

Innovative training and programs to support workforce development

Ali Rivera

APHA 2022 Annual Meeting and Expo

Abstract

Piloting a discussion-based mental health training program in the construction trades

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Background/Context: Males in the Construction and Extraction Occupations (SOC 47) have the highest suicide rates for all workers, approximately 50 per 100,000 workers. Deaths due to accidental opioid overdose have also continued to increase at alarming rates. Studies have shown construction workers are 5-8 times more likely to die of an opioid-related overdose than the average worker. Interventions in the construction sector to prevent and recover from these diseases may be part of the national solution to reverse their upward trends.

Description: North America's Building Trades Unions (NABTU) is a labor organization representing more than 3 million skilled craft professionals in the United States and Canada. NABTU is composed of fourteen national and international unions and over 330 provincial, state, and local building and construction trades councils. In 2020, NABTU passed a resolution to work collectively to destigmatize substance use and mental health disorders. CPWR, a nonprofit organization under NABTU, created a discussion-based mental health resilience training program to address stigma related to suicide and substance in the construction trades, with the goal to get participants comfortable talking about these topics in their everyday life or on the jobsite. Research suggested the best way to accomplish this was by modeling that behavior within the classroom and by using a discussion-based format, as opposed to a didactic classroom model. The program includes six modules pertaining to member assistance programs, the NABTU Resolution, motivational interviewing, primary prevention of injuries in construction, suicide prevention, and discussing health maintenance.

Lessons Learned: CPWR piloted the first iteration of training program with experienced trainers from the Insulators union in July 2021. Changes were made based on positive and constructive feedback before a second pilot was conducted with over 60 NABTU trainers across all the building trades unions. Based on iterative feedback from the pilots and subject matter experts, the training program is now in its final phase of production.

Recommendations/Implications: Addressing stigma around substance use and suicide in the construction industry is challenging. Preliminary evidence from the pilot activities suggests that a participatory discussion-based approach to training to broach these issues and affect change has advantages over a didactic classroom model of instruction. This new training program and the instructor guide will be available for free to the public and will be tracked over time in terms of impact, scale and sustainability in use and reach.

Abstract

Development and evaluation of a training program in social and cultural determinants of health for family and youth peer advocates in New York State

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Background: One approach to improving the care for families with children and youth with serious emotional disturbance (SED) is to organize services based on the model of High-Fidelity Wraparound (HFW). HFW is an evidence-based method of coordinating comprehensive family- and youth-driven care proven successful in improving health outcomes while reducing institutionalization. Beginning in 2016, New York State Office of Mental Health incorporated the HFW model into the state's Medicaid Health Homes serving children and youth with SED. Family and youth peer advocates are integrated into this effort, and newly developed certification trainings have rendered peer services Medicaid reimbursable in New York State (NYS).

Description of Training: The Peer Readiness in Wraparound Cultural and Structural Humility (CSH) training implemented in NYS aimed to integrate the social and cultural determinants of health into HFW. Public health facilitators led the 2-day CSH in-person training sessions that consisted of two parts: the first, focuses on cultural humility, structure, health equity, and bias. The second, called Health Habitus Integration (HHI), provided peer advocates with theoretically driven tools to integrate social and cultural determinants of health insights into services for families and collaboration with care managers. Ten CSH trainings were conducted throughout NYS.

Evaluation of Training: A mixed-methods approach consisting of same-day (N= 158) and follow-up surveys (N=55), and qualitative interviews (N=27) -at least 3 months post training- was used to evaluate CSH's utility and implementation. Data were collected from 08/2018 to 02/2021.

Lessons learned: Trainees reported high utility of CSH with over 90% endorsing the utility of all training components. At follow up, approximately half of the trainees had the opportunity to employ the training skills and nearly two-thirds anticipated practice integration in the future. Lack of institutional or supervisor support and the need for additional HFW and CSH training were discussed as implementation barriers.

Implications: Although the CSH training is highly suitable for peer advocates, and consonant with the HFW principles, the data suggest the need for institutional support and the benefit of also training care managers and supervisors for successful integration of new skills and practice transformation.

Abstract

The Accurate Empathy Exercise: A virtual reality simulation approach to promoting and understanding empathy

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Background: Accurate empathy is defined as an active interest in, and effort to understand another person's internal perspective, to see the world through their eyes, and the conviction it is worthwhile to do so. It involves the effort to perceive someone's emotional experience with sensitivity and accuracy. In clinical settings, it encourages exploration of patient feelings to determine whether they have been accurately perceived.

Objective: The Accurate Empathy Exercise offers an opportunity for participants involved in clinical and mental health settings compare their perception of the emotional response to health risks encountered during a neighborhood immersion simulation to the "actual emotions expressed by experiential experts. **Methods:** A Virtual Reality simulation allows experiential insertion of participants into a distressed urban neighborhood, to follow a family through 6 scenes (barbershop, home, corner store, school, church, police encounter). After each scene, participants are asked to identify 3 emotions most likely experienced in response to the health risk encountered. They select from 9 emotional options generated by experiential experts, scored at 3 levels of frequency. Though scoring assesses the degree of concordance, participants are apprised that the purpose of the exercise is not to select the right answers, but to think actively about what feelings might be occurring, and to appreciate the value of understanding emotions accurately. Pre- and Post-testing assessed change in self-report empathy in clinical practice and intent to change.

Results: Responses from 12 experiential experts generated 181 words describing 6 situations in the simulation (lead poisoning, digital exclusion, food insecurity, church, school, nearby gunshot). Following each exercise, participants learn their Accurate Empathy score, and are later introduced to broader analysis of the meaning of the emotions. Emotions expressed were sorted in 7 categories, with the top 3 predominating in word count: disempowerment (25%), oppression (23%), anger (22%), anxiety (10%), fear

(9%), activation (8%), and depression (4%). Pre- and post-testing (n=140) revealed a significant difference in pretest empathy self-report (m=3.67) and post-test intent to explore feelings that lie beneath patient problems in clinical settings (m=4.41).

Conclusion: The Accurate Empathy Exercise represents an engaging and effective approach to experiential teaching about empathy.

Abstract

Mental Health Sustainability Practices Enhanced Resiliency among COVID-19 Community Health Workers

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Background: The COVID-19 Equity Project (CEP) provides COVID-19 prevention and services in Fresno County, California. Community Health Workers (CHWs) are a core component of these efforts and are multiculturally diverse with representations of Latinx, Asian, Middle Eastern, African Americans, and Eastern Europeans. Given the uncertainty and collective trauma related to the COVID-19 pandemic, CHW mental health check-ins became an important aspect of CEP.

Description: Since December 2020, CEP leads incorporated workforce mental health training and activities. Mental health check-ins and grounding exercises continued consistently during weekly and monthly check-ins. However, starting in 2022, monthly check-ins involved CHWs sharing responses on Google Jamboards, a digital interactive whiteboard. CHWs answered questions about their mental state and the associated reasons for that state. Questions were the same for January, February, and March of 2022, and responses were thematically analyzed as part of program evaluation.

In January 2022, respondents described feeling burdened and stressed due to the Omicron variant surge. Many felt overwhelmed due to high case counts and uncertainty towards funder response toward this surge. In February 2022, respondents reported decreased work, however, uncertainty and stress increased due to changing funder priorities for COVID-19 workflow. Finally, in March 2022, CHWs described more anxiety due to apprehension against funder priorities and fear of another variant spike. However, there was gratitude for these Jamboard check-ins and shared optimism towards the future. The thematic analysis indicated that CHWs consistently felt stress related to COVID-19 work.

Lessons Learned: Despite decreased workload, CHWs reported increased stress that impacted their work at schools and their guidance to community members regarding COVID-19 prevention and contact tracing. As the pandemic is an ongoing stressor, it is important to address CHW mental health for the sustainability of similar programs at a public policy level. Furthermore, given the perception of hope towards the end of the three month analysis, CHWs displayed resiliency during the COVID-19 pandemic. This resilience will improve mental health outcomes among workers in the field and strengthen leadership capacity within disproportionately impacted communities.

Recommendations: Leadership and administrative staff must include mental health activities and routine assessments for CHW self-care support.

