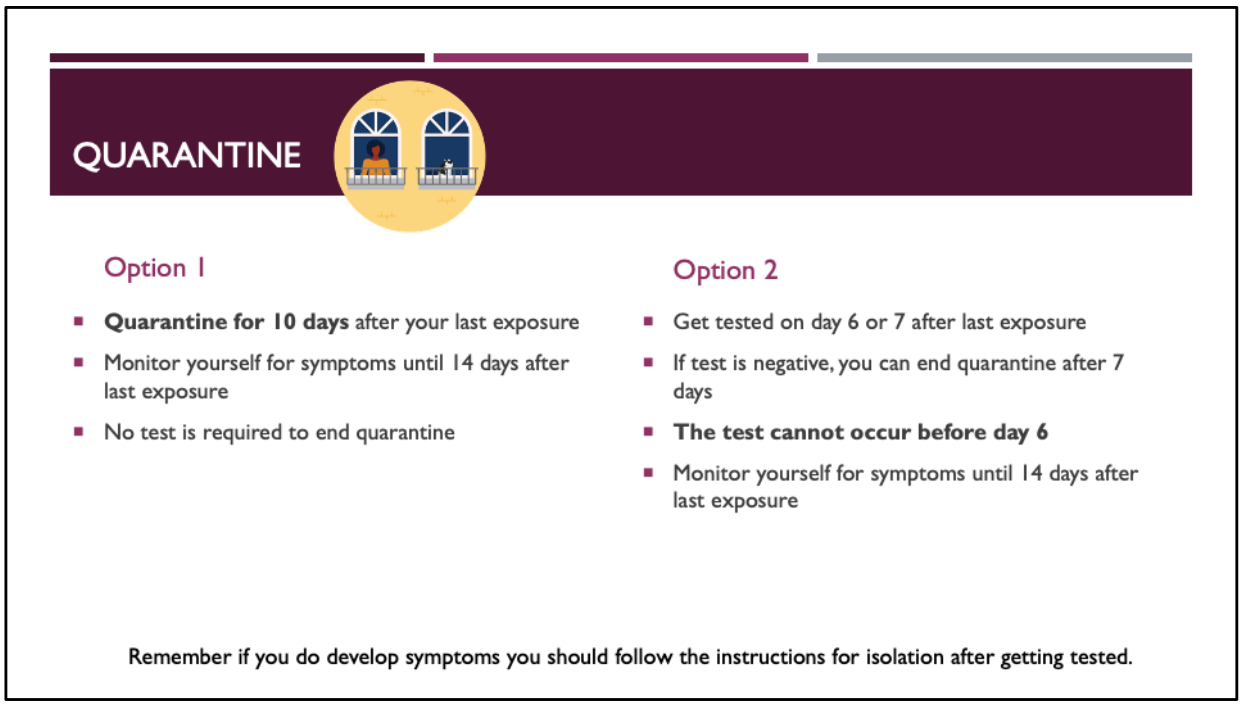
At home tests are now available. Multiple manufacturers have received FDA approval recently. Prices vary significantly and insurance coverage is still in debate.

All activities carry some risk. It's best to stay home as much as possible. But if you need to go out these are some protective steps you can take:
While precautions like wearing a mask and staying at least six feet from people you don't live with reduce your risk, they are not fool-proof measures.
By limiting your social circle to less people, you will lower your risk of COVID-19. Consider creating a bubble among a limited number of people.5

- Wear a mask that has two or more layers of washable, breathable fabric. It should cover your nose and mouth and fit snuggle against the sides of your face. Surgical and N95 masks are more protective than any cloth mask.
- Avoid indoor spaces especially ones that aren't well ventilated.
- Wash your hands often with soap and water. Wash for 20 seconds, especially after being in a public place. Use hand sanitizer if soap and water aren't available.



Quarantine- is a period of time in which people are placed in isolation after exposure to an infectious or contagious disease. In the case of COVID-19 it means that you should stay at home except to receive medical care and for emergencies!
Isolation-is the process of separating from others because of you have an infectious or contagious disease. In the case of COVID-19 it means that you should stay in a separate room, away from other household members, in your home or try to find somewhere else to stay!



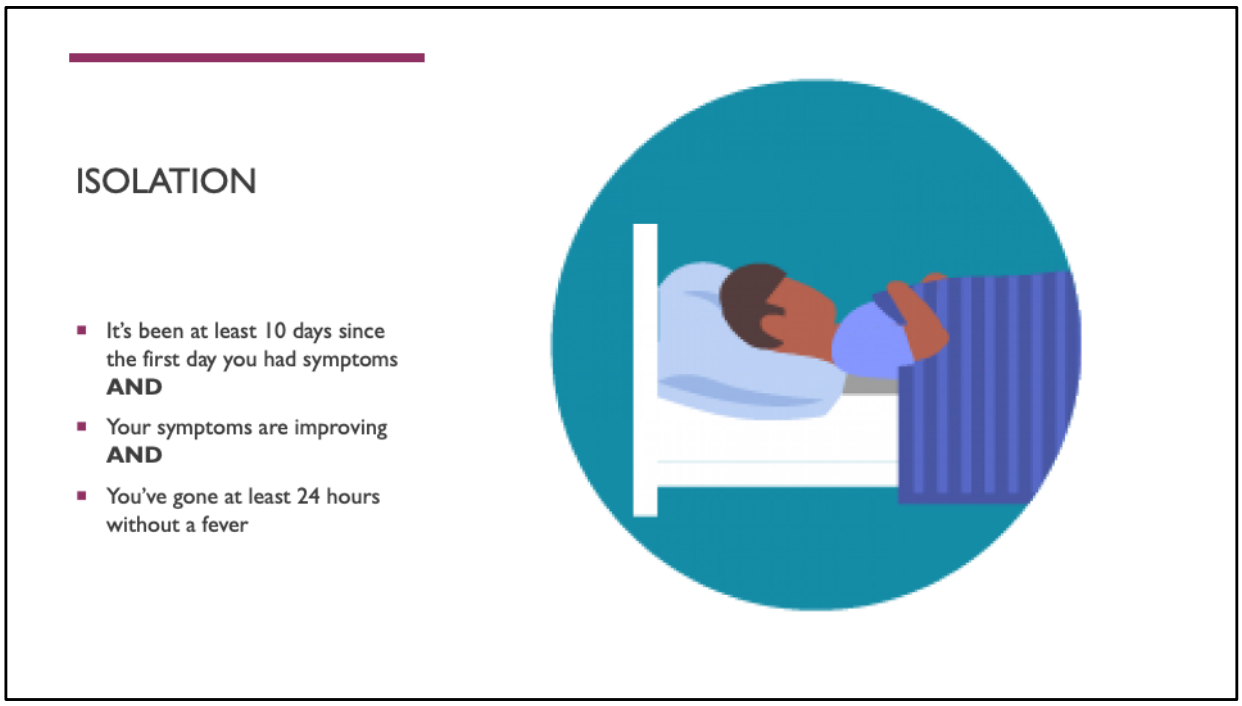
Quarantine keeps someone who might have been exposed but does not have symptoms to the virus away from others.
The recommendation for quarantine is still 14 days. But the CDC recognizes the need to balance the burden against the small possibility of spreading the virus. These are the next best options.

Option 1:

- 10 days after your last exposure. No test is required to end quarantine. Monitor yourself for symptoms until 14 days after your last exposure.

Option 2:

- Quarantine and get tested for COVID-19 6 or 7 days after last exposure. If your test is negative, you could end quarantine after 7 days of quarantine. You must have your negative test result before ending quarantine and the test cannot be before day 6. Monitor yourself for symptoms until 14 days after your last exposure.

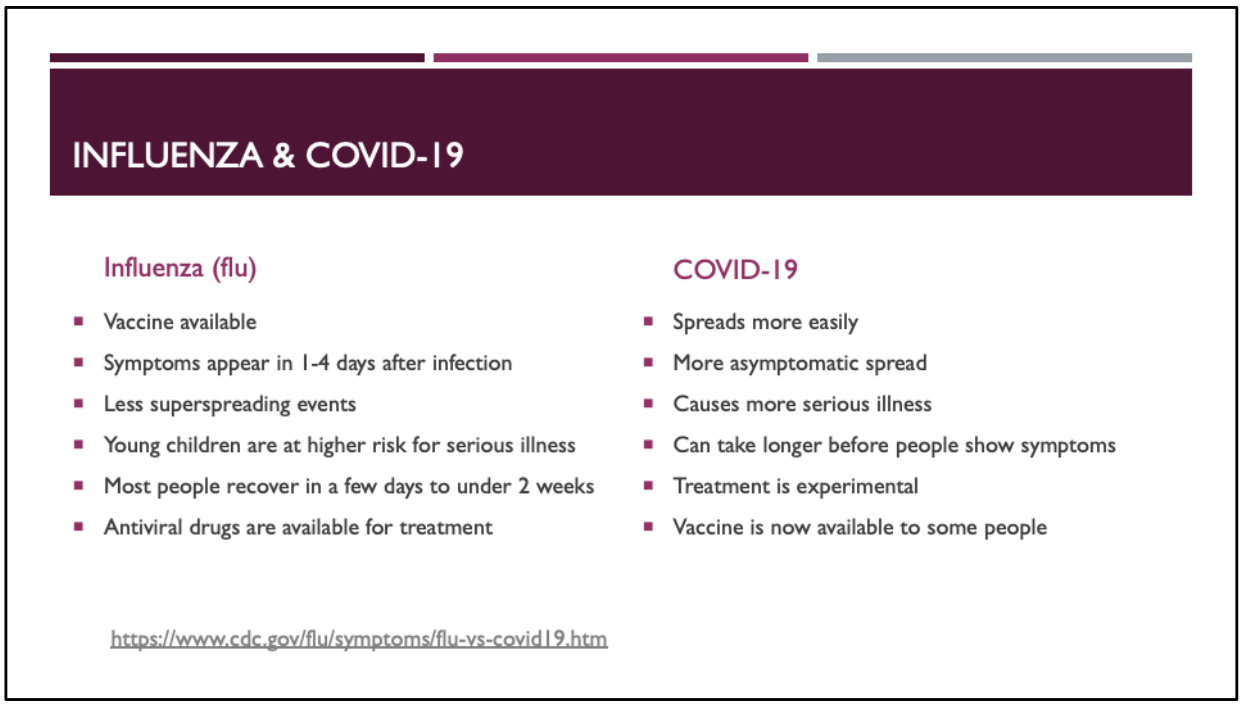


Isolation keeps someone who is infected with the virus away from others, even in their own home. You must isolate until the following are true:

- It's been at least 10 days since the first day you had symptoms **AND**
- Your symptoms are improving **AND**
- You've gone at least 24 hours without a fever, without taking fever reducing medication

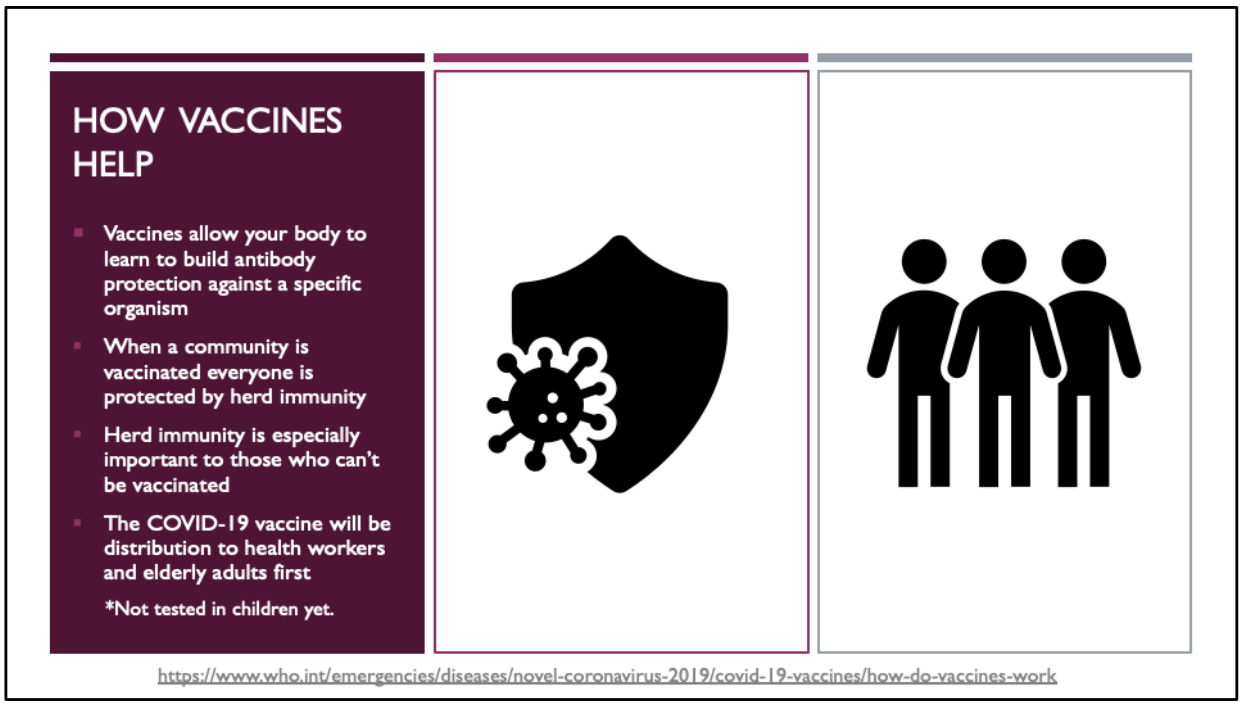
Not all activities carry the same level of risk. We can continue to fulfill our needs while wearing masks. There is information now to help us all determine the level of risk associated with certain activities.

Some of the initial concerns we had are lower risk than thought. One example is opening our mail. In the early stages it was thought that we needed to be cautious about opening mail but this is actually considered a low risk.



As we are facing flu season alongside this pandemic it is important to be aware that there are many similarities. Both present with similar symptoms and can result in similar complications. There are also differences.

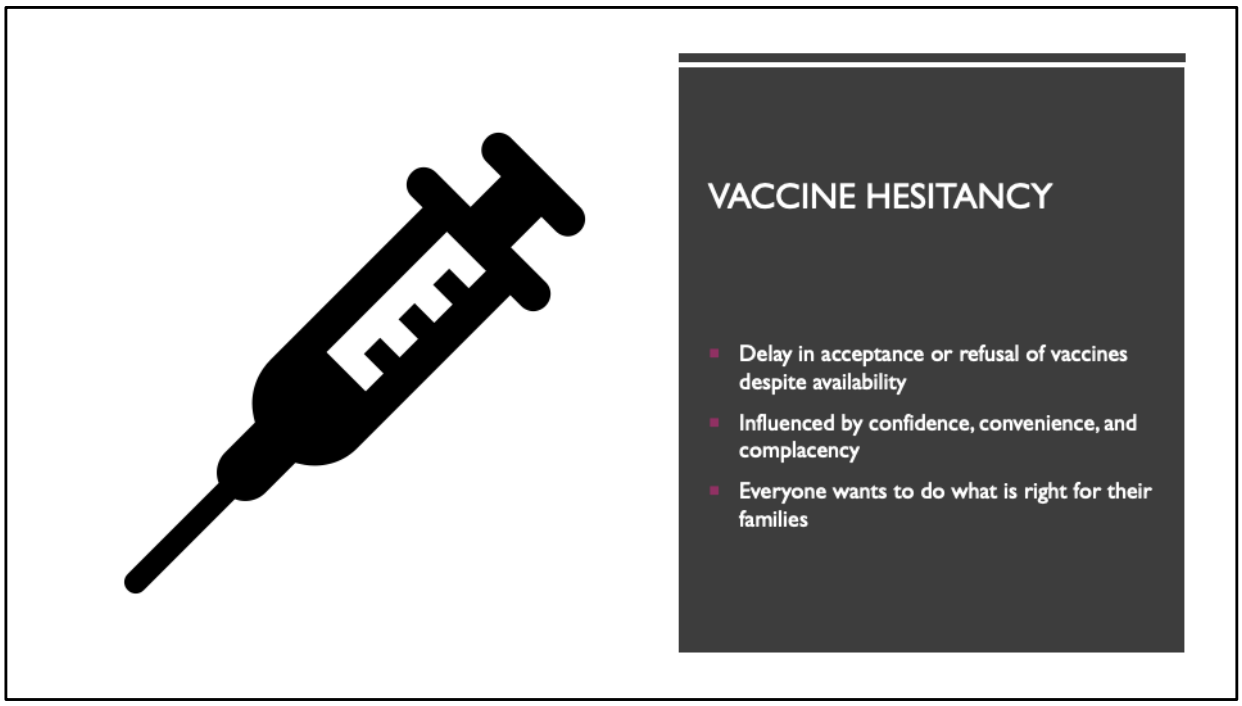
- Influenza has a vaccine and there are approved antiviral drugs for treatment
- COVID-19 has a vaccine only available to some people and treatments are all experimental
- COVID-19 is more likely to be associated with superspreading events than influenza
- Influenza will typically appear in 1-4 days where COVID-19 can take longer for symptoms to show
- Influenza is more serious for younger children in addition to the at-risk groups associated with both flu and COVID-19



Vaccines contain weakened or inactive parts of an organism (antigen) that triggers an immune response in the body. Some newer vaccines contain the blueprint for producing antigens rather than the antigen itself. Either way the vaccine will prompt the immune system to respond as if it is reacting to the actual pathogen. It allows our body to learn to build the specific antibody. Then if the body encounters the real antigen from the real organism later, it already knows how to defeat it.

Vaccines protect individuals but when a community is vaccinated everyone benefits, even those who can't be vaccinated. This is herd immunity, and it is especially important for those who are more susceptible to the disease and can't be vaccinated. Such as newborns and small children that can't be vaccinated yet.

The COVID-19 vaccine is still being approved for distribution. The vaccine will be distributed to health workers and elderly adults first. The vaccines have not been tested in children yet.



Vaccine hesitancy is real. It stems from a lack of confidence and trust in science and health care. Highly publicized fake studies like the study linking autism to vaccines contribute to hesitancy.

It is also important to recognize the long history of health arena abuse toward communities of color in the past. This history is contributing to current day skepticism of public health and healthcare. Especially surrounding this pandemic.

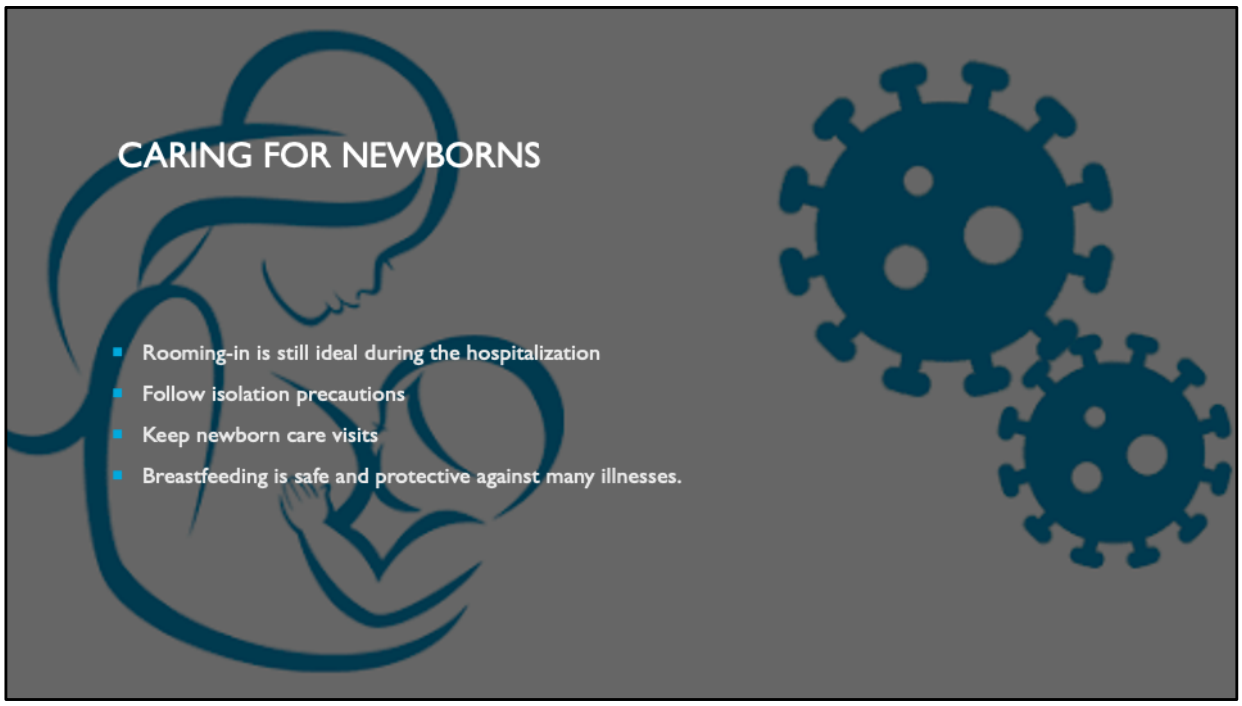
It can also be due to inconvenience and complacency. Many adults today haven't experienced critical outbreaks of communicable diseases because of vaccines, antibiotics, better technology and health care. Combine this lack of personal awareness with all the misinformation and historical distrust in health care and science, and you have skepticism.

You can ask families about their hesitancy and begin a conversation toward alleviating their concerns. You are all in a unique position to have these conversations.

Some public health efforts being explored to address vaccine hesitancy in communities include partnering with churches, community-based service providers,

and public messages with famous figures. We are interested in your thoughts and experiences with this topic. We plan to discuss this during our Action Learning Community sessions that we will talk about in a little bit.

Based on what we currently know, pregnant people are at an increased risk for severe illness from COVID-19 compared to non-pregnant people. Additionally, pregnant people may be at increased risk for complications such as preterm birth. They should be advised to take preventive steps to limit interactions with people outside of the immediate household, wear a mask when they can't maintain distance. Wash their hands with soap and water or use hand sanitizer.
They should also be encouraged to keep their healthcare appointments during and after pregnancy and to get recommended vaccines such as Tdap. Pregnant people should be reminded to not delay accessing emergency care because of COVID-19.



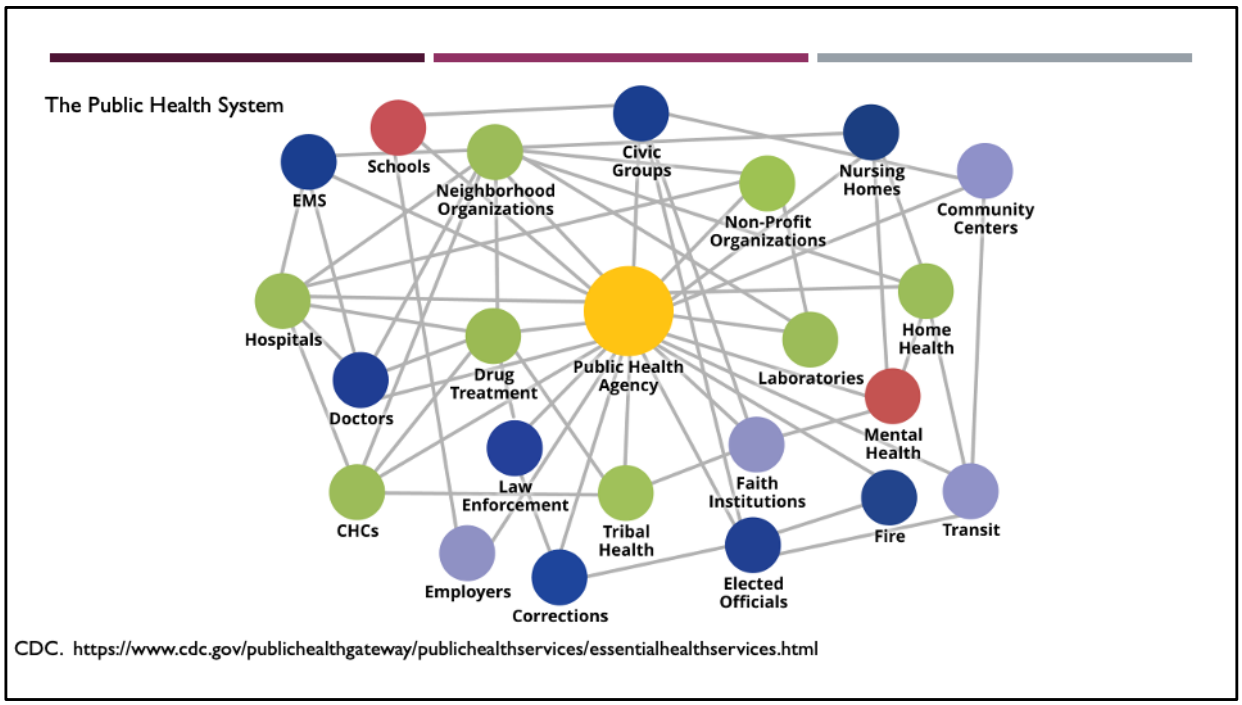
Current evidence suggests the risk for a newborn getting COVID-19 from its mother is low. If a pregnant person tests positive, they should still discuss rooming-in during the birth hospitalization with their healthcare provider.

If in isolation with a newborn exercise standard precautions with handwashing and wearing a mask if feeling well enough.

Encourage parents to keep all newborn care visits. Breastfeeding should be encouraged and supported. If the mom has COVID-19, encourage handwashing and wearing a mask while breastfeeding. If she is hesitant to breastfeed due to COVID-19 talk about pumping.

QUESTIONS?

I’m going to now turn it over to Melody Bockenfield who will talk about the public health process.



The public health system is a large interconnected network of public and private organizations and coalitions.

The public health system includes:

Healthcare providers

Public safety agencies

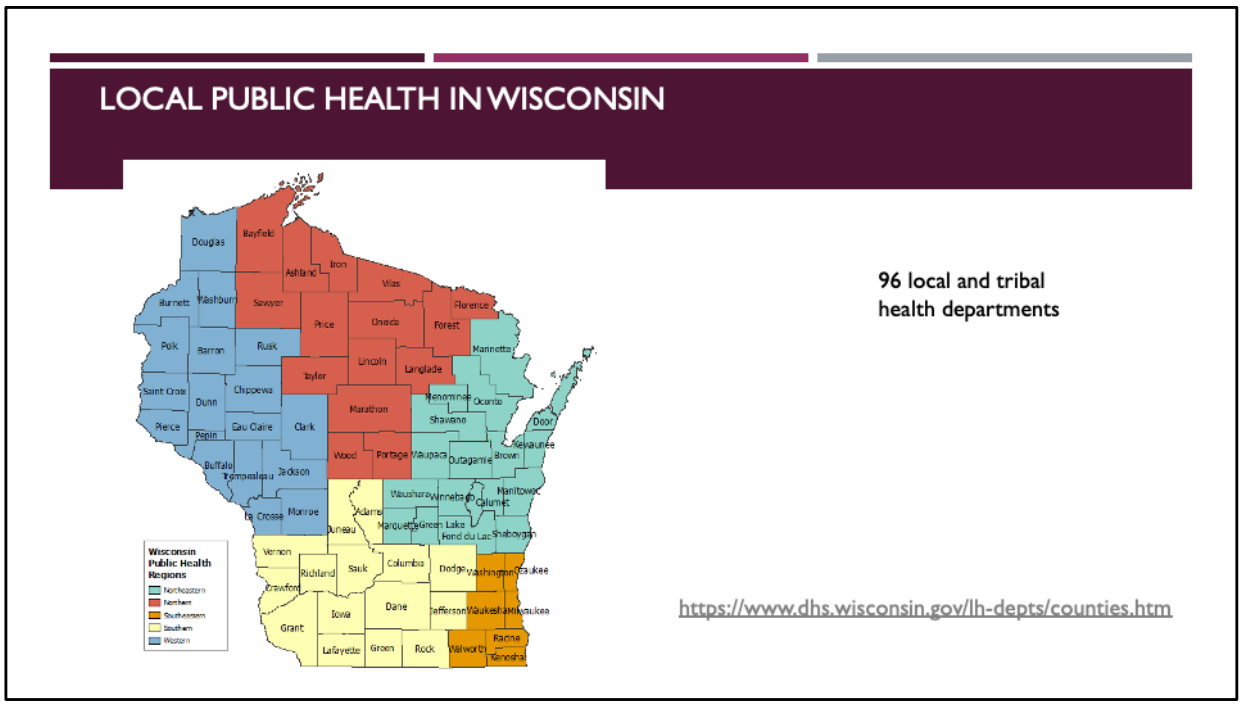
Human service and charity organizations

Education and youth development organizations

Recreation and arts-related organizations

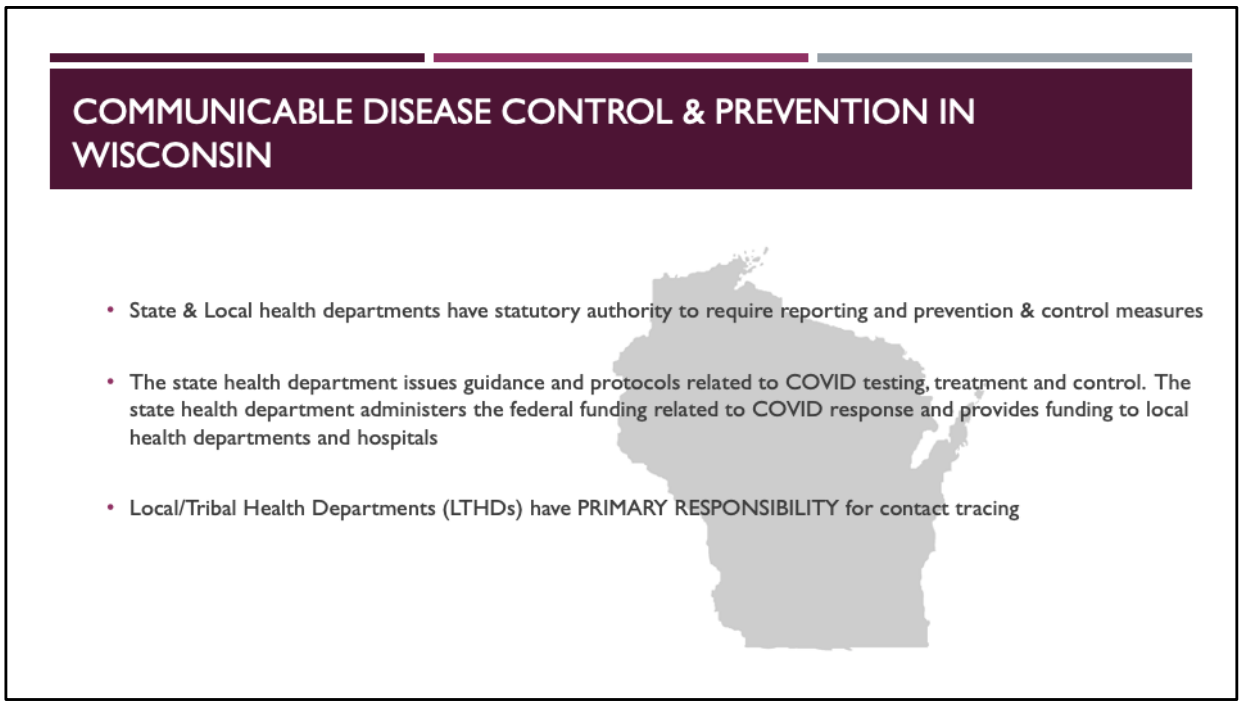
Economic and philanthropic organizations

Environmental agencies and organizations



The governmental part of public health includes federal, state and local public health entities. At the federal level, we have the Department of Health & Human Services, including the US Public Health Service, and the Centers for Disease Control and Prevention (CDC). Communicable Disease guidelines generally come through the CDC.

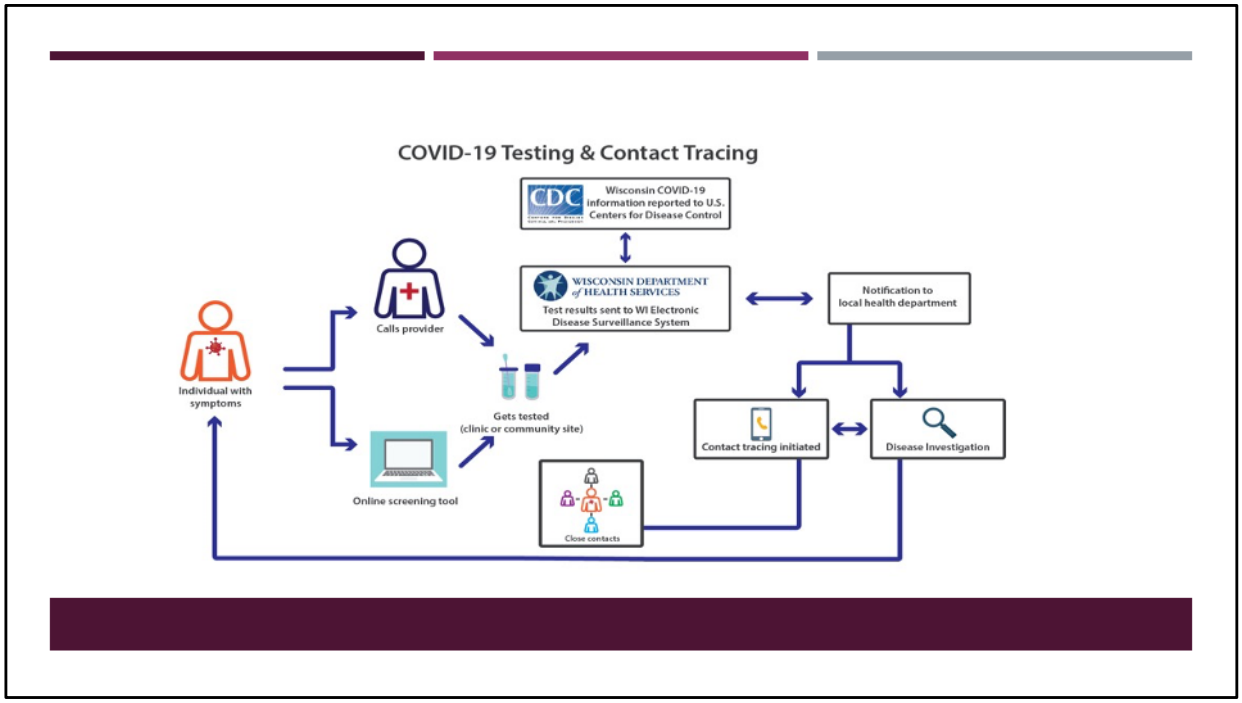
Each state has a state health department, in Wisconsin, this is the Department of Health Services, Division of Public Health. The state legislature writes public health legislation through state statutes, and the Department of Health Services writes Administrative Rules . In Wisconsin, we have communicable disease statutes and administrative rules that govern how state and local public health officials respond to communicable disease outbreaks. This map shows the public health regions in Wisconsin. The most common local public health departments are formed at the County level, however in some counties there are additional municipal health departments. For example, Milwaukee County is comprised completely of municipal health departments. Wisconsin's 72 counties have 12 tribal and 86 local public health departments. These municipal and county boundaries determine the "jurisdiction" the health department's authority and service delivery.



Within Wisconsin, there are a few important things to keep in mind regarding how public health works across the state and across different levels.

**Wisconsin has a decentralized public health structure (sometimes this is also referred to as a “home rule state” model). This means that Local and Tribal health departments have ultimate authority and primary responsibility for contact tracing of their own residents.

[Insert information about local processes]

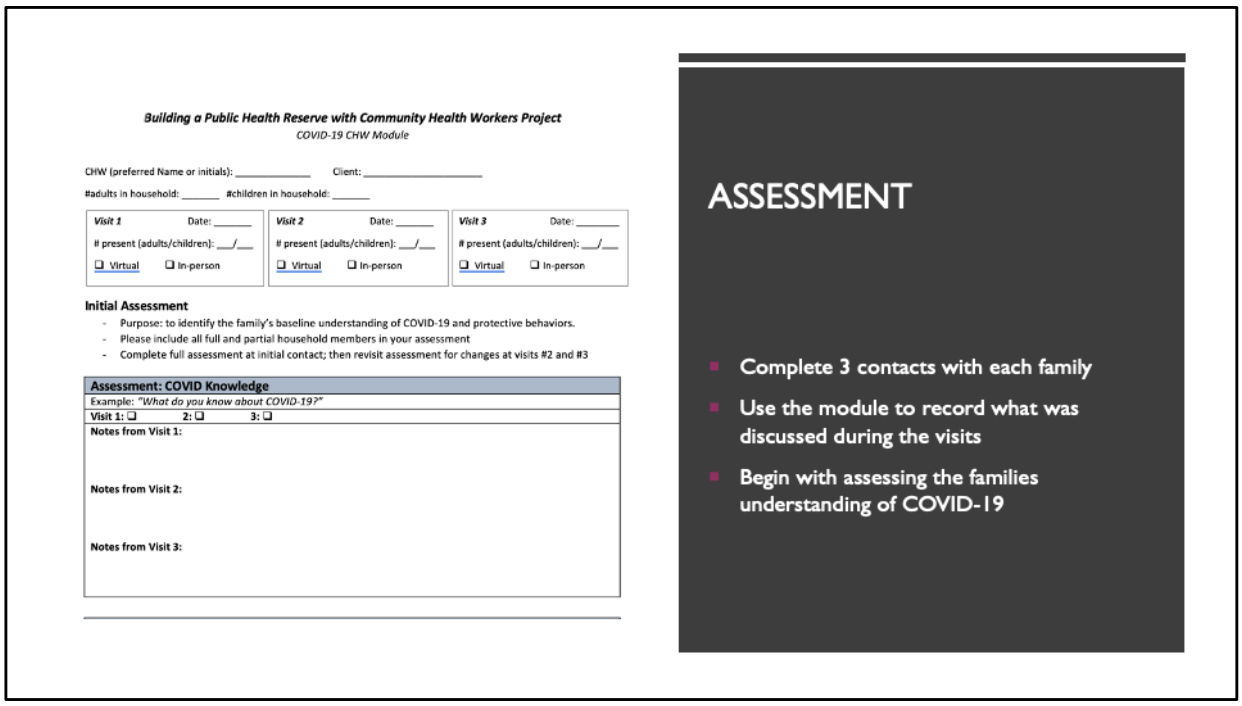

COVID-19 Testing & Contact Tracing
CDC
Wisconsin COVID-19 information reported to U.S. Centers for Disease Control
WISCONSIN DEPARTMENT of HEALTH SERVICES
Test results sent to WI Electronic Disease Surveillance System
Notification to local health department
Calls provider
Individual with symptoms
Gets tested (clinic or community site)
Online screening tool
Contact tracing initiated
Disease Investigation
Close contacts

QUESTIONS?


BREAK
TAKE 5 MINUTES TO STRETCH

THE MODULE

You are essentially being asked to used this module to conduct three conversations with families that should occur with routine visits. The module will guide you during your visits with families. We have included suggested scripting but expect that you will use your own language that families are most familiar with.



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:

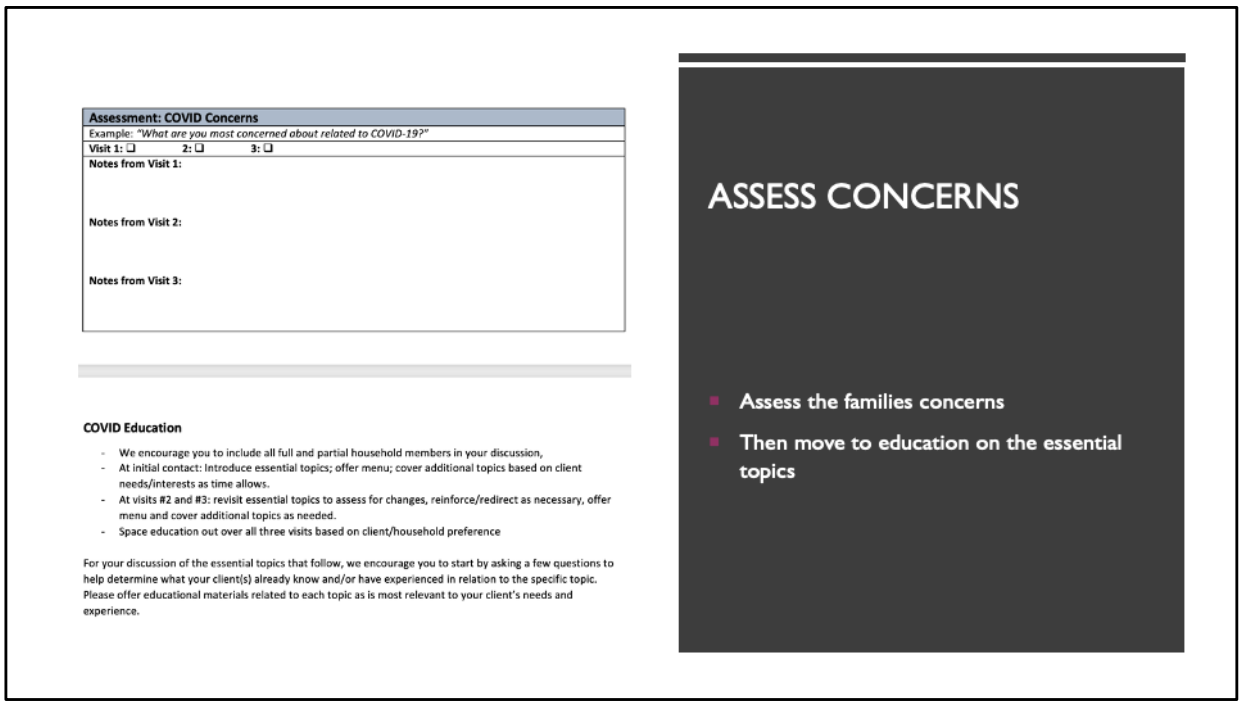
ASSESSMENT

- Complete 3 contacts with each family
- Use the module to record what was discussed during the visits
- Begin with assessing the families understanding of COVID-19

We are asking that you implement the module with families three different times during the rest of January through March.
You are assessing the families understanding of COVID-19 and using the module to introduce education, reinforce behaviors and understandings and redirect their acceptance of false information, myths.

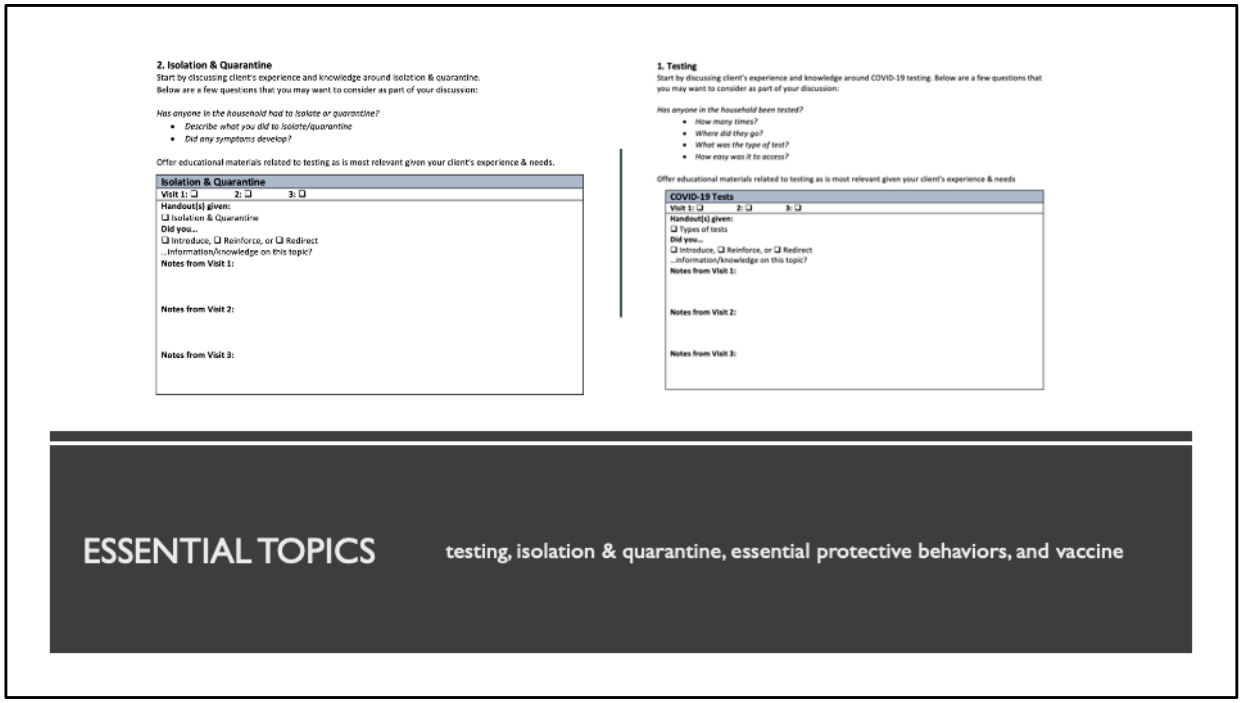
You will start with assessment of the families understanding about COVID-19. We invite you to include all members of the household in your assessment because they are probably influential in the family's beliefs and behaviors related COVID-19.

You should complete the full assessment at the first visit and revisit for any changes at the second and third visits.
The first portion is assessing their knowledge.



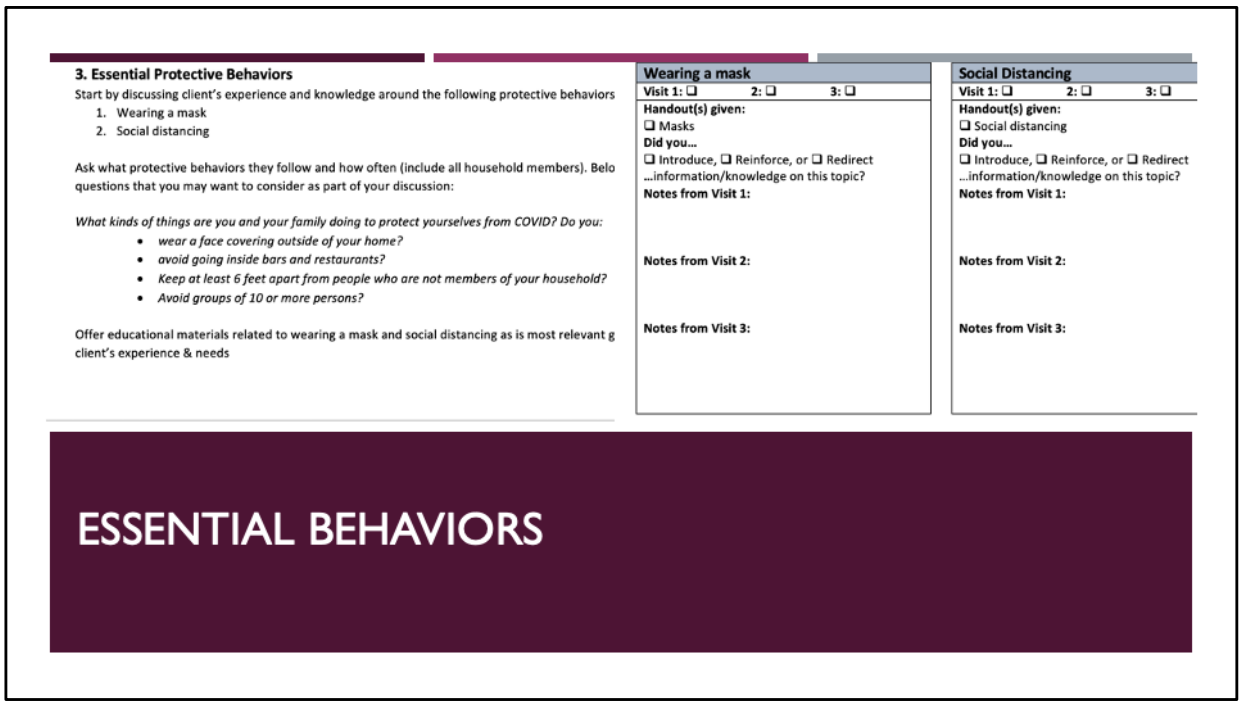
Move to asking about their concerns related to COVID-19. This may include non-health specific concerns. We think your understandings of their concerns will be helpful.

We have built in education on a set of essential topics: testing, isolation & quarantine, essential protective behaviors, and vaccines.

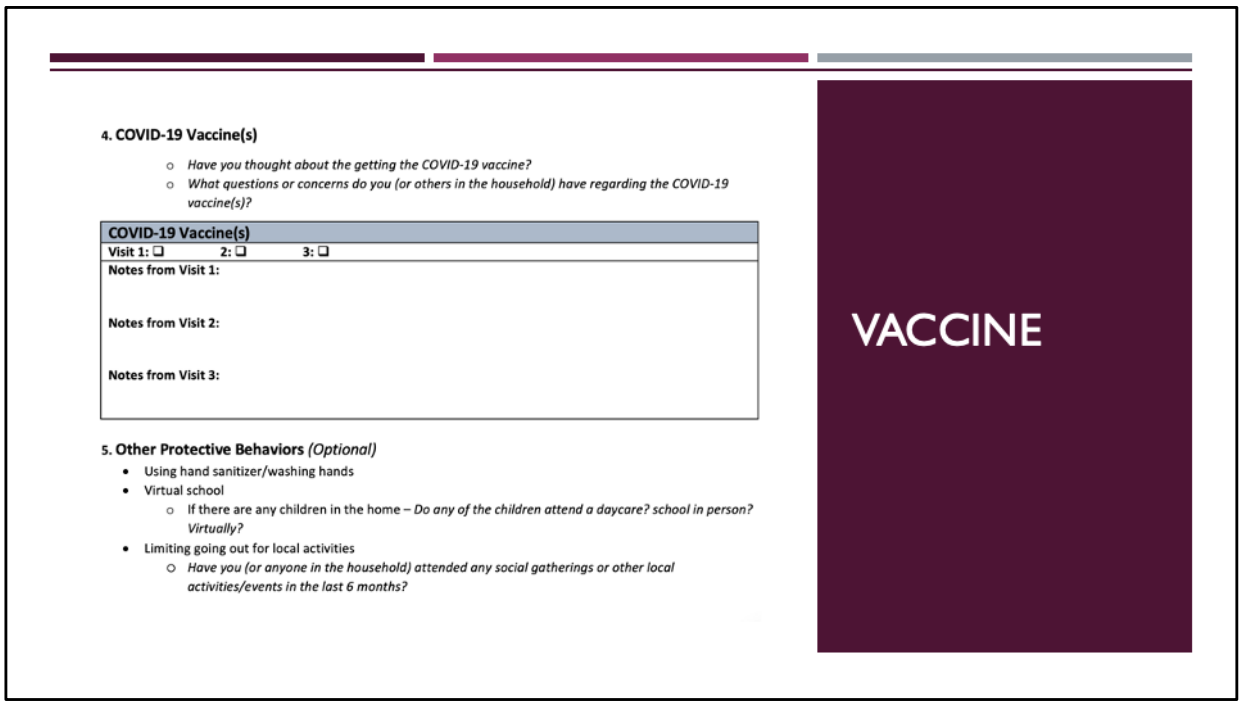


With each topic you will ask some questions to explore their understanding and experiences. You will introduce education when needed. Reinforce correct understanding and behavior, and redirect misunderstandings.

The boxes provided are for your notes. Some unidentified data will be transferred to a database that we have access to. But this tool is for your notes and most of what you write here will not be shared with us.



Explore the family's current practices of protective behaviors. The essential behaviors include distancing and wearing masks.



Ask about plans to get the vaccine and explore their concerns. This is followed by some optional protective behaviors that you address with families.

Then…

The next portion is intended to be shared with families. We have created a menu of topics that might be of interest. These are all optional and should only be presented if the family selects it.

MENU OF TOPICS

Tackling the COVID-19 Pandemic

Combatiendo la pandemia del COVID-19

This is the menu of topics. We have created a resource library of materials to support your conversations with families. Most of the materials are in English and Spanish.

IMPACT ON THE FAMILY'S LIFE

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]			

The next section is assessing the impact on the lives of families. You will document your assessments from each visit here.

RECOMMENDATIONS, REFERRALS, FOLLOW-UP

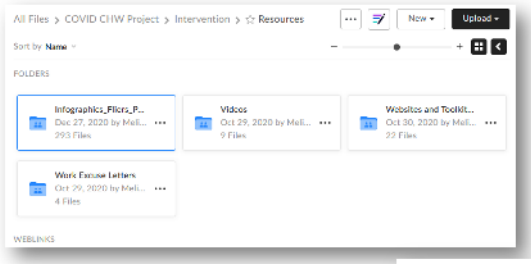
USE THE MODULE AND RESOURCES FROM THE RESOURCE LIBRARY TO GUIDE YOUR CONVERSATION WITH FAMILIES.

Topic:
Visit 1: ❑ 2: ❑ 3: ❑
Referrals: **Recommendations:** **Notes from initial conversation:**   **Follow-up at next visit:** [Document if client successfully followed through on referral]

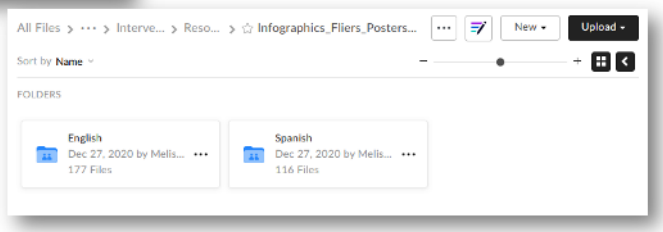
You have several blank boxes to enter topics that the family is interested in. You will enter any recommendations discussed, referrals made and then record the outcome at subsequent visits where appropriate.

Now, Melissa will talk about the resource library to support your work.

RESOURCE LIBRARY TOUR - 1

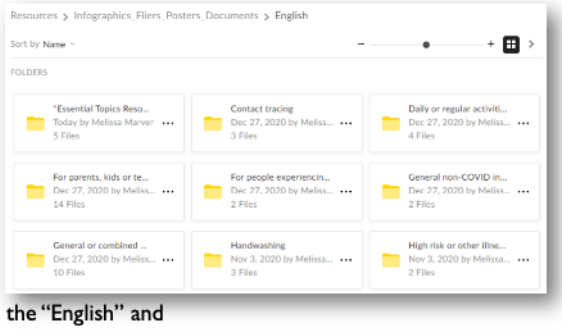


Starts with four folders; the "Infographics…" folder is where you will find many printable resources to share with your clients

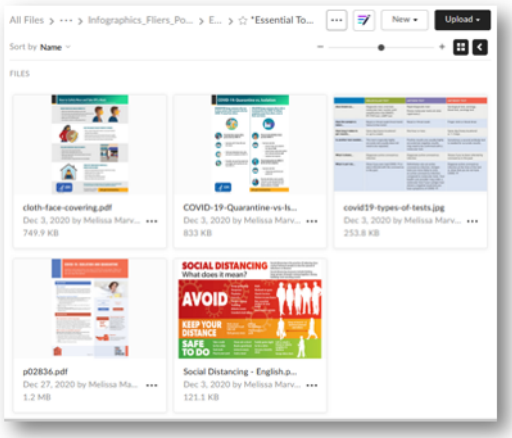


Inside the "Infographics…" folder you will find sub-folders for resources offered in English and in Spanish

RESOURCE LIBRARY TOUR - 2

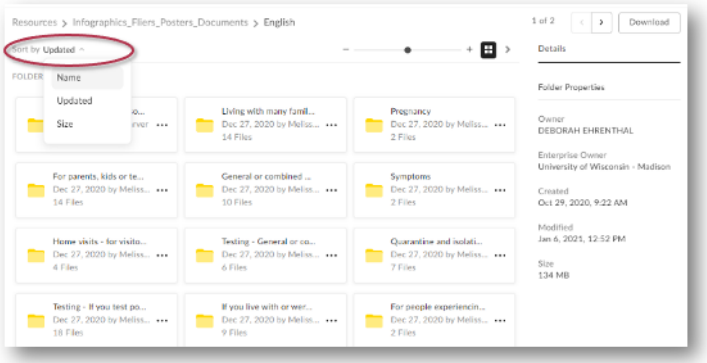


In the "English" and "Spanish" folders, you will find sub-folders with resources for many topics, including those in the menu



Each of these folders (e.g. "*Essential Topics Resources," shown here) has printable resources to share!

RESOURCE LIBRARY TIP - SORT

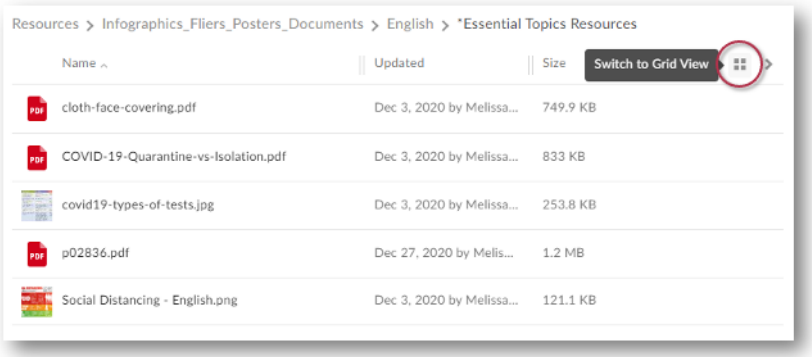


Tip:

- Sort by **name** using sort function shown in the red oval in upper left corner

This is particularly helpful for when you are in the "English" and "Spanish" folders, which contain sub-folders for many topics of resources

RESOURCE LIBRARY TIP – GRID VIEW



Tips:

- Choose **grid view** using the icon shown in a red circle in upper right corner

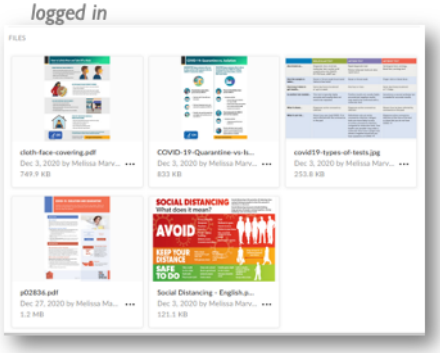
This is particularly helpful for the when you are in folders looking at specific resources (e.g. shown here)

RESOURCE LIBRARY TIP – LOG IN

logged out

vs.

logged in

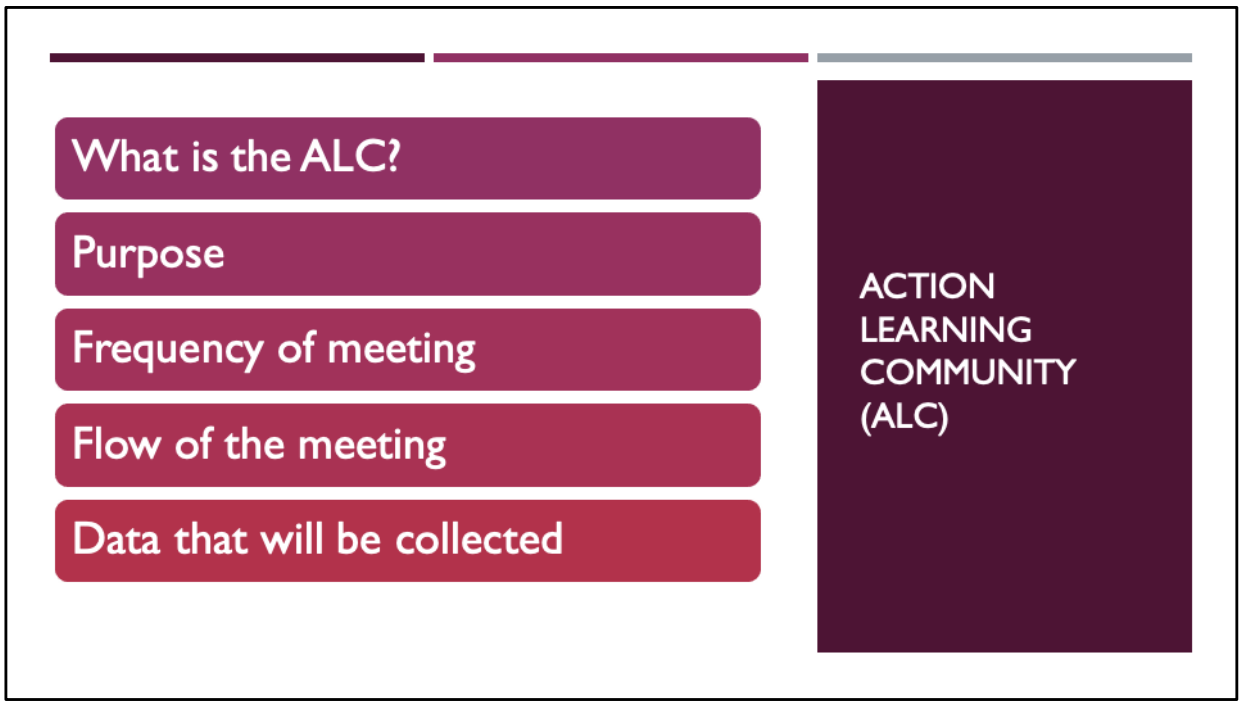


Tips:

- If you have a Box account, log in; if you don't, you can create one for free. This will allow you to see image previews of all PDFs as well as jpg and png files


QUESTIONS?

ACTION LEARNING COMMUNITY



The Action Learning Community will be an opportunity for us to learn more about your experience with implementing the module. Both sites will come together virtually to talk about how well the pilot is going, what it is like to use this module, and to share ideas to improve it.

We will meet on Fridays during the implementation period starting January 29. You should have already received the calendar invitation. There will a total of 3 ALC sessions that last 90 minutes. We are planning to record the sessions so we can capture the essence of what you are telling us and better understand how this intervention is working for you.

The meetings will open with a grounding exercise where we are reminded that we all bring our real selves, emotions and all. This is to help us understand that we can't all always be present in the same way.
We will move to open sharing of experiences with using the module with families. We will ask some questions to get the conversation flowing but allow for direction to shift based on your lead.
We will then have a short education piece that will last about 20-30 minutes. We want you to have input in the topics but will plan one to start us off. Some ideas are

around understanding the DHS data dashboard, the different types of tests for COVID-19, or talking with families that are hesitant to receive the vaccine.

At our first session we will ask you to jot down your ideas in the chat.

We are putting a link to another survey in the chat. Please take some time now to complete this survey.