OCHIN

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MEMORANDUM OF UNDERSTANDING

Network for Community-engaged Primary Care Research
And County of Monterey, on behalf of the Monterey County Health Department

Multiple Principal Investigators: Marion Sills, MD, Erika Cottrell, PhD, PMP, Rachel Gold, PhD, MPH

This Memorandum of Understanding ("MOU") is made between OCHIN Inc. ("OCHIN") and County of Monterey, on behalf of the Monterey County Health Department ("County"), each wishing to establish a cooperative research relationship. OCHIN and County are collectively referred to as the "Parties" or individually as a "Party." This MOU shall be effective upon the signature of both parties' authorized officials.

WHEREAS, OCHIN has been engaged by WESTAT and National Heart, Lung, and Blood Institute ("Funder") to complete project deliverables and tasks with respect to Network for Community-engaged Primary Care Research ("Project"), as is further described below; in conjunction with Morehouse School of Medicine (MSM), Health Choice Network (HCN), and Oregon Health & Science University (OHSU).

WHEREAS, County is a part of the OCHIN community and wishes to contribute to and participate in the Project as specified in this MOU;

NOW THEREFORE, OCHIN and County, as Parties to this MOU, agree as follows:

1. Project Scope

1.1 ***Purpose.*** The purpose of this MOU is to memorialize the Parties' intent to participate in a randomized controlled trial, entitled **C**ommunity **H**ealth **W**orkers **SYS**tematically Assessing and Addressing Social Determinants of Health **T**o **IM**prove Outcomes In Community-based Health Centers (CHW-SYSTIM) to measure the effectiveness of a Community Health Worker (CHW)[1] led social risk screening, referral, and support model compared to usual care for member health centers' patients with uncontrolled chronic conditions (Type 2 diabetes and/or hypertension) across three health center networks.

1.2 *Study Aims*

Aim 1: Assess the effectiveness of a CHW-led social risk intervention on lowering hemoglobin A1C (A1C) in CHC patients with uncontrolled diabetes and on lowering blood pressure in CHC patients with uncontrolled hypertension.

[1] Community Health Worker or CHW-like roles (e.g., promotor(a), population health coordinator, social worker, navigator)

Aim 2: Evaluate implementation outcomes of the CHW-led social risk intervention using the RE-AIM framework.

1.3 ***Leadership.*** The Project will be directed by a team of Principal Investigators at OCHIN, MSM, and HCN:

Marion Sills, MD, OCHIN
Erika Cottrell, PhD, MPP, OCHIN
Rachel Gold, PhD, MPH, OCHIN
Dominic Mack, MD, MPH, MSM
Megan Douglas, JD, MSM
Katherine Chung-Bridges, MD, MPH, HCN

1.4 ***Oversight.*** The Project consists of human subject research. The Morehouse School of Medicine IRB ("IRB") has approved the Project and will exercise oversight of it for the duration of the Project. The Parties agree to perform the activities and responsibilities described in this MOU consistent with written protocol or waiver approved by the IRB. Please see **Attachment A** for the IRB approval memo for your reference.

1.5 ***Duration.*** Clinic Participation for the Project will be October 1st, 2024-June 30th, 2026, unless otherwise extended in writing and subject to continued availability of funds.

2. Activities & Responsibilities

2.1 Point of Contact. Each Party will designate an individual to serve as a primary point of contact with respect to County's participation in the Project.

i. County's Primary Study Contact:

ii. County's Secondary Study Contact:

iii. OCHIN's Primary Study Contact: Jee Oakley, (Phone: 503-943-5809; Email: oakleyj@ochin.org)

iv. OCHIN's Secondary Study Contact: Rachel Gold, PI (Phone: (503) 984-4946; Email: Rachel.Gold@kpchr.org)

The Parties shall use commercially reasonable efforts to communicate changes in designated contacts.

2.2 County Engagement

2.2.1 Participating Health Center Responsibilities:

- Execute project contracts.
- Be willing to be randomized into the study arms.
- Complete a 15 to 20-minute baseline study assessment.

- Attend one site onboarding meeting prior to the start of the intervention.
- Ensure study staff (i.e., Project Champion, CHW or equivalent) has designated FTE to complete responsibilities and tasks as described below in Section 2.2.1.1. and 2.2.1.2.

- Intervention sites only:
    - Support target enrollment of 120 eligible patients to be referred by CHW, who completed the CHW-SYSTIM training (see 2.2.1.2), for services based on social risks identified by screening during 6-month intervention period.
    - Ensure that the assigned CHW has a quiet space and the necessary equipment (i.e., headset, computer) to attend and complete their required training, and screen patients.

2.2.2 Health Center Study Staff. The participating health center will identify staff to participate in the study and designate FTE sufficient to achieve enrollment and intervention goals. Their roles and responsibilities are as follows:

2.2.1.1. Project Champion will:

- All Control and Intervention sites:
    - Serve as point of contact for MOU, and any other project documents as needed.
    - Serve as point of contact for communication between the study team, health center leadership, and health center study staff.
    - Facilitate communication between other team members and health center staff.
- Intervention sites only:
    - Provide support to the CHW to ensure that the CHW's efforts are accepted by clinic staff.
    - Work with the study team and the CHW to establish social needs-related clinic workflows and processes to support NCPCR RCT activities.
    - Report project progress, barriers, and any/or challenges to health center leadership and the study team and support implementation of strategies to reduce programmatic barriers.
    - Participate in qualitative data collection as an interviewee to help identify key learnings from the intervention.
    - Other activities as needed to implement intervention according to the protocol.

See **Attachment B** for more details on Study Champion qualifications.

2.2.1.2. CHW or CHW-equivalent (Intervention sites only) will:

Training Period (January – March 2025)

- Complete at least 90% of the required training (approximately 8 hours per week) by the start of the intervention (includes weekly training sessions plus asynchronous training and activities).
- Work with the study team to establish processes for patient outreach and enrollment.

Intervention Period (April - September 2025)

- Serve as liaisons between health centers and community organizations to facilitate timely access to supportive services for patients diagnosed with diabetes and hypertension by increasing self-sufficiency through outreach, referrals, and navigation.
- Review lists of eligible patients (>=18 years old, with a diabetes diagnosis and most recent A1c >9, and / or a hypertension diagnosis and last systolic BP >140 or last diastolic BP >90) provided by study team or developed with site – CHW and Project Champion.
- Verbally consent and conduct screening assessments to ascertain patient social needs (target enrollment 120 eligible patients during the 6-months intervention period).
- Document all activity in a tracking database (electronic health record system, CHW-SYSTIM database).
- Participate in the monthly Learning Community meetings.
- Work with the study team to identify and implement additional or as needed support (e.g., practice facilitation, technical assistance) to deliver the intervention and complete data collection.

Follow-up Period (October – April 2026)

- Participate in a CHW interview and a clinic-specific group interview.
- Participate in an end-of-study meeting for sharing learnings.

See **Attachment C** for more details on CHW qualifications.

2.2.3 The NCPCR Project Team will:

- Develop and refine the Randomized Control Trial (RCT) protocol via an integrated, community-engaged approach.
- Develop data collection methods, instruments, common data elements.
- Engage the NCPCR Advisory Board to review RCT implementation plan.
- Engage the Community Engagement Alliance (CEAL) teams and other community partners to inform RCT implementation plan.
- Develop and implement CHW and clinical staff training and work plans.
- Provide support and technical assistance to health centers delivering the intervention.
- Conduct site randomization to study arms, qualitative and quantitative data collection, merging, analysis, and interpretation of findings.
- Collate social risk screening and referral toolkit.
- Develop and disseminate study findings, including manuscripts.

2.2.3.1 NCPCR Practice Coaches will:

- Provide coaching support to accomplish project-related objectives over the duration of the project.
- Provide practice facilitation to implement and sustain the intervention.

- Help teams engage in critical dialogue to explore complex change ideas.
- Facilitate project-related process improvement and performance management using best practice and change management tools.
- Serve to connect members to NCPCR's Subject Matter Experts and resources as indicated.
- Conduct intermittent check-ins by email, telephone, and/or online meetings.
- Facilitate project kick-off and subsequent meetings and trainings during the period of the project.

3. Data Sharing

3.1 The Parties agree that protected health information, as defined at 45 CFR 160.103 ("PHI"), of County's patients will be shared in connection with the Project, as follows:

3.1.1 County hereby authorizes OCHIN to identify potential patient participants by accessing PHI within the OCHIN Epic Electronic Medical Record. Such use shall consist only of (a) activities preparatory to research, consistent with the Health Insurance Portability and Accountability Act of 1996, its implementing regulations, and guidance issued by the Department of Health and Human Services; and (b) activities approved via a waiver issued by the IRB.

3.1.2 Clinic staff participating in key informant interviews by OCHIN team members will answer key stakeholder interview questions related to their previous experiences in patient recruitment for clinical research, and quality improvement and/or implementation efforts. Interview participants will receive an information sheet. The information sheet describes the purpose of the study, rights as a participant, provides contact information and explains that participation is voluntary. Participants who agree will give verbal consent to continue. No PHI will be collected or discussed as part of the interview, however, in case PHI is inadvertently disclosed during the interview, we will remove any identifiers from any data collected (i.e., transcripts, meeting notes, recordings).

3.2 ***Service Area Sharing Policy.*** OCHIN is permitted to share service area, clinic and/or department-level identified information with the external research partners, WESTAT and National Heart, Lung, and Blood Institute listed above (pg. 1), as part of this research project, provided they are bound by the same confidentiality provisions that OCHIN has with you and/or as stated in the IRB review and approval.

3.3 ***Site visits and Practice Coaching (Intervention Sites ONLY).*** During site meetings, research team members may be inadvertently exposed to PHI. Study team members will be held to all site's policies. It is the responsibility of the site to inform study team members of and to enforce relevant site policies. Inadvertent PHI collected will be destroyed and not included in the analysis.

3.4. Any publications from this study will be listed and accessible through the OCHIN website.

4. Compensation & Benefits

4.1 By participating, County is providing its clinics, staff and patients an opportunity to contribute to the scientific knowledge on measuring the effectiveness of a CHW-led social risk screening, referral, and support model compared to usual care for health center patients with uncontrolled chronic conditions (Type 2 diabetes, hypertension) across three health center networks.

In recognition of Member's contribution to the Project, participating health centers will receive compensation. Funding levels are dependent on whether the site is randomized as a control or intervention site, as follows:

4.1.1. Control Group:

Control Site Compensation ($12,000 Total)
All sites: $12,000 total impact payment per site • Yearly clinic impact payments: $6,000 • End of study CHW meeting: CHW travel, and accommodation costs covered by study
NO CHW support

4.1.2. Intervention Group:

Intervention Site Compensation ($58,175 Total)
All sites: **$12,000** total impact payment per site • Yearly clinic impact payments: $6,000 • End of study CHW meeting: CHW travel, and accommodation costs covered by study
CHW FTE support: Percentage of CHW FTE based on national average CHW annual salary $62,595 (US Bureau of Labor Statistics) adjusted based on project phase (4 months onboarding and training 20%, 6 months intervention 80%, 3 months follow up 40%), **$35,775** total
Study Champion: 4 hours per month at $200 per hour, **$10,400** total

5. Timeline

The Parties anticipate the following activities to take place as described below:

Timeline	Activities
August 2024 – November 2024	Health center recruitment
November 2024	Finalize MOU, Randomization complete

December 2024	Health center onboarding
January 2025	Trial Phase begins
January – March 2025	CHW Training
April – September 2025	Intervention begins (6-months; social needs screening and referral of eligible patients)
October 2025 – April 2026	Intervention follow-up period (CHW confirm closed loop and closeout tasks)
February – June 2026	Final analysis and Dissemination End-of-the-study CHW meeting (Control and Intervention Sites)
June 2026	Project ends

6. General Terms

6.1 ***Term.*** This MOU shall remain in effect until June 30th, 2026 unless otherwise extended by written agreement. Either Party may terminate this MOU by providing at least thirty (30) days prior written notice to the other Party.

6.2 ***Amendments.*** This MOU may be amended only in writing, signed by each Party's authorized signatory.

6.3 ***Confidentiality***. In the course of the activities contemplated by this MOU, a Party may disclose Confidential Information to the other Party. Unless otherwise agreed in writing, "Confidential Information" includes any and all information, correspondence, financial statements, records, data, or information that is or would reasonably be understood to be competitively sensitive and generally not known to the public, including formulations, analysis, inventions, improvements, patient records, and activities of the disclosing Party and other documents that are marked as confidential or proprietary and are transmitted or communicated by the disclosing Party to the receiving Party. Except for PHI, which is always deemed Confidential Information, Confidential Information does not include information that (a) is publicly known at the time of the disclosure, (b) is lawfully received by the receiving Party from a third party which does not have confidentiality obligations to the disclosing Party, or (c) the receiving Party can demonstrate was in its possession or known prior to receipt from the disclosing Party. Confidential Information shall be received and treated in confidence, and shall not be used except as necessary to perform the activities contemplated in this MOU and shall not be further disclosed except as permitted by Article 3 or Section 6.8 herein without prior written consent of the disclosing Party; provided that, if a receiving Party is required by law to disclose Confidential Information, the receiving Party shall notify the disclosing Party and reasonably cooperate with the disclosing Party's efforts to prevent disclosure.

6.4 ***Compliance.*** The Parties will each abide by applicable laws, including, without limitation, the disclosing and handling of intellectual property, developed technologies, and Confidential Information, including PHI.

6.5 ***Indemnification.*** Each Party agrees to hold harmless and indemnify the other Party and its officers, agents and employees from and against any and all liability, loss, expense, attorneys' fees, or claims for injury or damages arising out of the activities under this MOU, but only to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of the indemnifying Party.

6.6 ***Notice.*** All notices permitted or required by this MOU shall be in writing; given by registered or certified mail, postage prepaid, or delivered by nationally recognized courier service; addressed to the addresses set forth below the signature lines, or such other address for which a Party may provide notice in accordance with this Section from time to time; and deemed effective upon receipt by the receiving Party.

6.7 ***Relationship.*** The relationship of the Parties is that of independent contractors. Neither Party is the partner, joint venturer, or agent of the other, and neither Party has authority to make any statement, representation, commitment, or action which would bind the other without prior written authorization. Each Party shall be solely responsible for any wages, employment taxes, fringe benefits and work schedules of its own employees or agents.

6.8 ***Publication.*** Subject to Section 6.3 above, OCHIN and/or Researcher may, at their respective discretion, release information or publish any data, writings, or material resulting from the Project, or use such information or publications in any way for their educational and research purposes.

6.9 ***Independent Inquiry.*** Nothing in this MOU is intended or shall be construed as limiting any Party's right to engage in similar research, whether independently or pursuant to grants, contracts, or other agreements with third parties.

6.10 ***Governing Law.*** This Section is intentionally ommitted.

Other Agreements. This MOU is not intended to conflict or supersede any term of the [OCHIN Membership Agreement] between OCHIN and County ("Agreement"). In the event of a conflict between this MOU and the Agreement with respect to matters specifically pertaining to the Project, this MOU shall control.

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County of Monterey, on behalf of the Monterey County Health Department	
Name: Elsa Jimenez	Date: 12/11/2024
Signature: Elsa Jimenez	
Title: Director of Health Services	

OCHIN	
Name:	Date:
Signature:	
Title:	

Additional Clinic Signatures below as applicable.

Name: Stacy Saetta

Signature: Signed by: Stacy Saetta 696D21D44C4341D...

Title: Chief Deputy

Date: 12/13/2024 | 1:26 PM PST

Name: Patricia Ruiz

Signature: DocuSigned by: Patricia Ruiz E79EF64E57454F6...

Title: Auditor Controller Analyst I

Date: 12/13/2024 | 2:19 PM PST

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Attachment A
[attach IRB approval/waiver project summary]

MOREHOUSE SCHOOL OF MEDICINE INSTITUTIONAL REVIEW BOARD

720 Westview Drive, S.W.
Atlanta, Georgia 30310-1495
Telephone: (404) 752-1973
Fax: (404) 752-1168

FWA #4535 IRB I.D. #674

Date:	July 29, 2024
To:	Dominic Mack, MD,MBA
From:	Amanda C. Tan, MCR, CCRP, ACRP-CP, Sr. IRB Analyst John C. Smith, MSW, CIM, IRB Administrator Rhonda Conerly Holliday, PhD, Social & Behavioral IRB Chair
Study Title:	[2168673-4] Network for Community-engaged Primary Care Research (NCPCR)
IRB Protocol Number:	
Review Type:	
Submission Type:	New Project
Action:	APPROVAL
Approval Date:	***July 29th, 2024***
Approval Period:	07/29/2024 through 07/28/2026
Continuing Review Report Due:	***June 28th, 2026***

This project was approved by expedited IRB review (45 CFR 46.110; 21 CFR 56.110; **Research Category *[5, 6, 7]***, 63 FR 60364-60367, November 9, 1998) on July 29th, 2024. This approval is issued for the inclusive period **07/29/2024 through 07/28/2026.**

The following documents were reviewed:

- **NCPCR Clinical Trials Protocol_FINAL_.docx** [*uploaded 7/24/2024*]
- **IRB HIPAA Waiver_Final 7.24.24.docx** [*uploaded 7/24/2024*]
- **Application- Waiver or Alteration of Informed Consent.doc** [*uploaded 7/03/2024*]
- **NCPCR Focus Group Script for Consent Confirmation.docx** [*uploaded 7/26/2024*]
- **NCPCR Script for Consent Prior to Social Risk Screening.docx** [*uploaded 7/26/2024*]
- **NCPCR Verbal Consent Script for CHW Key Informant Interviews.docx** [*uploaded 7/26/2024*]
- **NCPCR RCT Flyer_final.pdf** [*uploaded 6/26/2024*]
- **Recruitment Email.pdf** [*uploaded 6/26/2024*]
- **NCPCR IRB initial application_final1.docx** [*uploaded 7/05/2024*]
- **Health Center Baseline Assessment Survey_6.21.2024.docx** [*uploaded 6/21/2024*]
- **Protocol_CHW Screening Template.pdf** [*uploaded 7/03/2024*]
- **Protocol_Screening Question Matrix.pdf** [*uploaded 7/03/2024*]
- **Patient Focus Group Guide.pdf** [*uploaded 7/03/2024*]
- **CHW Interviews.pdf** [*uploaded 7/03/2024*]
- **Field Note template.pdf** [*uploaded 7/03/2024*]

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- **CHW Get to know you prompts.pdf** [*uploaded 7/03/2024*]
- **Trial clinic group interviews.pdf** [*uploaded 7/03/2024*]

This protocol is subject to periodic review. A continuing review report on this project is due in the IRB office no later than **June 28th, 2026**. Reports are due regardless of whether you receive follow-up notifications. Failure to submit timely continuing review reports or to comply with applicable federal regulations or institutional guidelines and policies may result in immediate suspension of IRB approval of this research.

Any advertisements, questionnaires or other written materials pertaining to human subjects must be reviewed and approved by the IRB before use in the project. Any changes made in either the protocol or the consent form must be brought to the attention of and approved by the IRB prior to implementation of such changes. If applicable, please bring this approval notice to the attention of the research administrator of any granting agency(ies) to which you have made application for funding.

Promptly notify the IRB of any changes in the protocol or consent process as well as any adverse events, or unanticipated problems to subjects or others as defined and required by current federal regulations and institutional policies.

This approval is issued with the understanding that you have read and agree to comply with all laws and regulations governing the conduct of this research involving human volunteers as well as the institutional Guidelines and Policies for the Protection of Human Subjects.

All records associated with this research must be retained for at least 3 years following completion of the research (45 CFR 46.115(b)), or as defined by other applicable federal regulations.

Use only the officially approved version of the informed consent/assent document(s) dated **07/29/2024 through 07/28/2026.**

If your research involves the use of medical records, or collection of certain personal information, please note the following:

Under 45 CFR 164.508(b)(3)(i), the Morehouse School of Medicine IRB does not require HIPAA authorizations for use or disclosure of protected health information to be combined with other regulatory requirements regarding informed consent to participate in research. It is the policy of the IRB to request investigators to use stand-alone HIPAA authorizations permitting the use and disclosure of individually identifiable health information. The IRB need not approve stand-alone HIPAA authorizations.

The IRB defers to the responsibility of each covered entity under 45 CFR 160 and 164 to comply with use and disclosure requirements, including waivers and uses and disclosures for which authorization is not required as permitted under 45 CFR 164.512(i)(1)(i). A covered entity is basically the organization, unit or individual having custodianship of individually identifiable protected health information. (Reference: Guidance for Industry, IRB Review of Stand-Alone HIPAA Authorizations under FDA Regulations, October 21, 2003)

MSM IRB ID 674 (OHRP) FWA 4535

c: Office of Sponsored Research Administration

(Form Rev. 101806 rwt, modified 102908 bjk/jcs)

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MOREHOUSE SCHOOL OF MEDICINE

INSTITUTIONAL REVIEW BOARD
FWA #4535 IRB I.D. #674

Date: 07/29/2024

To: Dominic Mack, MD
From: Amanda C. Tan, MCR, CCRP, ACRP-CP
Sr. IRB Analyst

Study Title: Network for Community-engaged Primary Care Research (NCPCR)

IRB Protocol Number: 2168673

Review Type: Initial

Submission Type: Expedited

Action: Approved

Approval Date: 7/29/2024

The Morehouse School of Medicine's Institutional Review Board (IRB) has approved your (**partial**) waiver of HIPAA authorization for the project above by expedited review.

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulation (45 CFR 164.512), the IRB made a determination to approve a waiver of patient authorization for release of patient medical record data by health care providers. The IRB determined that the disclosure of protected health information involves no more than a minimal risk to privacy of individuals. In its review, the IRB determined that: a. there was an adequate plan to protect the identifiers from improper use and disclosure, b. there was an adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, and that an adequate research justification was provided for retaining the following identifiers: date of birth, date of health care visit, and zip code, and c) there were adequate written assurances that the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research project, or for other research for which the use or disclosure of protected health information would be permitted by this subpart. The IRB also determined that the research could not practicably be conducted without the waiver. The IRB agreed that the research could not practicably be conducted without access to and use of the protected health information.

This approval is with the understanding that the use and disclosure of protected health information is consistent with the protocol and consent form. This approval is also with the understanding that the description of individuals, position of individuals, and institutions with whom protected health information will be shared is accurate. **No additional use or disclosure of protected health information will be permitted without prior IRB approval.** The waiver of authorization does not have an expiration date and only needs to be re-submitted if there are changes in: 1) the type of protected health information collected; 2) the use of the protected health information or; 3) the disclosure of protected health information. As the study proceeds, the committee may request additional information concerning the stipulations of this waiver to verify compliance.

All records associated with this research much be retained for at least 3 years following completion of the research (45 CFR 46.115(b)), or as defined by other applicable federal regulations.

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Attachment B

[Project Champion role description/qualifications]

Project Champion Role Description

Each Health Center will identify a Project Champion who will work with the project team and the CHW to establish social risk-related clinic workflows and processes to support NCPCR RCT activities. The Project Champion should be a Health Center staff that understands patient care delivery, outreach, navigation, and referral processes. The Project Champion will have a small, but integral, role in the RCT project and will help support context-setting and vision for project implementation and sustainability. The Project Champion will participate in qualitative data collection as an interviewee to help identify key learnings from the intervention. Project champions will help facilitate communication between other team members and health center staff. They will also ensure that health center deliverables are completed according to mutually approved timelines.

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Attachment C
[CHW role description/qualifications]

The Community Health Worker (CHW) is an integral part of the care team who performs duties at the paraprofessional level to support patients with social risks like food insecurity and housing instability in accessing needed services. CHWs in the CHW-SYSTIM project do not need to be certified as CHWs, but they do need to have pertinent CHW-related skills and training as outlined below. Appropriate staff may be serving in roles like health promoters, health navigators, or peers. Any non-certified CHWs joining the project will receive CHW foundational training prior to the intervention. CHWs will serve as liaisons between health centers and community organizations to facilitate timely access to supportive services for patients experiencing diabetes and hypertension by increasing self-sufficiency through outreach, referrals, navigation, education, information counseling, and advocacy.

CHWs play a key role in promoting better health in a variety of different communities. They help people learn about health issues and show them ways to live healthier lives. Successful CHWs have special qualities. They know their communities well. They are dedicated to improving the health of their communities. They enjoy teaching others, feel comfortable in front of a group, and know how to work with a group. Successful CHWs are also: • Good listeners • Nonjudgmental • Caring • Patient • Approachable • Fair • Open minded • Helpful • Motivated • Reliable • Confident • Trustworthy • Willing to try ways to improve their own health.

Primary responsibilities:

- Consent eligible patients per 38 U.S. Code §17.32 during office visits, via phone, and/or via text (per patient preference).
- Contact patients with Diabetes and Hypertension during office visits, via phone, and/or via text (per patient preference).
- Conduct screening assessments to ascertain patient social risks.
- Consult with clinical team as appropriate.
- Partner and collaborate with internal care team, community partners and providers.
- Support patients in accessing both health centers and community services for identified social risks. Provide coaching, navigation and other support to help patients receive needed services.
- Document all activity in a tracking database (Electronic health record system, survey system).
- Attend and participate in scheduled training and meetings.

Education and Skills:

- A minimum of six months of experience in the health care setting. This requirement may be negotiable with the project team if the CHW is very experienced and has worked with

the health center for a long enough period that they are familiar with its staff and workflows.

- Associate degree from an accredited college or university, or a minimum of two years of related experience and/or training in a health-related setting.
- Provide culturally and linguistically appropriate services to persons of various cultures and backgrounds.
- Oral and written fluency in English and the language of the community being served.
- General knowledge of public health, community resources, and health beliefs.
- Effective oral communication.
- Establish and maintain effective working relationships with clients, staff, colleagues, key stakeholders, community groups, other professionals, and the public.
- Ability to navigate a windows environment and utilize Microsoft Office in a professional setting, including Microsoft Word (ability to create, edit, send, and save documents), Microsoft Excel (ability to create, edit, send, and save spreadsheets), and Microsoft Outlook (ability to create, edit, send, and save correspondence).
- Exercise initiative, tact, discretion, and judgment in carrying out position responsibilities.
- Manage work time appropriately and can work in unstructured and unconventional work settings.
- Effectively prioritize tasks within established project goals and guidelines.