

Community Health Workers in Monterey County

A Report on Competencies, Training, and Best Practices with Recommendations for Expansion

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EXECUTIVE SUMMARY

INTRODUCTION

Following the implementation of the Patient Protection and Affordable Care Act (ACA) in 2012, Community Health Workers (CHWs) have been playing an increasingly important role in community-based and clinical care settings. CHWs facilitate critical linkages between patients and health care systems, especially those patients from vulnerable populations most impacted by health disparities.

CHWs are known by a variety of names, including but not limited to: community health advisor, outreach worker, community health representative, promotora/promotores de salud (health promoter/promoters), patient navigator, navigator promotores, peer counselor, lay health advisor, peer health advisor, and peer leaders. The Prevention First Monterey County Project uses the American Public Health Association's definition of a Community Health Worker (CHW) as follows:

“Community Health Workers (CHWs) are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. This trusting relationship enables CHWs to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”¹

Research clearly indicates that chronic diseases such as hypertension and diabetes disproportionately affect vulnerable populations such as those in Monterey County where 12% of residents have been diagnosed with diabetes compared with 10.3% statewide, and an additional 45% are estimated to have pre-diabetes.² Furthermore, it is well-documented that CHWs help improve health care access and outcomes for at-risk populations, particularly in the case of chronic disease management and prevention of diabetes, hypertension, cardiovascular disease, asthma, depression, and mental illness. They do this by helping to improve understanding of health conditions in the community at large and by informing patients how to access and utilize health care services. CHWs also help reduce health care costs by decreasing outpatient-care-sensitive emergency department visits and hospitalizations, including initial admissions and readmissions.^{3 4 5}

To understand the extent of local utilization of CHWs and to expand their use in the region, the Monterey County Health Department's (MCHD) Prevention First Monterey County (PFMC) project staff⁶ worked with representatives from the Safety Net Integration Council⁷ and community-based organizations to identify best practices of local CHWs and disseminate information regarding their capacities, roles and engagement in different settings, as well as to outline training models that might serve local needs.

¹ American Public Health Association (2009)

² UCLA Center for Health Policy Research (2016), California Health Interview Survey (CHIS)

³ New York State Community Health Worker Initiative (2011)

⁴ Penn Medicine (2017)

⁵ Enard, K.R. & Ganelin, D.M. (2013)

⁶ Monterey County Health Department's Policy, Evaluation and Planning Unit and CSUMB's Institute for Community Collaborative Studies

⁷ SNIC membership: Natividad Medical Center & Foundation, Big Sur Health Clinic, Central California Alliance for Health, Mee Memorial Hospital, Clinica de Salud del Valle de Salinas, MCHD Clinics, Salinas Valley Memorial Healthcare System, Montage Health, Community Health Innovations, Community Hospital of the Monterey Peninsula, Behavioral Health - MCHD, and Soledad Community Health Care District

An earlier PFMC report⁸ identified health care providers' current (and potential) utilization of CHWs and their interest in developing a locally relevant CHW training program. This report provides organizations interested in engaging CHWs with timely information to help them use these new health care workers to improve access to needed health care services for all Monterey County residents.

HIGHLIGHTS

Identification of Community Health Worker Core Competencies

Community Health Worker core competencies were identified through a review of state and national literature which identified the following eleven (11) competencies that are applicable to CHWs working in various settings.

1. Advocacy
2. Capacity Building
3. Communication
4. Education and Facilitation
5. Evaluation and Research
6. Individual and Community Assessment
7. Interpersonal and Relationship Building
8. Knowledge Base
9. Outreach
10. Professional Conduct
11. Services Coordination and Navigation

Sample Entry-level Community Health Worker Job Description

A sample entry-level CHW job description (Level I/II) is provided showing representative CHW duties, qualifications, knowledge and skills, experience and education, and requirements. This template can be used to build an organization-specific CHW job description that identifies specialized competencies for each service delivery setting. The above-referenced competencies are incorporated into various sections of the sample job description to employers interested in incorporating CHW positions into their organizations.

Best Practices in Utilization of Community Health Workers

A number of best practices were identified from academic and public health sources including the U.S. Department of Health and Human Services – Health Resources and Services Administration, the American Public Health Association, and the Healthforce Center at the University of California San Francisco. A list of resources for best practices related to the following areas is included in this report:

- CHW hiring, training, and evaluation
- CHW Integration into healthcare teams
- Funding and Reimbursement sources for CHWs
- Process and outcome measures
- Program design and evaluation
- Supervision challenges and strategies for success
- Sustainability for CHW programs

⁸ MCHD & ICCS (2016) – Environmental Scan Report, Providers' Use of Community Health Workers

Community Health Worker Curriculum Models

To understand the scope of existing CHW training opportunities, 22 curriculum models from academic institutions, state health departments, and other public health and medical organizations were reviewed. The organizations listed below and included in this report provide general training information on their websites, as well as their program curricula, serve a high number of Hispanic/Latino farmworker communities and/or provide CHW training programs:

1. City College of San Francisco, Community Health Worker Certificate Program
2. Washington State Department of Health, Community Health Worker Training Program
3. Columbia University, New York, NY, Millennium Villages Project Community Health Worker Training
4. U.S. Centers for Disease Control and Prevention
5. University of Colorado, Anschutz Medical Campus
6. New York University, Center for Latino Adolescent & Family Health
7. Wright State University, Dayton, OH, Boonshoft School of Medicine, Department of Pediatrics
8. Rush University, Chicago, IL, Rush University Medical Center, Rush Center for Urban Health Equity
9. U.S. Agency for Healthcare Research and Quality (AHRQ)
10. Asian Health Coalition, Chicago, IL
11. Emory University, Atlanta, GA, Emory University Diabetes Training and Technical Assistance Center (DTTAC)
12. Migrant Health Promotion (MHP) Salud, Ypsilanti, MI, Community Health Worker Program
13. Texas Department of Health Services, Health Promotion and Chronic Disease Prevention, Community Health Worker Training and Certificate Program

Local Efforts to Increase Utilization of Community Health Workers

In February 2017, PFMC sponsored an initial CHW Champions' meeting with representatives from local health care organizations and community-based organizations utilizing CHWs to discuss current utilization patterns, interest in developing a CHW certification program and local efforts to expand the use of CHWs within the health care system and in the non-profit health and human service sectors in Monterey County. Outcomes of this collaborative meeting included sharing information on CHW competencies and training resources and receiving input from attendees on planning a CHW Learning Action Network (LAN).

In summer 2017, the Monterey County Workforce Development Board's Slingshot Initiative brought together partners from local community colleges and universities and medical and nonprofit organizations to discuss educational and training opportunities for CHWs. Plans to offer a standardized CHW Certificate Program in the region are proceeding and a program may be available as early as spring 2019.

In fall 2017, the Monterey County Health Department (MCHD) created a CHW Leadership Academy to promote CHWs and provide opportunities for Spanish-speaking members of the community to be trained in some of the core CHW competencies.

In February 2018, PFMC sponsored a CHW/Promotores Learning Action Network (LAN) event to facilitate discussion around increasing utilization of CHWs in the Monterey Bay region. Rich discussion from two interactive workgroups resulted in prioritizing needs and next steps to expand utilization of CHWs at the organizational level and regionally.

The Salinas Valley Health Professions Pathway Partnership is a local collaborative comprised of professionals from the education sector including representatives from area high schools, community colleges, and

universities to improve pathways for local students interested in pursuing health careers. A Health Employer Summit was held in May 2018 and many attendees expressed an interest in participating in future smaller workgroup meetings (Health IT; CHW/MA; Adult Pipeline and Nursing). As a result, these workgroups will begin meeting on a bi-monthly basis.

Conclusions and Recommendations

There is significant interest among local health care providers and community-based organizations to incorporate and/or expand utilization of CHWs throughout the Monterey Bay region. The following next steps and recommendations have been identified through the PFMC CHW assessment (including two surveys and Key Informant Interviews), ongoing discussions with local stakeholders and CHW champion organizations, and research conducted by PFMC staff:

- Develop a standardized and locally relevant definition of a CHW, including Promotores
- Develop effective procedures for introducing the CHW role as a member of the care team to physicians, medical personnel and patients/clients to ensure trust is established
- Develop sustainable funding and payment structures for reimbursement of CHW services
- Update organizational structures to incorporate official positions for CHWs
- Develop job description examples and supervision structures for CHWs that can be shared across organizations
- Clarify roles and expectations between paid CHWs and unpaid volunteer CHWs
- Clarify differences in roles for CHWs serving in community-based and clinical settings and determine an appropriate pay scale
- Develop a career tract for CHWs as an incentive for choosing this field of work
- Create high school CHW health and lifestyle classes as an entry point into the field
- Expand awareness among employers about the benefits of utilizing CHWs on care teams and the Return On Investment (ROI) for organizations

The Affordable Care Act and Opportunities for Community Health Workers

Opportunities for CHWs have been created through increased access to preventive health services “recommended by a physician or other licensed practitioner.” Beginning in 2014, ACA legislation allowed reimbursement of non-licensed providers (including CHWs) for these services through several funding mechanisms including:

- General Medicaid reimbursement for CHWs through managed care contracts; ; section 1115 waivers for demonstration projects; and state legislation and state plan amendments for preventive services and other health system transformation efforts.
- Medicaid-funded Health Homes created by states to offer care coordination services for eligible patients living with chronic illnesses including case management, transitional care/follow-up, patient/family support; and community/social support referral services; with the option of reimbursement for CHWs.
- State Innovation Model grants are aimed at improving health outcomes and quality of care with a focus on Accountable Care Organizations, Bundled Payments for Care Improvement, Primary Care Transformation, Initiatives focused on Medicaid/Children’s Health Insurance Program (CHIP), and initiatives focused on adoption of best practices and those that accelerate the development/testing of new payment/service delivery models. Of six states currently implementing their model designs, four have integrated CHWs.

Source: HealthCare.gov, 2013; Katzen, A. & Morgan, M., 2014; FamiliesUSA, 2016

BACKGROUND

Prevention First Monterey County Description

In 2014, the Monterey County Health Department (MCHD) partnered with the Institute for Community Collaborative Studies (ICCS) at California State University, Monterey Bay to implement the Prevention First Monterey County 1305 Project (PFMC). This four-year project is funded by the CDC through the California Department of Public Health (CDPH) and is aligned with the California Wellness Plan (CWP-2014), the state chronic disease plan, and the Governor’s Let’s Get Healthy CA Task Force Report Priorities (2012). CDPH selected Monterey County as one of four county health departments to coordinate diabetes and hypertension disease prevention and health promotion efforts. The long-term goals of this project include: improved prevention and control of hypertension and diabetes; specific strategies focusing on the promotion of better management, communication, tracking and sharing of health data, especially for reporting performance measures; and involving patients in self-management of diabetes and hypertension.

PFMC focuses on two of CDC’s four domains of chronic disease prevention: Domain 3, implement health systems interventions to improve the effective delivery and use of clinical and other preventive services related to heart disease; and Domain 4, community-clinical service linkages so communities support and clinics refer patients to programs that improve management of chronic conditions in the area of diabetes. There is an emphasis on four target areas: 1) Electronic Health Records, 2) National Diabetes Prevention Programs, 3) Community Health Workers, and 4) Team-Based Care.

The utilization of CHWs by Monterey County safety net providers was first reported in 2013⁹, with a follow-up report in 2015¹⁰, and a follow-up survey in 2016¹¹ which identified, in more depth, the extent to which providers utilized CHWs, their interest in hiring CHWs and the challenges faced in expanding and sustaining their use, with a focus on services aimed at the prevention of diabetes and hypertension. The final year of the project

⁹ Judson et al. (2013)

¹⁰ Judson et al. (2015)

¹¹ Hanni et al. (2016)

(2017-18) involves sharing data and engaging providers in collaboratively developed Learning Action Networks (LANs)¹² and other resource sharing opportunities.

Purpose and Methodology

The purpose of this report is to provide local health care providers and community-based organizations with information and resources on CHW utilization and to identify opportunities for CHW training and employment in the Monterey Bay region. Information included in this report was obtained through a review of CHW related resources from the Centers for Disease Control and Prevention and government websites, such as the U.S. Department of Health & Human Services, U.S. Department of Labor, and Office of the Assistant Secretary for Planning & Evaluation, and through a more general review of papers, reports and program descriptions related to the training of CHWs generated by public health and medical organizations and academic institutions, e.g., American Public Health Association, Sinai Urban Health Institute, University of Texas. This report addresses a number of issues relevant to the utilization and expansion of Community Health Workers in the region including:

- identifying the benefits of utilizing CHWs to support patients
- identifying the competencies needed by CHWs in their multiple roles
- summarizing relevant CHW training and curriculum models for local needs
- developing a generic CHW job description for human resources departments of local health care and nonprofit service organizations
- reviewing and providing relevant resources for CHW reimbursement and sustainability
- summarizing local efforts to increase utilization of CHWs
- making recommendations for future actions to support CHWs in the region

Definition of Community Health Workers

In 2009, the American Public Health Association (APHA) adopted Policy Statement 20091, Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities. The policy addressed numerous issues related to the Community Health Worker (CHW) workforce. The statement included the following definition of CHWs that was developed within the APHA Community Health Workers Section, with national representation of CHWs and their advocates:

“Community Health Workers (CHWs) are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. This trusting relationship enables CHWs to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”¹³

According to the US Department of Health and Human Services, Office of Minority Health, Promotores, also known as Community Health Workers, peer leaders, patient navigators or health advocates, play an important role in promoting community-based health education and disease prevention in a manner that is culturally and linguistically appropriate, particularly in communities and for populations that have been historically

¹² PFMC defines a Learning Action Network as *collaborative activities and events across community and clinical organizations to facilitate discussion, share best practices, and identify areas of agreement for moving project goals forward* (2016).

¹³ American Public Health Association (2009)

underserved and uninsured.¹⁴ CHWs are known by a variety of names both nationally and state-wide; some examples of titles used locally, that fall under the CHW umbrella, include: promotora/promotores de salud (health promoter/promoters), promotores comunidades voluntarios, case manager, lifestyle coach, nutrition ambassador, health coaches, outreach worker, and community health educator.

Benefits of Community Health Workers

Although CHWs go by various names, often driven by the type of work they do, there are many benefits to the utilization of CHWs that apply across sectors. CHWs increase access to services for underserved populations, generally come from the communities they serve and are aware of the community's needs and perception of the healthcare system. This connection makes it easier for CHWs to communicate with patients and gain their trust, as well as adapt health care resources to better suit their patients' needs. CHWs can also assist in health education and promotion, and disease prevention efforts in a way that is culturally appropriate and responsive to the social conditions of patients. They can support, coach, and follow-up with patients who have been hospitalized for complications associated with hypertension or diabetes, in an effort to improve patient health and quality of care and reduce hospital readmissions.

The following resources provide additional information regarding the multiple benefits of utilizing CHWs.

1. **[Community Health Workers: Roles and Opportunities in Health Care Delivery System Reform](#)**

U.S. Department of Health & Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE)
Snyder, J.E. (January 2016)

This report found that CHWs may be a cost-effective, high quality and culturally competent addition to the health care system and team-based care models. CHWs may improve individual patient health outcomes as well as contribute to an overall improvement in population health among those with high rates of chronic disease and complex health needs by providing education and intervention for high-risk and vulnerable communities.

2. **[Addressing Chronic Disease Through Community Health Workers: A Policy and Systems Level Approach](#)**

U.S. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention
(April 2015)

This document provides evidence of the value and impact of CHWs in preventing and managing a variety of chronic diseases, including heart disease, stroke, diabetes, and cancer. Descriptions of chronic disease programs that are engaging CHWs are offered, examples of state legislative action are provided, recommendations for comprehensive policies to build capacity for an integrated and sustainable CHW workforce in the public health arena are made, and resources that can assist state health departments and others in making progress with CHWs are described.

3. **[How Community Health Workers Can Reinvent Health Care Delivery in the US](#)**

Health Affairs, Phalen, J. & Paradis, R.

¹⁴ U.S. Dept. of HHS, Office of Minority Health (2016)

(January 16, 2015)

This article highlights how CHWs have the potential to improve community health through reaching out to underserved populations and increasing access to services to improve health care delivery and outcomes.

4. [**Integrating Community Health Workers into a Reformed Health Care System**](#)

Urban Institute, Bovbjerg, R.R., Eyster, L., Ormond, B.A., Anderson, T., & Richardson, E.
(December 2013)

This report discusses the effectiveness of CHWs in various roles and health care organizations. CHWs have been found to improve medical outcomes; increase enrollment in Medicaid and other programs; increase vaccination rates; increase access to health care and community services; and improve management of chronic diseases and complex conditions.

5. [**Community Health Workers Can Be a Public Health Force for Change in the United States: Three Actions for a New Paradigm**](#)

American Journal of Public Health, Balcazar, H., Rosenthal, E.L., Brownstein, J.N. et al.
(December 2011)

This article discusses how strengthening CHW roles can provide and improve comprehensive care for the communities they serve. It also discusses their effectiveness at managing chronic diseases and improving engagement between communities and health care systems.

COMMUNITY HEALTH WORKER COMPETENCIES

The literature reviewed on CHW competencies included national and state level studies, federal government reports, and training programs offered across the US, for example: the CDC's report on *States Implementing Community Health Worker Strategies*; the National Academy for State Health Policy report on *State Community Health Worker Models*; and the New York State Community Health Worker Initiative report, *Paving a Path to Advance the Community Health Worker Workforce in New York State*.

Summary of Community Health Worker Core Competencies

The 2016 national study, "*Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field – A Progress Report of the Community Health Worker (CHW) Core Consensus (C3) Project: Building National Consensus on CHW Core Roles, Skills, and Qualities*"¹⁵ is the primary source used to develop the following summary list of CHW core competencies and a more comprehensive outline of Core Competencies and Sub-Skills in Table 1.

1. Communication Skills
2. Interpersonal and Relationship-Building Skills
3. Services Coordination and Navigation Skills
4. Capacity Building Skills
5. Advocacy Skills
6. Education and Facilitation Skills
7. Individual and Community Assessment Skills
8. Outreach Skills
9. Professional Skills and Conduct

¹⁵ Rosenthal, E.L., Rush, C.H., & Allen, C.G. (2016)

10. Evaluation and Research Skills

11. Knowledge Base

Table 1: CHW Core Competencies and Sub-Skills (C3 Project, 2016)

Core Competencies		Sub-skills
1	Communication Skills	<ul style="list-style-type: none"> • Ability to use language confidently • Ability to use language in ways that engage and motivate • Ability to communicate using plain and clear language • Ability to communicate with empathy • Ability to listen actively • Ability to prepare written communication including electronic communication (e.g., email, telecommunication device for the deaf) • Ability to document work • Ability to communicate with the community served (may not be fluent in language of all communities served)
2	Interpersonal and Relationship-Building Skills	<ul style="list-style-type: none"> • Ability to provide coaching and social support • Ability to conduct self-management coaching • Ability to use interviewing techniques (e.g. motivational interviewing) • Ability to work as a team member • Ability to manage conflict • Ability to practice cultural humility
3	Service Coordination and Navigation Skills	<ul style="list-style-type: none"> • Ability to coordinate care (including identifying and accessing resources and overcoming barriers) • Ability to make appropriate referrals • Ability to facilitate development of an individual and/or group action plan and goal attainment • Ability to coordinate CHW activities with clinical and other community services • Ability to follow-up and track care and referral outcomes
4	Capacity Building Skills	<ul style="list-style-type: none"> • Ability to help other identify goals and develop to their fullest potential • Ability to work in ways that increase individual and community empowerment • Ability to network, build community connections and coalitions • Ability to teach self-advocacy skills • Ability to conduct community organizing
5	Advocacy Skills	<ul style="list-style-type: none"> • Ability to contribute to policy development • Ability to advocate for policy change • Ability to speak up for individuals and communities
6	Education and Facilitation Skills	<ul style="list-style-type: none"> • Ability to use empowering and learner-centered teaching strategies • Ability to use a range of appropriate and effective educational techniques • Ability to facilitate group discussions and decision-making • Ability to plan and conduct classes and presentations for a variety of groups • Ability to seek out appropriate information and respond to questions about pertinent topics • Ability to find and share requested information • Ability to collaborate with other educators • Ability to collect and use information from and with community members
7	Individual and Community Assessment Skills	<ul style="list-style-type: none"> • Ability to participate in individual assessment through observation and active inquiry • Ability to participate in community assessment through observation and active inquiry
8	Outreach Skills	<ul style="list-style-type: none"> • Ability to conduct case-finding, recruitment and follow-up • Ability to prepare and disseminate materials • Ability to build and maintain a current resources inventory

9	Professional Skills and Conduct	<ul style="list-style-type: none"> • Ability to set goals and to develop and follow a work plan • Ability to balance priorities and to manage time • Ability to apply critical thinking techniques and problem solving • Ability to use pertinent technology • Ability to pursue continuing education and life-long learning opportunities • Ability to maximize personal safety while working in community and/or clinical settings • Ability to observe ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA]) • Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements • Ability to participate in professional development of peer CHWs and in networking among CHW groups • Ability to set boundaries and practice self-care
10	Evaluation and Research Skills	<ul style="list-style-type: none"> • Ability to identify important concerns and conduct evaluation and research to better understand root causes • Ability to apply the evidence-based practices of Community Based Participatory Research (CBPR) and Participatory Action Research (PAR) • Ability to participate in evaluation and research processes including: <ul style="list-style-type: none"> • Identifying priority issues and evaluation/research questions • Developing evaluation/research design and methods • Data collection and interpretation • Sharing results and findings • Engaging stakeholders to take action on findings
11	Knowledge Base	<ul style="list-style-type: none"> • Knowledge about social determinants of health and related disparities • Knowledge about pertinent health issues • Knowledge about healthy lifestyles and self-care • Knowledge about mental/behavioral health issues and their connection to physical health • Knowledge about health behavior theories • Knowledge about basic public health principles • Knowledge about the community served • Knowledge about United States health and social service systems

Review of Competencies in Community Health Worker Training Programs

A total of 22 academic and community-based training programs¹⁶ across the nation were reviewed to clarify existing training content for CHWs; including identifying key competency areas frequently incorporated into the programs as well as competencies less frequently included, and to identify additional content areas needed for enhanced training and specialized service delivery needs. An additional focus of this review was to help inform efforts to develop locally relevant training for CHWs providing services in the Monterey Bay region.

Many of the programs selected for this analysis were from states with already established CHW training programs and/or relatively high Latino farmworker populations including Texas, California, and Oregon. Information included in this report was selected through a review of 10 academic training programs and 12 advocacy or community-based organizations’ websites, as well as interviews conducted with local agencies currently providing either in-house or contracted training for their CHWs. One limitation of this review is that some programs and organizations did not have in-depth descriptions of their training or clearly identified competencies available online.

¹⁶ A complete list of CHW training programs included in this review can be found in the Appendix.

Table 2 provides a summary of reviewed programs and includes the percentage of programs offering specific competencies showing that many programs addressed similar competencies in their training.

Table 2: Frequency of Competency Areas Addressed by Program Type

<i>Competency Areas</i>	<i>% of Academic program providing skill</i>	<i>% of Non-academic organization providing skill</i>
<i>Knowledge Base</i>	90	64
<i>Service Coordination and Navigation Skills</i>	80	57
<i>Interpersonal and Relationship-Building Skills</i>	60	57
<i>Communication Skills</i>	40	57
<i>Capacity Building Skills</i>	40	36
<i>Advocacy Skills</i>	40	29
<i>Education and Facilitation Skills</i>	40	29
<i>Professional Skills and Conduct*</i>	40	29
<i>Individual and Community Assessment Skills</i>	20	21
<i>Outreach Skills*</i>	20	7
<i>Evaluation and Research Skills*</i>	0	7
<i>*Indicates competency was added after original list of eight core competencies was developed in the Health Advisory Study (C3 Project, 1998)</i>		

Additional competency or skill areas identified in the review of CHW training programs include:

1. Audio-visual equipment
2. Chronic disease management
3. Community priorities
4. Cultural norms
5. Disease etiology
6. Group dynamics
7. Illustrative skills (ability to communicate complex concepts through creative avenues)
8. Knowledge of governmental institutions/programs
9. Political climate
10. Public speaking

This review of competencies provided in various training programs yielded important information about the essential roles of CHWs and the training needs of this workforce and indicates a need to consider additional content areas. For instance, a 2008 qualitative study in New York City that sought to gather input about training needs from CHWs working in the field, found that CHWs received primarily problem- and population-specific training, but little or no core competency training.¹⁷ Moreover, CHWs reported that trainings do not often cover broader community and family health issues or the larger context of socioeconomic or political issues.¹⁸ The study suggests CHWs may need more focus on core competencies such as those identified in Table 1 including evaluation and research skills which was found to be the competency area least often provided in the review of training programs.

Community Health Worker Training Content for Local Implementation

There is a high degree of interest in developing a local CHW training program that would be available for all CHWs in the Monterey Bay region, regardless of their organizational affiliation, that would supplement the

¹⁷ Problem specific training is in reference to training that is focused on one topic (i.e. diabetes); population specific training is in reference to training that is focused on issues affected by one specific population (i.e. people with diabetes); core competency training is in reference to training that focuses on core skills needed to serve as a CHW in any setting (i.e. clinic, non-profit or public sector)

¹⁸ Catalani CEC, Findley SE, Matos S, Rodriguez R. Community health workers insights on their training and certification. Community Health Partnership. (2009).

more general orientation and training already provided by many organizations for their own CHWs and address the training needs of organizations that do not offer their own training. The following is a consolidated list of core competency areas/domains and transferable skills that could be considered for an entry level CHW training program:

1. Interpersonal Skills: Relationship-building, information gathering, empathy & “heart,” compassionate connection with the community, CHW Code of Ethics, community support, cultural humility, community safety, personal/professional boundaries
2. Outreach, Assessment & Care Coordination Skills: Basic outreach skills, assessment of needs, knowledge of community resources, making referrals, advocacy, tracking care and outcomes
3. Education & Facilitation Skills: Facilitation of group discussions, community organizing, networking, helping others identify and work towards goals
4. Communication & Documentation Skills: Oral, written, telephone, email/computer skills, case recording, data collection & interpretation
5. Knowledge Base: Behavior change theories & practices, healthy lifestyle education, self-care, social determinants of health

More advanced content tailored for specific organizations, programs and/or populations might include modules on the following specialized content areas:

- Assessment & evaluation
- Behavioral/mental health
- Blood pressure/Hypertension
- Child maltreatment
- Chronic disease prevention (e.g., diabetes, heart disease)
- Navigating health insurance
- Violence prevention
- Social determinants of health disparities
- Substance abuse
- Other: locally identified needs/priorities

COMMUNITY HEALTH WORKER I/II JOB DESCRIPTION

This generic CHW job description provides an example for employers to use in recruiting and hiring CHWs, as well as a template on which to build an organization-specific CHW position description that identifies specialized competencies and skills for each service delivery setting. The Definition, Examples of Duties, as well as Conditions of Employment and Physical Requirements are described below for Levels I and II, as they are similar across positions; while Knowledge, Skills, Experience and Education are provided separately, as qualifications specific to Levels 1 and 2 are different.

DEFINITION

Under general supervision, the Community Health Worker is a frontline public health worker who performs a wide variety of duties at the paraprofessional level to engage, support, educate, and advocate for community members as they navigate the health care and social service systems to meet their overall health and wellness needs. The CHW serves as a liaison or link between the community and health and social service agencies to

facilitate patient/client access to those services and to improve health outcomes by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

EXAMPLES OF DUTIES

Conduct outreach to identify and engage community members around health and wellness activities; assess health status and social determinants of health; facilitate health education and behavior change strategies with individuals and groups; attend and participate in team meetings, communicate with government agencies and community based organizations and professionals; facilitate patient care coordination and navigation; manage patient information in EHR systems; provide presentations to individuals and small groups; assist patients with completion of forms and paperwork; schedule appointments for patients in clinic or other health/social services agency; and apply the appropriate advocacy approaches to address health disparities at the individual and community levels.

CONDITIONS OF EMPLOYMENT

As a condition of employment, the incumbent will be required to:

- Remain calm and operate effectively in rushed situations
- Read, write and speak the language(s) appropriate for the primary patient population (e.g., Spanish)
- Accept shift work including weekends and holidays
- Possible exposure to infectious organisms through contact with community members
- Exposure to agitated patients and family members

PHYSICAL REQUIREMENTS

The physical requirements of this job classification include:

- Ability to read standard text and data on a computer terminal
- Ability to communicate in person and over the telephone
- Ability to physically assist ill patients and/or push a patient in a wheelchair
- Ability to reach, bend or stoop in order to use files and records

Table 3: QUALIFICATIONS FOR CHW LEVEL I & LEVEL II

	Level I	Level II
Description	Community Health Worker I is the entry level of the classification series with incumbents working under initial close supervision, to learn and perform a variety of duties to address patient’s health and wellness needs. Level I incumbents are expected to work with increasing independence as they gain on-the-job experience.	The Community Health Worker II is expected to demonstrate a higher level of understanding and independent functioning and take on more of a leadership role in handling more complex situations and specialized patient caseloads, in addition to carrying out the duties required at Level I.

Knowledge/Skills	<ul style="list-style-type: none"> • Knowledge of local population demographics, assets and needs • Knowledge of local community health disparities and chronic health conditions, such as diabetes and hypertension • Demonstrated organizational and time management skills • Clear and effective verbal communication with patients and co-workers • Ability to effectively document patient information and progress in writing • Ability to follow instructions and use feedback to improve performance • Ability to connect with and engage clients/patients and provide ongoing support in a process of behavior change, both at the individual and group level • Ability to provide referrals to community services • Ability to enter patient data into Electronic Health Records (EHR) systems, schedule appointments and other related tasks • Basic understanding of health insurance programs such as Medi-Cal, Covered California and Alliance for Health 	<p>(In addition to the requirements for Level I):</p> <ul style="list-style-type: none"> • Expanded knowledge of local health disparities and chronic health conditions, and ability to connect patients to culturally relevant community resources • Ability to assess patient’s health status and risk for illness • Ability to implement requirements and procedures for care coordination, data management and maintenance of Electronic Health Records • Ability to conduct presentations on health and wellness activities and self-management of health conditions • Ability to facilitate small groups for behavior change to address health conditions • Expanded understanding of health insurance programs such as Medi-Cal, Covered California and Alliance for Health
Experience /Education	<p>A candidate at Level I, for example, might have:</p> <ul style="list-style-type: none"> • One year of community-based experience providing advocacy and support including significant public contact <p>OR</p> <ul style="list-style-type: none"> • Have completed a GED or high school diploma which has included public contact 	<p>A candidate at Level II, for example, might have:</p> <ul style="list-style-type: none"> • Two years of experience at a level equivalent to Monterey County’s Community Health Worker I <p>OR</p> <ul style="list-style-type: none"> • Have completed a GED or high school diploma which has included significant public contact through internship, volunteering or other relevant experience

COMMUNITY HEALTH WORKER BEST PRACTICES

The following resources were selected for the organization’s work with and/or interest in Community Health Workers, providing best practice information for the education and training, integration, reimbursement and sustainability of Community Health Workers in the health care system.

1. [Community Health Workers Resources](#)
American Public Health Association (2017)

The American Public Health Association offers resources and information for best practices regarding CHW education and training. Resources are provided in English and Spanish.

2. [**Community Health Workers Toolkit**](#)

Rural Health Information Hub (2017)

This toolkit for disseminating best practices provides links to APHA's CHW section, the Massachusetts Association of CHWs and references to other best practice resources.

3. [**Supporting the Integration of Community Health Workers into Health Care Teams in California**](#)

University of California, San Francisco, Healthforce Center at UCSF

Chapman, S., Schindel, J., & Miller, J. (July 2017)

Utilizing a Theory of Change framework, this report provides actionable insights from existing and evolving CHW programs to enhance California's readiness to successfully integrate Community Health Workers and Promotores into the health care delivery system. Site visits to six California programs utilizing CHWs in various health care structures are discussed.

4. [**Utilization of Community Health workers in Emerging Care Coordination Models in California**](#)

University of California, San Francisco, Healthforce Center at UCSF

Chapman, S., Okwandu, O., Schindel, J., & Miller, J. (December 2016)

This report synthesizes existing literature and policy initiatives related to CHW utilization in clinical care settings and suggests ways to integrate CHWs into care coordination models in California.

5. [**Integrating Community Health Workers into Health Care Teams to Improve Equity and Quality of Care**](#)

Robert Wood Johnson Foundation

Cook, S. & Keesecker, N.M. (June 2015)

This report provides best practices for choosing, adapting, and tailoring CHW programs to improve equity and quality of care in health care organizations.

6. [**Best Practice Guidelines for Implementing and Evaluating Community Health Worker Programs in Health Settings**](#)

Sinai Urban Health Institute (January 2014)

This report highlights innovative approaches to CHW hiring, training, and performance evaluation; supervision challenges and strategies for success; providing a positive organizational climate to facilitate CHW integration; other effective elements of program design; and program evaluation, including standardized CHW process and outcome measures.

7. [**Funding Community Health Workers: Best Practices and the Way Forward**](#)

Alvisurez, J., Clopper, B., Felix, C., Gibson, C., & Harpe, J. (2013)

This report identifies best practices for the funding and reimbursement of CHWs and CHW programs. Its purpose is to contribute to the discussion, development, and integration of CHWs into the Connecticut health services workforce in an effort to improve statewide health – especially among disadvantaged and vulnerable communities.

8. [**Community Health Workers Evidence Based Models Toolbox**](#)

US Dept. of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy (August 2011)

This report highlights program models, training approaches, implementation of programs, planning for sustainability, evaluating impact, and dissemination of best practices.

COMMUNITY HEALTH WORKER TRAINING RESOURCES

E-Learning Training Resources

Agencies and healthcare providers in the planning and implementation phases of increasing CHW capacity in their organizations may benefit from the following online training resources, selected for their comprehensive learning modules and ease of access:

1. [CDC-Division for Heart Disease and Stroke Prevention E-Learning Series](#)

This CDC e-learning series provides sessions focusing on: the definition of CHWs; the current issues CHWs face; public policy and workforce development in support of CHWs; occupational regulation; research and evaluation; sustainable funding for CHW positions; and systems change.

2. [Diabetes Training & Technical Assistance Center, CHW Policy and System Strategies for Improving the Prevention and Management of Chronic Disease Among Disparate Populations](#)

The Diabetes Training & Technical Assistance Center provides online resources focused on: health equity; defining CHWs; policy and systems change to support CHW integration and sustainability; a road to health toolkit; CHW models; and CHW progress evaluation.

3. [MHP Salud- resources for CHW Programming. Promotor of Health Resource Guide \(English and Spanish\)](#)

This resource guide from MHP Salud provides materials for CHW, Promotores, Promotoras, community members and health care professionals which are free through the website. The materials offered were tested for literacy level and relevance to the populations MHP Salud serves.

4. [Medical Care Development Public Health \(MCDPH\)-National CHW Online Training Program \(Maine\)](#)

MCDPH has launched their national Community Health Worker Online Training Program that is intended for Community Health Workers who assist clients in the prevention, management, and self-management of chronic conditions such as high blood pressure, hypertension, prediabetes, diabetes and asthma. The online training complements CHW in-person core competency training with added education, skill building and access to resources for managing chronic conditions. It includes over four hours of evidence-based training content designed to be self-paced, educational and interactive.

Regional Community Health Worker Training Examples

Organizations in Monterey County that utilize CHWs use a variety of methods to train and orient new CHWs. However, many appear to rely on observation/shadowing of experienced workers and on-the job training as their primary training method rather than a more formalized approach. Local CHW training predominantly focuses on specific health issues faced by the agency's clients/patients and the populations it serves, rather than on a set of core competencies and skills. Local training resources identified to-date include the following:

[American Heart Association- CHW Training Program](#)

Mike Gonzales, MPA, Senior Director of Community Health

The American Heart Association provides training for lay workers (Promotores) and for professionals. The training for Promotores is typically offered in the spring and consists of 30 hours conducted over a four-month period in the evenings or on the weekend. The training is based on the Life Simple 7 intervention, an evidence-based program created by Stanford University which includes methods for encouraging behavior change, presentation skills, assessment tools for evaluating high risk patients, and lifestyle choices for healthy hearts.

Promotores are also required to complete a practicum of 10 hours and follow the progress of 10 patients. Trained Promotores can use this work to expand employment opportunities such as obtaining paid positions in organizations promoting health. Promotores are “AHA certified,” but carry no state certification. AHA would like to see more formal certification for this group. As of 2016, over 100 promotores had been trained locally and there were at that time about 30 promotores who were active and up to date on continuing training.

Central Coast YMCA-Coaching for Lifestyle Education Trainers Diabetes Prevention Program **Bill Proulx, Director of Healthy Living**

The Central Coast YMCA provides training for Lifestyle Coaches who deliver their diabetes prevention program. The training consists of 4 webinars (about 5 hours total) and an additional 12-hour in-person component called the “Coaches Training” where an overview of all the sessions is provided as well as information on behavior change techniques, motivational interviewing, and HIPPA considerations. At the end of the training, these Lifestyle Coaches must demonstrate the ability to facilitate a group in order to “graduate” and teach their first cohort. The training is usually offered at night or on the weekends and is currently provided by a trainer from San Francisco. The Central Coast YMCA has also partnered with CSU Monterey Bay to utilize undergraduate student interns from the Collaborative Health and Human Services (CHHS) Field Education Program to help expand the Diabetes Prevention Program, with an emphasis on Spanish-speaking communities. Currently, the Central Coast YMCA has 17 active lifestyle coaches who are trained and delivering classes.

Center for Community Advocacy (CCA) **Sabino Lopez, Interim Executive Director**

The Center for Community Advocacy trains neighborhood leaders to act as Promotores Comunitarios or health promoters. Promotores are trained by health service providers in five in-house training sessions and give two presentations to receive a diploma and the Promotor title. Once they complete the training, Promotores deliver, to their peers, preventative health information/interventions in the following areas: chronic diseases, behavioral health and youth violence prevention. Promotores work primarily in community settings conducting health-related presentations and offering support and guidance to the community. At any one time there are approximately 20 active Promotores at CCA.

Second Harvest Food Bank Santa Cruz County- Passion for Produce Program **Sarah Underwood, Senior Director of Nutrition and Health**

The Second Harvest Food Bank trains Nutrition Ambassadors to distribute fresh produce and teach their neighbors about healthful habits as part of their Passion for Produce Program. Second Harvest offers a three-tiered training for their Nutrition Ambassadors. The first tier, their 101 training, offers content in nutrition and health disparities, and in-depth guidelines for how to manage and solve common issues at their food distribution sites. The second tier, their 201 training, offers one-on-one coaching and training on how to co-present the nutrition classes with SHFB staff and provides specific skills on facilitation and group management. The last tier, their 301 training, is considered ongoing professional development, where they learn about various topics such as diabetes prevention and management. Each food distribution site is staffed with six to twelve Nutrition Ambassadors. Currently they have nearly 200 Nutrition Ambassadors working at 33 Passion for Produce sites across Santa Cruz County, with five acting in the co-presenter role teaching nutrition classes to their peers.

Training Resources

The following four resources were selected to highlight (from the more extensive list in the appendix-CHW Curriculum Models & Content) based on relevance for local training of CHWs.

1. [Arizona Prevention Research Center](#)

The Arizona Prevention Research Center’s Promotora Community Health Manual provides a framework for the creation and refining of a diabetes self-management community support program. In collaboration with the Arizona Prevention Research Center, Community Health Workers and Promotoras from Campesinos Sin Fronteras (CSF)¹⁹ developed a guide to prevent disease, injury, and illness related to farm work and to prepare CHWs/Promotores to address aspects of diabetes self-management and provide CHWs/Promotores with practical strategies, tools and suggestions for working effectively in a community.

2. [CDC: The Road to Health Toolkit: Training Guide- How to Prevention or Delay Diabetes in your Community: A Training Guide for Community Health Workers](#)

The CDC’s Road to Health Toolkit provides content on Type 2 diabetes, healthy food choices and physical activity. The Toolkit was created for “CHWs who provide outreach education to Hispanic/Latino and African American/African Ancestry communities” as they face the greatest risk of developing type 2 diabetes. The toolkit includes examples and activities for CHWs to use with community members to promote healthy food choices and increased physical activity.

3. [Colorado Department of Public Health and Environment-Health/Patient Navigator Workforce Development](#)

The Colorado Department of Public Health website provides information on their health/patient navigator workforce initiative including competency development and standardized training, pilot competency evaluation, recommendations, workforce studies, career pathways and two health navigator training programs offered in Colorado.

4. [State CHW Models-National Academy for State Health Policy](#)

The National Academy for State Health Policy offers an interactive map that includes information on enacted CHW legislation, financing, education, certification, CHW organizations, and CHW roles in all 50 states. This site provides useful information for state comparisons of CHW models, status and developments.

COMMUNITY HEALTH WORKER REIMBURSEMENT AND SUSTAINABILITY

Although the utilization of CHWs has been found to improve patient outcomes, implementing and sustaining CHW positions in healthcare organizations and CHW programs can be difficult without additional funding or reimbursement. The following resources offer options for reimbursement and sustainability for organizations utilizing CHWs.

1. [Module 5: Planning for Sustainability](#)

Rural Health Information Hub (2017)

This module addresses critical issues linked to sustainability of CHW programs, as well as information on planning for sustainability; why sustainability plans are needed; community resources for sustainability planning; and organizations that have funded programs and research for Community Health Workers.

¹⁹ A non-profit organization dedicated to educating low-income, migrant, agriculture community members in Yuma County Arizona.

2. [How States Can Fund Community Health Workers through Medicaid to Improve People’s Health, Decrease Costs, and Reduce Disparities](#)

Families USA (July 2016)

This report discusses the importance of CHWs, their impact on the health of the populations they serve, and their ability to reduce health care costs and address barriers to care. It also discusses sustainable funding of CHW programs through Medicaid and reimbursement for states who want to expand CHW programs.

3. [Achieving a Strong Evidence-base for Sustainable CHW Programs](#)

Association of State and Territorial Health Officials (ASTHO) (August 2016)

This webinar contains information regarding the evaluation and sustainability of CHW programs. The Presenter Slides and CHW Evaluation Resources for this webinar can be found at “[CHW Call Series](#)”

4. [CMS’s Final Rule Expands Reimbursement for Preventive Services](#)

Association of Black Cardiologists, Inc. (ABC) (November 2013)

This news announcement discusses the ruling from the Centers for Medicare and Medicaid Services (CMS) which allows state Medicaid agencies to reimburse for preventive services provided by CHWs, as long as the services have been recommended by a licensed practitioner.

LOCAL EFFORTS TO INCREASE CHW UTILIZATION

Prevention First Monterey County

CHW Learning Action Network

The CHW/Promotores Learning Action Network (LAN) event was held on February 22, 2018 to facilitate discussion around increasing utilization of CHWs in the Monterey Bay region. The event was well-attended by representatives from healthcare and community-based organizations, community colleges, and government agencies. A researcher from the University of California San Francisco’s Healthforce Center presented on their work promoting enhanced and sustainable roles for CHWs in health care organizations across California. A CHW/Provider Panel provided local CHWs/Promotores with an opportunity to share their expertise and experiences working in the community with input from a medical provider who highlighted the unique contributions of CHWs in the local healthcare system.

Rich discussion from two interactive workgroups resulted in prioritizing needs and next steps both at the organizational level and regionally. The Getting Started Workgroup, designed for organizations interested, but not currently utilizing CHWs, discussed next steps and priorities for CHW utilization and expansion including: creating high school CHW health and lifestyle classes, exploring internship opportunities for students, connecting with the newly forming National CHW Association, raising awareness about CHWs, and identifying funding support. The Training and Skills Development Workgroup, designed for organizations already utilizing CHWs, discussed the most important skills and competencies used or needed by their organizations including: Professional Ethics & Boundaries, Cultural Sensitivity, Relationship Building, Documenting, Non-Judgmental Approach, Passion for Work, and Communication.

Connections across sectors and organizations were established to continue exploring options for expanding CHW utilization and training throughout the region. Attendees indicated an interest in continuing this conversation and highlighted the following areas for further discussion: mental health, ROI, employment

opportunities, how to integrate CHWs into health care teams, and CHW skill development, training options and curriculum development.

CHW Champions' Meeting

A CHW Champions meeting was held on Feb. 27, 2017 to provide an opportunity for medical and community organizations to discuss current utilization of CHWs and opportunities for CHW expansion in the region. The event was well-attended by local organizations already utilizing CHWs. Participating organizations included the Monterey County Health Department, Clinica de Salud del Valle de Salinas, Center for Community Advocacy (CCA), Natividad Medical Center, the Central Coast YMCA, the American Heart Association, and Second Harvest Food Bank. Information and resources compiled by the PFMC team were shared and feedback was obtained from participants. This initial meeting provided a foundation for planning the CHW LAN event.

PFMC Community Health Worker Utilization Assessment

In 2015 and 2016, PFMC assessed and reported on CHW utilization in clinical and community-based organizations in the Monterey Bay region. The following four reports were produced to summarize the various findings related to CHW utilization:

1. *August 2015: Prevention First Project Year 1 Report: Initial Findings on Provider's Use of Electronic Health Records and Community Health Workers from Monterey County Safety Net Provider 2012 Study*
This report for the Monterey County Health Department's (MCHD) Prevention First Project draws on data from a 2012 Monterey County Safety Net Provider (SNP) study to create a more detailed profile of the utilization of Electronic Health Records/Electronic Medical Records (EMRs/EHRs) and Community Health Workers (CHWs) by Monterey County safety net clinics and hospitals.
2. *May 2016: Prevention First Project Environmental Scan Report: Providers' use of Electronic Health Records, Team Based Care, Community Health Workers, and the National Diabetes Prevention Program for the prevention and management of diabetes and hypertension in Monterey County*
This report presents a profile of the utilization of EHRs, Team Based Care (TBC), CHWs the National Diabetes Prevention Program (NDPP) by Monterey County safety net clinics, hospitals, and private physician/medical group practices. Year 2 Prevention First project activities consisted of implementing the *Quality Improvement Processes in Monterey County Health Care System Survey (QIPMC)* and analyzing the data collected. Institute researchers initially compiled questions from four Environmental Scans (surveys) created by UC Davis for the Prevention First Project – one for each of the four focus areas – into one survey instrument. Additional questions were included as a follow-up to the 2012 Monterey County Safety Net Provider survey. The survey distribution list included the SNIC member clinics and hospitals, individual physicians and group medical practices listed in the Central California Alliance for Health (Alliance) provider directory, and other clinics that participated in the MCHD 2012 Safety Net Provider Study.
3. *August 2016: Monterey County Community Based Organizations Diabetes & Hypertension Survey Findings*
This report details an assessment of the utilization of CHWs and the utilization or referral to lifestyle intervention programs, including the NDPP by Community Based Organizations (CBOs) that serve the people of Monterey County, specifically around the chronic diseases, diabetes and hypertension.
4. *September 2016: Prevention First Monterey County 1305 Project Key Informant Interview Report: Initial Findings on Provider & Community-Based Organization's Use of Community Health Workers*

and the Diabetes Self-Management Education Program & National Diabetes Prevention Program in Monterey County.

The PFMC project's scope of work provided an opportunity for more in-depth analysis of the utilization of CHWs through collection of additional data using KIIs. The KIIs were conducted as a follow up to 2016 QIPMC survey in order to further assess utilization, scope, and training of CHWs.

Monterey County Health Department

CHW Leadership Academy

The Monterey County Health Department designed and implemented a ten-week leadership academy as a pilot program in the fall of 2017 to promote awareness and skill building related to CHW competencies and event planning. Eleven individuals participated in this first academy which was conducted entirely in Spanish. It is anticipated that graduates of the academy may be candidates for a CHW Certificate program to continue on the career path.

Other Local Initiatives

Workforce Development Board-Central Coast Regional Slingshot Initiative

The California Workforce Development Board is responsible for assisting Governor Jerry Brown in performing the duties and responsibilities required by the federal Workforce Innovation and Opportunity Act of 2014. The statewide Slingshot Initiative involves input from industry stakeholders and provides start-up funds to support the development of careers in regional priority areas. Collaborative meetings for the Central Coast Regional Slingshot Initiative have included educational institutions, hospitals, clinics and other organizations from Monterey, Santa Cruz, San Luis Obispo and Santa Barbara Counties.²⁰ A CHW Certificate Program was identified as one of three regional priorities which would entail development of a standardized CHW certificate program offered by local community colleges as a way to provide training in core competency areas to support local expansion of CHW utilization.

Cabrillo Community College – CHW Certification Program

In spring 2018, Cabrillo Community College renewed planning efforts to launch a CHW certificate program to start as early as spring 2019. The 19-credit program consisting of six courses was originally approved in 2011 but was not implemented due to declining student enrollments at the time. This program will utilize the IBEST²¹ model of co-teaching to support ESL student learning. An advisory board has been created and includes stakeholders from education, community-based organizations and health care.

Salinas Valley Health Professions Partnership Pathway (SVHPPP)

SVHPPP is a local collaborative through Hartnell Community College comprised of professionals from educational institutions at the high school, community college, and university levels to improve pathways for local students interested in health professions. Three working groups are part of SVHPPP: Health IT; Health Coaches, Navigators and Medical Assistants; and Radiology. A Health Employer Summit was held in May 2018, attended by representatives from education, health care, and workforce development sectors. Many attendees expressed an interest in participating in future smaller workgroup meetings (Health IT; CHW/MA; Adult Pipeline and Nursing). As a result, these workgroups will begin meeting on a bi-monthly basis in July 2018.

²⁰ California Workforce Development Board (2017)

²¹ Wachen J et al (2010)

CONCLUSIONS & RECOMMENDATIONS

Along with a number of organizations across Monterey County currently utilizing and championing CHWs, there is widespread interest in the expansion of CHWs in both community and clinical settings. While a number of local medical and community organizations already utilize and champion CHWs, others have expressed a strong interest in further developing training and career advancement opportunities throughout the region. Events like the February 2018 CHW LAN and the Workforce Development Board's Slingshot Initiative have helped to connection hospitals and clinics with community-based organizations and local community colleges and CSUMB, to familiarize regional health and human service employers with the value of CHWs, to facilitate the development of more formalized CHW positions and to expand CHW training and employment opportunities.

A number of recommendations provided by clinical and community-based organizations compiled through the PFMC 2016 CHW assessments including two surveys and Key Informant Interviews, have been accomplished, including:

- Creation of a sample job description
- Clarification of core competencies and best practices for CHW training
- Integration of CHWs into organizations focusing on health education and disease prevention (e.g., the utilization of CHWs by the Central Coast YMCA to facilitate patient support groups for their diabetes prevention program)
- Development of connections between medical organizations, community-based organizations, local colleges and CSUMB to promote the expansion of CHW training and employment opportunities throughout the region

Additional recommendations from the PFMC 2016 CHW assessment still need to be considered moving forward, including:

- Develop a standardized and locally relevant definition of a CHW, including Promotores
- Develop effective procedures for introducing the CHW role as a member of the care team to physicians, medical personnel and patients/clients to ensure trust is established
- Develop sustainable funding and payment structures for reimbursement of CHW services
- Develop a career tract for CHWs as an incentive for choosing this field of work
- Develop procedures for ensuring that CHWs communicate accurate (e.g., nutritional) information from providers to patients/clients
- Connect CHWs to food banks, housing organizations, and mental health resources to broaden their ability to address patient's needs
- Expand CHWs work to include collaboration with pharmacists to assist patients/clients in medication management
- Clarify roles and expectations between paid CHWs and unpaid volunteer CHWs
- Increase engagement of (or provide other incentives for) unpaid volunteer CHWs as a means to address reliability concerns
- Collect and analyze data on the effectiveness of CHWs in community and clinical settings to provide evidence in support of CHWs.

Based on ongoing discussions with CHW stakeholders at local meetings and the 2018 LAN event workgroups that identified needs and next steps, the following recommendations are made to provide guidance for future actions that may be taken by organizations and collaborative initiatives in the region:

- Create high school CHW health and lifestyle classes as an entry point into the field

- Explore internship opportunities for high school and college students
- Connect with the newly forming National CHW Association
- Identify funding support for organizations that want to develop CHW paid positions
- Prioritize CHW training on the following skills/competencies: Professional Ethics & Boundaries, Cultural Sensitivity, Relationship Building, Documentation, Non-Judgmental Approach, Passion for Work, and Communication.
- Update organizational structures to incorporate official positions for CHWs
- Clarify differences in roles for CHWs serving in community-based and clinical settings and determine an appropriate pay scale
- Develop job description examples and supervision structures for CHWs that can be shared across organizations
- Encourage community stakeholders to adopt Community Health Worker/Promotores as the preferred title to help promote the profession and to reduce confusion about roles and duties
- Expand awareness among community stakeholders and employers about the benefits of utilizing CHWs on the care team and the ROI for organizations

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APPENDIX-CHW CURRICULUM MODELS & CONTENT

1. [Training Guide to Foundations for CHW, 2nd Edition](#)

Community Health Worker Program | City College of San Francisco, CA

The City College of San Francisco (CCSF) is an academic institution providing a year-long 20-unit course and certificate for CHW training. The CCSF CHW Program's mission is to provide individuals who want to become CHWs with training for community-oriented health and social services positions. The program training focuses on the following core competencies: Cultural humility, behavior change, ethics, interviewing, counseling, care management, home visiting, stress management, conflict resolution, and professional skills. There are five parts to the curriculum: CHW – Big Picture, Core Competencies for Direct Services, Enhancing Professional Skills, Key Health Issues, and Working with groups and communication.

2. [Training Curriculum for Community Health Workers](#)

Community Health Worker Training System | Washington State Department of Health

The Washington State Department of Health (WSDOH) has created a free online training curriculum for CHWs that focuses on common skills, knowledge and abilities. The training lasts a total of eight weeks. The goal of the training curriculum is to improve CHW competencies and create consistency for CHW training in the state of Washington. The training is a combination of online and in-person training to meet the needs of individuals participating in this program. The training curriculum includes activities that improve communication, cultural competency, organization skills, documentation skills, assessment skills, service coordination skills, and writing and presenting case studies.

3. [Community Health Worker Trainer's Manual: A Guide to Home-Based Services](#)

Millennium Villages Project | The Earth Institute | Columbia University, NY

This manual was developed to train and strengthen the skills and knowledge of Community Health Workers in the Millennium Villages Project's Community Health Worker program. (412 pages)

4. [A Community Health Worker Training Resource for Preventing Heart Disease and Stroke](#)

Division for Heart Disease and Stroke Prevention | National Center for Chronic Disease Prevention and Health Promotion | Centers for Disease Control and Prevention

Information on risk factors, heart disease and stroke (stroke, heart attack, heart failure, atrial fibrillation, and diabetes) is included in this resource (490 pages). The information and activities provided in this manual focus on heart disease, stroke, and diabetes in adults and are used for educating CHWs. The manual was not created to train CHWs, but to guide them or to be used to complement other trainings regarding cardiovascular health.

5. [Technical Assistance Guide: State Implementing Community Health Worker Strategies](#)

Division for Heart Disease and Stroke | National Center for Chronic Disease Prevention and Health Promotion | Centers for Disease Control and Prevention

The CDC's *Technical Assistance Guide for States Implementing Community Health Worker Strategies* was chosen from the CDC's CHW toolkit. The guide was created to support programs that use the Health Systems Interventions and Community Linkages Domains of the CDC's Program *State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity,*

and Associated Risk Factors and Promote School Health. The guide contains recommendations for the integration of CHWs into team-based care. (36 pages)

6. [**Patient Navigator & Community Health Worker Training**](#)
Anschutz Medical Campus | University of Colorado, Denver
The University of Colorado, Denver’s Patient Navigator and Community Health Worker online training course is split into three modules that focus on patient navigation and health disparities; components of patient-centered models of care; and patient navigation roles and responsibilities.
7. [**Community Health Worker Curriculum**](#)
Boonshoft School of Medicine | Wright State University, OH
Wright State University’s Boonshoft School of Medicine has listed Community Health Worker curriculum from their “Introduction to Community Health Advocacy” and “Promoting Health/Preventing Heart Disease, Stroke, and Cancer” Programs. The Introduction to Community Health Advocacy program consists of 21 classes and the Promoting Health/Preventing Heart Disease, Stroke, and Cancer program consists of 18 classes.
8. [**Community Health Worker Training Manual**](#)
Rush Center for Urban Health Equity | Rush University Medical Center, IL
This training manual was created to assist those training CHWs and is intended to be delivered in a group setting. The manual acknowledges tremendous variability in CHW curriculum and includes four main content areas with an extra optional content area (178 pages)
9. [**Community Health Worker Quality Tools**](#)
Agency for Healthcare Research and Quality (AHRQ) | U.S. Department of Health & Human Services
This website is great for providers as it offers a variety of CHW resources and toolkits, including:
 - IMPaCT Model Tool Kit: An evidence based model for CHW recruitment, training, and care. This kit was designed to provide support to CHWs working with high-risk patients.
 - Road to Health Toolkit Training Guide: Designed for organizations interested in developing “train-the-trainer” workshops and CHWs who work with African-American or Hispanic/Latino populations at risk for type 2 diabetes.
 - Community Health Workers Toolkit: Designed to help develop CHW programs in rural communities, it offers best practices and resources created by successful CHW programs.
10. [**Hepatitis Community Manual**](#)
Asian Health Coalition, IL
This manual describes the CHW intervention model used by the Asian Health Coalition’s Hepatitis Education and Prevention Program (HEPP). It provides a sample job description and information for providers. The key components of the Program are Community Capacity Building, Hepatitis B Education and Outreach, Screening and Linkage to Care. (68 pages)
11. [**How to Prevent or Delay Type 2 Diabetes in your Community: A Training Guide for Community Health Workers**](#)

Centers for Disease Control and Prevention

The purpose of this training guide is to increase knowledge and skills regarding the prevention of type 2 diabetes for CHWs working with African/American and Hispanic/Latino populations. The guide is divided into three areas: Type 2 diabetes and prevention, healthy food choices, and physical activity. (116 pages)

12. [CHW Policy and System Strategies](#)

Diabetes Training and Technical Assistance Center (DTTAC) | Rollins School of Public Health | Emory University, GA

The Diabetes Training and Technical Assistance Center at the Emory Centers for Training and Technical Assistance, provides training, technical assistance, and services to improve leadership, organizational capacity and partnerships within the center and the population they serve. Their site focuses on health equity and diabetes training and technical assistance for those interested in the implementation and utilization of CHW programs.

13. [Community Health Worker Training](#)

Outreach Worker Training Institute | Center for Health Impact, MA

The Outreach Worker Training Institute at the Center for Health Impact, is a college-supported educational pathway for CHWs. The Institute offers several CHW training courses for individuals interested in working in healthcare, social service, or other community-based organizations. The program offers CHW courses for CHWs working in community outreach, health education, enrollment and advocacy, and CHWs working with patients with specific health issues.

14. [Community Health Worker Capacitation](#)

Multnomah County Health Department, OR

Multnomah County's Community Capacitation Center provides training and technical assistance to organizations interested in implementing and improving their CHW programs. They specialize in:

- Designing, conducting, and evaluating CHW programs
- Recruitment, hiring, training, and supervision of CHWs
- Creating and advocating for policies in support of CHWs
- Providing leadership in CHW field

The curriculum offered through this program is based on findings from the National Community Health Advisor Study and includes the following three components: skill base, orientation to the health and social service system, and health issues.

15. [Community Navigator Training](#)

Dia de la Mujer Latina, TX

The three-day Community Navigator Training addresses core competencies for culturally competent, community/patient-centered care for CHWs. The objective of the training is to help CHWs become culturally and linguistically competent by using the MINE framework (Motivate, Inform, Navigate, and Educate).

16. [Community Health Worker Training](#)

MHP Salud, TX

This training is for experienced and non-experienced CHWs working in various settings. Each training program is personalized to meet organizational and population needs. MHP Salud also offers culturally and linguistically competent health education resources for Hispanic/Latino communities that can be found here: [Free Community Health Worker Online Resources](#)

17. [Latino Health Access Trainings](#)

Latino Health Access, CA

Latino Health Access offers a Promotor/CHW Fundamentals training and a Narrative Practices training for those who would like to improve their knowledge and understanding around Promotores/CHWs, their roles, and the fundamentals of narrative practices. The Promotor/CHW Fundamentals Training is a two-day training (14 hours) and The Narrative Practices training is a three-day training (21 hours).

18. [Community Health Worker Certification](#)

Community Health Workers | Texas Department of State Health Services | Texas Health and Human Services

The Texas Department of State Health Services' CHW Certification page outlines the requirements for receiving CHW certification in Texas, required documents, and helpful information for application completion.

19. [Acción Para La Salud](#)

Arizona Prevention Research Center | University of Arizona

The Arizona Prevention Research Center at the University of Arizona, along with their partners, developed a CHW Advocacy / Leadership Curriculum Guide for CHWs, and agencies utilizing CHWs, to improve community advocacy and leadership skills for the benefit of the communities they serve (6 pages).

20. [Promotora Community Health Manual](#)

Campesinos Sin Fronteras | Campesinos Diabetes Management Program | Robert Wood Johnson Foundation

This manual serves as a guide to promotores/as de salud and Community Health Workers, their supervisors, and organizations utilizing CHWs, in developing/improving community-based diabetes self-management programs (53 pages). The manual was created with input from nine promotoras who assisted in the design and sustainment of the Campesinos Diabetes Management Program, a diabetes management program for farm workers.

21. [Promoting Policy and Systems Change to Expand Employment of Community Health Workers \(CHWs\): An E-Learning Series](#)

Division for Heart Disease and Stroke Prevention | National Center for Chronic Disease Prevention and Health Promotion | Centers for Disease Control and Prevention

This training provides useful information and suggestions regarding CHW policy, workforce development, occupational regulation and sustainability. The training consists of the following six sessions: Introduction to CHWs; Current issues for the CHW Workforce; Workforce

Development; Occupational Definition, Standards for Research and Evaluation; Sustainable Funding for CHW Positions; and Moving Policy and Systems Change Forward.

22. [National CHW Online Training Program](#)

MCD Public Health (MCDPH), ME

MCDPH is a Public Health Institute, meeting criteria established by the National Network of Public Health Institutes (NNPHI). MCD Public Health staff members provide training, consulting, and technical support to integrate and spread research and best practice among individuals, organizations, businesses, and governments. Community Health Worker Training MCD Public Health launches their national Community Health Worker On- line Training Program. This training is intended for Community Health Workers who assist clients in the prevention, management, and self-management of chronic conditions such as high blood pressure, hypertension, prediabetes, diabetes and asthma. The online training complements CHW in-person core competency training with added education, skill building and access to resources for managing chronic conditions. It includes over four hours of evidence-based training content designed to be self-paced, educational and interactive.