Training and Supporting Certified Application Counselors

A Toolkit by MHP Salud
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Introduction

In order to provide fair, accurate, and impartial information to consumers about the full range of insurance affordability programs and coverage options, a Certified Application Counselor (CAC) must fully understand all of the interrelated aspects of the health care system that are covered in the online Centers for Medicare and Medicaid Services (CMS) training. This includes an array of vocabulary terms, eligibility guidelines, enrollment guidelines, exemptions, and related federal and state policies, regulations, and laws. This can be an overwhelming amount of information for anyone to process individually, especially for those who do not have prior experience working in this field. While the individual online CMS training does cover all of the required technical knowledge, there are several topics, such as interpersonal communication, that are equally as important to the CAC role but are not easily communicated through this training format. Furthermore, the learning process does not end with the rigorous initial training. To stay current and up-to-date on the health care system, continual training and professional development is essential. To maximize the impact of the current training program, the following toolkit offers dynamic and interactive learning tools and strategies to serve as a complementary tool to the CMS online training, both during and after training.

Similar to CACs, Promotores(as) de Salud, also known as Community Health Workers, serve as mediators between the community and health service providers. Recognizing how the core elements of the Promotor(a) model are relevant to a CAC’s work, principles from the Promotor(a) model are incorporated into the activities, tools, and strategies in this toolkit in order to provide a more holistic and comprehensive CAC training and support program.

How To Use This Toolkit

This toolkit is intended to help CAC supervisors support their CACs through the initial training and beyond. This toolkit is divided into three sections: “Reinforcing CMS Training,” “Supplemental Skills,” and “On-going Training” that explain and present strategies, tools, and activities that can be used to further reinforce the material presented in the CMS training, to supplement the material from the trainings, and to continue to support CACs after the conclusion of the training period.

Applying Principles from Promotor(a) Programs to CAC Programs

The Promotor(a) training model is appropriate for CAC organizations, because they are likely to work with the same populations and in similar settings as Promotores(as) de Salud, creating an obvious need for similar skill sets. Furthermore, the Promotor(a) training model’s core principles of collective learning and community experience can be relevant and beneficial to the CAC training and will be heavily emphasized in this toolkit. These core principles emphasize the importance of working as a group to learn from one another’s experiences. Although the CMS training is designed to be completed individually, there are multiple benefits to working as
a group that could enrich the training even further. This is especially true for CACs because, unlike other assisters such as Navigators, their role as an assister is not always their primary role in an organization, and they may not possess the technical or social service background needed to fully grasp all of the information from the CMS training modules.

Enroll America, a nonprofit organization working to maximize the number of Americans enrolled in health care plans, noted that connecting with other assisters has helped CACs to engage more consumers in previous enrollments periods. This research is supported by the first-hand experience of Program Directors and assisters who attribute their success to the supportive environment built through working as a team or staying connected through a network. The support provided by a team eases the burden of retaining all of the required information independently. The shared learning experience also provides a deeper understanding of the material covered in the training modules and helps develop the non-technical skills required for this position.

**Team-based Learning**

In accordance with the *Promotor(a)* model, all of the activities and strategies in this toolkit will be based off of a team model. A CAC team can be comprised of anyone who is an assister, including Navigators and other in-person Assisters. In fact, the different perspectives and experiences from the different job roles can provide context to allow for a deeper understanding of the material in the training modules. A team can also be comprised of assisters based out of different local organizations.

Team meetings should occur regularly not only throughout the training period, but afterwards as well. As a general rule of thumb, team meetings should be held on a weekly or bi-weekly basis throughout the year, although they may occur more frequently throughout the training period. During meetings, each person should have the opportunity to check-in, give updates, troubleshoot issues, and participate in interactive group learning activities. During training, group meetings will be largely dedicated to training activities. Ideally, during this period the assisters should move through the training at roughly the same pace so that the activities in each meeting will be relevant to modules they have completed. To ensure that the team is working at a similar pace, assign which modules should be completed by the next meeting each week.
Section 1: Reinforcing CMS Training

The CMS training covers an extensive amount of fairly complex and technical information throughout the training. The information can be overwhelming for anyone, even more so for an individual for whom the CAC position is not a full-time job. Additionally, the information is presented in a way that is not always inclusive of different learning styles, making the subtle technicalities and terms even more difficult and frustrating to understand. This section will detail some activities that can be used to reinforce the technical knowledge presented in the CMS training modules to improve information retention.

**ACTIVITY: Five Things to Know**

There are many possible variations of this activity, but the main idea is to break down information from the training module into digestible pieces and reiterate the most important points.

After working through a module, ask the group to come up with the top five most important things they should know from the information in the module. Record their responses and compile them into a document to distribute as a quick reference guide at the end of the training.

A variation is to ask for the top five things a consumer should know from that module. If the CACs will be working with a specific population, the activity can be altered to include that population: for example, the top five things migratory and seasonal agricultural workers should know from this training module.
ACTIVITY: Mythbusters

This activity takes a little more planning and forethought, but is a great tool to test the CACs’ knowledge and to prepare them for questions they will likely encounter. This activity can be done as a general review or it can be done to review specific modules. To prepare for this activity, document any questions or comments you hear in your workplace or in the community related to the topic you are reviewing. If possible, save any relevant articles, news stories, or social media postings to use as a visual tool.

If you do not have sufficient time to collect and document real life scenarios, or if you are not able to find enough, you can always create imaginary, but plausible scenarios. For example, a situation might be:

“A woman that has had to make frequent visits to the Health Center for her children confides in a nurse about how much she has to pay to insure herself and family through her employer. She says that sometimes it can be almost half of her paycheck and she wonders if she could find better insurance options through the marketplace. You overhear the nurse tell her she can’t because she is insured through her employer.”

For the activity, you should collect or prepare 7 to 15 comments or stories. Preface this activity by explaining that there are a lot of pervasive misconceptions about the topic being discussed, and that as CACs, they will likely have to spend time debunking these myths. Present any clips of news stories, articles, social media postings, comments, or scenarios you have prepared to the group and ask them to determine if they are true or false. You can also turn this into a game by having people answer individually with true or false signs, or by having two teams compete against one another.

It is possible that you may have found a clip from a local news broadcasting that contains some true information and some false information. In this case, ask the assisters to differentiate between what is true and what is false. For any false information, have the CACs give the correct information and brainstorm ways to communicate this to consumers.
ACTIVITY: Review Games

Games are an interactive method to review material in a way that will engage people with all different learning styles. Here are some ideas of popular review games.

- **Jeopardy:** Simulate the game show by creating three to five categories with four to five questions under each category. Write the questions on one side of a note card with a point value on the other. The points should increase by the same set interval in each category (e.g., 10, 20, 30, 40). The difficulty of the question should correspond with the point value so that the easiest questions are worth the least amount of points and the most challenging questions are worth the most. Label each category and post the question cards below in columns. To play the game, divide the group into teams. Allow one team to pick the question. Have teams raise their hand to answer the question. The first team to answer the question correctly will choose the next question. If a team answers a question incorrectly, the other teams will get the opportunity to answer the question.

- **Memory or Matching Games:** Memory or matching games are a great way to test vocabulary and other core concepts from the training material. The simplest way is to write vocabulary words in one column and the corresponding definition in the second column. In the second column be sure the definitions are not in the same order as the vocabulary words. Have the group draw lines from one column to the other to match the vocabulary term with the definition. This activity can be adapted to test any of the information from the training.

- **The Cabbage Game:** This game is like hot potato, but instead of tossing a “potato,” the participants will be tossing a “cabbage.” To make the cabbage, write review questions down on pieces of paper, one per paper. Wrinkle the first paper into a small ball. Wrap the next piece of paper around the balled up paper so that the question is hidden. Continue to do this with each piece of paper until you have made a “cabbage.” To play the game, have the group sit in a circle. Tell them to continually pass the cabbage around while you play music. When the music stops, the person holding the “cabbage” has to peel off one layer, read the question out loud, and then answer the question. Repeat this process until all questions have been answered.

**Building Confidence**

The work that the CACs will be doing can have a tremendous impact on a person or a family’s life. This responsibility can be intimidating to many CACs. It is also possible that the CACs may have varied levels of experience working in the health care field, or they may not have interacted with clients in this way before. All of these factors can contribute to feelings of doubt or uncertainty in one’s ability to perform their duties as a CAC. To reassure CACs that they have the knowledge and skills to be successful, building confidence should be a theme throughout team meetings.

Working as a team is a confidence building tool in and of itself. Having the opportunity to interact, learn, and share with peers naturally reassures everyone in the group that they are on the right track. As their supervisor, CACs may also turn to you for assurance and support in their new role. One of the best resources you can offer is the development of a supportive professional network by creating a positive work environment in group meetings. In addition, by completing the different activities throughout this toolkit, CACs will develop a wider and deeper understanding of their role as a CAC and the information they need to know, which will naturally help develop confidence in their new role. Despite the natural propensity of team activities to build confidence, the following activities are specifically designed to emphasize confidence building.
ACTIVITY: Role Plays

A role play is a training tool that reinforces the material in the training modules and helps prepare CACs for the interactions they will have in the field, which in turn helps build confidence.

It is best to incorporate role plays around training modules in which the CACs have demonstrated difficulty grasping the material. To develop role plays, talk to assisters who have been in the field and ask them to share some of the more difficult situations they have encountered to get ideas for realistic scenarios for role plays. If you are not able to talk to assisters, talk to someone else in the community or organization that may have encountered similar situations as the assisters. From this feedback, develop prompts for role plays.

The role plays should remain relatively unscripted to allow the CACs to get a good feel for the unpredictability of working with consumers. You should provide background to the situation and assign roles, but let the interaction flow naturally. After each role play, discuss as a group what went well and what could be improved in each situation. Be sure that all assisters have several strategies to manage any variety of situations they may encounter by the end of each role play.

TIP

One Program Director found that on-going weekly team meetings helped to boost morale and confidence of the assisters. He found it was important to continually remind the assisters that they are part of only a small group of people across the nation who have the skills to do what they do.

ACTIVITY: Mentorship

One of the most powerful ways to build individual confidence, and to cultivate a competent and capable team, is through mentorship. If it is possible within the setting, pair a new CAC with an experienced assister. Pair the two (or make groups of two to three new assisters with one experienced assister if need be) during training. Allow the new CACs to shadow the assisters throughout the training period. Depending on what makes the most sense for your organization, you may require that each CAC complete a certain number of shadows a week or throughout the entire training period. When developing these requirements, keep the other roles the CACs may play within the organization in mind and be sure that shadowing does not interfere with their other work responsibilities or become a burden to the mentor assister. Once the CACs have completed their training, have the experienced assister shadow their first encounters and provide constructive feedback on their performance.

It is a good idea to set up guidelines for mentorship to be sure that it does not become too much work for either person. For example, you may require that the new CACs complete five shadows while in training and that they are shadowed for their first five encounters after training. Other important guidelines might include how each party will contribute during the shadows to be sure that their presence does not interfere with the other person’s ability to provide services (e.g., will only observe, will jump in as needed, save all questions for after the session). Finally, be aware of the leadership ability of the experienced assister, and be sure they are able to provide appropriate feedback and that they can dedicate an appropriate amount of time to answer questions and provide feedback to the new CACs.
Section 2: Supplemental Skills

Through experience from previous enrollment sessions, the CMS training for CACs has continually been adapted to cover the technical information CACs need in an engaging and interactive way. However, there are still some skills and areas of information that are not explicitly covered in the training from which CACs may benefit during both the initial training and onwards. While the following supplemental training topics should first be introduced throughout the initial training period, they should continually be addressed as needed in on-going trainings and group meetings.

Cultural Competence

Not all CACs will enter the initial training with prior experience in the field of social services, so some CACs may not have received prior cultural competence training. While it is suggested that CACs comply with Culturally and Linguistically Appropriate Services (CLAS) guidelines, unlike other assisters, they are not required to comply with them beyond any existing obligations. However, building cultural competence is critical in this role, because the CAC will be working with diverse populations, and they will be asking them to share sensitive information.

No matter the CAC’s background, their supplemental training should include cultural competence and this training should continue as the CACs become more immersed in their positions. The following activities can be used at any point during the training. When possible, tailor each activity to the culture of the target clients.

ACTIVITY: What is Culture?

As an introduction to cultural competency, ask participants to define culture and cultural competence. Next, ask participants to identify some of the distinct cultural groups that exist in the community. Then, ask the assistants to identify differences in generation, acculturation, education, and language of these distinct cultural groups. Finally, ask them to identify some distinct barriers to service and fears these populations may experience when seeking health care coverage.
ACTIVITY: Case Studies

Case studies are a way to process different cultural situations that a CAC may encounter. Ideally, case studies should come from real-life situations so that they will reflect the unique circumstances in the community. Again, if there are assisters with experience in the organization, ask them to share their experiences working with different cultural groups as case studies. Otherwise, ask other staff that regularly interact with different cultural groups to share their experiences and use these to develop a case study. For further guidance in developing case studies, Enroll America publishes webinars and tools related to working with specific populations, such as women or Latinos.

The case studies should be written and should either pose a dilemma to the CACs or include information about a situation that occurred. Each case study should include relevant discussion questions, such as “What would you do in this situation,” or “What would you have done differently?”

Distribute them before or during a group meeting, and have the assisters discuss the questions from the case study. Depending on the size of the team, you may want to break into smaller groups for the discussion.

ACTIVITY: Skits

Similar to role plays, skits reinforce material that has been presented and help prepare CACs for encounters in the field. However, skits are more structured, which is preferred when trying to convey a defined skill, such as cultural competence as it relates to a specific population in the community.

It is best to base skits on real-life situations that have occurred in the organization to provide a realistic practice exercise and to avoid making assumptions about a specific cultural group’s behavior. These situations can come from other assisters in the organization or from relevant staff. Structure the skits so that the audience witnesses an interaction between a CAC and a consumer in which the culture of one or the other has a significant influence on the interaction.

Write a script for each character that will be involved in the scenario. In the group meeting, assign different assisters to each role. Give them a few minutes to prepare and have them present the skit in front of the group. Follow the skit with a discussion about what went well in the interaction displayed in the skit, what could be improved, and how it could be improved.
ACTIVITY: Panel Discussion

It is always best to get perspectives from those who have field experience. A panel discussion can be a great tool to organize this kind of discussion. A panel can be comprised of people within the organization or community that have experience working with the different cultural groups, experienced assisters or members of the cultural group who have sought help from an assister. When inviting the different panel members, be very clear about the topic beforehand so that they are prepared to speak about it. Prepare a few questions ahead of time to guide the discussion, and then give some time for the CACs to ask questions. To compensate the panelists for their time, offer an incentive (like lunch).

Teaching Health Literacy

A CAC will serve many consumers who have little to no knowledge about health care, so they should be equipped with an arsenal of tools to teach health literacy. A CAC must be able to talk about the complex health care system in a way that will be accessible and appropriate to the consumer. The following activities are designed to help fine-tune these skills. Again, these activities should be used in the initial training, but may be continually used in on-going trainings and meetings as the health care system continues to change and the CACs have more experience in the field.

ACTIVITY: Public Service Announcement (PSA)

This activity helps CACs interpret the information from the training and allows them to think through the process of how to explain the information to a target group. Break the group into small groups of two to five people. Ask them to design a 30- to 60-second PSA for the radio about a challenging topic from the training module for that week. Assign a different target population for the PSA to each group. For example, the topic of the PSA could be “eligibility,” and the target populations could be “single mothers.” Encourage each group to be creative, to capture the audience’s attention, and to include enough information to communicate the point, but not so much that it becomes overwhelming. After about 30 minutes of work, have each group present their PSA. At the end, discuss:
- Which aspects of the PSAs worked best and which needed the most work and why;
- How well the PSAs were tailored to the target population; and
- If applicable, brainstorm as a group how to improve the way the information is communicated.

ACTIVITY: Mock Interviews

Mock interviews can help CACs practice communicating messages about complex subjects clearly and concisely when on the spot. This activity can be kept general, or it can be tailored to a specific target group. For example, the assisters could pretend to give an interview on a Spanish-language news channel. Before the activity, create a list of a few questions for the interviewer to ask the interviewee. You may want to create two lists, so that when divided into pairs, each person will be asked a different set of questions. To begin this activity, divide the CACs into pairs and have one person interview the other in front of the group with the prepared questions. When they are finished, ask them to switch roles. Repeat this process until each pair has gone. After the activity, debrief as a group about how it felt to answer the questions. The following questions can guide the discussion:
- At which times did you feel that you answered the questions well?
- Which questions were hard to answer and why?
- Were there areas that could be improved? How?
State Specific Knowledge

The CMS training only covers federal policies, but many states have chosen to adopt different policies. A CAC’s knowledge of the health care system will not be complete until he/she is familiar with state-specific policies, regulations, and laws. A list of state specific training topics was developed by Georgetown University Health Policy Institute and can be found [here](#). To find out more information about your state’s policies, search for your state on the [health insurance marketplace website](#). This information must be included in the initial training so that CACs are aware of all policies that will affect the consumers they will serve. Like other topics, it should be addressed through on-going group meetings, as state specific policies, regulations and laws are likely to change. Reviewing state policies can be dry, so be sure to incorporate interactive and dynamic group activities to make the material more engaging. It is a good idea to review these as a group to ensure understanding. Although the material is relatively straightforward, try to use a variety of presentation methods to engage different learning styles. Use any of the activities from the previous section to review the material.

‘Soft’ Skills

As previously mentioned, the CMS training reviews all the technical, or “hard,” skills that a CAC must have. However, there are a vast array of “soft” skills that a CAC must possess as well that are not as easily taught through the individual online training format. Again, this highlights the importance of working as a team. Incorporate activities related to the following skill sets into the initial and on-going training as needed. Communication: Communication skills are inherent in many of the training areas that have already been covered. See the Appendix for examples of exercises that will fine-tune communication skills. De-escalation: It is possible that CACs may encounter people who are frustrated, upset, or emotional regarding their options for healthcare coverage. Dedicate some time to discussing techniques to de-escalate a situation in which a person is visibly distraught or angry. Some strategies include:

- Listen
- Engage the person using eye contact
- Paraphrase and reflect on what they are saying
- Validate what they are saying with statements like “I understand why…”
- Control your body language
- Allow for moments of silence
- Develop a plan of action with the person

Building Rapport: Clients will have to share private information about their incomes and family when reviewing their options for healthcare, so it is important to build rapport with clients. As a team, discuss the different ways you might develop rapport with people from diverse backgrounds. Emphasize the importance of finding common ground with consumers, monitoring your body language to be open and welcoming, and assuring consumers their information will be kept confidential and that you will work together to find the best plan for them.

ACTIVITY: Develop Handouts

This activity can be used to both review materials and to help CACs process different ways to explain the difficult terminology and concepts of the health care system. This activity should be done in correlation with specific training modules. To prepare for this activity, you may want to bring colored pencils, markers, scissors, and different craft papers to the meeting. Break people into smaller groups and ask them to develop a handout or tool to explain a topic from the corresponding training module.

For example, you may ask them to create their own version of CMS’s “Roadmap to Coverage” that is adapted to fit the needs of the different cultural groups from the community. Encourage them to be creative, but keep the literacy level and appearance of the tool appropriate for the audience. When they are finished ask each group to present the tool they developed to the other groups. Make copies of the tools and distribute them before the end of the initial training period.
Section 3: On-going Training

Neither trainings nor group meetings should end after the initial training period. There are frequent and significant ongoing changes to federal and state systems, application requirements, and laws that CACs must stay abreast of in order to provide consumers with accurate information. For both full-time and part-time CACs, keeping track of changes can create a large time burden. Additionally, technical information can be misunderstood, misinterpreted, or even overlooked if CACs are responsible for reading and processing this information on their own. Team or group meetings can help overcome these obstacles by providing the on-going support CACs need to continue to build professional skills, to keep up with the latest changes, and to receive support on difficult cases.

By establishing regular team meetings throughout the training period, a supportive network has already been developed that can be continued after the training period to disseminate new information, keep CACs informed, and provide support to CACs with challenges they encounter through their work. While the group may have been meeting more frequently during the training period, be sure to establish a routine weekly or bi-weekly schedule for on-going meetings before the end of training.

Facilitating Group Meetings

Similar to meetings that take place during the training period, on-going group meetings should include interactive and dynamic group activities that will facilitate continued learning. Group meetings are also the opportune time to give updates, review any changes on the health care system, debrief on recent cases, and problem solve difficult cases together. In each meeting, time should be budgeted for each of these activities:

- **Updates**: Designate responsibilities for reporting updates and news at meetings to each team member. You may assign a person or group of people to scan the news for a specific topic, such as changes to Medicaid, or you may assign them to report news and changes from a specific source, such as the national assister newsletter, “In the Loop.”* To keep people interested, you can rotate assignments in a round robin style. Give each person a chance to present their updates to the group at the beginning of the meeting. As the supervisor, it will be important for you to review these news sources as well so that you are able to act as a resource for any questions that the CACs have. For significant changes, you should develop trainings or presentations in advance.

- **Debrief**: One of the major benefits of working as a group is the opportunity to problem solve together and learn from each other. Save some time in each meeting to debrief on challenging cases the assisters have encountered. Encourage CACs to problem solve cases together if they are still active and to share any resources or tips they found from working on these difficult or unique cases.

- **Interactive Learning Activities**: As the CACs become more immersed in their new positions and as the health care system continues to evolve, additional training needs will become apparent. Some training needs may be substantial enough to address outside of the group meeting time, but many of the activities from the previous sections can be modified to facilitate continued professional development.

*Information about subscribing to “In The Loop” can be found [here](#).
• **Present New Opportunities**: New opportunities may come in the form of workshops, trainings, conferences, or presentations. Encourage the CACs to be active in their local communities and in the health care community by participating in local events, pursuing trainings or professional development workshops, and by presenting at or participating in conferences or forums. Be sure to scan different sources for these kinds of opportunities and announce them at meetings.

• **Support**: While a CAC’s role as an assister can be incredibly rewarding and satisfying, there will also be situations that can be discouraging and frustrating. Many CACs connect with the consumers they work with and they may become disheartened when they cannot provide the services they would like to. A common situation CACs encounter is when people do not qualify for affordable health care options, but also do not have the means to pay the fines. Sharing these experiences as a team provides an opportunity to share frustrations and reframe them as something positive. Use these opportunities to encourage CACs to be advocates for their clients. Providing larger-picture updates, such as the number of clients they’ve served to date, can also help boost morale.

### On-going Training Needs

Even after training, the rapid and frequent changes to the health care system will continually create a need for on-going training. Substantial changes to the system, application, and procedures will likely warrant a training outside of the team meeting; however, most training and professional development needs can be addressed throughout weekly meetings using the tools and activities from previous sections. Here are some of the most common needs that should be addressed through on-going training in group meetings:

• **Understanding New Material**: As reviewed in previous sections, using interactive and dynamic education techniques can make complex and confusing material more accessible. Use the same review activities from Section 1 to break down information on new federal and state systems, application requirements, and laws.

• **Overcoming Obstacles**: As a supervisor, you will likely know about the particularly challenging and unique cases that CACs encounter in the field prior to group meetings. If appropriate, develop a case study, role play, or skit based off of these situations for team meetings ahead of time. Trends and patterns regarding challenges that CACs face in the field will likely become apparent through conversations in team meetings. Role plays, case studies, and skits can be developed to simulate these situations to allow CACs to process and understand how to handle them.

• **Developing Professional Skills**: Many of the professional skills reviewed in prior sections, such as confidence building and cultural competence, may be areas that need continual reinforcement. Additionally, you will likely identify new areas for professional development through discussion at team meetings. It is possible to modify some of the activities already presented to meet these on-going needs. For example, panel discussions or guest speakers that present a different perspective from ones that have already been discussed are a great tool to address some of these needs. For more ideas on how to reinforce these skills or build new ones, reach out to your professional network for information on upcoming trainings or workshops. You may also seek out the curricula of former trainings or workshops from your professional network.
• **Evaluation:** To ensure that the CAC program is continually improving, some evaluation activities should take place on a regular schedule (quarterly, bi-annually, etc.). Have the CACs set goals as a group and/or individually regarding enrollment and the enrollment process. Continually collect data and feedback from the CACs to evaluate how close they have come to achieving their individual and group goals. Also use group meeting times to review this data and to discuss how it reflects their strengths and weaknesses in their performance as a team and as individuals. Discuss ways that processes could be improved when appropriate.

**Resources**

There are a multitude of resources for news and information related to the assister network. A quick internet search will show any local or state-wide resources, as well as some national ones. Here are some of the principle resources:

- **CMS** provides different trainings and courses, a weekly newsletter, technical assistance resources, webinars, and different guides. They also have a Youtube channel that publishes short, useful informational videos.
- **Enroll America** is a nonprofit that provides resources to help keep the assister community up-to-date on any changes, including different publications on relevant topics, interactive state maps, toolkits, webinars, handouts, a resource page with links to important news and information, weekly blog posts, and a weekly roundup of key policy updates.
- **“In The Loop”** is an online community produced by Community Catalyst and the National Health Lay Program meant to connect the enrollment community.
- Local and state coalitions and other professional groups are also great resources for updates on health care system changes and upcoming trainings and events.

**Conclusion**

CACs are in a position to have a tremendous impact on the lives of local consumers, which ultimately contributes to improving the health and welfare of the entire nation. As important as this role is, the work is a big undertaking for any individual to tackle on his/her own. With the supplemental training strategies, tools, and topics provided in this toolkit, the current training and on-going efforts can be enhanced to better prepare and support CACs in this role.

**TIP**

CACs sometimes work tirelessly to respond to the needs of the consumers in the area. This may even mean working weekends. This work can be exhausting and frustrating at times, so recognizing this work is critical in keeping CACs motivated and maintaining a positive work environment. Find ways to recognize them, such as free lunches or awards.
Appendix: Communication Exercises

One Up, One Down
Divide the group into pairs. Ask everyone to think of two experiences they have recently had that were important to them that they would like to share. Instruct one person to sit and one person to stand in front of them. While in this position ask them both to take turns sharing their experiences. After several minutes, stop and switch positions. Now have each person take turns telling the second experience in their new position. After the activity ask the assisters to share how they felt in the different positions. Ask them to relate this experience to a consumer who feels at a disadvantage when communicating. Brainstorm ways as a group to make someone feel more comfortable. Another variation of this activity is to repeat the same process, but instead of having one seated and one standing, ask the person who is listening to break eye contact after approximately 30 seconds.

Active Listening
Divide the group into pairs. Have the first person listen as the second person speaks on a chosen topic. After five minutes, have the second person summarize what the first person said. Next have them switch roles and repeat the activity. After each person has gone, ask them to reflect as a group on how it felt to be in the different roles. Ask which one was easier and why. Discuss what makes a good listener.

Back to Back
Divide the group into pairs and ask them to sit back to back. Ask one person to talk about something that has happened to them recently. Stop them after a minute or two and ask them to switch roles and have the second person talk. After the activity ask the group to discuss how it felt to be both a speaker and a listener when you couldn’t see the other person’s expressions or body language. Ask them to discuss how they can read and use their own body language to send a message when working with a consumer.

Drawing With Words
Before doing this exercise, choose an object that is easy to draw, but will require several steps. Some examples are provided below. Give everyone a piece of paper and tell them that you are going to describe an object and ask them to draw it without telling them what the object is. Explain that nobody will be allowed to ask questions. Then, provide step-by-step instructions on how to draw the object. For example, if the object is a butterfly, you may say “Start by drawing four connected circles in a line.” When you are finished, ask everyone to hold up their pictures to see the similarities and differences in each drawing. Ask the group to reflect on how the process felt. Ask:

- Was it difficult to know what the object was from the instructions?
- Was it frustrating to not be able to ask questions?
- How can you relate this experience to how it might feel to start the process of enrolling in a health care plan with no prior knowledge of how the system works?

A variation of this activity is to have people work in pairs. Print out the images below (they are hyperlinked to full-sized images), and have each person take a turn drawing. Go through the same discussion at the end. This way, each person can practice developing his/her own communication skills.
References

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