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Community Health Center, Inc. (CHC) serves as the **National Training and Technical Assistance Partners (NTTAP)** on Clinical Workforce Development funded by the **Health Resources and Services Administration (HRSA)**. CHC's NTTAP provides free training and technical assistance to health centers across the nation through national webinars, learning collaboratives, activity sessions, trainings, research, and publications. The purpose of this comprehensive resource is to highlight national audience webinars from Fall 2023 that present relevant information to inform health centers about free resources to use and share within their organizations. For more information, please visit www.chc1.com/nca to access free resources and receive updates on our upcoming technical and training opportunities.

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- ▶ [Access to Comprehensive Care](#)
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Clinical Career Pathway Development Summary

Implementing Nurse Practitioner (NP) and NP/Physician Associate (PA) Postgraduate Training Programs: Program Development, Recruitment Strategies, and Accreditation Webinar

Overview: This webinar discusses the essential components of successful primary care nurse practitioner/physician associate (NP/PA) residency programs, including program structure, recruitment strategies, bias reduction techniques, and the rigor and benefits of the accreditation process.

View webinar at: <https://bit.ly/47ZtHrK>

Takeaways:

- **Why Start a Postgraduate Training Program?**
 - Addresses the shortage of expert clinicians, with a focus on vulnerable populations.
 - Provides integrated primary care training opportunities.
 - Supports the development of confidence, competence, and mastery within Federally Qualified Health Center (FQHC) settings.
- **Effective Recruitment Strategies:**
 - Utilize diverse recruitment channels, including local academic institutions, alumni networks, national associations, and collaborations with other postgraduate programs.
 - Develop a comprehensive recruitment process involving marketing plans, HR coordination, and application reviews.
 - Consider actively engaging internal NP/PA students, graduate program completers, and recent graduates in the recruitment process.
- **Accreditation Process:**
 - There are multiple pathways for accreditation and its role in providing external validation for program rigor and quality.
 - Accreditation involves external reviews, voluntary program evaluation, and public recognition for excellence and national acknowledgment of quality.
- **Framework for Developing Clinical Workforce** (See Figure 1)

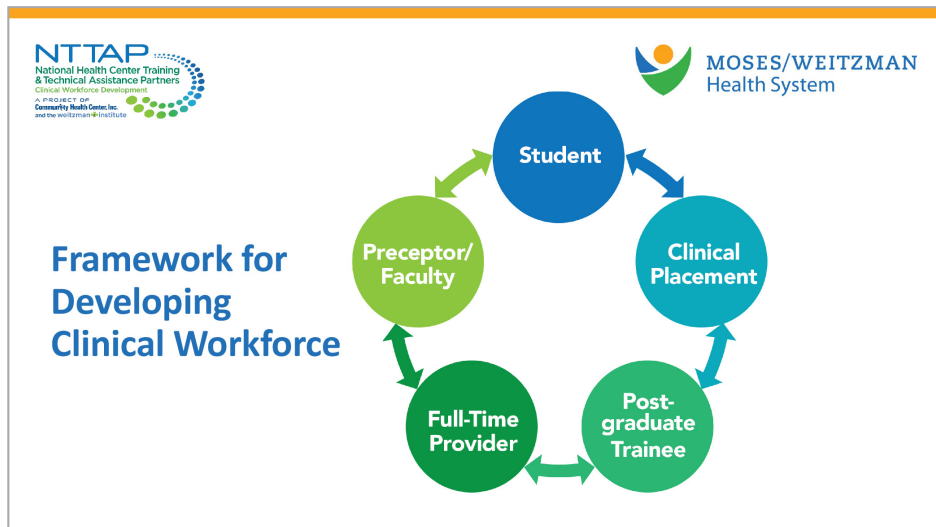


Figure 1. Framework for Developing Clinical Workforce

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Takeaways:

- Reducing Bias in Recruitment and Selection (See Figure 2)

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Reducing Bias in Recruitment and Selection

Strategies to increase diversity in recruitment and selection of candidates:

- Outreach to community organizations
- Outreach to a wide variety of academic institutions
- Phone screen candidates as initial step
- Quality of education
- Work with HR team to review strategies being used at your organization around hiring bias

5 WAYS TO REDUCE HIRING BIAS

- 1 Use the same interview questions for all applicants
- 2 Use behavior-based interview questions rather than hypothetical situations
- 3 Have diverse teams conduct interviews and make hiring decisions
- 4 Train managers to use objective, fact-based hiring techniques
- 5 Hold hiring managers and supervisors accountable for diversity in hiring

SIRM

Figure 2.
Reducing Bias in Recruitment and Selection

- Consortium Standards Driving Excellence in Program Design (See Figure 3)

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Consortium Standards Driving Excellence in Program Design

- Standard 1: **Mission, Goals, Objectives**
- Standard 2: **Curriculum**
- Standard 3: **Evaluation**
- Standard 4: **Program Eligibility**
- Standard 5: **Administration**
- Standard 6: **Operations**
- Standard 7: **Staff**
- Standard 8: **Postgraduate Trainee Services**

Figure 3.
Consortium Standards Driving Excellence in Program Design

Notable Participant Live Feedback:

- *"I appreciated the clarity of the presentation, with clearly defined goals that were successfully met."*
- *"I found the shared resources to be particularly beneficial and greatly appreciated."*
- *"The panel's expertise was evident, and the pleasant interaction among members added to the overall experience. The information presented was highly relevant and insightful!"*

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- ▶ [HIV Prevention](#)

Access to Comprehensive Care Summary

▶ Increasing Access to Comprehensive Care: The Crucial Role of the Community Health Worker Webinar

Overview: This webinar with our partner NTTAP, **MHP Salud**, discusses the crucial role of Community Health Workers (CHWs) and peer navigators within the clinical care team, exploring their impact on increasing access to comprehensive care.

View webinar at: <https://bit.ly/484EP6J>

Takeaways:

- **High-Quality Primary Care:**
 - Defined as whole-person, integrated, accessible, and equitable healthcare provided by interprofessional teams.
 - Best delivered by organized, supported, and accountable teams meeting the needs of individuals and communities.
- **Team-Based Care:**
 - Involves at least two health providers working collaboratively with patients and caregivers to achieve coordinated, high-quality care.
 - Advanced models result in increased access, improved quality, enhanced health outcomes for chronic conditions, and cost-effective care.
- **Community Health Workers (CHWs):**
 - Frontline workers with a deep understanding of and trust within the community.
 - Effective in improving patient outcomes, eliminating health disparities, and demonstrating positive return on investments, especially during events like the COVID-19 pandemic.
- **Interprofessional Care Teams** (See Figure 4)



Figure 4. Interprofessional Care Teams

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Takeaways:

- Community Care Worker—Case Study (See Figure 5)

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About the Patient

57 year old male, diagnosed with Type 2 Diabetes, Hyperlipidemia and Hypertension

Patient Goals

- 1) Obtain stable and affordable housing
- 2) Take better care of himself and feel less pain and tiredness

Provider Goals

- 1) Lower A1c
- 2) Lose weight
- 3) Obtain CGM, reduce insulin over time

Patient Needs

- Apply for low income housing
- Work fewer hours
- Log blood sugar levels throughout the day
- Begin use of Continuous Glucose Monitor (CGM)
- Lower A1c
- Lose weight

Challenges

- Long-standing lack of Diabetes self management
- Spanish Speaking (Language Line required @ MD visits)
- Provider concerns around ability to use CGM
- Unable to use Zoom for Telehealth visits
- CGM not covered under insurance
- Non compliant with prescribed medications

Figure 5.
Community Care Worker—
Case Study

- MHP Salud CHW Integration Resources (See Figure 6)

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CHW Integration Resources

[Click to get tips](#) ◀

- [9 Tips for Integration CHWs into Health Center Teams](#)
CHWs expertise in the culture of the community puts them in a unique position to contribute to Health Center care teams. This connection to their community can also help a care team better understand the context behind a patient's condition, leading to the development of more effective care plans.

[Click to get guide](#) ◀

- [Making the Case for CHWs: Implementation Guide](#)
A significant obstacle to achieving full integration of CHWs on health care teams is confusion regarding the role of a CHW on part of clinical staff. This guide is meant to address this obstacle to garner stronger support for CHWs in clinical settings.

[Click to get Toolkit](#) ◀

- [CHW Clinical Integration Toolkit](#)
This free toolkit illustrates the different strategies for incorporating CHWs within Care Teams. Additionally, it will provide real-life case studies from various health entities throughout the nation to support the success of the implementation of these strategies.

Figure 6.
MHP Salud CHW
Integration Resources

Notable Participant Live Feedback:

- *"I really enjoyed the case study and what a difference check-ins really make. It isn't all about giving a patient medication, but really to identify any additional barriers."*
- *"I enjoyed gaining insights into the role and responsibilities of Community Health Workers (CHWs)."*
- *"It offered a comprehensive insight into their multifaceted role and showcased the invaluable contributions they make to patient care."*

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Health Care Team Development Summary

▶ Training the Next Generation: Best Practices for Gaining Leadership Support and Implementation Planning Webinar

Overview: Community Health Center, Inc.'s NTTAP, in partnership with **Northwest Regional Primary Care Association (NWRPCA)** and the **National Institute for Medical Assistant Advancement (NIMAA)**, presents foundational knowledge for developing health professions education and training (HP-ET) programs. The webinar covers best practices in leadership support, stakeholder analysis, and implementation planning.

View webinar at: <https://bit.ly/47ZtHrK>

Takeaways:

- **Why is Workforce Development Planning so Critical to Community Health Centers?**
 - HRSA's emphasis on workforce development planning is a strategic priority.
 - There's a direct correlation between a well-staffed clinic and heightened patient satisfaction.
- **Does Strategic Workforce Development Planning Make Business Sense?**
 - There are qualitative benefits of a fully staffed clinic, including the "Multiplier Effect" positively influencing retention and recruitment efforts.
 - The tangible and intangible costs associated with staff turnover, such as recruitment and potential negative impacts on team culture and productivity.
- **Communication and Stakeholder Analysis:**
 - A robust Stakeholder Communication Plan identifies key stakeholders and outlines communication objectives, defines key messages, and establishes the frequency and methods of communication.
- **Stakeholder Grid** (See Figure 7)

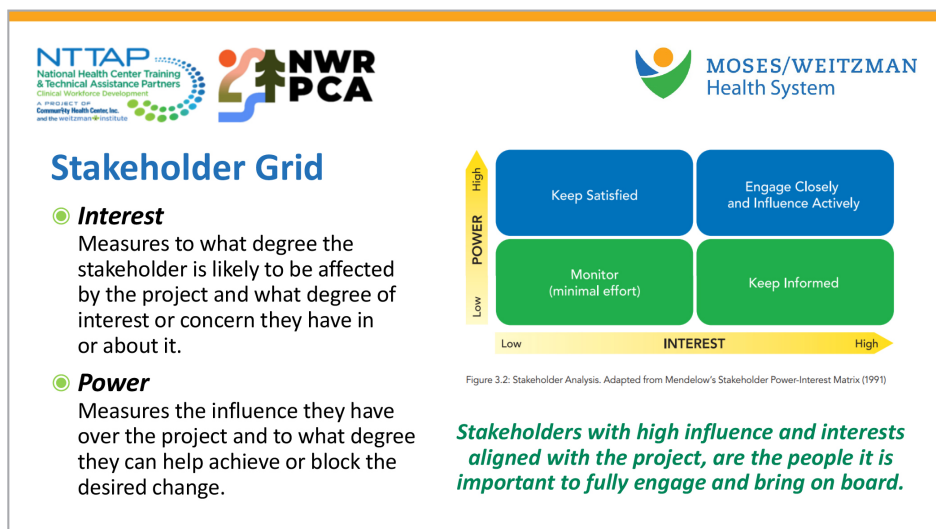


Figure 7. Stakeholder Grid

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Takeaways:

- How to Develop an Implementation Plan (See Figure 8)

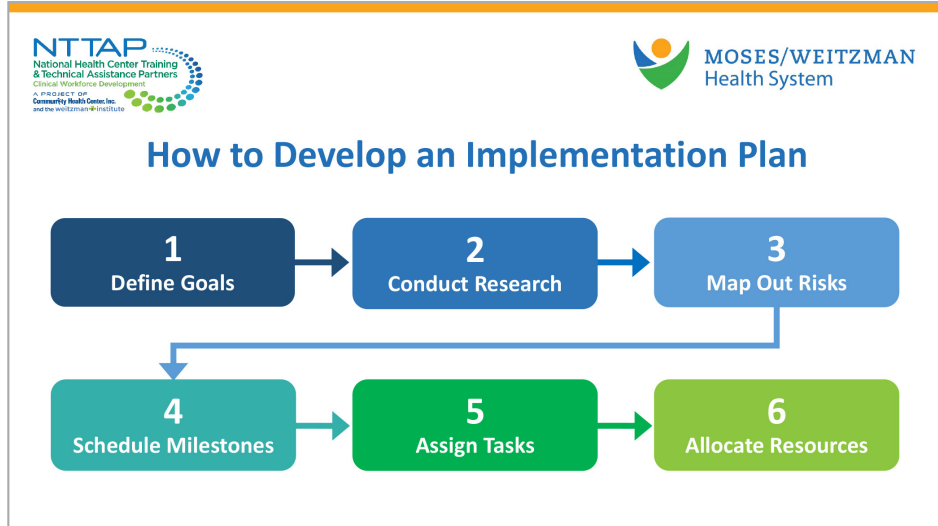


Figure 8.
How to Develop an
Implementation Plan

- Pitfalls to Avoid (See Figure 9)

The slide is titled "Pitfalls to Avoid" and lists six common mistakes in implementation planning, each preceded by a green circle icon. The pitfalls are: 1. Being unrealistic with your timeline; 2. Limited or no communication with key stakeholders across the organization and at all levels; 3. Leadership buy-in without clinical staff buy-in; 4. Lack of preparation for backfilling or staffing needs; 5. No planning for funding sources; 6. Clear goals and objectives not outlined; inability to evaluate initiatives or analyze ROI. The slide includes logos for NTTAP, NWR TPCA, and MOSES/WEITZMAN Health System. The NIMA logo (the national institute for medical assistant advancement) is in the bottom right corner.

Figure 9.
Pitfalls to Avoid

Notable Participant Live Feedback:

- *“Exceptional facilitation—engaging and inclusive.”*
- *“In-depth knowledge gained—valuable insights.”*
- *“Highly informative, organized, and easy to follow.”*

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Emerging Issues—HIV Prevention Summary

▶ Integrating HIV and STI Prevention into Primary Care: Best Practices and Beyond Webinar

Overview: This webinar explores effective HIV prevention practices in primary care, covering substance use strategies and injectable Pre-Exposure Prophylaxis (PrEP).

View webinar at: <https://bit.ly/47dH4ne>

Takeaways:

- **Sex Positive, Status Neutral Goals:**
 - Promote open and comfortable dialogue about sex.
 - Create a welcoming environment without judgment.
 - Extend inclusivity to diverse identities and HIV statuses.
- **Substance Use and HIV Prevention:**
 - Assess injection history and needle-sharing practices.
 - Provide HIV PrEP as part of a comprehensive harm reduction strategy.
 - Offer naloxone and syringe services programs.
- **Injectable PrEP Implementation:**
 - Assess individual adherence challenges and concerns.
 - Discuss potential benefits and considerations.
 - Monitor HIV and STI status regularly.
 - Ensure coverage through insurance or patient assistance programs.
- **Sexual History: Assessing HIV/STI Screening Need in 6 Questions** (See Figure 10)

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Sexual History: Assessing HIV/STI Screening Need in 6 Questions

1. Have you ever had oral, vaginal, or anal sex?
2. When was the last time?
3. Are partners men, women, transmen, transwomen, and how many (1 or >1)?
4. Do you use condom always, sometimes, or never, or on PrEP?
5. Any symptoms?
6. Were you exposed to any STIs that you know?

Figure 10.
Sexual History:
Assessing HIV/STI Screening
Need in 6 Questions

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Takeaways:

- PrEP for People Who Inject Drugs (See Figure 11)

PrEP for People Who Inject Drugs (PWID)

- Only about 1-3% of PWID are estimated to be taking PrEP.
- Provider bias and concerns about adherence are cited as two of the reasons for low PrEP uptake in this population.
- Bangkok Tenofovir Study (2013): Daily tenofovir DF found to reduce HIV transmission by 49% in PWID.
- Subsequent analysis showed at least 74% efficacy when TDF observed to be taken consistently and detectable in blood, highlighting the importance of adherence.

About 1 in 10 new HIV diagnoses in the United States are attributed to injection drug use or male-to-male sexual contact *and* injection drug use (men who reported both risk factors).
—CDC, 2021

1. HIV and Injection Drug use. CDC. Last updated April 2021. <https://www.cdc.gov/hiv/basics/hiv-transmission/injection-drug-use.html>
2. Pleuhs B, Mistler CB, Quinn KG, Dickson-Gomez J, Walsh JL, Petroll AE, John SA. Evidence of Potential Discriminatory HIV Pre-Exposure Prophylaxis (PrEP) Prescribing Practices for People Who Inject Drugs Among a Small Percentage of Providers in the U.S. *J Prim Care Community Health*. 2022 Jan Dec;13:21501319211063999. doi: 10.1177/21501319211063999. PMID: 35068243; PMCID: PMC8796077.
3. Chohanvay, K. et al. "Antiretroviral prophylaxis for HIV infection in injecting drug users in Bangkok, Thailand (the Bangkok Tenofovir Study): a randomised, double-blind, placebo-controlled phase 3 trial." *Lancet*. 2013; 381: 2083-90

Figure 11. PrEP for People Who Inject Drugs

- PrEP Monitoring (See Figure 12)

PrEP Monitoring

- **Oral PrEP Monitoring (F/TDF, F/TAF)**
 - HIV test (Ab/Ag + HIV RNA) every 3 months
 - STI screening every 3 months for MSM/transwomen and every 6 months for all others
 - Renal function every 6 months for 50+ and GFR<90, once a year for all others
 - If on F/TAF, lipids once a year
- **Injectable PrEP Monitoring (Cabotegravir)**
 - HIV test (Ab/Ag + HIV RNA) every 2 months
 - STI screening every 4 months for MSM/transwomen and every 6 months for all others

Figure 12. PrEP Monitoring

Notable Participant Live Feedback:

- *"I enjoyed the interactive nature of the presenters."*
- *"I liked how the presenters laid out the data about how underutilized PrEP is, especially in marginalized populations. Also outlining steps to take to assess and treat patients."*
- *"The visuals in addition to the discussion."*

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