

# Arizona Alliance for Community Health Centers' PRAPARE Training Strategies to Advance Social Determinants of Health Interventions

The Arizona Alliance for Community Health Centers (AACHC) worked closely with the Collaborative Venture Network (CVN) to support and provide training and technical support to six participating health centers during the Train the Trainer Academy. To implement PRAPARE, AACHC and CVN hosted monthly training sessions for health center staff for eight months. Trainings were conducted in-person for two to three hours every month and tailored specifically for the Arizona health centers. AACHC and CVN's training sessions mirrored the PRAPARE Train the Trainer Academy sessions to reflect the discussions shared with NACHC and other participating primary care associations. The training sessions paired with shared learning opportunities to report out their lessons learned and challenges was the most important component for the health centers during the sessions. They also included a thorough PRAPARE overview for health centers at the onset of implementation and specifically on how to utilize the PRAPARE Implementation and Action Toolkit. This allowed more tools, resources, and opportunities for group teamwork with the health centers based on their current level of implementation and next steps.

## PCA Benefits of PRAPARE Implementation

AACHC and CVN saw several benefits in supporting their health centers to screen for the social determinants of health using PRAPARE, such as:

- the potential impact of the social determinants data collected to improve health outcomes for their patients,
- the ability to develop and improve appropriate referral services available for the social determinant of health needs identified,
- demonstrating the value and effectiveness of health centers in meeting the needs of patients with complex needs
- staying ahead of the curve of SDH implementation as the nation pushes forward in addressing the SDH by having monthly in-person trainings for 2-3 hours, and
- establishing a PCA information sharing platform for participating health centers

## Best Practices and Lessons Learned

- Listening and responding to health center feedback about the trainings presentations delivered was the most critical piece in ensuring AACHC and CVN supported their health centers appropriately
- Connecting with and partnering with two respective EHRs that the health centers used was very valuable so that health centers could visualize data collection and reporting possibilities
- Ensure training discussions were focused on health centers' future plans and what they would do differently in addition to what they have accomplished

## Next Steps

Because of its involvement with PRAPARE, AACHC strategized how the PCA could help support health centers' response to the social determinant needs identified and worked with its health centers to:

- Participate in an Intimate Personal Violence training of trainers on appropriate interventions and partnerships with domestic violence service agencies through Futures Without Violence
- Discuss a potential pilot where health centers serve as food distribution sites and collaborate with the Arizona summer meals program for kids to address food insecurity
- Develop a resource to show the different ways that data may be utilized post-PRAPARE rollout based on current data as a sample
- Compile the community resource lists from the health centers to share additional resources/referral agencies to identify gaps in resources



*“Be flexible to the varied needs of health centers. Health centers will be at various levels of readiness and will implement different workflow models, which can make it challenging to develop training that meets health centers where they are. However, there is still value in shared learning to troubleshoot common challenges and to hear tradeoffs of different implementation models as health centers test their workflows.” -AACHC PRAPARE Team*