DAPIC CONSULTING

# FINAL REPORT TO


## Florida Department of Health
## Florida Community Health Worker Coalition

**BY**

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# Final Report on the Training of Community Health Workers

Prepared on behalf of

**Florida Department of Health**
**Florida Community Health Worker Coalition**

**By**

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And
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**Note:** The views expressed in this report do not necessarily reflect the views of the Florida Department of Health or the Florida Community Health Workers' Coalition

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# Executive Summary

The Patient Protection and Affordable Care Act has provided support to states to create programs which will lower the cost of health care thereby making it more accessible to all Americans. Community Health Workers (CHWs) have been recognized as an essential component to the new approach to health care. It has been shown that they help improve health outcomes, lower health care costs, and provide tools that help build individual and community capacity. In order to ensure sustainability and recognition as health care providers and educators, CHWs need to have access to programs that will provide them with necessary training and funding opportunities. Training of CHWs has been explored by a number of different states and organizations.

We conducted a systematic review of CHW training programs in the United States, with a special focus on the need for CHW standardized training, on problems encountered in identifying training programs especially grant-funded programs, and on an overview of the benefits that would come out of developing standardized training. This report will inform state policy makers, CHWs, educators, health professionals, and other stakeholders involved in promoting the CHW profession in Florida about the need for developing standardized training for CHWs.

We were successful in obtaining a substantial amount of information from a number of programs. Core competencies from each program were analyzed and a matrix containing common core competencies was developed for each category is presented in Appendix B. Training elements were categorized in charts outlining the structure (e.g. duration, credits, and certification) and compared amongst the three categories. When comparing resources from the review of curricula, we created two separate categories:

- State-level CHW training (State Certification CHW training programs)
- University and College level programs

In addition to the systematic review of the programs, we conducted informative interviews with the members of the Florida CHW Coalition. Their perspective helped us shed light on issues that pertain to training and especially funding and sustainability of programs. These issues are not unique to Florida as there are a number of different programs that are no longer operational due to the lack of money.

Overarching issues recognized are the following:

- Lack of standardized training
- Lack of financial sustainability
- Issues with knowledge transfer

To this end, the purpose of this project was to identify standardization efforts that are occurring, where these efforts are occurring. The project also looked at the likely effect that standardized training could have on the credibility, sustainability and job prospects of the CHWs. Finally, a sample training curriculum was developed for the Florida CHW Coalition.

# Chapter 1

## *INTRODUCTION*

The earliest documented use of Community Health Workers' efforts spans back to the 1960s [1], with even earlier documented activity among farm worker CHWs documented in the 1950s in Florida [2]. The initial needs for CHWs were identified as increasing access to health care, providing health-related services, and delivering some health care services to individuals in rural and medically underserved communities [3]. They are highly regarded individuals to whom others in the community turn to for advice or assistance [4]. A number of studies have been published that show the importance of CHWs in improving the health outcomes of the population they serve [5-7]. The success of a CHW program stems from members of the community presenting culturally appropriate material to their community [8]. They have contributed to the improved management of a number of health issues in the community including childhood illnesses, immunization, maternal care, infectious diseases, chronic disease management, and stroke [4, 9-12].

In a definition issued by the World Health Organization (WHO), the key attributes of CHWs are described as follows: "Community Health Workers should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization…"[13]. These attributes are common to all CHWs, regardless of the specific term used to describe them as well as the health condition or intervention they are educating the population about [7].

CHWs not only educate the community about health-related issues, but they can also provide insight about their community and its needs to "outsiders" which further increases their credibility as an integral part of the health system [14, 15]. Through their actions, CHWs serve as a bridge meeting the cultural as well as the health literacy differences identified between their community and the health care system. In this way, they help to decrease the barriers in achieving health care equity[4]. A survey published in 2008 showed that CHWs' work spans beyond their local communities; their work extends to a contribution at the state and federal level [16]. This contribution is exemplified in that an estimated 120,000 CHWs were working in their communities throughout the United States in 2010 alone. A third of these CHWs were paid while the remainder worked as volunteers.

Standardized trainings for CHWs received greater recognition during the 1990s and as a result communication increased among CHW initiatives across categorical funding programs. However, it wasn't until the late 1990s and early 2000s that the first State legislation recognizing CHWs as integral members of the health care system was passed in Texas [17]. In 2010, CHW were recognized as a distinct occupation by the Department of Labor.

Despite this recognition of CHWs as professionals and partners in the health care delivery system, little has been done to develop standardized training of CHWs or to secure permanent funding for the services they provide to their communities.

Consequently, the fundamental research objectives of this project were to identify and characterize training programs and curricula in the United States, to compare the programs, and to use the information learned to design a sample curriculum that can then be used as a foundation for the Florida CHW Coalition to further develop. The project's aim was to meet a key need of the Coalition which is the development of standardized basic training and curriculum. This curriculum is comprised of the knowledge of core competencies and educational elements of current national and statewide CHW training curricula.

## *METHODOLOGY*

Our goal was to develop recommendations to be used for the development of training curricula for Community Health Workers in the state of Florida. To accomplish this goal, we carried out the following tasks:

- **Performed a comprehensive review of existing training programs in the United States**
- **Identified the core competencies and scope of practices recognized by other states**
- **Wrote a White Paper on the requirements necessary for the coordination of a training program in Florida**
- **Developed a sample curriculum**

Our approach in identifying a set of core elements common to most CHWs for the development of a standardized curriculum for CHWs in Florida, was two-pronged:

1) Performed a comprehensive, systematic review of the existing core roles and competencies commonly affiliated with CHW trainings at the state, private, and local levels
2) Conducted formative interviews with the CHWs in the Florida Coalition specifically focusing on the core roles and competencies of CHWs as well as their personal opinion about the standardized training and credentialing process.

## *CURRICULA REVIEW*

We performed a comprehensive, systematic review of the existing core competencies and training elements through an extensive literature, media (internet), and databases search. The main databases targeted were those created by the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), the Agency for Healthcare Research and Quality (AHRQ), and the Centers for Disease Control (CDC). Associations like the American Public Health Association (APHA) CHW section, the American Association of Community Health Workers (AACHW), and the Community Health Resources (CHR) were also reviewed for additional information.

We also made every attempt to contact individuals from each state where a history of CHW organization, legislation, or training was identified online. Contacts were made via email as well as telephone, with at least two follow up calls/emails. The contact information from individuals representing states with active CHW programs is presented in the Appendix A.

## *FORMATIVE EVALUATION WITH COALITION MEMBERS*

We proposed conducting formative evaluations with individual members of Florida's CHW Coalition to provide feedback and recommendations based on their personal experiences here in Florida. The questionnaire for the interviews was developed in collaboration with the Coalition and was based on the training that the members received. It specifically focused on the core roles and competencies which were also addressed in a survey developed by the Coalition in 2011. The questions asked are provided in the Appendix C.

The initial goal with the evaluations was to interview 24 individuals in 4 separate focus groups. After further discussion with the Coalition, it was decided to modify the proposed task taking in consideration the difficulty of scheduling. Therefore, individual interviews were conducted. Six CHWs responded to our request; five were interviewed via conference call and their responses were recorded. Due to scheduling difficulties, one CHW asked to fill in the questionnaire.

## *DATA ANALYSIS AND EVALUATION*

Descriptive statistics were used to evaluate the curricula identified for this study and the resulting data is presented as matrixes. This information can further be used to determine key components of a well-developed curriculum for the Florida CHW Coalition. The data obtained following the completion of our formative interviews was transcribed as a narrative to identify themes as they pertained to the length of experience of the CHW, salary information (optional), training in core roles and competencies, skills needed for CHWs, and the preferred mode of training delivery.

## *SAMPLE CURRICULUM DEVELOPMENT*

We developed a model of a sample standardized curriculum based on the results from the curricula review and the formative interviews. Again, the framework for the sample curriculum came from the 1998 National Community Health Advisor Study [18], and the core roles and competencies identified within that study were recommended as standards for training CHWs. From our curricula review, as well as formative interviews, it is clear that these are the standards by which CHWs and their effectiveness will continue to be measured. The sample curriculum is provided in Chapter 4.

# Chapter 2

## *OTHER STATES CHW CURRICULUM INITIATIVES*

In order to determine CHW training core competencies and scopes of practice in states other then Florida, we researched CHW programs in 49 states and the District of Columbia. Remaining cognizant of the fact that some of the states have multiple certification programs established and others do not, information from all levels of training was collected. To identify the curricula reported for this project, we researched CHW initiatives and characterized the identified programs as follows: state-level involvement, federal organization partnerships, private and nonprofit, one-day workshops or less, university and college level certificate programs, and independent research initiatives. Programs and contact persons are located in Appendix A.

### *RESULTS*

**Summary of Curricula Identified**

1. State level involvement:
    a. Twelve states were identified that had or have state-level involvement with CHW training initiatives, CHW organization development, or CHW state level climate assessments:
        i. ***Florida*** *(CHW organization development and climate assessment)****, Alaska*** *(all three)****, Massachusetts*** *(organization and training)****, Ohio*** *(Training: state Certification through the Nurses Board)****, Virginia*** *(CHW assessment and training)****, New York*** *(all three)****, Minnesota*** *(organization development and training; Healthcare Education Industry Partnership)****, Rhode Island*** *(organization and training)****, Texas*** *(all three with state Certification through the Texas Department of Health)****, Maine*** *(organization and training),* ***Washington*** *(all three),* ***Oregon*** *(all three through the Oregon State Board of Education)*

2. Federally funded partnerships:
    a. The Health Resources and Services Administration (HRSA) Office of Rural Health Policy funded CHW projects in rural communities through the formation of Rural Assistance Centers (RAC). Their goal was to implement CHW programs as part of the 330A Outreach Authority program. These programs focused on reducing health care disparities and expanding health care services in rural areas. They have also reported on using technology and distance education for training CHWs as well as on highlighted CHW curricula modules. The current 330A Outreach Authority grantee states that developed CHW programs in a rural community are listed below:
        i. ***New Mexico, Mississippi, Nebraska, Kentucky, Montana, South Carolina, and Indiana***
    b. The Center for Disease Control (CDC) partnered with state-level Department of Health (DOH) offices to create CHW projects with the goal of preventing heart disease and stroke:

i. ***Alabama, Oklahoma , Minnesota, and Indiana***

c. The CDC also has the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). This program has a handbook to help structure the training of CHWs but it does not discuss the details of the actual training:

i. ***Florida, Alaska, New Jersey, South Dakota, and Washington***

3. Private or Nonprofit initiatives of CHW training and programs:
   a. HealthCorps organizations were founded in 1995 by the National Association of Community Health Centers. Community HealthCorps is the largest health-focused, national AmeriCorps program that promotes health care for America's underserved while developing tomorrow's health care workforce: (http://communityhealthcorps.org/MemberTrainingResources.cfm)
      i. ***Maine, Louisiana, Wisconsin, Washington, Texas, Tennessee, Puerto Rico, Pennsylvania, New York, Missouri, Idaho, and Washington DC***
   b. I-LEAD: I-LEAD seeks to help community leaders become introspective and to develop core leadership skills that will help their communities truly succeed. (http://i-lead-community.org/web/)
      i. ***Pennsylvania***
   c. Area Health Education Centers (AHEC): AHEC's goal is to enhance access to quality health care and preventive care by improving the supply and distribution of healthcare professionals through community academic educational partnerships. Some of the curricula were obtained from the individual college websites and are analyzed in this report: (www.nationalahec.org)
      i. ***Connecticut, New Mexico, Florida, Vermont, Washington DC, New Jersey, Arizona, Wisconsin, Massachusetts, and Texas***
   d. Freedom from Hunger: Community Health Advisory Network (CHAN): Freedom from Hunger, a California-based organization that addresses issues of hunger and poor nutrition, began the replication and institutionalization of a program to train lay health advisors in 1998. The program, located in three rural Mississippi communities, was an effort to increase access to health care services. This effort is known as the Community Health Advisor Network (CHAN): (www.usm.edu/csho/training.html)
      i. ***Alabama, Arkansas, Mississippi, Illinois, Texas, and Delaware***

4. One day workshops:
   a. One-day training or workshops offered by the state's Department of Health or a higher learning institution:
      i. ***Kansas and Rhode Island***

5. University or community college level courses with certificates:
   a. ***Alabama, Arizona, Texas, Massachusetts, Virginia, Florida, Colorado, Minnesota, and California (The book*** Foundations of CHW ***was developed from a CHW program at City College San Francisco)***

6. Independent research funding from grants for professors to develop CHW programs and projects using community based participatory research (CBPR) were also explored. We

decided not to collect this information because of the varied published training information (curricula information were not always included in the research article). Nevertheless, below are some of the most common CBPR CHW projects if interested:

   a. ***Arkansas, Alabama, and Mississippi (Deep South Network-University of Alabama)***
   b. ***Tennessee (Train the Trainer-Meharry Medical College)***
   c. ***West Virginia (The Appalachia Community Cancer Network-West Virginia University)***
   d. ***North Carolina (BEAUTY and Health Pilot Project-North Carolina Chapel Hill)***

7. Unable to find any curricula information from the following states:
   a. ***Iowa, Utah, and New Hampshire***
8. When we were unable to find details concerning the core roles/scopes of practice and core competencies, representatives from the programs were contacted (awaiting their information):
   a. ***Maryland, Michigan, and Nevada, North Carolina, North Dakota***

***MODEL STATES***

All of the states listed above do have CHWs working or volunteering in their communities and curricula online that enabled us to collect core information. Core competencies and roles were obtained from programs including: certified (certificate of completion) curriculum, grant funded training curriculum, nonprofit organization training curriculum, and board certified curriculum. Table 2.1 contains a matrix comparing core competencies and Table 2.2 contains a matrix comparing core roles.

Several states such as Minnesota, Massachusetts, Ohio, New York, New Mexico, Texas, Oregon, and Washington have invested significant resources in the development of CHW training programs including the certification process. Minnesota, Oregon, Texas, and Ohio all have state level credentialing through governing boards or state-level Departments of Health and Education. Massachusetts, New Mexico, New York, and Washington each have state-level CHW certificate training curricula created by Community Health Worker Organizations; however, there is no credentialing process. Organizations from each one of these states provided core elements within their curricula that were collected and compared. Below is a small description of each organization and the summary matrix be found in Appendix B.

**Texas**

**Community Health Worker Training Institute (CHWTI)** provides training for CHWs. The Texas Department of State Health Services (DSHS) is the monitoring department for the Texas Community Health Worker Training and Certification Program. Senate Bill 1051 (77th Texas Legislative Sessions) calls for the Texas Department of State Health Services to establish and operate a training and certification program for persons who act as Promotores or community health workers, instructors and sponsoring institutions/training programs. All Training Institutes that offer certified CHW classes for CHW or instructor certification or continuing education

must be certified to provide instruction. Gateway to Care CHWTI has been a certified training institute to provide certification and continuing education for community health workers

Table 2.1: Core Competencies from National Research for CHWs

| State | Communication skills | Knowledge based | Capacity building skills | Interpersonal skills | Service Coordination skills | Teaching skills | Advocacy skills | Organizational skills | Professional Development | Cultural Responsiveness | Documentation skills | Technical skills | Research | Pharmacology | Assessment Skills | Benefit Mngt. Skills |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Alaska | x | x | x | x | x | x | x | x | | x | | x | x | | | |
| Arizona | x | x | x | x | x | x | x | x | | | | x | | | | |
| California | x | x | x | x | x | x | x | x | x | | | x | | | | |
| Colorado | x | x | | x | x | | | | | | | | | | | |
| Connecticut | x | x | x | | x | x | x | x | | | x | | | | | |
| Florida | x | x | x | | x | | | | | | | | | | | |
| Hawaii | x | x | x | | x | | | | | x | x | | | x | | |
| Maine | x | x | x | x | x | x | x | x | x | x | x | x | x | | | |
| Massachusetts | x | x | x | x | x | x | x | x | | x | x | | | | | |
| Michigan | x | x | x | x | x | x | x | x | | | x | | | | | |
| Minnesota | x | x | x | x | x | x | x | x | x | x | x | | | | | |
| Mississippi | x | x | x | | | | | | | | | | | | | |
| New York | x | | x | x | x | x | x | x | | | | x | | | | |
| Ohio | x | x | x | | x | | x | | | x | x | | | | | |
| Oklahoma | x | x | x | x | x | x | x | x | | | | | | | | |
| Oregon | x | x | x | x | x | | x | x | | | | | x | | | |
| Pennsylvania | x | x | x | x | x | x | x | x | | | | | | | | |
| Rhode Island | x | x | | | | x | x | | x | x | | | | | | |
| Texas | x | x | x | x | x | x | x | x | | | x | x | | | | |
| Virginia | x | x | x | x | x | x | x | x | x | | x | x | | | | |
| Washington | x | x | | | x | | | x | | x | x | | x | | x | x |
| Community Health Corps | x | x | x | x | x | | x | | x | x | x | x | | | | |

**Ohio**

**North Central State College** in Ohio is a public two-year community-based educational institution offering educational degrees in more than 60 associate degree and certificate programs in Health, Business, Public Service, Engineering Technologies, and customized workforce training programs. Students who complete the CHW certificate program are eligible to be certified by the Ohio Board of Nursing. The Ohio Board of Nursing is an agency of state government that was established through the enactment by the Ohio General Assembly (the state legislature). The Board of Nursing is a regulatory board.

**Oregon**

**The Community Capacitation Center** provides training and technical assistance for organizations that desire to establish or strengthen their CHW programs. CCC works by providing technical assistance regarding: recruitment and hiring of CHWs, development of CHW job descriptions, support and supervision of CHWs and training for community-based organizations and community health centers that are trying to establish CHW programs. The certification is approved by the Oregon State Board of Education.

Table 2.2 Core Roles and Scopes of Practice for CHWs

| State | Cultural mediation between communities and health and human services system | Informal counseling and social support | Providing culturally appropriate health education | Advocating for individual and community needs | Assuring people get the services they need | Building indvidual and community capacity | Providing direct services |
|---|---|---|---|---|---|---|---|
| Alaska | X | X | X | X | | X | |
| Arizona | X | X | X | X | | X | |
| California | X | X | X | | X | | |
| Colorado | | | | X | X | | |
| Connecticut | X | X | X | | X | X | X |
| Florida | | X | | X | | | |
| Georgia* | X | X | X | X | X | X | |
| Hawaii | | X | | X | | | X |
| Maine | X | X | X | X | X | X | |
| Massachusetts | | X | X | | | X | |
| Michigan | X | X | X | X | | X | |
| Minnesota | X | X | X | X | | X | |
| Mississippi | X | X | X | | | X | |
| New York | | X | | X | X | X | |
| Ohio | X | X | X | X | X | X | X |
| Oklahoma | X | X | X | X | X | X | X |
| Oregon | X | X | X | X | X | X | |
| Pennsylvania | | X | X | X | X | | X |
| Rhode Island | | X | X | | | X | |
| Texas | X | X | X | X | X | X | |
| Virginia | | X | X | | X | | |
| Washington | X | X | X | X | X | X | |

**Minnesota**

**The Minnesota Community Health Worker Alliance** developed an 11-credit health worker certificate program offered at five educational sites. The goal of the CHW Alliance is to provide a service to ensure the inclusion of CHWs into the health and social service sectors in Minnesota. The Alliance is structured as a partnership comprising of all sectors can come together through an organized structure to support the profession of the CHW. The Alliance has four different areas of involvement: 1) Policy and Research; 2) Education; 3) Workforce; and 4) CHW leadership development and partnership. One of the schools that offer the curriculum is Minneapolis Community and Technical College. Although the Alliance developed an 11-credit certificate program, the program offered at this school consists of 17 credit hours as well as 80 hours internship requirement, which can be applied towards the internship requirement for an associate degree in the Human Services program.

**New York**

The **Community Health Worker Network of NYC** has been organized, developed, and governed by CHWs. The Community Health Worker Network of NYC became incorporated on March 13, 2002 and received tax-exempt recognition from the Internal Revenue Service as a 501(c)(3) shortly thereafter. The Community Health Worker Network of NYC office is currently located at the Columbia University Mailman School of Public Health through the generosity and commitment of Dr. Sally Findley of the Heilbrunn Department of Population and Family Health and Dr. Linda P. Fried, Dean of the Mailman School of Public Health. This organization offers training to community and businesses that want to train their CHWs.

**New Mexico**
New Mexico Community Health Workers Association (NMCHWA) applied for several grants to facilitate Reaching Out…A Training Manual for Community Health Workers In New Mexico. The training manual was developed under the New Mexico Prenatal Care Network, a program under the University of New Mexico and the Area Health Education Center with funding in part from the March of Dimes.

**Massachusetts**
Community Health Education Center (COEC) in Boston, established with funding from the Massachusetts's Department of Health-Comprehensive Outreach Education Certificate Program. The Massachusetts Association of CHWs is the oldest statewide CHW association which helped support legislation in Massachusetts to 1. Investigate the CHW workforce in 2006, 2. Develop a statewide CHW Advisory council in 2007-09 and 3. Provide successful recommendations for an Act to Establish a Board of Certification of CHWs in 2010.

**Washington**
The Department of Health (DOH) has developed a free online training designed to teach Community Health Workers core competencies and disease specific skills. Training was developed through partnerships with the Comprehensive Health Education Foundation (CHEF) and the Massachusetts Department of Public Health (MDPH) and it will be fully accessible in October 2012. The goal is to train 500 new CHWs each year. DOH staff will serve as online training facilitators and local health educators will serve as co-trainers. Training is organized into two in-person sessions and 8 weeks of assisted online training. CHWs will master the following core skills: assessment, cultural competency and response, organizational, documentation, communication presentation, service coordination and confidentiality skills. Participants who complete the 8 weeks training will receive a certificate of completion.

A fee for obtaining and updating credentialing was also developed by the governing board or by an institution administrating the curriculum. In some cases, the fee payment was required by the CHWs' place of business while some states required the CHW to pay the fee. Resources obtained from the fee include but are not limited to class materials, college credits, and the certificate of completion. Some of the programs, including Texas and Minnesota, account for experienced CHWs who may have been in the field for years before the implementation of credentialing programs. These individuals can take an assessment test and qualify for the certificate without taking the class training.

As with many credentialing programs, standardized core competencies and roles required for an individual to perform associated tasks were established. These core competencies are at the heart of each curriculum. All of the curricula described are based on the 1998 National Community Health Advisor Study which was funded by the Annie E. Casey Foundation and directed by E. Lee Rosenthal at the University of Arizona [19]. They identified 7 core roles and 8 core competencies that represent CHW activities at the community level:

<u>Roles/Scope of Practices</u>
1) Bridging/cultural mediation between communities and the health & social service system

2) Providing culturally appropriate health education and information
3) Assuring that people get the services they need
4) Providing informal counseling and social support
5) Advocating for individual and community needs
6) Providing clinical services and meeting basic needs
7) Building individual and community capacity

Competencies

1) Communication skills 2) Interpersonal skills
3) Advocacy skills 4) Knowledge base
5) Service coordination skills 6) Organizational skills
7) Capacity building skills 8) Teaching skills

The second part of each curriculum includes health topics that provide the knowledge base for the specific health issues addressed by the CHWs. Some of the curriculum also includes field experience or internships to provide the CHWs with hands-on, real world experiences.

It is currently unknown if any of the CHW training initiatives are better then the next one. The Appendix B provides the core elements of state-level credentialing initiatives, certificate training initiatives, and college training initiatives currently in the United States. They highlight the requirements for credentialing CHWs and certificates which involve the development of rules and guidelines for CHWs to perform services and receive compensation.

# Chapter 3

## *SUMMARY OF FLORIDA FINDING: IN DEPTH RESEARCH ANALYSIS AND FORMATIVE EVALUATION RESULTS*

The Florida Community Health Worker (CHW) Coalition was established in February 2011 as a result of a CDC grant provided by the Policy, Environmental and Systems Change (PES) Program to the Florida Department of Health. Comprised of passionate volunteers, the Florida Community Health Worker Coalition strives to advocate on behalf of CHWs in Florida. CHWs, also known as Promotores de Salud, provide services such as working with the elderly population, teaching chronic diseases prevention and management, building individual capacity through patient navigating services, and encouraging healthy behavior among pregnant women. These dedicated citizens' work and volunteer in areas ranging from rural communities in Florida where they educate migrant farmworkers about the importance of cancer screening to urban cities like Miami Dade County where they provide and promote health insurance for children.

The Florida CHW Coalition has taken on the pivotal initiative to standardize basic training and curriculum for CHWs in the state. With the goal of creating a set of core elements common to most CHW institutional curricula, they have called for a survey of available curricula in Florida and other states to identity fundamental elements involved with training and certifying CHWs. Staying true to their grass roots establishment, the Coalition also involved feedback and recommendations from Florida's CHWs via formative interviews. The CHW training initiatives, vast in format and design, delivery mechanisms, requirements, and structures were identified and collected despite their variations. The findings and results of this project are described below.

## *FLORIDA CHW TRAINING INITIATIVES AND FORMATIVE INTERVIEW FINDINGS*

With the growing population of aging citizens, minorities, and the unfortunate decreasing economy, CHWs are needed more now then ever. Nevertheless, the lack of standardized training and curricula forces CHWs in Florida to obtain training by being aggressive, resourceful, and dedicated. They acquire skills through informal formats such as on the job training or participating in training programs from independent organizations and contractors. CHWs also enroll in community and university level training initiatives. For instance, organizations like the Area Health Education Centers (AHEC), and Cuidate provide curriculum structure, jobs, and training for CHWs. Grant sponsored CHW initiatives enabled the development of training institutions at colleges and universities like the CHW Research and Training Institute at the University of Florida and the Community Health Worker Project at Miami-Dade College which offer more opportunities for training. CHWs even participate in informal continuing education through national workshops and conferences like the Community Advocates for Prostate Education (CAPE) CHW Training Program. There is also the National Community Health Worker Conference which offers CHWs in Florida the opportunity to sharpen their skills through

round table discussions, lectures, and keynote addresses of the current state of CHWs in the United States.

Other training initiatives include an Applied Technology Diploma that was approved by the Department of Education in 2010. This diploma allowed for a curriculum for community colleges and Post-Secondary Adult Vocation Centers to prepare interested students for employment as a Family Health Support Worker. A number of diploma programs along with certification and associate degree programs are available throughout the state of Florida. Additional certificate programs that aim at the employment option of being a CHW include the Maternal and Child Health program or Healthcare Support Worker.

Some of the training and certificate programs in the state of Florida are discussed in detail below.

## AHEC CHW INITIATIVES

The Area Health Education Center's (AHEC) goal is to enhance access to quality health care and preventive care by improving the supply and distribution of healthcare professionals through community academic educational partnerships. The key funder of AHEC is the Comprehensive Statewide Tobacco Education and Use Prevention Program which has helped develop the AHEC Tobacco Training and Cessation Program.

The Florida AHEC Network consists of five AHEC Programs which are hosted by the medical schools at Florida State University, Nova Southeastern University, the University of Florida, the University of Miami, and the University of South Florida. This network has key partnerships that are developing 10 regional community-based centers. These community-based centers are allied with major federal and state organizations that share the same goal of enhancing access to quality health care and preventive care to medically underserved communities.

The Florida AHEC Network's CHW training initiatives have not gone without notice. In 2009, they trained 300 CHWs to provide health education on topics including breastfeeding, child health and care, cardiovascular diseases, and diabetes to more than 9,300 Floridians in medically underserved communities [20]. Despite this achievement, we were unable to obtain any curriculum from the Florida AHEC. Instead, we obtained a curriculum from the AHEC group in New Mexico which was compared in the matrix found in Appendix B.

## CUIDATE CHW INITIATIVES

Cuidate which stands for *Take Care of Yourself* in Spanish is an evidence-based intervention recognized by the Centers for Disease Control. In Florida, Cuídate is a collaborative community initiative that focuses on unique community and health issues in East Orlando, an area with high rates of heart disease and diabetes. In addition, it has the largest number of residents lacking health insurance and the busiest hospital emergency department visits in Orange County. This young community, the average age is 32, also has the highest concentration of Hispanics and Spanish speaking individuals in the Orlando area. Even though a large percentage of the residents in this community have jobs, they are low-paying jobs. This leads to a lower than average household income thus making this area medically underserved. Cuidate offers classes

and resources for people in this community. Two prominent workshops given in the community setting are Tomando Control de Su Salud (a Spanish language Chronic Disease Self-Management Program) and Tomando Control de Su Diabetes (Spanish language Diabetes Self-Management Program). CHWs from the Hispanic Health Initiative, and local health clinics, are trained with the initiative to instruct in these classes. CHWs with the Initiative also provide resources on diabetes management and provide healthcare navigation services to help find and assist with enrollment in Medicaid, Florida Kid Care and other programs. CHWs also learn valuable information to help community members build capacity by providing information about low cost prescription medications, community health clinics for the uninsured, and physicians who accept Medicaid. We were unable to obtain a curriculum from the Cuidate organization. Nevertheless, three of the CHWs interviewed received training from this organization; their experience will be discussed in the Findings from the Formative Interview section of this chapter.

## CHW RESEARCH AND TRAINING INSTITUTE AT UF

The Community Health Workers Research and Training Institute (the Institute) was created through a grant from Florida's State University System Board of Governors through the New Florida Clustering Program. The Institute was a partnership between the University of Florida, Florida A&M University, and Bethune-Cookman University. Its mission was to train unemployed or underemployed community members living in at-risk communities to become CHWs. Community members were trained as Health Empowerment Coaches and taught to provide Dr. Carolyn Tucker's (Principal Investigator at UF) evidence-based, culturally sensitive, community-based Health-Smart Behavior Program for modifying and preventing obesity and related medical conditions. This program served individuals and families in Alachua, Gadsden, and Volusia Counties. The Institute also partnered with the Workforce Development Program to assist trainees with job placement.

Under this initiative, 79 CHWs and 135 adult community members were trained to implement the Health-Smart Behavior Program. The curriculum included a six week program that met twice weekly for 2-hour sessions focusing on the Health-Smart Behavior Resource Guide. These free trainings required participants to be over the age of 18 and have a high school diploma or GED. As this time, the Institute is no longer recruiting because budget cuts eliminated the grant funding.

## COMMUNITY HEALTH WORKER PROJECT AT MDC

The Community Health Worker Project was established in Miami by Community Voices Miami which is part of a large nationwide program launched in 1998 by the W.K. Kellogg Foundation. The program was renewed in 2003, at which point Community Voices Miami moved to the Collins Center for Public Policy, Inc. to increase its ties to health policy in Miami and Tallahassee. The goal of the Community Health Worker Project was to integrate CHW practices and training with existing primary and preventive healthcare services and community resources. The ultimate goal was to develop a professional career track for CHWs. There were five consecutive phases: preliminary, research, planning, pilot, and implementation phases which were designed for this project. The funding was obtained from five different organizations just

to complete planning, or level I, phase. In this level, a pilot CHW training course which was based on the Cornell Family Development Credentialing Project (http://www.familydevelopmentcredential.org/ ) was tested at Miami Dade College in the summer of 2005. The course's evaluations indicated that it was successful. Even with the successful evaluations, the grant funding ended. As a result, we were unable to identify a contact person to obtain the results of this initiative.

## CAPE CHW TRAINING PROGRAM

The Community Advocates for Prostate Education (CAPE) is a training mechanism sponsored by the Moffitt Cancer Center in Tampa, FL. Moffitt Diversity has a number of CHWs and health educators working through both grant funded and in house monies. In addition to conducting outreach and creating cancer awareness and prevention, the health educators at Moffitt are ensuring CHWs are up-to-date with the latest screening requirements and changes, new treatment options, and prevention activities. CAPE is a one day traveling workshop being offered throughout the state of Florida in major cities like Orlando and Tallahassee. Its goal is to educate CHWs on how to be healthy and how to advocate for empowering men to take charge of their health. This free, one day training is also a research study to influence community advocates through training.

## FAMILY HEALTH SUPPORT WORKER-ATD

The Family Health Support Worker-Applied Technology Diploma is available at community colleges and post-secondary adult vocation centers throughout the state of Florida. The program, which is two years old, has the purpose of preparing participants for employment as Family Health Support Workers. A large portion of the curriculum identifies child safety issues; it does not focus heavily on chronic disease management. However, participants in this program can receive a certificate for HIV/AIDS management because the program meets the Department of Health requirements. The curriculum framework can be found at (http://www.doh.state.fl.us/family/mch/attachments/meetfeb05/workforce.pdf ).

We made numerous attempts to obtain curricula information from different organizations in the state of Florida and in the process faced several barriers including:

1. The curricula no longer existing because the grant ended.
2. The website has expired.
3. The individual listed as the contact person was unavailable; no longer working with the organization and no one has filled the position, or did not reply to our repeated messages via email and phone.
4. They could not share the information with us.

We next turned to CHWs from Florida and conducted Formative Evaluations via over-the-phone one-on-one interviews. The script used for the interviews was developed based on the results to a survey conducted by the Florida CHW Coalition in 2011. Six CHWs volunteered to participate

in the Interview Project. The questionnaire developed for the interviews is located in the Appendix C.

## *FORMATIVE INTERVIEW RESULTS*

Demographic Information

Twelve CHWs were identified by the Florida CHW Coalition and contacted via email to participate in formative interviews. Six CHWs agreed to participate, 5 were contacted by phone and one filled in the questionnaire. Demographic information for the CHWs is outlined in Table 3.1 below.

Table 3.1: Demographic Information of CHW Interviewees

| | **Gender** | **Ethnicity** | **Area** | **Years as a CHW** | **Health Focus** | **Avg. Work Schedule** | **Paid or Volunteer** | **Salary** |
|---|---|---|---|---|---|---|---|---|
| CHW 1 | Female | Hispanic | Orange County | 4 years | Patient Navigator | 45-60 hours per week | Paid | ~11.00 per hour |
| CHW 2 | Female | Hispanic | Orange County | 1.5 years | Chronic Diseases | 35-40 hours per week | Paid | ~15.50 per hour |
| CHW 3 | Female | Hispanic | Orange County | 1 year | Community needs | 42 hours | Paid | ~9.00 per hour |
| CHW 4 | Female | Caribbean | Miami Dade County | 7 years | Children and Family | 40 hours per week | Paid | ~18.00 per hour |
| CHW 5 | Female | African American | Hillsborough County | 2.5 years | Chronic Diseases | 15 hours per week | Paid | will not disclose |
| CHW 6 | Female | Caribbean | Orange County | 3 years | Chronic Diseases | 10 hours per week | Volunteer | None |

All of the CHWs were women, three were Hispanic, one was an African American, and two were of Caribbean descent. Four of the CHWs are from the Orlando Orange County area, one is from the Miami Dade County area, and one is from Tampa Hillsborough County. Years spent working as CHWs ranged from 1 year to 7 years. Three of the six CHWs interviewees specialized in helping their communities with chronic health issues including diabetes, cancer, cardiovascular diseases, and obesity. Two CHWs specialized in maternal and child health issues, and health insurance needs; while one of the CHWs is a Patient Navigator who helps the community with general needs, connecting them to health and wellness services. Four of the CHWs worked full time with 35-60 hour weeks and two of the CHWs worked an average of 10-15 hours per week. Five of the CHWs interviewed reported being paid for their services with two receiving full benefits and some perks including a laptop, cell phone, and mileage reimbursement. Only one of the interviewees was a volunteer. The salaries for three of the CHWs were as follows: $11.60 per hour, $15.00 per hour, and $18.00 per hour. Two of the CHWs opted not to provide their salary. The interviews lasted approximately 50 minutes and, due to the small number of participants, descriptive statistics were used to analyze the data obtained from the interviews.

Training Information

Training information regarding the participant's pre-CHW employment or volunteer initiatives was collected to assess if the CHWs participated in any certification programs. Results were as followed:

- Four of the CHWs had previous job or organizational experiences that made it easy and natural for them to do their jobs as CHWs. These experiences included:
  - HIV/AID-tester certification
  - Nurse from home country outside of the United States
  - Dental health experience from home country outside of the United States
  - Participated in workshops and conferences from organizations previously involved with or directed.
- Two of the CHWs took personal informal initiatives by reading books, searching online information, and reaching out to Cuidate and Florida Hospital.

We then inquired about the training experiences with their current CHW position and if they recall learning about the core competencies and roles of CHWs. One received a certificate from a training initiative at Miami Dade Community College that was grant funded. It was interactive with one week of classroom instruction that involved role playing and lectures and a one week field experience in the community. Final examination was done in both the in classroom and field experience. However, the funding for this training ended and it no longer exists. Before the training ended they offered monthly meetings where CHWs could come and exchange problems encountered in the field and teach each other.

Three of the CHWs received training through the Hispanic Health Initiatives and Cuidate with the Florida Hospital. This training involved 6 weeks of diabetes self-management, 6 weeks of domestic violence education, care giving, workshops, and invited guest speakers from other CHW organizations. Through the Hispanic Health Initiative, CHWs are exposed to continuous education with monthly trainings like the Florida Technical College-Glucose screening and blood pressure classes.

While two of the CHWs received on the job training, one of the experiences was formal while the other was not. The formal experience included 7 modules developed by the Center for Equal Health, a collaboration between the University of South Florida and the Moffitt Cancer Center. These modules ranged from Cancer 101 to General health disparities and clinical trials training. These initiatives took place in the community and in the classroom setting on the university's campus. The second on the job training experience was very much informal and the CHW explained how she kind of "deals with situations at hand". When asked if they remember if the training outlined core competencies and roles, three of the interviewees did not recall while the other three highlighted the following:

- Communication skills, advocacy, service coordination, capacity building, interpersonal skills, knowledge based skills, organizational skills, teaching, community mobilization strategies, health communication and cultural competency, health promotion, health protection and disease prevention basics, research, project development and evaluation, and filing/documentation

Lastly, we asked them if they received a certificate for their training and four of the six did actually receive a certificate of completion for the training. Two of the CHWs had to pay for their training certificate with the maximum contribution being $25 and the funding organization sponsored the other cost of the certificate for the other CHW. Results from the training portion of the interview indicated the following:

- Half of the CHWs remember being trained on the core competencies and the other half remember a great deal of information regarding the core competencies
- Training mechanisms included: on-the-job training both formal and informal, grant funded initiatives, and certificates and workshops provided by the Cuidate organization

The next section goes into more detail about the competencies and roles of the CHWs.

***CHW Roles and Competencies***

Roles

To assess if the CHWs were trained on core roles, we used the results from the 2011 CHW survey issued by the Florida CHW coalition to develop questions leading to if they were trained or not and to describe the training. Table 2.2 below highlights the results from this section.

Table 3.2 Training of Core Roles

| | Received traning | Did not receive trainng |
|---|---|---|
| Assuring that people get the services they need | 5 | 1 |
| Bridging/Cultural mediation between communities and the health and social service system | 5 | 1 |
| Providing informal counseling and social support | 6 | 0 |
| Advocating for individual and community needs | 4 | 2 |
| Building individual and community capacity | 3 | 3 |
| Providing culturally appropriate health education and information | 4 | 2 |

To assess if the CHWs were trained on core roles, we used the results from the 2011 CHW survey issued by the Florida CHW coalition to develop questions leading to if they were trained or not and to describe the training.

The role of building individual and community capacity had an even split with three who did receive training and three who did not. One of the CHWs who is also a certified grant writer, and did not receive training in building capacity pointed out that training and giving CHWs administrative duties could help sustain their field because "when the funding from the grant stops, the need and the work in the community must go on." Enhancing their skills and abilities in more administrative roles, like grant writing with give them the capacity to sustain their field. This comment was very compelling because it displayed initiative, passion, and desire to pioneer and sustain a field that is vital to the survival of medically underserved communities by members of that community.

Competencies

In order to obtain an ideal of the competencies that were important to the CHWs in Florida, we asked the interviewees to name which skills/competencies were most important for CHWs and the results are below:

- All of the basic core competencies and administration skills
- Advocacy is important and you need linkage at different agencies, so that the client feels comfortable and less hesitant about obtaining services. Knowledge based skills in that knowing the ins and outs of various health and wellness agencies in order to really help the clients by connecting them with a specific person in different health agencies.
- Communication (no matter the language), one-on-one/interpersonal skills, a passion, desire to work with people, leadership skills, organizational skills, documentation skills, confidentially skills, teaching (even though it does not always feel like being a teacher) skills, adaptable skills, writing skills
- Know how to get to people, communication; be very sympathetic (empathy skills); providing education; knowledge-based skills, counseling; ability to get continuing education (self-motivated)
- Communication skills (speaking), committed, knowledge based in the sense of materials and population, familiar with the need of the population, open minded and a good listener, honest, compassion
- Leadership, advocacy, communication, cultural competency, marketing, networking, managerial, emotional intelligence, motivational, providing direct services, teaching, organization, documentation, they need to be aware and become knowledgeable of all the services that are available for the community through government entities and non-profit organizations, and others.

Some of the skills identified from the interviews that were not part of the original eight competencies identified in the 1998 survey included:

- Administrative skills

- Documentation skills
- Marketing skills

Administrative, documentation, and marketing skills provide the CHWs with transferable skills which will enable them to transfer to other fields if interested. In addition, these skills could provide upward mobility in the field. Senior CHWs could learn grant and contract writing. They could learn how to develop a business plan and build connections with the Chambers of Commerce in their cities and build companies that partner with insurance agencies and hire CHWs. Adding these three competencies to standardized curricula that is tiered in nature would help to create a more sustainable CHW workforce in Florida. Therefore, we added these competencies to the sample curriculum developed from this project.

Standardized Curriculum Training Structure

All of the interviewees agreed that providing a standardized curriculum would lead to a more sustainable career as CHWs and they would participate in the credentialing program. However, when asked if the credentialing would increase their credibility in the community, five said yes, and one said no. According to one of the interviewees, "Yes it would increase credibility in the community because in this country it is very important to have credentials for everything, especially if it involves the delivery of health care services; people are used to that. CHWs play an important role in our communities so they need to have up to date information to share with the community, and having a license entails the need for continued education credits." Another interviewee felt that it would be beneficial for new CHWs, however older ones are already established and well known. The CHW who said no stated "as long as you know your material, you are good." Lastly, when asked if they would be willing to pay for the credentialing and how much, five answered "yes", they would pay and one person said no they would not pay. Five indicated they would be willing to pay between $50-200 for the training, while one said she would pay between $200-500. When asked about their preferred mode of obtaining training either in-person in a classroom setting or via internet, four chose the classroom setting, while two selected a hybrid model of both in class and online. They indicated this model would allow individuals to learn in their own setting, while still providing the opportunity to do role-playing and interact with other CHWs and an instructor. This hybrid model of training is actually becoming quite popular with Massachusetts and Washington CHW standardized training programs' offering to CHWs in their states (which will be discussed in the following sections).

## *CONCLUSION AND RECOMMENDATIONS*

In 2000, Florida ranked number 4 out of all states with the highest population of CHWs [17]. They work for hospitals, nonprofit agencies, grant funded projects, and volunteer on their own in order to help people in their communities obtain medical services. Like many other states in the country, CHW training and services in Florida are made possible through grant funded projects. A systematic review conducted by the Agency for Health Care Quality, AHRQ [21], and an international systematic review published with the Cochrane Collaboration provided evidence of the success and need for CHW initiatives [9]. However, one of the most stated problems with these grant programs is that upon the completion of the funding period, the training programs

ceased to exist; lack of funding leaves CHWs without a means to advance their position and in some cases leaves them without a job. More important, these initiatives leave communities in greater need of resources because the grant programs are short. CHWs lose their resources and healthcare institutions do not always continue providing the services rendered from the grant. One example occurred in the state of Indiana which utilized Medicaid Waiver program to pay for approximately 300 CHWs whose primary focus was on the Maternal and Child health program. Once the waiver program ended, the program was discontinued and all of the CHWs employed therein lost their jobs. This poses a question about programs, that are used to fund CHW initiatives and about their sustainability. Is this the best method? Nevertheless, there are a number of states (see below) that are successful in continuously utilizing insurance programs to fund CHW services.

Everything, including training initiatives at the local level, is threatened once grant funding dries up. One example of a grant-funded program was created at the Collins Institute for Public Policy in cooperation with Miami Dade College. This training was sponsored through a foundation and provided training to approximately 60 CHWs. A curriculum was developed and was supposed to evolve into a course offering that would be for college credit at three different levels, with Level I being an introduction for CHWs. However, an in-depth search of the program revealed that it no longer exists and the lead person is no longer with Miami Dade College. This poses yet another potential issue that the transfer of knowledge in CHW programs appears to be transient in nature. The lead person seems to hold the key to the infrastructure of the program and when that person leaves, the infrastructure of the program falls. By creating a state-wide accepted and recognized credentialing program, this issue of loss of knowledge could be circumvented. State-level legislation would also need to be supported in order to establish a sustainable CHW credentialing curriculum. However, a recent attempt at specifying the duties and activities of CHWs in the state of Florida failed in the Senate. Senator Jones proposed to develop a Task Force geared at defining, characterizing, and supporting CHWs in the state Florida in January of 2012 but in March of 2012 the Senate rejected the bill (www.flsenate.gov/Session/Bill/2012/0886 ).

From our comprehensive research conducted on the CHW training curricula in the state of Florida we recommend the following:

- Identify the total number of CHWs in the state of Florida and what training mechanisms they have participated in to determine which one was the most successful and why
- Develop a scoring rubric that defines your idea of a successful project
- Support state legislation that supports CHWs
- Determine the number of certificate or diploma curricula that the Department of Education has approved for work similar in nature to CHWs like the Family Support Worker
- Identify the colleges or vocational schools that offer the different CHW like curricula

- Work with the Department of Education in creating a Community Health Worker elective to go with the Family Health Support Worker-Applied Technology Diploma or work with a non-government credentialing organization like the Florida Certification Board

The Florida Certification Board is a non-profit organization that provides certification for health professionals. Some of their certification programs include substance abuse counselors, prevention specialists, criminal justice professionals, mental health professionals, and behavioral health technicians in Florida. The goal of their certification process is to ensure that individuals who obtain certification through them are capable and competent. The Florida Certification Board creates a set of organized experiences that line up with the scope of practice for the specific professions and they require the students to pass a written exam and submit training hours before awarding their certificates. According to the Florida Certification Board's website (http://www.flcertificationboard.org/Ethics.cfm) this organization has 4 main purposes:

1. Assure the public a minimum level of competency for quality service by certified professionals.
2. Give professional recognition through a process which examines demonstrated work competencies.
3. Assure an opportunity for ongoing professional development.
4. Promote professional and ethical practice by enforcing adherence to a Code of Ethics.

Working with the Florida Certification Board to standardize the curriculum has the following advantages:

1. They have experience with developing and obtaining support for the curriculum they certify
2. They have a selected criteria for approving training initiatives that lineup with the certificate
3. They have a written final exam that test their competencies and skills

The disadvantages are:

1. There are fees for the application and the exams
2. Training will still be based on unorganized experiences ranging from workshops, on the job training, and conferences.
3. Without the government involvement through legislation, there might be a lack of motivation for the CHWs to obtain credentialing through this organization

The development of standardized curricula and recognition of the CHW field will require state-level legislation. This recognition could bring about increased job opportunities as well as financial sustainability and will create incentives for those interested in becoming CHWs to invest in training.

# Chapter 4

# *COMMUNITY HEALTH WORKER TRAINING CURRICULUM PROPOSED TO THE FLORIDA CHW COALITION*

## *SUPPORT FOR THE CURRICULUM FROM THE RESEARCH*

The sample curriculum developed for the Florida CHW Coalition is based on the research training initiatives in Florida, the Formative Interviews, and the nationwide curriculum research. It was recommended by the six CHWs that the training be in person in a classroom setting. From researching the different Florida CHW training programs, we developed the structure of the sample curriculum based on the Family Support Worker-Applied Technology Diploma which was approved by the Florida Department of Education. We also added a practicum based on the training design of the Community Health Worker Training and Research Institute, collaboration between the University of Florida, Florida Agricultural and Mechanical University, and Bethune Cookman College. Our practicum differs in that it involves role playing combining the core competencies and roles of CHWs in a manner that highlights the depth of this field. Next we added three key competencies to the traditional eight identified in the 1998 survey.

These three competencies were identified from the formative interviews as important skills that are required and needed of CHWs; they are as follows:

- Administrative skills
- Documentation skills
- Marketing skills

Administrative, documentation, and marketing skills provide the CHWs with transferable skills which will enable them to transfer to other fields if interested. In addition, these skills could provide upward mobility in the field of CHWs as senior CHWs learn grant and contract writing. They learn how to develop a business plan and build connections with Chambers of Commerce in their cities to build companies that partner with insurance agencies and they hire CHWs. Adding these three competencies to standardized curricula that is tiered in nature would help to create a more sustainable CHW workforce in Florida.

# *COMMUNITY HEALTH WORKER TRAINING CURRICULUM*

Program Title: Community Health Worker Certificate
Program Type: Certificate
Career Cluster: Human Services
Scope of Work: The goal of this certificate program is to provide coherent and rigorous content that promotes health literacy and broad knowledge of community, government programs, and health services. This training will focus on core competencies that bridge the gap between medically underserved communities and access to healthcare and healthcare services. This certificate program will provide the skills necessary to navigate the complex healthcare system and resources about community and public clinics. In addition, it provides skills and tools required to communicate, advocate, serve, and build capacity and relationships with clients/patients to ensure access and follow-through to needed healthcare and social services.

| | College or University (CC/U) | Post-secondary Vocational School PSVS |
|---|---|---|
| Grade Level | CHW Certificate | CHW Certificate |
| Standard Length | 21-24 credit hours | 720 hours |
| Basic Skills Level | 10 Grade Level Math, Reading and Writing | |
| Career and Technical Student Organizations | Florida CHW Coalition, American Public Health Association (APHA), | |
| Targeted Occupation | Community Health Workers, Patient Navigators, Family Health Support Workers | |
| Requirements | 18 years or older, a background check, must complete practicum, and final evaluation exam | |

## *COURSE LISTING*

**ON BEING A CHW (3-4 Credit Hours CC/U or 90-100 hours PSVS)**

Who are Community Health Workers?

- Provide introduction to the field through historical perspective and what has been accomplished so far

Why are CHWs important?

- Roles that CHWs play in the communities they serve; include US as well as world perspective

Qualities of CHWs

- Discussion of qualities that are necessary for the success as a CHW; the list below is not intended to be all inclusive, and it could be developed into an ice-breaking exercise where students would list the qualities they believe are needed for a successful career as a CHW.
    - Connected to the community
    - Strong and courageous

- Friendly/outgoing/sociable
- Patient
- Open-minded/non-judgmental
- Motivated and capable of self-directed work
- Caring
- Empathetic
- Committed/dedicated
- Respectful
- Honest
- Open/eager to grow/change/learn
- Dependable/responsible/ reliable
- Compassionate
- Flexible/adaptable
- Desires to help the community
- Persistent
- Creative/resourceful
- Objective

**INTRODUCTION TO CORE ROLES (4 Credits CC/U or 150 hours PSVS)**

1. Bridging/Cultural mediation Between Communities and the Health and Social Service Systems
    a. Educating community members about how to use the health care and social service systems
    b. Gathering information for medical providers
    c. Educating medical and social service providers about community needs
    d. Translating literal and medical languages (literal translation from one language to another- bilingual CHWs only, as well as translating into lay language)
2. Informal Counseling and Social Support
    a. Providing individual support and informal counseling
    b. Leading support groups
3. Providing Culturally Appropriate Health Education
    a. Teaching concepts of health promotion and disease prevention
    b. Helping to manage chronic illness
4. Advocating for Individual and Community Needs
    a. Advocating for individuals
    b. Advocating for community needs
5. Assuring people get the services they need
    a. Case finding
    b. Making referrals
    c. Providing follow-up
6. Building Individual and Community Capacity
    a. Building individual capacity by sharing valuable information about how to prevent illness (or how to detect it early)
    b. Building community capacity by helping communities asses their own needs and then act on meeting them

7. Providing Direct Services
    a. Providing clinical services
    b. Meeting basic needs

**INTRODUCTION TO CORE COMPETENCIES (4 credits CC/U or 150 hours PSVS)**

1. Communication Skills
    a. Listening
    b. Use language confidently and appropriately
    c. Written communication
2. Interpersonal Skills
    a. Counseling
    b. Relationship-building
3. Knowledge Base
    a. Broad knowledge about the community
    b. Knowledge about specific health issues
    c. Knowledge of health and social service systems
4. Service Coordination Skills
    a. Ability to identify and access resources
    b. Ability to network and build coalitions
    c. Ability to provide follow-up
5. Capacity Building Skills
    a. "Empowerment" ability to identify problems and resources to help clients solve problems themselves
    b. Leadership
6. Advocacy Skills
    a. Ability to speak up for individuals or communities
    b. Ability to withstand intimidation
7. Teaching Skills
    a. Ability to share information one-on-one
    b. Ability to maser information, plan and lead classes, and collect and use information from community people
8. Organizational Skills
    a. Ability to set goals and plan
    b. Ability to juggle priorities and manage time
9. Administrative Skills
    a. Grant writing
    b. Writing reports
    c. Project management and evaluation
10. Documentation Skills
    a. Filing
    b. Understanding of medical records
11. Marketing
    a. Advertising and promotion of programs
    b. Social networking

**PRACTICUM (2 credits CC/U or 20 hours PSVS)**

Combining core roles and competencies into modules which would include role playing exercise would further deepen the understanding and knowledge about core roles and competencies (Table 4.1). Additionally, it would help CHWs prepare for their Field Experience portion of the curriculum. Washington State has developed an on-line curriculum with a number of role-playing exercises which could be used as a guide to develop exercises for the Practicum.

Table 4.1. Combining roles and competencies in role-playing exercises

| | Core Role(s) | Core Competency(ies) | Excercise |
|---|---|---|---|
| Practicum 1 | Bridging/Cultural Mediation Between Communities and the Health and Social Service Systems<br><br>Informal Counseling and Social Support<br><br>Providing Culturally Appropriate Health Education | Communication Skills<br><br>Interpersonal Skills<br><br>Knowledge Base | Develop a role playing exercise to master the core roles and competencies covered |
| Practicum 2 | Advocating for Individual and Community Needs<br><br>Assuring People Get the Services They Need | Service Coordination Skills<br><br>Capacity Building Skills<br>Advocacy Skills | Develop a role playing exercise to master the core roles and competencies covered |
| Practicum 3 | Building Individual and Community Capacity<br><br>Providing Direct Services | Teaching Skills<br><br>Organizational Skills | Develop a role playing exercise to master the core roles and competencies covered |

**HEALTH TOPICS (3 credit hours CC/U or 150 hours PSVS)**

Participants get to choose 5 out of 10-20 Health TOPICS which offer a variety of health issues affecting the communities across the state. Each topic discusses public health facts surrounding the disease, condition (example Maternal and family issues), local resources, and government policy.

- Cancer (prevention, screening, and treatment options)
  - Breast
  - Prostate
  - Colorectal
  - Lung
- Heart Disease (prevention, management, and treatment options)
- Diabetes (prevention, management, and treatment options)
- Maternal and Child Health (pregnancy, childbirth, infant care and assistance, healthy lifestyle)
- Family Planning

- Women's Health
- HIV/AIDS (prevention and treatment options)
- Sexually Transmitted Diseases
- Mental Health
- Substance Abuse
- Lifestyle Modifications (healthy diet, importance of exercise)
- Navigating Florida's Healthcare System
- Learning the Best Healthcare Resources in Your Community
- Health Communication: Cultural Competencies, Health literacy, and English as a 2nd Language Learners

Upon completion of the sessions, for example HIV, a certificate could be issued stating that the individual has satisfactorily completed coursework pertaining to that particular disease state. This could assist students upon the completion of training in their job searches.

**FIELD EXPERIENCE (3 credits CC/U or 100 hours PSVS)**

Since CHWs work in a specific community, it is important to incorporate the field experience which will provide CHWs the exposure to the specific issues identified in their communities. Components of the field experience could be:

***COMMUNITY NETWORKING*** – Getting to know Your Neighbors

*Core Roles practiced*:

Informal Counseling and Social Support

*Core Competencies practiced*:

Communication Skills
Interpersonal Skills

***COMMUNITY ASSESSMENT*** – What are the needs of my community?

*Core Roles practiced*:

Advocating for Individual and Community Needs
Assuring People Get the Services They Need
Building Individual and Community Capacity

*Core Competencies practiced*:

Knowledge Base
Service Coordination Skills
Capacity Building Skills
Advocacy Skills
Teaching Skills

Field experience could be waived for those individuals who have been CHWs (time period should be determined by the Coalition members), and have demonstrated leadership and provided assistance to their communities.

**OTHER ISSUES (1 credit hour CC/U or 20 hours PSVS)**

Community-specific social issues

This component can be tailored to meet the needs of specific communities in which CHWs work. During their Field Experience, they would identify an issue and have the opportunity to discuss it in class as well as solicit suggestions about how to approach the issue and then propose solutions.

**ELECTIVES (3 credit hours CC/U or 30 hours PSVS)**

*Direct services*

Providing direct services is one of the Core Roles listed previously, and could be introduced during the discussion on Core Roles. This component would be for those CHWs who wish to get exposed to a more clinical aspect and could actually take the elective to become proficient in providing such services. This could include learning to administer first aid, take blood pressure, blood glucose measurements (either measuring themselves or teaching individuals how to check their blood glucose). CHWs that are interested in and feel comfortable providing such services could enroll in the elective taught by a healthcare practitioner (a nurse or similar).

*Navigating Healthcare*

While this has traditionally been linked to a service provided by Navigators rather than CHWs, with the increasing complexity and changes in healthcare, CHWs could gain a basic understanding about healthcare system and assist individuals and families in gaining a greater confidence when dealing with healthcare providers. (This could be a required course rather than elective).

## Class Resources:

Possible resources include the book Foundations of Community Health Worker edited by Tim Berthold, Alma Avila, and Jennifer Miller in addition to a number of online resources at the Rural Assistance Center website:
http://www.raconline.org/communityhealth/chw/module6/evaluate.php

## Evaluation:

Pre and Post test can be provided after every session and a final exam at the end of each course to assess if the core competencies, roles and basic knowledge were obtained by the participants.

# Chapter 5

## *POLICY IMPLICATIONS*

CHWs are becoming more integrated in the health and social services delivery system in an attempt to help states meet the needs of underserved communities. As a result, there is an increased push for standardized training and credentialing programs. Credentialing may pave the path to make the services provided by CHWs reimbursable by Medicaid or other third-party insurers [22]. Furthermore, development of training and credentialing guidelines will further increase the contribution of the CHWs to the health and social service delivery system [23], and it will continue to increase their skills by ensuring that they are able to provide high quality of care [22].

The unique role of CHWs as culturally competent mediators (health brokers) between providers of health services and the members of diverse communities and the effectiveness of CHWs in promoting the use of primary and follow-up care for preventing and managing disease have been extensively documented and recognized for a variety of health care concerns. These concerns include asthma, hypertension, diabetes, cancer, immunizations, maternal and child health, nutrition, tuberculosis, and HIV and AIDS [24]. Furthermore, there is evidence that the use of CHWs in health care settings has reduced health care costs. One such example came out of a Baltimore program that partnered CHWs with diabetes patients in the Medicaid program. This partnership achieved a 38% lower number of emergency room visits and 30% fewer hospitalizations. Translated into dollars, in 2003 this program generated savings of $80,000 to $90,000 for each CHW [25].

Health reforms may offer new opportunities for sustaining CHW programs. The Patient Protection and Affordable Care Act recognizes CHWs as members of the health care workforce and allows Congress to allocate funding to establish a Federal grant program to support the use of CHWs in medically underserved areas. Grants would be available to health departments, clinics, hospitals, federally qualified health centers and other private organizations for programs using CHWs [26]. However, it is not clear whether any plans exist that would ensure the sustainability of those programs once the grant period ends.

## *CREDIBILITY IN THE COMMUNITY*

Despite the suggestion that CHWs may be resistant to obtaining a certificate and to credentialing because that would make them part of the health establishment, and thus alienate them from the very community members they are trying to serve, most CHWs believe that it would be an important step towards gaining greater recognition as well as providing them with better employment opportunities (formative interview results). The knowledge they would gain through a training program could be transferred to community members who would recognize the time and effort it takes to learn about various health issues. However, it is important to note that too many requirements and the cost of credentialing programs could actually pose as barriers rather than promoting the CHW profession. Cultural competency, knowledge of community language, and the simple desire to help other community members should be the foundation for a successful CHW. To that extent, consideration should be given to the number of years a CHW has

spent in this role as well as on providing scholarships that would offset the cost of attending formalized training programs.

## *SUSTAINABLE FUNDING AND REDUCTION IN HEALTH CARE COSTS*

In Texas, only certified community health workers may be hired to provide outreach and educational programs to recipients of medical assistance programs such as Medicaid. In 2008, a similar mandate was passed in Minnesota requiring that Medicaid reimburses services provided by CHWs. In addition to the New York report that looked at how CHWs in Maryland and Colorado reduced healthcare cost, a recently published study conducted in New Mexico showed similar reduction of healthcare cost by CHWs. They examined data on patients who were visited by CHWs, specifically measuring "utilization and payments in the emergency department, inpatient service, non-narcotic and narcotic prescriptions as well as outpatient primary care and specialty care". This data showed a significant reduction in resource utilization and cost when compared to the group of patients who were not visited by CHWs (groups were similar demographically) [27].

## *MORE EMPLOYMENT CHOICES*

It has been well documented that a majority of CHW programs are grant funded. As already mentioned, this creates a temporary solution for the problems that are continuous in the communities where CHWs serve. This lack of stability holds individuals back who have the desire to serve as CHWs. Programs such as Medicaid or other health insurance programs could be potential employers for CHWs; however, examples such as Texas make it clear that some type of credentialing and/or certificate program would have to be in place in order for the profession to be recognized by the insurance companies or other third party payers.

Table 5.1: Policies needed to advance the CHW field (Table modified from Brownstein et al. [24])

| Key Issue | Policy | Components |
|---|---|---|
| Financing mechanisms | CHW Sustainable Employment | • reimbursable by public payers (e.g., Medicaid, Medicare, SCHIP) and private payers, including fee-for-service and managed care models<br>• reimbursable in specific domains (e.g., federally qualified health centers, community health centers)<br>• reimbursable to public health and to community-based organizations • reimbursable on levels that are commensurate with a living wage |

| | | |
|---|---|---|
| Workforce development | CHW training | • allocates specific resources for the CHW workforce focuses on core skills and competency-based education<br>• includes core training and disease-specific training needed by CHWs for the jobs for which they are hired<br>• includes continuing education to increase knowledge and improve skills and practices<br>• includes programs for supervisors of CHWs as well as the CHWs themselves |
| Occupational regulation | CHWs as partners in healthcare | • develop competency-based standards for CHWs that are compatible with a set of "core competency skills" recognized statewide<br>• include state-level standards for certification that are determined by practitioners (CHWs) and employers<br>• include a defined "scope of practice"<br>• recognize the CHW Standard Occupational Classification |

It has been recognized that successes of CHW programs require planning, funding, government leadership as well as community support. Furthermore, CHWs need to have access to regular and timely training, logistical support, and supervision to be successful [28]. It has also been recognized that the need for CHWs will grow dramatically in the coming decades due to a large increase in the U.S. elderly population (estimated to be 87 million in 2050) and due to an increase in population diversity and the number of individuals from low-income families. These changes in the population will have a tremendous impact on the healthcare system [17].

To address the growing demands on the healthcare system skills such as cultural understanding, community health education, and translation services will increasingly be needed in order to ensure delivery of effective care to underserved communities. The change in population demographics will put additional strain on an already low number of providers, who will continue to practice in a highly regulated environment. This does not permit adequate patient-provider interaction and continuity of care [17, 28].

State governments need to recognize the impact these predicted changes in the population demographics will have on the healthcare system and develop strategies to address them[17]. Investment in the legislation that recognizes CHWs, the development of training programs, and the financial sustainability of CHW programs should be the top priority

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# APPENDIX A

## *State Contacts*

| State | Contact Information |
|---|---|
| Alaska | **University of Alaska Southeast-Sitka Campus; Sitka, Alaska**<br>Roz Jenkins, CHES<br>Telephone: (907) 966.8799<br>E-mail: Roz.Jenkins@searhc.org<br><br>**Community Health College of Rural Alaska Campus**<br>No Contact Person Listed<br>Anchorage CHA Training Program, ANMC (907) 257-1302<br>Norton Sound Health Corp (907) 443-3404<br>Southeast Alaska Regional Health Cons., Sitka (907) 966-8758<br>Yukon-Kuskokwim Health Corp., Bethel (907) 543-6160 |
| Arizona | **Maricopa Community Colleges**<br>Telephone: (480) 731-8027<br><br>**University of Arizona Health Sciences Center/Project Jump Start**<br>Donald E. Proulx, Program Director (ext. 213)<br>Nancy Collyer, Program Coordinator (ext. 216)<br>Telephone: (520) 318-7151<br>E-mail: Dollier@u.arizona.edu<br><br>**Community College Contacts:**<br>Lea Dodge<br>Telephone: (520) 364-0216 |
| California | **Community Health Worker Training Program**<br>San Francisco State University<br>Telephone: (415) 338-3034<br>E-mail: chw@sfsu.edu<br><br>**East Los Angeles College**<br>Laura M. Ramirez, Dean<br>Telephone: (323) 265-8973<br><br>**Mission College**<br>Marsha Oliver, Dept Chair<br>Telephone: (408) 855-5427<br><br>**Santa Rosa Junior College**<br>Telephone: (707) 527-4271 |
| Colorado | **Community College of Denver**<br>Telephone: (303) 436-4182 |

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|---|---|
| Connecticut | **Southwest AHEC**<br>Milagrosa "Millie" Seguinot<br>Community Health Worker Project Coordinator<br>Phone: (203) 372-5503<br>Cell: (203) 338-1291<br>E-mail: mseguinot@swctahec.org |
| Florida | **St. Pete College**<br>Telephone: (727) 341-4772 |
| Georgia | **Northwest Georgia Healthcare Partnership**<br>Esther Familia-Cabrera<br>Director of the Promotoras de Salud<br>Telephone: (706) 272-6664 |
| Hawaii | **University of Hawai'i**<br>Maui College<br>Telephone: (800) 479-6692<br>Email: skameda@hawaii.edu |
| Indiana | **Indiana Department of Health**<br>JoBeth McCarthy-Jean, MPH<br>Communities Partnership Director<br>Division of Chronic Disease Prevention and Control and Office of Primary Care and Rural Health<br>Indiana State Department of Health<br>2 N. Meridian Street, 6B, Indianapolis, IN 46204<br>Phone: 317.233.7816<br>Fax: 317.233.7805<br>JMccarthy-Jean@isdh.in.gov |
| Maine | **City of Portland, Maine**<br>Kolawole Bankole, MD, MS, OPIc<br>Access Project Director<br>Minority Health Program<br>Portland Public Health and Human Services<br>City of Portland<br>389 Congress St., Portland, ME 04101<br>Phone 207-874-8773,<br>Fax 207.874.8913<br>bak@portlandmaine.gov<br>Web site: http://www.portlandmaine.gov/hhs/phminority.asp |

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|---|---|
| Massachusetts | **Massachusetts Association of Community Health Workers**<br>35 Harvard Street, Suite 300<br>Worcester, MA 01609<br>Lisa Renee Holderby-Fox<br>Executive Director<br>Telephone: (508) 756-6676, ext. 23<br>Fax: (508) 756-9825<br>LRFox@machw.org<br><br>**Community Health**<br>**Education Center (CHEC)**<br>Luisa Tavares<br>Telephone: (617) 534-2432<br><br>**Outreach Worker Training Institute (OWTI)**<br>Tatyana Gorodesky<br>tatyana@cmahec.org<br>Telephone: (508) 756-6676, ext 12 |
| Michigan | **Detroit Department of Health and Wellness Promotion (DHWP)**<br>**Community Healthy Worker Training**<br>Wayne State University<br>Department of Health<br>Katherine Mitchell, mitchkl@umich.edu |
| Minnesota | **Minnesota Community Health Worker Alliance**<br>Joan Cleary, Interim Director<br>joanlcleary@gmail.com<br>Cell: (612) 250-0902 |
| Mississippi | **The Center for Sustainable Health Outreach (CSHO)**<br>**Community Health Advisory Network (CHAN)**<br>118 College Drive, # 10015<br>Hattiesburg, MS 39406-0001<br>Phone: (601) 266-6266<br>Fax: (601) 266-6262<br>**csho@usm.edu** |
| Nebraska | **Nebraska Department of Health**<br>Melissa Leypoldt<br>Phone: 402-471-0314<br>melissa.leypoldt@nebraska.gov |
| New York | **Community Health Worker Network of NYC**<br>Sergio Matos<br>Executive Director<br>60 Haven Ave - B2<br>New York, NY 10032<br>Telephone: (917) 653-9699<br>www.chwnetwork.org |

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| Ohio | **Center for Healthy Communities**<br>Katherine L. Cauley, Ph.D., Director<br>3123 Research Blvd., Suite 200<br>Dayton, OH 45420<br>Telephone: (937) 258-5554<br>Fax: (937) 258-5555 E-mail: carla.lachecki@wright.edu |
| Oklahoma | **CDC National Heart Disease and Stroke Prevention Program**<br>**Oklahoma Capacity Building**<br>Department of Health, Oklahoma<br>http://www.cdc.gov/dhdsp/programs/nhdsp_program/ok.htm |
| Oregon | **Multnomah County Health Department**<br>Noelle Wiggins, EdD, MSPH<br>Manager, Community Capacitation Center<br>10317 E Burnside St.<br>Portland, OR 97216<br>Telephone: (503) 988-6250, ext 26646<br>noelle.wiggins@multco.us |
| Pennsylvania | **I-LEAD POWER Coalition**<br>Veronica Norris<br>Coordinator<br>Telephone: (877) 428-8092 ext. 2 |
| Rhode Island | **Community Health Worker Association of Rhode Island**<br>Rhode Island Parent Information Network<br>Attn: Beth Lamarre<br>1210 Pontiac Avenue<br>Cranston, RI 02920<br>Telephone: (401) 270-0101, ext. 149<br>chwassociationri@gmail.com |
| Texas | **Community Health Worker Training and Certification Program**<br>Office of Title V and Family Health<br>Telephone: 512) 776-2208 or (512) 776-3860<br>Email: chw@dshs.state.tx.us. |
| Virginia | **Virginia Department of Health**<br>P.O. Box 2448<br>Richmond, Virginia 23218-2448<br>109 Governor Street<br>Richmond, Virginia 23219 |
| Washington | **Washington Department of Health**<br>Carlos A. Mejia Rodriguez<br>Community Health Worker Training System Lead<br>Partnership, Planning, Policy, and Operations Section Office of Healthy Communities Washington State Department of Health<br>310 Israel Rd. SE<br>Tumwater, WA 98501<br>P.O.Box 47855<br>Olympia, WA 98504<br>Phone:(360)236-3792<br>Fax:(360)664-2619<br>carlos.mejiarodriguez@doh.wa.gov |

# APPENDIX B

## *Core Elements: States with State-Level Credentialing Programs*

| | Minnesota | Oregon | Texas | Ohio |
|---|---|---|---|---|
| **Curriculum name or Organization that established the curriculum** | **The Minnesota Community Health Worker Alliance** | **The Community Capacitation Center** | **Community Health Worker Training Institute (CHWTI)** | **North Central State** |
| **Structure of Curriculum:** | | | | |
| Length of Training: | 17 credit hours | 18-240 hours | 160 hours certification class, 1 day a week for about 20 weeks (6 months) | FLEX Program |
| Credentialing | The Healthcare Education Industry Partnership | Oregon State Board of Education | Texas Department of State Health Services (DSHS) | The Ohio Board of Nursing |
| Certificate: | They have to pass an exam if the CHW has been practicing for over 5 years. New CHWs have to pass the classes in the certificate program | Oregon State Board of Education requires 80 hours | State Certification | Community Health Worker Certificate |
| Tiered Certification: | CHWs who have been practicing at least 5 years in the field may take an assessment to measure their competencies for $125.00 and if they pass, they will receive a CHW certificate that enables reimbursement when applying as an enrolled provider in the state of Minnesota through the DHS program. | Unknown | Renewal every two years; 20 hours of continuing education required before the two year expiration date | No |
| College Credits: | 17 credit hours | Portland State University's Early Childhood Training Center | Varies from 27 to more depending on the college and the type of CHW | 6 credit hours |

| | Minnesota | Oregon | Texas | Ohio |
|---|---|---|---|---|
| Fee: | $148/credit x 17= $2,516 | Depends on how many credits and the fee is paid to Portland University | (No fee from the Department of State Health Services) but the organization CHWTI charges $1000, that may be paid in installments of $250 or by a third party organization | The cost of attendance |
| Who can attend: | First come, “first qualified' | CHWs/outreach workers | Anyone interested | Anyone interested |
| When: | Fall semester only | Unknown | Twice a year | FLEX Program |
| Rules or Guidelines: | Students must first meet the placement testing requirements. Grades of “C” (2.0) or above in all CHW courses. Passing of a criminal background check prior to being placed in a CHW internship. | Unknown | “Clock hour classes” means attendance is mandatory (each hour is counted). | A minimum grade of C- is required in all courses and an overall certificate grade point average of 2.00. An acceptable Bureau of Criminal Identification and Investigation (BCI&I) report is required |
| Class Materials: | Unknown | Unknown | Unknown | CHW Training Manual, Journey Across the Life Span: Human Development and Health Promotion and bridges Out of Poverty: Strategies for Professionals and Communities |
| Distance Learning/Online training: | Unknown | Unknown | not by the state, but schools may offer it | Yes |
| Evaluation | Unknown | Unknown | none, must complete the classes | midterm and final exams |
| **Content of Curriculum:** | | | | |

| | Minnesota | Oregon | Texas | Ohio |
|---|---|---|---|---|
| Scope of work of CHW: | Bridge the gap between communities and the health and social service systems, navigating the health and human services system, advocating for individual and community needs, provide direct services and build individual and community capacity | Depends on the organization requesting the training | Provide education and information that promotes health literacy and broad knowledge of community and government programs and client eligibility as well as information about the Federal Poverty Level and reviewing applications for better understanding. Provides skills to navigate the complex, fractured healthcare system and resources about community and public clinics. Provides skills and tools to build relationships with clients/patients to ensure access and follow-through to needed healthcare and social services. Provides skills in community advocacy and capacity building. | The Community Health Worker will work in the community as an outreach resource assisting clients in six major areas: health care, community resources, communication skills, individual & community advocacy, health education and skills and responsibilities. |
| Phase I | Core Competencies-The Community Health Role: Advocacy and Outreach | Core Competencies according to the 1998 survey | Core Competencies according to the 1998 survey | Community Health Worker I |
| Phase II | Health Promotion-Role of CHW | Orientation to the health and social service system | Health Specifies: mostly related to prenatal care but additional skills in public health are gained | Health Care Across the Lifespan |
| Phase III | Internship/field component | Health issues/specifies | None | CHWR Directed Practice/Seminar/Internship |

## *Core Elements: Examples of curricula that provide Certificate for CHWs*

| | Massachusetts | New Mexico | Washington | New York |
|---|---|---|---|---|
| **Content of Curriculum:** | | | | |
| Scope of work of CHW: | Conduct effective outreach interventions such as educational sessions at community sites and to various cultural groups; proficiency in proving information and referrals on a range of health topics, and shaping health messages using each community's language and cultural traditions. | Orientation into the CHW model<br>Communication Skills (including confidentiality)<br>Community Resources<br>Prenatal Care I<br>Prenatal Care II<br>Labor and Delivery/Postpartum Care<br>Breastfeeding and Nutrition<br>Substance Use/Domestic Violence<br>Sexuality, Family Planning, STD's<br>Early Childhood Development | Provide standardized education and support between the community and Medicare services and prevent health inequality by training community health workers to provide social support and provide knowledge | This training program aims to help Community Health Workers develop the set of core competencies that have come to describe their practice. Our approach to training CHWs is that core skills and competencies are a base that all CHWs should be supported to develop and that options for specialization in a number of chronic disease and healthy lifestyle areas could be additional to the core competencies. |
| Phase I | 7 core courses: Cross Cultural Communication, Public Health, Community Organizing, Leadership Skills, Assessment Techniques, Outreach Education I and II | Core Competencies according to the 1998 survey | 7 core courses: Cross Cultural Communication, Public Health, Community Organizing, Leadership Skills, Assessment Techniques, Care Education I and II, documentation | Core Competencies according to the 1998 survey |
| Phase II | Participants get to chose 7 out of 10-20 Health Modules which offer a variety of health issues affecting the communities across the state. Each Module covers important public health facts and local | Health Specifies: mostly related to prenatal care but additional skills in public health are gained | Health Specifies: mostly related to chronic diseases but additional skills in public health are gained -online one week training | • Asthma education, treatment, management and control<br>• Diabetes management, prevention and treatment<br>• Hypertension treatment and prevention |

| | Massachusetts | New Mexico | Washington | New York |
|---|---|---|---|---|
| | resources.( 3-5 hours per session): HIV/AIDS, Family Planning, Breast cancer, Sexually Transmitted Diseases, Women's Health, Chronic Diseases, Adolescent Health, Mental Health, Substance Abuse, and Emergency Care/CPR/AED | | | • Nutrition |
| Phase III | None | Field trips and home visits | None | None |

## *Core Elements: Examples of University/College Training Programs*

| | Alaska | Arizona | California | Colorado | Florida | Hawaii |
|---|---|---|---|---|---|---|
| Schools | **University of Alaska Southeast-Sitka Campus; Sitka, Alaska** | **Maricopa Community College** | **City College of San Francisco** | **Community College of Denver** | **St. Pete College** | **University of Hawaii** |
| **Structure of Curriculum:** | | | | | | |
| Length of Training: | 12 month time frame | Fall semester | 2 semesters if full time | Spring semester | Less than two terms if full time | Fall semesters |
| Cerdentialing | No | No | No | NA | Southern Association of Colleges and Schools (SACS) | No |
| Certificate: | Associate of arts Degree | The Community Health Worker Certificate of Completion (CCL) | Community Health Worker Certificate | Community Health Worker Certificate | Applied Technology Diploma, Health Sciences | Community Health Worker Certificate of Competence |
| Tiered Certification: | No | No | No | No | No | Yes (Pre Community Health Worker Certificate of Competence 8 credits, Community Health Worker Certificate of Competence 9 credits) |
| Credit Hours: | 12 | 16 | 17 | 17 | 21 | 17 |

| | Alaska | Arizona | California | Colorado | Florida | Hawaii |
|---|---|---|---|---|---|---|
| Fee: | NA | $1428.00 | Tuition is set by the California State Legislature, currently: $36.00 per unit. Additional $20.00 CCSF registration fee and student health fee $15.00, text book: $75.00 | Tuition and fees will vary from class to class depending on the course location and residency status. Book costs are not included in the tuition cost. | N/A | N/A |
| How many can attend: | NA | NA | Enrollment is limited | NA | NA | NA |
| Who can attend: | NA | NA | NA | NA | NA | NA |
| Rules or Guidelines: | Admission is guaranteed to residents of Alaska who are high school graduates or who have earned a GED. The prerequisite to the CWA courses is the English Placement Test, admission to the CWA program, or instructor's permission | None | Admission is based on a written application and documented successful work as a Community Health Worker OR completion of the one-credit hour Introduction to Community Health Work | None | Complete steps to become a SPC (Speech Communitio n) student and maintained a cumulative 2.0 GPA if you were previously or are currently enrolled at SPC, Submit the Health Programs Application, Complete the Student Services Orientation | NA |
| Class Materials: | NA | NA | Text book | N/A | N/A | N/A |

| | Alaska | Arizona | California | Colorado | Florida | Hawaii |
|---|---|---|---|---|---|---|
| Scope of work of CHW | intended for village health workers and human service workers who want to improve their skills in health education and health promotion. | Program fulfills the Community Health Worker core roles and competencies identified by The National Community Health Advisor Study and The Community Health Worker National Education Collaborative. | to prepare individuals for positions in community oriented health and social service agencies. | develop academic, critical thinking, problem-solving, and job-specific skills related to community health work | provide outreach and support services to families with children, age birth to five, who are in public health child development and family services programs | prepares individuals to work as unlicensed members of the health and social service care teams to provide care for individuals in community based settings. |

## Appedix C

*Formative Interviews Questionnaire and Cumulative Answers*

# FINAL CUMULATIVE
# Department of Health
# Community Health Workers
# Competencies and Roles Interview Questions

**CHW Name: _____ Date & Time: _____**

**Introduction:**

Hello, I'm _____calling on behalf of the Department of Health and the FL CHW Coalition. We have been asked to conduct interviews with a number of Community Health Workers in an effort to engage in a dialog on CHW's core competencies and roles. **We're working on a review of curriculum of CHWs. Would you be willing to participate in a short survey interview? It should take about 60 minutes.**

**If no, thank you for your time, Goodbye.**

**If yes, thank you. Your responses will be very helpful.**

**General Guidelines**
Your participation is voluntary. Your answers will not be connected to your name as we compile our results, but your participation will be acknowledged in the final report.

Remember, there is no right or wrong answer. We want you to feel free to share your opinions.

**Demographics of the Participants:**

- **6 women**
- **2 Caribbean women, 3 Hispanic, and 1 African American**
- **4 women from the Orange County area, 1 from the Hillsborough County area, and 1 from Miami Dade County area**

***Introduction Questions***

1. How long have you been a CHW?
   - 7 years
   - 1.5 years
   - 4 years

- 3 years
- 2 and half years
- 1 year

2. Do you have a specialty? (or: What is the primary field/disease state you address? (eg. Diabetes, cancer, maternal and child health…)

   - Dentistry
   - Hispanic health, Chronic health (breast and prostate cancer, diabetes, cardovascular)
   - Children and family, health insurance
   - Patient Navigator-community general needs, connecting community members with any needs (food...)
   - Chronic health issues
   - Chronic health (mostly cancer [prostate, breast, colon]) obesity, diabetes, infant mortality)

3. How many hours do you work each week or month? (this could be an option, but it could give us a good idea about the intensity of work…)
   - 42 hours per week, the rest volunteer
   - 10 hours per week
   - 40-60 hours per week
   - 35-40 hours per week
   - 40 hours per week
   - 15 hours per week

4. Are you paid for your work as a CHW? Yes __5____ No _1__(If yes, do you mind telling me what you are paid (per hour, per week, other)?
   - $18 per hour
   - $30,000 per year
   - $11.60 per hour

*Okay, we are off to a great start. Let's discuss your training for your CHW position.*

***Training Questions***

1. Did you participate in any training before you became a CHW (for example, a CHW certificate program at a local college)?

   - *No, some sociology classes but no training CHW job came naturally, no on the job training (volunteer)*
   - Yes, HIV/AIDS-certified tester, before working at HHI-Hispanic Health Initiative
   - Nurse from Trinidad
   - Dental health experience previously

- She started with informal training. She read medical books and online information. Then she reached out and started volunteering with the CDC, Cuidate-Florida Hospital, and the Hispanic Health Initiative (separate organizations that support each other).She received training as a Care-giver through the Cuidate-Certification for Diabetes Education
- Various trainings throughout the year at different conferences and workshops such as a census workshop and grant writing classes butnothing accredited. One-day classroom workshops with PowerPoint-sponsor Grants Collaborator of Tampa Bay

2. Describe your training experience (the length, on the job, in a classroom, interactive) for your current position as a CHW.

    - Diabetes self-management- 6 weeks; domestic violence- 6 weeks; trained by community social workers, Florida Hospital, Trauma-, team building, motivational interviewing, breast and cervical cancer (what is breast cancer and screening-Venece from Texas), Florida Technical College-;Gloucse screening and blood pressure-continuing education-monthly, and attended conferences and institute. Two to four hour-knowledge based courses and health education coursesdiscussing high risk factors, certificate and on the job training log. Training available through partnerships.
    - Yes, 7 modules: cancer 101, general health disparities, clinical trials,
    - CHW certificate from Miami Dade Community College – in classroom, interactive. Had manual, role played, discussion, journals; 1 week training in class; 1 week Field training (outreach training); Examination included both classroom and Field experiences. Before funding ran out; Ongoing training; Exchange problems encountered in the field at monthly meetings (teach each other); some training is still ongoing through the agency
    - Started volunteering with various organizations such as the Cuidate program at the Florida Hospital and got some training through them (in classroom and interactive); Caregiver training; Hispanic health initiative
    - *On the job training; she is very resourceful; no formal training since becoming CHW, never had an opportunity; she deals with situations at hand (volunteer)*
    - *One did not answer the question*

3. Do you remember if the training outlined core competencies and roles? If so, what were they?

    - No knowledge of core competencies and roles; received some training through Cuidate on diabetes and other chronic diseases (4 courses) – better nutrition, exercise, and diabetes control in general
    - Communication skills, advocacy, service coordination, capacity building, interpersonal skills, knowledge based skills, organizational skills, and teaching skills

- Community outreach advocacy; Community mobilization strategies; Health communication and cultural competency; Health promotion, health protection and disease prevention basics; Capacity building; Legal and ethical responsibilities; Research; Project development and evaluation
- No
- Don't recall, knowledge-based
- Clinical Social Worker provided information on core competencies and roles: interpersonal communication, filing/documentation, counseling, education (research, webinars, and continuing education), and providing educational services.

4. Did you receive a certificate for your training? Yes___4_____ No_____2_____

5. Did you have to pay a fee? Yes____2_____ No_____4____, if yes, how much?

   - $25.00
   - Children's trust fund paid fees for initiative training and continuous education before the funds ran out

6. What is the name of the organization that provided the training?

   - Cuidate
   - Cuidate, Luci Lopez at Florida Hospital, and Hispanic Health Initiative-Coastline counseling. For the licensed clinical social worker: contact Sandra Alicea (swsandy444@gmail.com)
   - Myrion Monsia-Serna who used to be at Miami Dade College but is now working in Little Havana on another grant
   - Unknown
   - Public Ally
   - Cuidate-4 courses

*You are providing valuable feedback! Let's switch gears again and talk about roles and competencies of CHWs.*

***CHW Roles***

1. According to the FL CHW Coalition survey taken in 2011, 80.5% of CHWs indicated that the role of "Assuring that people get the services they need (case finding, making referrals, and providing follow-ups)" was an important role for CHWs.

   a. Did you receive training for this role? ___5_____ Yes _____1___No
   b. Describe:

      - Miami Dade College and on the job training as well

- Introduction to building relationships with the community and training from the Modules with the Center for Equal Health
- The training was received through the College of Dentistry in my country, and through the PhD program in Public Health
- They receive training on this role. Community members evaluate the services provided to them.

2. According to the survey taken in 2011, 92.0% of CHWs indicated that the role of "Bridging/Cultural Mediation between communities and the health and social service system" (Educating community members about how to use the health care and social service systems, Gathering information for medical providers, Educating medical and social service providers about community needs, Translating literal and medical languages) was an important role for CHWs.

    a. Did you receive training for this role? _____5_____ Yes ____1____No
    b. Describe:
        - On the job and Miami Dade College
        - Had previous training from previous work through being the executive director for Front Porch, Inc.
        - The training I received was through the College of Dentistry in native country and through the PhD program in Public Health
        - Tells patients how to talk to providers; to be proactive with the provider and maintaining communication

3. According to the same survey, 75.9% of CHWs indicated that the role of "Providing informal counseling and social support (providing individual support and informal counseling, leading support groups)" was an important role for CHWs.

    a. Did you receive training for this role? ____6_____ Yes _____No
    b. Describe:
        - Clinical Social Worker provided information on core competencies and roles: interpersonal communication, filing/documentation, counseling, education (research, webinars, and continuing education), and providing education services
        - LHA participated training in Dr. Bowen's class. Within LHA service learning class, they assessed the students and go over the modules with the students for twice a week for 8 weeks. They did role playing and interacted with the students who were sent out into the community. There was no certificate however.
        - The training she received was through the College of Dentistry in her country and through the PhD program in Public Health that she is pursuing
        - Show empathy – help people to get out of depression; one chapter of Cuidate class deals with difficult emotions

- She received training through her degree program in counseling (this July) and she did this on her own
- Started volunteering with various organizations, including the Cuidate program at the Florida Hospital and got some training through them (in classroom and interactive); Caregiver training through the Hispanic Health Initiative

4. According to the same survey, 86.2% of CHWs indicated that the role of "Advocating (speaking up) for individual and community needs" was an important role for CHWs.

   a. Did you receive training for this role? _____4_____ Yes ___2_____No
   b. Describe
      - Should be required
      - Wishes she did have training in this role
      - The training she received was through the College of Dentistry in her country, and through the PhD program in Public Health that she is pursuing
      - Remembers the training from her previous role and this one did provide certification. Private contractors were hired to provide the workshops and all of the community liaisons were there and it was mandatory. All training has come in one way or another not just from CHW training, but more personal experiences.
      - Part of her training and something she does every day; Interactive training (through a facilitator who would generate conversation about a certain topic), small group work, discussion; hands on and more realistic types of training

5. According to the same survey, 78.2% of CHWs indicated that the role of "Building individual and community capacity (abilities)" was an important role for CHWs.

   a. Did you receive training for this role? _____3_____ Yes ___3_____No
   b. Describe

      - Yes
        - She is receiving that specific kind of training through the Public Allies, and also received formal training in that through the College of Dentistry in her country, and through the PhD program in Public Health
        - Part of the Cuidate class. Lecture-style class with the community members, helping them find ways to pay for medicine and educate patients and family members

    - Miami Dade
  - No
    - It is one of the things that she has mentioned as a certified grant writer and it would be better if the CHWs were giving administration duties, because when the funding from the grant stops, the need and the work in the community must go on. So we need more skills (paraphrase)

6. Now, as to the role of "Providing Culturally Appropriate Health Education and Information" which means to teach concepts of health promotion and disease prevention and help manage chronic illness in a manner that is appropriate and relates to the cultural of the community you serve. The survey did not ask about that role but do you think it is an important role? ____6_____Yes _____No

   a. Did you receive training for this role? _____4_____ Yes ___2_____No
   b. Describe

      - Minimal but yes, it was covered in the modules
      - The training she have received was through the College of Dentistry in her country, and through the PhD program in Public Health
      - Very important because every culture is different; deals with people from all different cultures; No training received – learned on her own by being in the community (likes to learn about other cultures)
      - A MUST AS A COMMUNITY HEALTH WORKER… Having the background in cultural competencies is a Must
      - She lives and works in a diverse community (most of the clients are Haitian and Hispanic). The policy of the company is to provide services in three languages: four health navigators one is Creole-English and three are Spanish-English
      - Life training, on the job! You have to be able to relate to the community. You have to understand how they eat

***CHW Competencies***

1. Please name all of the skills that you feel are important for CHWs (communication, direct services,etc.):
   - All of the basic core competencies and administration skills
   - Stated above-advocacy is the most important and you need connections at different agencies so that the client feels comfortable and less hesitant. All of them are covered in her training. Needs to have knowledge about various agencies in order to really help the clients, such as helping them establish a link with an agency (ideally connect them with a specific person)
   - Communication (no matter the language), one-on-one/interpersonal skills, a passion, a desire to work with people, leadership skills, organizational skills, documentation skills, confidentiality skills,

teaching (does not always feel like a teacher), adaptable skills, and writing skills
- Know how to approach people, communication; be very emphatic (empathy); providing education; knowledge-based skills, counseling; continuing education
- Communication skills (speaking), committed, knowledgeable about material and population, familiar with the needs of the population, open minded and a good listener, honest, compassion
- Leadership, advocacy, communication, cultural competency, marketing, networking, managerial skills, emotional intelligence, motivational, providing direct services, teaching, organization, and documentation. They also need to be aware and become knowledgeable of all the services that are available for the community through government entities and non-profit organizations, among others.

**General Questions**

2. If the State of Florida developed a state-level CHW credentialing program, would you be interested in participating in the training? ___6_____yes _____No.

3. Do you think that credentialing would increase your credibility in the community?

   - Yes, because I feel it is important to be credited when it relates to health.
   - Yes, although she is already pretty established in her community, a new CHW coming on would benefit from credentialing. She is the contact person with the Switch-board Miami Health 211- when people call that number they can get referred to her directly depending on their needs and on their geographical location.
   - Yes, some individuals in the community want to know where you get your training and some consider you an expert because you know more.
   - Yes, because it would provide a more formal knowledge base; community members would see her differently.
   - No, because as long as you know your material it would be good.
   - Yes, in this country is very important to have credentials for everything, especially if it involves the delivery of health care services because people are used to that. CHWs play an important role in our communities so they need to have up to date information to share with the community, and having a license entails the need for continued education credits.

4. Would you be willing to pay for the credentialing? ___5_____Yes ____1____NO

5. How much would you be willing to pay for the credentialing?

a. $50-200 b. $200-500 c. college credits (varied cost)
    i. 5 are willing to pay $50-200
    ii. 1 person is willing to pay $200-500

6. What would be your preferred mode of obtaining training: in-person in a classroom setting, or via internet?
    i. 4 in-person
    ii. 2-both

Extra information:

- If CHWs invested time and training then the field would be taken more seriously.
    - One of the CHWs interviewed shared the following story with us: She attended a family wedding on the 5th of May. By the 8th of May one lady that also attended the wedding died from complications of poorly managed diabetes, which greatly shocked the CHW, because she felt that perhaps the individual that passed did not receive the help and education she needed. At the same time CHW's sister was diabetic; she was in and out of the hospital, she had vision and bladder problems, and liver issues. CHW helped her control her diabetes, and after working with her for one month, her medication was changed and her insulin was decreased.
- One of the CHWs is so passionate about her work as a CHW that she will reschedule her regular work hours in order to provide assistance to community members because this is her passion and interest.
- The CHW who has been in this role for 7 years added the following**:** Sustainability of CHW being based on grant funding: should there be another way of funding CHWs? To make it an official job? Medicaid reimbursement of agencies that hire CHWs is one way to have sustained funding! Insurance companies also! This would provide more job security as the salary would not depend on the grant or on a contract…When the grant runs out, what happens to the community? The CHW no longer has the salary or the capacity building they did before. Community members feel let down and disappointed that the person they built the relationship with is gone!

*Thank you very much for your time!!!!!*