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SWACH 2022 Workforce Report: Understanding the Experiences of the HealthConnect Hub Workforce

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EVALUATION REPORT

Understanding the Experiences of the HealthConnect Hub Workforce

December 2022



Photo by Ruvim Miksanskiy on Unsplash

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Introduction

In 2019, Southwest Washington Accountable Community of Health (SWACH) created the HealthConnect Hub to address the region’s siloed health care and social services systems. The HealthConnect Hub serves as a central care coordination system for community members with complex health and social needs and aims to advance whole person health by systematically:

- ▶ Identifying program participant needs
- ▶ Coordinating referrals across physical health, behavioral health, and social services partners
- ▶ Providing support in navigating currently fragmented systems

The HealthConnect Hub relies on committed partners to realize this vision. These partners, known as HealthConnect Integrated Partnership agencies (HIPs), are made up of a diverse array of physical health, behavioral health, and social service providers. The community-based workers (CBWs) that HIPs employ share lived experiences, longstanding community ties, and languages and cultural beliefs with program participants. Through their work supporting program participants as they navigate systems to receive the care they need, CBWs play a pivotal role in the coordinated care ecosystem.

HIPs are diverse and differ in:

- Geography
- Size
- Staff backgrounds
- Populations served
- Histories working within their respective communities
- Number of HealthConnect programs implemented
- Length of time participating in the HealthConnect Hub

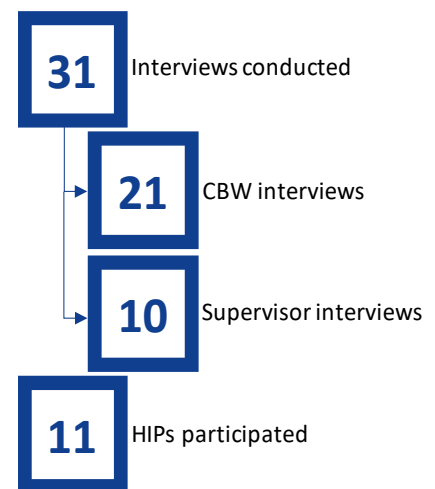
Evaluation Approach

SWACH partnered with the Center for Outcomes Research and Education (CORE) to evaluate a variety of programs and initiatives, including the HealthConnect Hub and its impacts on HIPs, CBWs, and program participants.

CORE conducted interviews with CBWs and their supervisors in the summer of 2022 to better understand the workforce and organizational experiences of working within the HealthConnect Hub. HIPs who had recently joined the HealthConnect Hub and HIPs not participating in Pathways, CareConnect Washington, or the Community Paramedicine program were not invited to participate.

All interviews were audio recorded and transcribed. A team of trained qualitative researchers created a coding dictionary informed directly from the data. Researchers then coded each interview, reviewed coding for consistency, and analyzed the data for key themes. These themes informed the overarching learnings described on the following pages.

Figure 1. Interview Breakdown



Note: Number of interviews varied by HIP

Overarching Learnings

CBWs and their supervisors are essential in ensuring the success of HealthConnect programs, and capturing their perspectives and the ways that additional support are provided and accessed can help prevent CBW burnout and promote retention. Additionally, understanding the experiences of the organizations and workforce supporting HealthConnect programs is crucial for SWACH as the HealthConnect Hub is maintained and expanded to include new HIPs and programs. This understanding can ensure that areas of strength are sustained and shared across HIPs, as well as help identify areas for improvement.

We have summarized the experiences of HIP CBWs and their supervisors into four key themes:

1

HealthConnect programs align with the needs of program participants and the community

CBWs and supervisors value the network of organizations created by HealthConnect programs, which allow them to better meet the needs of program participants and the community.

2

CBWs are uniquely positioned to work with program participants

CBWs' unique characteristics and skillsets position them to "meet program participants where they are" while also building their capacity to navigate systems independently.

3

Comprehensive CBW support comes from multiple sources

CBWs are supported in their complex roles by their supervisors, HIPs' internal policies, and SWACH.

4

Trainings are necessary for CBWs to succeed in their HealthConnect roles

A variety of complementary trainings and shared learning spaces are vital to ensure that CBWs have the skills and knowledge necessary to meet program participants' complex needs.

As the administrator of the HealthConnect Hub, SWACH's role allows them to make programmatic changes to ensure that HIPs and CBWs can effectively meet program participants' needs, as well as share effective practices across HIPs. We have included an "action" call-out box at the end of each section to highlight ways SWACH can further expand upon the positive experiences that interviewees described or address areas for potential improvement.



HOW SWACH CAN TAKE ACTION: Located at the end of each section, these boxes list a tailored set of ways that SWACH can take action connected to each theme's key points.



HealthConnect programs align with the needs of program participants and the community

Key Takeaway: CBWs and supervisors value the network of organizations created by HealthConnect programs, which allow them to better meet the needs of program participants and the community.

Residents of Southwest Washington must navigate complex and siloed systems to locate care and services. Local organizations strive to meet community members’ needs, but as individual entities, these organizations often cannot access the full range of resources and services required to support community members’ whole person health. The HealthConnect Hub was therefore created to establish a more connected network of organizations better able to meet community members’ needs. We asked interviewees about their organization’s motivation to participate in HealthConnect programs and how these programs support their community-based care coordination efforts.

Align with HIP goals and priorities

Many HIPs have longstanding histories working in the community and strong relationships with other community organizations. HIP CBWs and supervisors mentioned that a motivator for participating in HealthConnect programs was the alignment of these programs with their organization’s goals and priorities, such as their focus on whole person care, providing wraparound supports, and supporting the most vulnerable members of the community.

HIP & HealthConnect Alignment: *“We had the opportunity to meet with the partners at SWACH and realized that our interests were well aligned there and the tasks we were looking at could likely accomplish goals for both of us.”*

Address existing community needs

Interviewees shared that HealthConnect programs address a gap in the community by working with individuals who are often ineligible for, or inadequately served by, other programs. HealthConnect programs create a foundation for care coordination while being flexible to meet the unique needs of the program participants, CBWs, and HIPs.

Addressing community needs: *“We also [participate in] CareConnect Washington [...] we are usually loaded with clients especially when the numbers go up. There’s no other program at our organization that would be able to help people who were diagnosed with coronavirus. Yes, that’s the only way to help them.”*

Create a network to better serve program participants

CBWs and supervisors also shared that HealthConnect programs help create a care coordination network that provides wraparound supports to program participants and offers HIPs increased awareness of each other’s services, more direct communication, and the ability to tap into new and established relationships for services not available through their HIP.



HOW SWACH CAN TAKE ACTION: SWACH can further align with HIPs’ goals by continuing to learn about their programs and priorities, understand community needs and gaps in services, raise awareness of participating HIPs within the HealthConnect network, and identify new organizations to bring into the HealthConnect Hub that align with the network’s needs and priorities.

2

CBWs are uniquely positioned to work with program participants

Key Takeaway: CBWs' unique characteristics and skill sets position them to "meet program participants where they are" while also building their capacity to navigate systems independently.

Within the HealthConnect Hub, CBWs play a critical role in providing community-based care coordination, serving as the link between HIPs and program participants. Because the CBW role is pivotal to program success, we asked CBWs and supervisors to share how CBWs' characteristics and experiences aid them in outreach and the provision of ongoing support to program participants.

CBW qualities & characteristics

We asked interviewees to describe the qualities and characteristics they possess as a CBW or that they look for during the hiring process. The most common qualities and characteristics described are displayed in the word cloud below. These included work skills (e.g., problem solving), innate attributes and interpersonal skills (e.g., empathy), certain lived experiences or backgrounds, and knowledge of the community. These characteristics enable CBWs to build trust and work effectively with program participants, regardless of the setting (e.g., hospitals, street, rural areas, etc.) or the specific need (e.g., housing, substance use, dental care, etc.).

Lived Experience: "When we were hiring, we were looking for someone who had a deep understanding of our specific community. Looking for someone with some lived experience using resources. Then I think it's necessary for them to be just an empathetic, compassionate person."

Figure 2. Most Common CBW Qualities & Characteristics



Note: For simplicity, similar words and phrases were combined. This figure only contains words and phrases with two or more mentions.

We were further interested in understanding how CBWs applied these characteristics and qualities when working with program participants. We learned that approaches to working with program participants varied by HIP, HealthConnect program, and CBW. Below we detail the spectrum of approaches utilized.

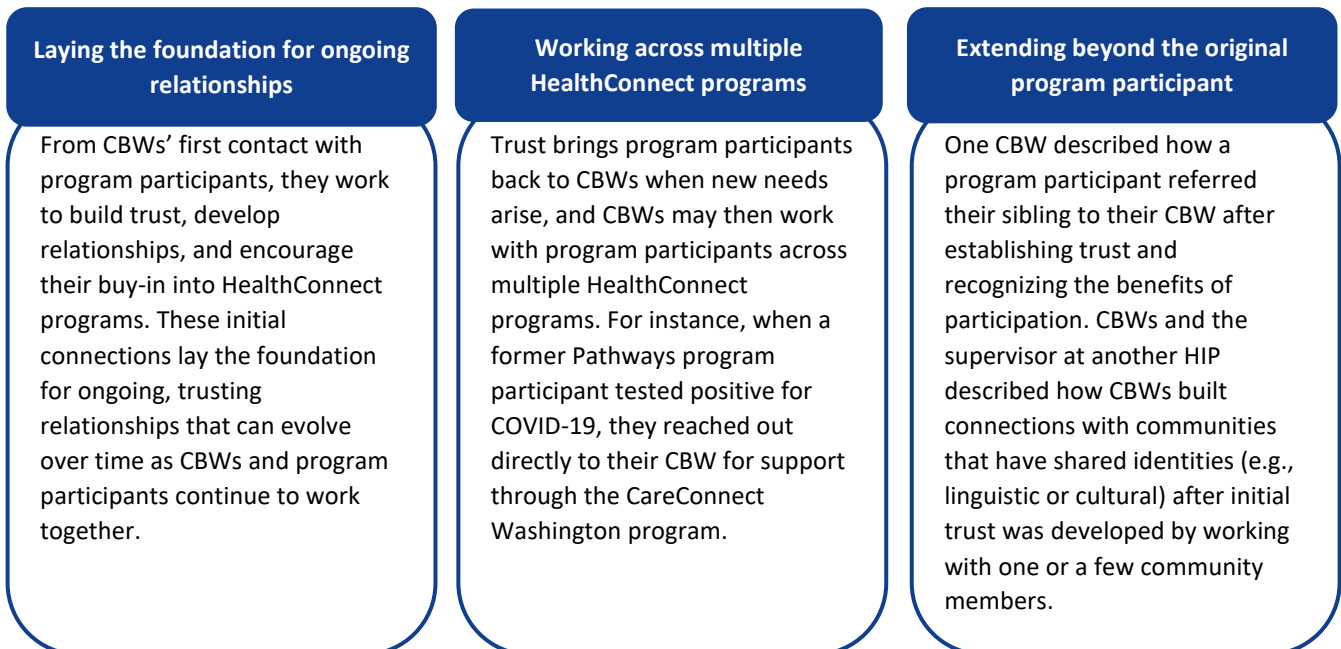
Approaches to initial outreach to program participants

Connections between CBWs and program participants originate from community outreach done by CBWs, referrals from within their organization, or referrals from organizational partners or SWACH. CBWs and the supervisor at one HIP described strategies that included participation in community fairs, trips to specific areas (e.g., apartment complexes), and handing out business cards in the community, as well as referrals from within and outside their organization. CBWs and the supervisor at another HIP shared that they rely almost exclusively on word-of-mouth referrals within specific communities to fill CBWs' caseloads. Additionally, awareness of HealthConnect programs was built by CBWs and supervisors through formal presentations and informal, ongoing conversations with other departments within their organization and other organizations.

Examples of initial participant outreach:

- Open door walk-ins at HIP offices
- Flyer and business card distribution
- Booths at public events and/or fairs
- Presentations at housing complexes
- Church events
- Street outreach
- Referrals from response crews
- Word-of-mouth referrals
- Direct follow-up phone calls to referred program participants

Initial outreach is the starting point for building trust, which is essential to working with program participants. The figure below describes how trust building has long-lasting impacts:



Ongoing support to program participants

Once engaged, CBWs use a variety of approaches to directly support program participants as they build their self-sufficiency and independence. Leading with shared lived experience, empathy, and understanding, CBWs work with program participants to prioritize their needs, provide direct connections to resources (e.g., food banks, transportation assistance, etc.), offer contact information for resources and services so program participants can follow up on their own, and create collaborative outreach plans. CBWs often leverage existing personal relationships within the community and knowledge of the community from previous roles, as well as established organizational relationships, to identify and support these connections to resources. CBWs also described knowing “where to go and what to do” to successfully navigate systems rooted in their own lived experiences doing so independently.

Depending on program participants’ needs and goals, CBWs and program participants work together to determine the frequency, location, and type of check-ins (i.e., informal meetings). They also collaboratively decide who will be responsible for taking actions between appointments. Interviewees described the importance of “meeting program participants where they are” to build trust and create realistic goals and timelines to ensure successful program participant outcomes.

Ways in which CBWs and program participants work together within the HealthConnect Hub’s flexible structure are described in more detail below:

Examples of needs that CBWs and program participants work on together:

- Connecting to other HealthConnect programs and organizations
- Updating personal information for official programs or forms (e.g., health insurance)
- Completing applications (e.g., for housing, DSHS, ID cards)
- Locating rent and utilities assistance, and transportation resources
- Connecting to food banks
- Accessing household cleaning supplies

Tailoring support to the individual

The HealthConnect Hub approach allows CBWs to tailor their support specifically to the program participant they are working with. One CBW described having regular check-ins at a local rest stop with a program participant who was living out of their van, since the price of gas made it prohibitive for them to travel to the HIP’s offices.

Building self-sufficiency together

HealthConnect programs include tools and resources to help program participants and CBWs collaboratively identify program participants’ needs, and then give them the autonomy to decide what to prioritize and what the best solutions are for themselves. CBWs noted that Pathways checklists were particularly helpful when working to prioritize goals.

Accessing flexible tools

SWACH provides resources for CBWs to meet program participants’ needs without imposing a rigid framework, which include flexibility around remote work and CBWs’ caseloads. Other tools include the Community Health Record, as well as trainings and materials. One CBW described this as a “toolbox” of resources to borrow from.



HOW SWACH CAN TAKE ACTION: SWACH can share the most common CBW qualities and characteristics with HIPs and outside organizations to better define and describe the CBW role, as well as support additional development of those characteristics. SWACH can also work with CBWs to develop tools to support their various outreach and engagement strategies, while ensuring the HealthConnect Hub infrastructure maintains its flexibility.

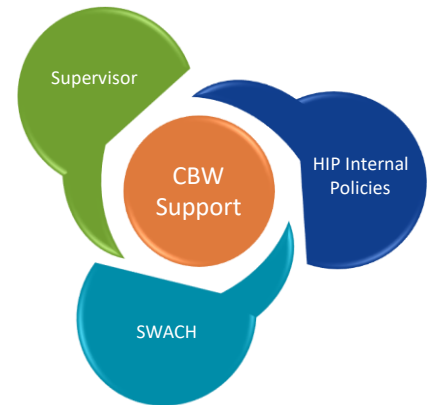
3

Comprehensive CBW support comes from multiple sources

Key Takeaway: CBWs are supported in their complex roles by their supervisors, HIPs’ internal policies, and SWACH.

Knowing that the CBW role is the cornerstone of HealthConnect programs, we asked CBWs and supervisors to describe the types of support that are most important for CBWs providing community-based care coordination. We learned that CBWs receive support from three primary sources: their supervisors, HIPs’ internal policies, and SWACH. This combined support facilitates CBWs’ effective engagement with program participants and helps ensure continued success and satisfaction in their work.

Figure 3. Three Sources of CBW Support



Support provided by CBW supervisors

Interviewees shared that the relationships between CBWs and their supervisors are critical for success in their roles within HealthConnect programs. Interviewees noted that the following strategies were particularly beneficial in supporting CBWs:

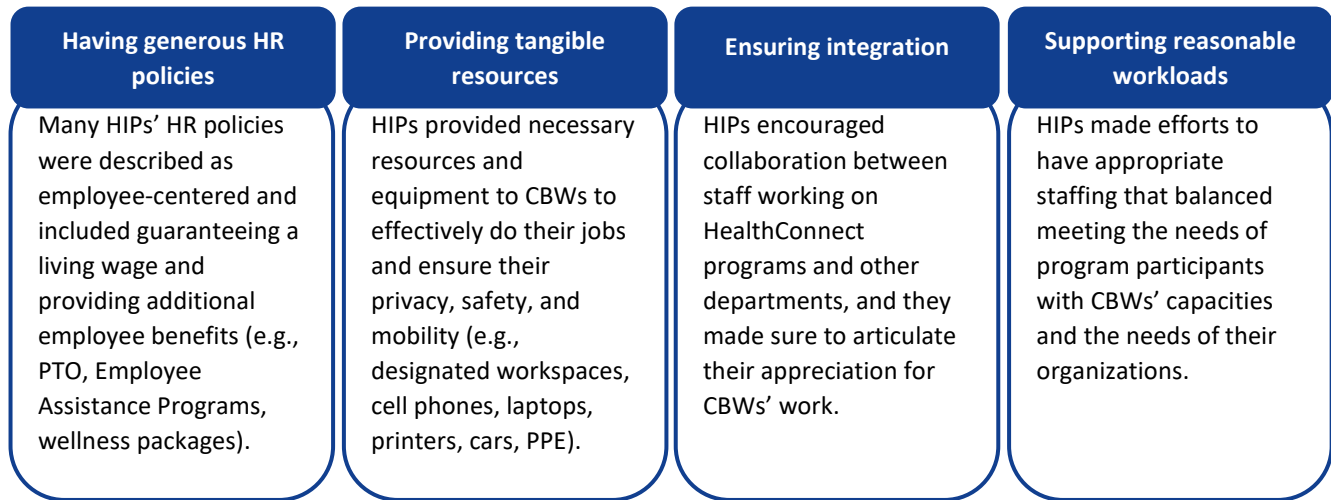
Promoting self-care	Hosting consistent check-ins	Developing collaborative teams	Supporting career growth
Supervisors made sure that CBWs were aware of self-care policies and benefits (e.g., PTO, employee wellness programs), supported CBW self-care practices (e.g., boundary setting, trainings), and modeled these practices themselves.	Supervisors held regular check-ins to build relationships with CBWs, create a culture of open feedback and communication, and provide support in response to triggering or traumatic situations.	Supervisors created collaborative workspaces for teams to build their knowledge of resources, act as supports for one another, brainstorm approaches, and problem solve together.	Supervisors encouraged CBWs to attend skills-based trainings and development opportunities to continue their professional growth in line with their individual goals.

Self-care: *“If I’m feeling just exhausted, I can call my supervisor up, and she’s like, ‘Yes, take a PTO day. Relax if you’re feeling ill, if you’re not feeling well [...] What do I need to do to support you?’ [...] [My supervisor] has access to our hubs and our notes and stuff, and she can [...] delegate that work to a different individual.”*

Collaborative teams: *“We have weekly meetings, within the program, our group, and also one-on-ones with our supervisor. We’re able to talk through the cases. If, for example, something comes up and I can’t come in tomorrow and I need something to be done. We support one another where she’s able to help me out on that.”*

Support provided by HIPs' internal policies

In addition to the support provided by CBWs' supervisors, interviewees shared how HIPs' internal policies and practices helped support and retain CBWs. These policies and practices include efforts to support CBWs' direct work with program participants (e.g., by providing equipment, workspace, etc.), as well as promote CBWs' general satisfaction as staff members. Although there were differences across HIPs in terms of their specific policies and practices, interviewees shared that HIPs' organizational cultures (shaped by their policies, practices, and infrastructure) made them feel appreciated, well-integrated into their organizations, and better equipped to build relationships with program participants. Interviewees noted that the following policies were particularly beneficial in supporting CBWs:



Integration: *"I work with an amazing team. We all value each other's experience [...] Each one of us brings these unique lived experiences to the table and all the professional roles that we serve [...] I work with [team members] that value my work as much as I value theirs."*

Workload: *"Just anything that can be done to manage caseload sizes [...] I feel like just seeing unmanageable caseloads is something that has led to burnout before with people that I've worked with. Just whatever can be done to make sure that caseload sizes are manageable for them."*

Support Provided by SWACH

Support from SWACH complements the supports that CBWs receive internally from their supervisors and their HIPs; cumulatively, this support allows CBWs to engage with program participants more effectively and feel more satisfied with their work. Interviewees especially appreciated SWACH's efforts to champion CBWs' work, strengthen the HealthConnect Hub network, and provide logistical support. Interviewees noted that the following supports provided by SWACH were particularly beneficial:

Funding as a form of SWACH support:

Funding allowed HIPs to permanently staff CBW positions and let CBWs work with program participants in a lower pressure environment.

"Most of the time, when we get grants, they have very specific rules of what they can be used for [...] [SWACH funding is] basically to pick up what everybody else won't pay for because it's not specifically checking off all the boxes for a grant."

Demonstrating a commitment to CBWs

By voicing their appreciation for CBWs' work, SWACH made CBWs feel like they had an additional advocate. Examples include being responsive to CBWs' questions, hosting weekly open office hours, being communicative about program changes and training opportunities, and celebrating CBWs' work and successes.

Supporting relationship building

SWACH has helped develop organizational relationships both between HIPs and with other community organizations by hosting regular cohort meetings, facilitating organizational connections, and through written communications promoting the HealthConnect Hub.

Making intentional referrals

Direct referrals from SWACH to HIPs well-positioned to meet program participants' needs (based on language spoken or organizational focus) streamlines the HIP experience by allowing supervisors to spend more time on other responsibilities and CBWs to focus on working directly with assigned program participants.

Developing a shared data system

A shared data system or Community Health Record supports program participant tracking, information sharing within HIPs and with SWACH, and consistent documentation, which encourages collaboration and eases transitions for program participants and staff when there is turnover.

CBW commitment: *"I think SWACH has really made an effort lately to try to show more appreciation for the [CBW]. They're pretty active on trying to get people to submit these kudos notes to people and make sure everyone feels appreciated and heard."*

Relationships: *"There's a lot of agencies at partnership now with SWACH being a hub [...] We just had a training where we met a lot of different people from a lot of the other agencies, and we were able to get a call sheet of who to call and how to network so that we can get the services needed for the different client or participant."*



HOW SWACH CAN TAKE ACTION: SWACH can continue to recognize and celebrate CBWs' work, support the development of organizational relationships throughout the region, provide additional funding that is flexible to meet immediate or unplanned program participant needs, support program participant engagement through direct referrals and further refinement of the Community Health Record, and learn about and disseminate supervisor and HIP strategies and policies that best support CBWs throughout the HealthConnect Hub network.

4

Trainings are necessary for CBWs to succeed in their HealthConnect roles

Key Takeaway: A variety of complementary trainings and shared learning spaces are vital to ensure that CBWs have the skills and knowledge necessary to meet program participants’ complex needs.

Interviewees shared that access to a wide array of trainings was important for CBWs working with HealthConnect programs to learn and refine the skills necessary to adequately support program participants. These included both formal and informal spaces where education and information sharing take place. HIPs and SWACH provided or encouraged training attendance on a variety of topics and skills, which was beneficial given the varied nature of CBWs’ work. Additionally, CBWs attended trainings hosted or facilitated by other organizations in the region and state (e.g., Washington State Health Care Authority). The four main types of trainings mentioned by interviewees are described and displayed in the figure below:

Role-specific trainings (provided by or accessed through HIPs and SWACH):

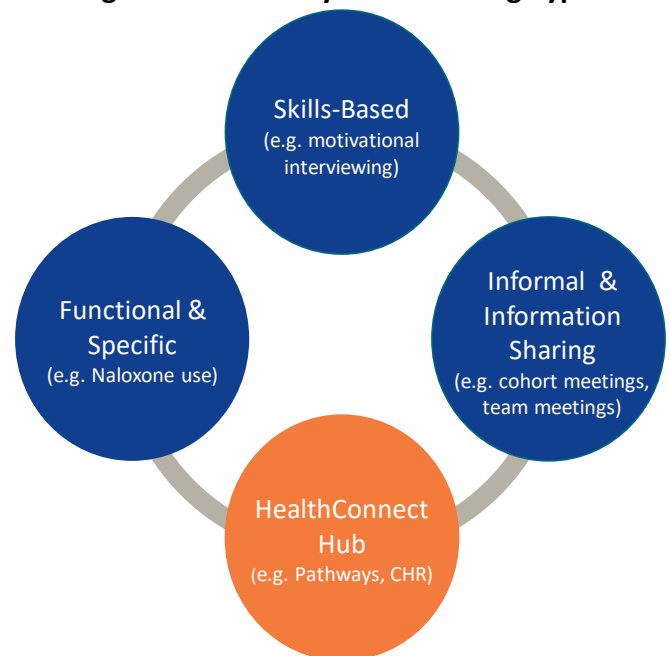
- ▶ **Functional & Specific:** These trainings, typically formal and didactic, focused on specific topics, such as HIPAA compliance, first aid and CPR, chronic condition management, substance use disorders and Naloxone use, and Medicaid and Medicare benefits.
- ▶ **Skills-Based:** These trainings also tended to be formal and didactic in nature. They focused on the general skills that CBWs need for their work and when interacting with program participants. These include skills such as motivational interviewing, de-escalation, providing trauma-informed care, and self-care techniques.
- ▶ **Informal & Information Sharing:** In addition to having more formal trainings, interviewees shared that having informal, designated spaces

Variation in HIP training policies:

HIPs are all generally supportive of training attendance for CBWs, but how each HIP operationalizes this support creates disparities in CBW training access:

- CBWs use PTO to attend trainings at some HIPs, whereas other HIPs include this as paid work time or have a separate PTO bank for training
- Some HIPs have “training committees” that review training requests, while other HIPs just need supervisor approval
- Reimbursement policies vary from one HIP to another for the costs CBWs incur when attending trainings

Figure 4. Necessary CBW Training Types



Blue: Role-specific training
Orange: HealthConnect Hub-specific training

(e.g., SWACH-hosted monthly cohort meetings or HIP-supported team meetings) to share approaches and resources, as well as problem solve with other CBWs, was important for success in their roles. These spaces also encouraged relationship building between CBWs within and across organizations.

HealthConnect Hub-specific trainings (provided by SWACH):

- ▶ **HealthConnect Hub:** These trainings focused on the specifics of the HealthConnect Hub infrastructure and the HealthConnect programs that HIPs participate in. These include onboarding new CBWs, providing orientation to the Community Health Record, and communicating about any program updates.

Trainings are complementary: "As far as the network goes, we're really building good relationships with the other [HIPs]. I think the Hub gatherings have been really good. I think the trainings have been beneficial [...] Sometimes I have my own team meetings or trainings, and then to make sure that it's happening more, that it didn't have to happen only in my organization that I was able to plug it in, and that helps that burden on a smaller organization to continue regular training and regular networking happening. That's absolutely invaluable."



HOW SWACH CAN TAKE ACTION: Interviewees expressed a desire for more trainings – specifically, expanded training offerings (e.g., trainings on time management, supporting program participants as they navigate the legal system, etc.), provided with greater consistency and frequency, and more support for professional certification. Many were enthusiastic about SWACH’s plans to further support CBW participation in trainings and conferences by providing CBWs with funding for training attendance.

Conclusion & Action Steps

Given the essential role that CBWs play in HealthConnect programs, CBWs' and supervisors' insights into their experiences implementing these programs offer actionable information for improving community-based care coordination in the region. Interviewees highlighted that SWACH and HIPs both play a role in ensuring the HealthConnect Hub's success, which will be especially important as it continues to develop and expand. Aligned with the overall learnings, below we describe actionable steps that SWACH and HIPs can take; as some of these actionable steps may be quite large, we provide the dark blue "how to start" callout boxes to demonstrate ways in which SWACH and HIPs can make quick progress towards the larger changes we suggest.

1 Focus On HealthConnect Hub Network Alignment

SWACH: The flexible nature of the care coordination ecosystem supported by the HealthConnect Hub allows for responsiveness to a dynamic set of community needs. By staying abreast of HIPs' needs and goals, SWACH can strategically expand that network through outreach to organizations that serve priority populations and promote awareness of participating HIPs within the network.

HIPs: HIPs can engage in initial and ongoing conversations with SWACH to fully align their aims, engage with other HIPs and community organizations as they do their work, and communicate these connections to SWACH as it further develops organizational relationships in the region.



How to start

SWACH: Create, share, and maintain a list of active HIPs within the HealthConnect network.

HIPs: Track the organizations that CBWs collaborate with (specific organizations and types of organizations), as well as the specific program participant needs they can address.

2 Create Flexibility to Support CBW Engagement with Program Participants

SWACH: SWACH can work to provide both concrete supports and program flexibility to HIPs and CBWs, so CBWs can effectively engage with program participants initially and on an ongoing basis.

HIPs: HIPs can consider how to communicate key CBW qualities and skills during the hiring process, and they can recruit from diverse sources to ensure CBWs reflect the communities they serve and support their outreach efforts to priority populations. HIPs can also continue to support CBWs' varied outreach and engagement strategies.



How to start

SWACH: Develop and share a list of possible CBW outreach strategies, including CBWs' own experiences implementing those strategies.

HIPs: Review CBW job postings and requirements to ensure they are accessible to a diverse pool of applicants and reflect the key qualities of CBWs.

3 Widely Recognize CBWs' Contributions

SWACH: CBWs are a unique workforce that can blend problem solving, interpersonal skills, lived experience, and community knowledge, and their value should be recognized by HIP leadership to ensure their retention. SWACH can champion CBWs through their words, actions, and policies. Furthermore, SWACH can promote HIP policies and supports that CBWs find particularly beneficial.

HIPs: HIPs can ensure that supervisors provide CBWs with needed support, implement supportive organizational policies, and learn from other HIPs about the supports their CBWs find most valuable.



How to start

SWACH: Communicate to HIP leadership about CBWs' critical role in implementing HealthConnect programs.

HIPs: Engage in conversations with CBWs about what they need and with other HIPs about the practices and policies they have found beneficial in promoting retention.

4 Promote Training Access and Attendance

SWACH: SWACH can provide trainings directly, share training opportunities, and encourage HIPs to adopt policies that support CBWs' desires for ongoing development.

HIPs: HIPs can ensure that their training policies align with organizational values, create formal and informal learning opportunities for CBWs, and ensure that knowledge acquisition is an ongoing process for their staff.



How to start

SWACH: Request feedback from CBWs about their training needs and satisfaction with current training offerings.

HIPs: Identify sustainable ways to include time for training and ongoing development in CBWs' schedules.

Want to Learn More?

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