



# 2022 CHW Employer Forum Resources

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## SESSION 4: SUSTAINABILITY

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## CHW ROLE DEFINITION

[Roles, skills, and background for CHW](#) - CHWs are tailored to meet the unique needs of the communities they serve. A CHW's role depends on factors such as their education, training, lived experience, and experience working with specific populations.

CHWs may perform the following roles:

1. Create connections between vulnerable populations and healthcare providers
2. Help patients navigate healthcare and social service systems
3. Manage care and care transitions for vulnerable populations
4. Reduce social isolation among patients
5. Determine eligibility and enroll individuals in health insurance plans
6. Ensure cultural competence among healthcare providers serving vulnerable populations
7. Educate healthcare providers and stakeholders about community health needs
8. Provide culturally appropriate health education on topics related to chronic disease prevention, physical activity, and nutrition
9. Advocate for underserved individuals or communities to receive services and resources to address health needs
10. Collect data and relay information to stakeholders to inform programs and policies
11. Provide informal counseling, health screenings, and referrals
12. Build community capacity to address health issues
13. Address social determinants of health

The specific roles of CHWs may depend on:

1. Services provided by the program, such as:
  - a. Advocacy
  - b. Outreach and enrollment
  - c. Navigation
  - d. Education
  - e. Health services
  - f. Social-emotional support
2. CHW skills and background, such as:
  - a. Education
  - b. Certification
  - c. Training
  - d. Communication
  - e. Interpersonal and relationship-building
  - f. Cultural competence
  - g. Advocacy and capacity-building
  - h. Facilitation and motivational interviewing

[Advantages of CHW in Rural Programs](#) rural residents face a variety of access barriers. By promoting access to healthcare services, CHWs can help improve health outcomes and quality of life in rural communities.

They are critical to the success of rural programs in the following ways:

1. Build trust in the healthcare system by having one-on-one relationships with patients
2. Act as a liaison between the healthcare system, patients, and families/caregivers

3. Gain support from other organizations serving the community and enlighten them on the community needs.
4. Strengthen healthcare coordination by interfacing patients with accessible medical and social support services.
5. Extend the reach of healthcare providers and services, which is particularly helpful in areas with shortages of providers
6. Deliver services that are appropriate based on the patient's language and culture
7. Give back to their communities

## CHW JOB/POSITION DESCRIPTION

[CHW Job Description](#)- Provides job description of CHWs – In a synergistic, team-oriented manner, advocates, facilitates and organizes access to health and social services with/for an identified community to improve the health and well-being of community members.

According to the Health Resources and Services Administration (HRSA) Allied Health Workforce Projections, 2016-2030: Community Health Workers, CHWs provide a range of services including:

1. Care coordination
2. Case management
3. Health coaching
4. Health education
5. Health assessment and screening
6. Resource linking
7. Medication management
8. Remote care
9. Patient follow-up
10. Social and literacy support

In rural communities, CHWs may work in a variety of settings, including:

1. Patients' homes
2. In the community
3. Schools
4. Workplaces
5. Faith- and community-based organizations
6. Healthcare systems
7. Community health centers/Federally Qualified Health Centers
8. Other healthcare settings
9. State, local, tribal, and territorial governmental public health agencies

[Establishing a professional profile of Community Health Workers: Results from a national study of roles, activities, and training.](#) In this paper, we present results from the 2010 National Community Health Worker Advocacy Survey (NCHWAS) in an effort to strengthen a generalized understanding of the CHW profession that can be integrated into ongoing efforts to improve the health care delivery system. Results indicate that regardless of geographical location, work setting, and demographic characteristics, CHWs generally share similar professional characteristics, training preparation, and job activities.

[Who is a community health worker? – a systematic review of definitions](#) - Objective: To identify the common themes in the definitions and descriptions of CHWs that will aid delineation within this cadre and distinguish CHWs from other healthcare providers.

The Standard Occupational Classification for Community Health Workers (CHWs), created by the Department of Labor Bureau of Labor Statistics, defines CHWs as workers who:

“Promote health within a community by assisting individuals and communities to adopt healthy behaviors. Serve as an advocate for the health needs of individuals by assisting community residents in effectively communicating with healthcare providers or social service agencies. Act as liaison or advocate and implement programs that promote, maintain, and improve individual and overall community health. May deliver health-related preventive services such as blood pressure, glaucoma, and hearing screenings. May collect data to help identify community health needs. Excludes 'Health Education Specialists.'”

### [Challenges and Role of CHW](#)

Many of the implementation challenges faced by rural community health worker (CHW) programs are similar to the challenges experienced by other rural health programs. Some of the unique challenges rural CHW programs face include:

1. **Lack of access to transportation:** The populations that CHWs serve often have limited access to transportation. Therefore, CHWs often travel to rural communities to provide services or conduct outreach. When possible, CHWs should be reimbursed for travel costs.
2. **Safety issues:** Programs must ensure the safety of CHWs. CHWs may travel to remote areas where roads may be unsafe or impassable due to inclement weather. CHWs also may encounter safety issues when working in patients' homes. Programs may provide safety training to CHWs, which can include strategies for maintaining awareness and personal safety and for de-escalating unsafe situations. Other strategies to promote safety include daily reporting to supervisors, sharing travel routes and anticipated return times for home visits, providing CHWs with emergency information cards, storing sensitive client information in a locked file within a locked vehicle, and not transporting cash or medications.
3. **Lack of program resources:** CHW programs emphasize the importance of providing resources such as weather survival kits, wireless Internet access cards, and other technologies. However, if program funds are limited, such resources may not be available.
4. **Cultural barriers:** Program implementers may need to adapt materials, such as information packets, to ensure all program materials are culturally appropriate. For example, if patients are not comfortable with computers, CHWs may use paper charts to collect information during a home visit.
5. **Patient referral issues:** Programs may encounter difficulties referring patients to healthcare providers or mental health professionals, and coordinating services with outside providers and agencies. Some programs have acknowledged challenges integrating CHWs into healthcare systems.
6. **Partnership issues:** Programs with limited partnerships may struggle to implement a program with a broad scope. Agreements with partners in the community and identifying opportunities to work with new organizations will help extend the reach of the CHW program.

[Employment Resource website](#) – This page provides a list of current CHW positions that have been shared with the DFW-CHW Association by various Dallas/Fort Worth employers. If you'd like us to post

your organization's CHW job offering, please contact [info@dfwchwh.org](mailto:info@dfwchwh.org). If you have questions regarding any of these positions, please contact the organization offering the job directly.

[How To Hire Community Health Workers](#) — One of the biggest challenges for health agencies is finding — and later, keeping — the top talent within their organization. These are the top resources and tools you'll need to find, train, and retain talents that align with your organization's mission.

Download the CHW Bundle to Receive:

- Finding Top CHW Candidates
  - How to know if CHWs are right for your agency
  - Job description template for healthcare roles
- Interview Prep
  - Roles and boundaries of CHWs
  - Essential interview questions
  - Tips for a successful interview
- Training Your CHW Workforce
  - 2022 state requirements for CHWs
  - Setting training goals for CHWs
  - COVID vaccine must-have resources for CHWs

Plus, you'll receive weekly email updates packed with more actionable training advice and community health topics. Sign up now and steer your team into a CHW career with CHW Training.

[Hiring CHWs](#), National Health Care for the Homeless Council, Integrating CHWs into Primary Care Practice: A Resource Guide for HCH Programs

## FUNDING MODELS

[Sustainable Payment Models](#) - Public and private payers may support CHW programs using traditional payment models (such as fee-for-service) or alternative payment models. In traditional payment models, CHWs are billable providers and organizations receive reimbursement from payers for eligible services provided by CHWs. Alternative payment models offer providers incentives for high-quality care and improved outcomes. Providers may use funding from alternative payment models, such as global budgets or shared savings, to invest in CHW services that may help achieve target quality and outcome measures.

[State Community Health Worker Models](#) - Community Health Worker (CHW) is an umbrella term that encompasses several categories of frontline public health workers — including Community Navigator, Promotora, Health Coach, Community Health Advisor, Community Health Aid, or Outreach Worker—who are often also trusted members of the community they serve. CHWs reach out to and engage with communities and individual community members, facilitate care coordination with health and health-related providers, enhance access to community-based services, address social determinants of health, and provide health education.

## FUNDING OPPORTUNITIES

Federal Agencies supports and fund Rural CHW Programs as highlighted below:

1. The **Federal Office of Rural Health Policy** within the Health Resources and Services Administration (HRSA) supports rural CHW programs through many funding mechanisms, like the **Frontier Community Health Care Coordination Network Grant Program**. Funding opportunities have been made available through the Bureau of Health Workforce through the **Behavioral Health Workforce Education and Training (BHWET) Program**, as well as the Bureau of Primary Health Care, HIV/AIDS Bureau, and the Maternal and Child Health Bureau.
2. The **Centers for Disease Control and Prevention** has supported many grant programs that involve CHWs, including a program focused on state public health actions to prevent and control diabetes, heart disease, obesity and associated risk factors and promote school health.
3. The **National Institutes of Health** have funded CHW programs, including the Community Health Worker Health Disparities Initiative through the National Heart, Lung, and Blood Institute.

Private philanthropic and non-governmental organizations participates as donor to provide funding and or other resources to sustain rural CHW programs.

1. **CareQuest Institute for Oral Health** provided support to the National Rural Health Association and the Texas A&M Community Health Worker Training Center to develop and disseminate a CHW oral health curriculum across Texas and New Mexico in 2016 -2017.
2. **Robert Wood Johnson Foundation (RWJF)** provided support to promote the role of CHWs in Minnesota through the RWJF Local Funding Partnerships program in 2004 and 2009.
3. **California Health Care Foundation** began building a statewide network of CHWs in 2010 to facilitate the exchange of information about outreach and service delivery strategies, local and statewide issues, lessons learned and best practices. Through this initiative, six regional collaboratives are charged with developing regional action plans.
4. **Merck Foundation** provided funding to help replicate a successful CHW program for high-risk diabetes patients in rural Appalachia to Federally Qualified Health Centers and rural hospitals in southern Ohio, eastern Kentucky, and West Virginia in 2017.
5. **Patient-Centered Outcomes Research Institute (PCORI)** in 2020 funded 76 interventions that use CHWs, including programs in rural Appalachian Kent

### Grant funding for CHW

1. **Texas Community Health Worker Workforce Development Center Training**  
Offers a Community Health Worker (CHW) certification course, continuing education units, intermediate level training, and training for providers and facilities who seek to employ CHWs in Texas.  
Geographic coverage: Texas  
Applications accepted on an ongoing basis  
Sponsor: West Texas Area Health Education Center
2. **Health System Strategies to Address Disparities in Hypertension Management and Control**  
Funding for clinical effectiveness research that compares health system strategies to improve blood pressure management and control in primary care, community, and safety net settings for populations experiencing disparities in outcomes, including Black, Hispanic, rural, and uninsured individuals.

Geographic coverage: Nationwide  
Letter of Intent (Required): Jun 1, 2022  
Application Deadline: Aug 31, 2022  
Sponsor: Patient-Centered Outcomes Research Institute

### 3. Community Health Worker Training Program

Grant to support programs to train new community health workers and extend the knowledge/skills of current CHWs and other health support workers in order to better meet the public health needs of underserved communities and strengthen public health emergency response.

Geographic coverage: Nationwide

Application Deadline: Jun 14, 2022

Sponsors: Bureau of Health Workforce, Health Resources and Services Administration, U.S.

### 4. Department of Health and Human Services

#### **3RNET Recruitment and Retention Assistance**

Helps health professionals find jobs in rural and underserved areas and assists employers in recruiting and retaining health professionals in rural and underserved areas.

Geographic coverage: Nationwide and U.S. Territories

Applications accepted on an ongoing basis

Sponsor: 3RNET

## PROGRAM EVALUATION

*Information for section borrowed from Rural Health Information Hub, [CHW Toolkit](#)*

Evaluation is an important tool to determine how and why a program is succeeding. It can also help diagnose challenges or determine where changes can be made to strengthen the program. Many community health worker (CHW) programs are collecting some qualitative and/or quantitative data that can be used for evaluation purposes.

Even with limited data, it may be possible to evaluate the following:

- Opportunities for quality improvement
- Effectiveness of processes and activities
- Achievement of program objectives
- Potential for program sustainability
- Effects of the CHW program on outcomes such as healthcare access and quality

[Evaluation Considerations](#) - Given the diversity of community health worker (CHW) programs, there is no one-size-fits-all evaluation approach. Key considerations for evaluating CHW programs include:

- **Staffing** – CHW programs may hire an external evaluator or assign an internal staff member to serve as an evaluator. CHWs may be assigned to collect program evaluation data or administer surveys. CHWs may need additional training to perform these tasks.
- **Cost-Effectiveness and Return on Investment** – It can be important to measure costs associated with CHW programs. The Community Preventive Services Task Force (CPSTF) has



determined CHW interventions can be cost-effective for a variety of conditions including cancer screening, diabetes prevention and management, and preventing cardiovascular disease. More rigorous program evaluations can help the program demonstrate its return on investment (ROI). Programs can use cost and ROI information to demonstrate the program's effectiveness to community partners, some of whom may be willing to invest resources in program sustainability. In recent years, research has indicated rural CHW programs can be cost-effective and succeed in accomplishing their goals.

- **Existing Gaps in Evidence** – The CPSTF identified several evidence gaps — areas where information is lacking — including interventions with a longer follow-up period (greater than 12 months), interventions among diverse population subgroups, the impact of large-scale interventions with more than 500 people, and the effectiveness of different service delivery modes (face-to-face, telephone, groups) on outcomes.

[Best Practices for Implementing and Evaluating Community Health Worker Programs in Health Care Settings](#) - Provides guidance for healthcare organizations interested in implementing or expanding the CHW model in their system. Addresses gaps identified in the CHW professional literature and assists healthcare professionals and others with designing and implementing evidence-based programs.

Author(s): Kapheim, M.G. & Campbell, J.

Organization(s): Sinai Urban Health Institute

[Community Health Worker Evaluation Tool Kit](#) - Offers guidance on program evaluation for CHW programs. Designed to make evaluation less complicated and appropriate for organizations with limited evaluation expertise.

Organization(s): BetterEvaluation

[Evaluating Community Health Worker Programs](#) - Provides information, tools, and research focused on evaluating CHW programs and discusses key areas to be monitored for an effective evaluation.

Author(s): Mirambeau, A.M.

Organization(s): Centers for Disease Control and Prevention

[Evaluation Toolkit for Promotor\(a\) de Salud Programs](#) - Provides guidance, tools, and information about conducting evaluation in resource-limited settings, as is often the case for promotor(a) de salud and other community health worker programs. Designed for use by project managers or other staff with limited evaluation expertise.

Organization(s): MHP Salud

[A Cost Analysis of a Rural Community Health Worker Program](#) - Describes the intent and methodology of a cost analysis as part of a comprehensive evaluation of a rural Vermont CHW program. The analysis included an information collection tool to determine cost categories, interviews of program staff, and the examination of hospital financial records.

Organization(s): Centers for Disease Control and Prevention (CDC)

[Evaluation of a Community Health Worker Training Program in Rural Appalachia, USA](#) - Describes an evaluation conducted to assess the curriculum, materials, and testing procedures for a CHW training program in rural Appalachia. Discusses the advantages of CHW programs in rural communities.

Author(s): Miller, W.C.

Citation: International Journal of Medicine, 3(1), 33-37

[Appendix C: National Community Health Advisor Study Evaluation Framework for Community Health Advisor Programs](#) - Presents process measures, data sources and associated barriers to be considered during the evaluation process for community health advisor programs.

Citation: In [Handbook for Enhancing Community Health Worker Programs: Guidance from the National Breast and Cervical Cancer Early Detection Program](#)

Organization(s): Centers for Disease Control and Prevention (CDC)

[ROI Toolkit: A Guide for Conducting a Return on Investment Analysis of Your Community Health Worker Program](#) - Provides detailed instructions when calculating a return on investment (ROI) analysis for a CHW program. Identifies the types of data needed for the calculations and describes how an ROI analysis can be used to support program sustainability. Provides an example from a Federally-Qualified Health Center..

Organization(s): MHP Salud

[An Innovative Method to Involve Community Health Workers as Partners in Evaluation Research](#) -

Discusses the dual role of CHWs as lay health workers and researchers. Describes a process through which CHWs could actively participate in the collection of qualitative evaluation data.

Author(s): Peacock, N., Issel, M., Townsell, S., Chapple-McGruder, T., & Handler, A.

Citation: American Journal of Public Health, 101(12): 2275-2280

## SUPERVISING CHWS

**Rural Health Information Hub, CHW Toolkit, [Supervision and Supporting Community Health Workers](#)** -

Providing ongoing, [supportive supervision](#) to CHWs is critical and can improve CHW motivation and engagement. A supervisor's role is to be regularly available, provide supportive and trauma-informed supervision, prioritize safety, and offer monitoring and coaching to CHWs.

Programs should identify an individual who can be responsible for supervising CHWs. This can be an individual with a social work or public health background, a healthcare provider, an experienced CHW, or another individual. Supervisors should receive training on the history of CHWs, CHW roles and responsibilities, communication, and effective supervision strategies so that they can support CHWs.

Supervisory tools, such as guides, logs, and checklists, can facilitate supervision. It is also essential that the supervisor has sufficient time to dedicate to CHW supervision. Having a supportive manager for the supervisor can help ensure that the supervisor's workload can accommodate their duties for supervising and mentoring CHWs.

Supervision can consist of one-on-one and group supervision. Group supervision provides an opportunity for CHWs to support and learn from each other, while one-on-one supervision allows the CHW to discuss topics in a private environment. In rural areas, it may be necessary to conduct supervision meetings via phone or video conference. Prior to conducting remote meetings, the supervisor should ensure that both they and the CHWs can connect to and are comfortable with the technology required for remote supervision.

According to MHP Salud's [Supervision Manual for Promotora de Salud Programs](#), it can be beneficial to schedule regular supervision meetings to:

- Check in with CHWs and discuss activities and workload
- Conduct team-building exercises
- Review documentation and data
- Provide feedback on progress and performance
- Identify training and resource needs
- Discuss and address issues or challenges, such as burnout
- Commend accomplishments

Outside of regular meetings, supervision can also entail ongoing encouragement of self-care activities or overseeing annual performance reviews.

**Mentoring** - While supervisors can provide mentorship to CHWs, some programs provide peer mentoring opportunities by empowering CHWs with more experience to support and guide CHWs with less experience. One strategy to provide peer mentoring is to organize CHWs into teams with a range of experience. Ongoing mentorship can support CHWs on an ongoing basis, while some programs have implemented mentoring programs for specific processes, such as quality improvement, that include less frequent mentoring sessions. Mentors may provide training, convene group discussions, review patient cases, help CHWs solve problems and communicate with other team members, and connect CHWs to resources to support their work.

**Retaining** - CHWs may also experience challenges that make it difficult to continue to work with the program. [Retention challenges for](#) CHWs may include difficulty finding transportation, lack of child care, inadequate pay, limited options for advancement, difficulty completing all required job duties, low morale or job satisfaction, and feeling overwhelmed or burned out. Program leadership and staff should anticipate these barriers and attempt to address them to support job satisfaction and retention. Strategies for addressing retention barriers can include offering benefits and incentives to CHWs such as health insurance, retirement plans, paid leave, performance-based recognition and rewards, childcare, competitive wages, professional development opportunities, gym memberships, and reimbursement for job-related expenses, such as transportation, or continuing education.

[Supervision Strategies and Community Health Worker Effectiveness in Health Care Settings](#) - Discusses the integration of CHWs into programs and teams, and offers considerations for building a CHW program, including hiring, training, and supervision.

[Supervision of CHWs](#), from the National Health Care for the Homeless Council, Integrating CHWs into Primary Care Practice: A Resource Guide for HCH Programs

[Supervision Manual for Promotor\(a\) de Salud Programs](#) - Highlights considerations for supervising promotores, including recruiting and hiring, orientation and training, supervision, and common challenges.

Organization(s): MHP Salud

[Community Health Worker \(CHW\) Toolkit: A Guide for Employers](#) - Provides employers in clinical settings guidance for CHW program planning and practice integration. Includes information on CHW scope of practice, education, and training opportunities, hiring, evaluation and financial sustainability for CHWs programs.

Organization(s): Minnesota Department of Health, Office of Rural Health and Primary Care

[CHW Supervisor Training](#), Center for Community Health Alignment - The CHW Supervisor Training is designed for individuals who want to gain a better understanding of the CHW Model in order to more effectively support the work of their CHW employees. This training provides supervisors with the opportunity to develop a better understanding of the critical role of CHWs in the communities they serve and how to address common challenges when supervising CHWs. This virtual 9-hour course is currently available for \$500. To register for this training iteration, please complete this form. Please contact Mychelle Harris at mychelle@sc.edu for more information.

[Supervision of Community Health Workers](#), Lauren Crigler, Jessica Gergen, and Henry Perry - In a recent review of literature on CHW productivity, the authors suggested that productivity was based on a combination of three elements: (1) knowledge and skills, (2) motivation, and (3) the work environment. The work environment encompassed workload, supervision, supplies and equipment, and level of respect that other health workers had for the CHWs. In their review, the authors maintained that supportive supervision was a critical factor in creating and maintaining an enabling work environment. In another recent study, the majority of participants stated that supervision was one of the most important factors for maintaining a functional cadre of motivated CHWs because supervisors serve as a link between CHWs and the health system. The support that supervisors can provide CHWs helps them to feel valued and feel like an important part of a larger organization.

[Successful Supervision with Community Health Workers \(CHW\) Workshop](#) serves as a standard resource for increasing the capacity of CHW Supervisors to support the effectiveness of the CHWs on their team. The Workshop content focus on key topics areas identified and prioritized by CHW Supervisors and informed by insights from subject matter experts in community health, education, and related fields.

Brown, O., S. Kangovi, N. Wiggins, and C. S. Alvarado. 2020. [Supervision strategies and community health worker effectiveness in health care settings](#). NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/202003c>

[CHW Self-Assessment and Career Development Plan](#) - The competencies for Community Health Workers are designed to help you assess your current skill level so you can create an education plan that is relevant to your position and career aspirations. Download the CHW Self-Assessment and Career Development Plan to get started today!

## SUSTAINABILITY

### [Strategies To Support CHW Sustainability](#)

Rural communities may explore multiple sustainability strategies to support community health worker (CHW) programs. Achieving sustainability often requires combining multiple private and public funding sources

### [Implementing Sustainable Payment Models](#)

Public and private payers may support CHW programs using traditional payment models (such as fee-for-service) or alternative payment models. In traditional payment models, CHWs are billable providers and organizations receive reimbursement from payers for eligible services provided by CHWs. Alternative payment models offer providers incentives for high-quality care and improved outcomes. Providers may use funding from alternative payment models, such as global budgets or shared savings,

to invest in CHW services that may help achieve target quality and outcome measures. The National Academy for State Health Policy tracks state policies and laws related to CHW financing.

- Medicaid – Many state Medicaid programs provide reimbursement for CHW services. Some states use fee-for-service payments to reimburse eligible CHW services, including health education and chronic disease management while other states use capitated models in which Medicaid pays a pre-specified amount to entities that employ CHWs.
- Medicare and Private Insurers – While Medicaid programs more frequently invest in CHW services, Medicare and private insurers also provide some support.
- Indian Health Service (IHS) – The IHS' longstanding Community Health Representative (CHR) Program funds CHWs to provide health promotion and disease prevention services to their tribal communities.

#### Using State or County Funds

Some states or counties include a line item for CHW programs in their annual budgets while other counties also use tax dollars, such as a percentage of mill levies, to fund CHW services. A mill levy is a property tax applied to the assessed value of a property. While state or county funding may be relatively stable from year to year, funds may also be vulnerable to reductions based on shifting administrations and economic outlooks.

#### Exploring Opportunities for Apprenticeships

Apprentices receive structured training while earning a living wage and working toward a CHW credential or certificate. Apprenticeship program sponsors may receive state tax credits or funding from state Departments of Labor, Workforce Development Offices, Economic Development Authorities, or other agencies that focus on promoting a skilled workforce. States may need to seek approval from the U.S. Department of Labor for their CHW apprenticeship program curriculum.

#### Leveraging Community Resources

Many rural CHW programs have created strategic alliances between community organizations and public and private agencies to support sustainability efforts. Some have formed a Board of Directors or Strategic Advisory Council to guide programs. Creating a sense of ownership for the CHW program among community stakeholders has helped to build trust and to identify new opportunities to sustain activities. Community stakeholders may also help build a strong business case for the CHW program.

Community-based organizations may also support collaborative implementation and sustainability of CHW programs. They often hire and train CHWs. They may also offer key resources and fulfill functions to bolster the success of a CHW program such as:

- Providing CHW training facilities
- Contributing financial resources
- Arranging or providing transportation services
- Facilitating CHW program sustainability through formal agreements

Some rural CHW programs have developed strong partnerships in the business community, including placement of local business leaders on their Board of Directors. Buy-in from and collaboration with the business community has helped some CHW programs to:

- Increase awareness of program benefits

- Identify new funding sources
- Secure direct funding from local businesses for parts of the program

#### Working with Payers and Policymakers

This is critical to ensuring full integration of CHWs into care teams. There are several considerations around the scope of CHW practice, return on investment, training and credentialing, and funding sources. Rural communities may need to consider these issues when working with payers and policy makers.

The Centers for Disease Control and Prevention (CDC) provides Policy Evidence Assessment Reports that describe the documented benefits of CHW interventions and may help rural communities make the business case for investing in CHW programs. CDC also offers a free 6-session course on Promoting Policy and Systems Change to Expand Employment of CHWs. Local, regional, or state CHW associations may provide helpful suggestions or resources for advocating for change.

#### Addressing Common Challenges to Retention

Lack of retention can negatively affect operations and relationships between patients and the CHW program, which can present additional challenges to sustainability. Strategies to promote retention and sustainability include providing CHWs with opportunities for professional development, promoting collaboration among members of the care team, and preventing burnout.

[Sustainable Collaboration](#) - Families USA has launched The Community Health Worker Sustainability Collaborative to expand the use of community health workers (CHWs). The Collaborative will promote strategies for securing sustainable funding for CHW programs and better integrating CHWs into the health care system.

[Importance of Sustainability for Rural community CHW Programs](#) - To meet the particular needs of each community, CHW program planners may consider working with local partners to identify community resources that could sustain a program in the long term. A CHW program's sustainability plan may also include strategies for following or staying up-to-date with evidence-based or promising practices, identifying clear operational systems and models, engaging a quality workforce, and integrating multi sector teams and systems.

[Sustainability of Promotora Initiatives: Program Planners' Perspectives](#) - Analyzes the results of a survey of 22 promotora programs focused on Hispanic women's health in ten states. Discusses program components, logistics, and barriers encountered by CHW program planners. Addresses the implications for community health planning, management, and policy, including the development of sustainable strategies during program planning stages, that may effectively integrate promotoras into existing healthcare systems.

Author(s): Koskan, A., Friedman, D.B., Hilfinger Messias, D.K., , et al.

Citation: Journal of Public Health Management Practice, 19(5), E1-E9

#### [Closing the Gap: Applying Global Lessons Toward Sustainable Community Health Models in the U.S.](#) -

Highlights key principles for developing sustainable and effective CHW programs. Discusses the risks of hiring non-clinical workers and considers the persistent challenges and emerging opportunities regarding financial sustainability of CHW programs. Offers guidance when planning and implementing CHW programs that link clinical care systems with communities.

Organization(s): Arnhold Institute for Global Health, Icahn School of Medicine at Mount Sinai, Office of the UN Special Envoy for Health in Agenda 2030 and for Malaria

[CHW Forum: Community Health Worker Forum: Engaging Community Health Workers in the Development of a Statewide Infrastructure for Sustainability](#) - The Community Health Worker (CHW) Forum was led by the Division of Diabetes Translation to gather CHWs, CHW allies, and state health department representatives to explore issues related to developing a statewide infrastructure to promote long-term sustainability and financing of CHWs.

## MENTAL HEALTH SUPPORT FOR CHWs

The [Professional Quality of Life Assessment for Helping Professionals](#) is intended for any helper - health care professionals, social service workers, teachers, attorneys, emergency response, etc. Understanding the positive and negative aspects of helping those who experience trauma and suffering can improve your ability to help them and your ability to keep your own balance

The [reflection logs](#) have proven to be an empowering experience for CHWs as it creates a space to freely share stories, identify areas of improvement, while processing difficult situations. (Source: [Health Leads](#))

George, C., & Kolawole, O. (2019, October 28). [Battling burnout: Self-care and organizational tools to increase community health worker retention and satisfaction](#). Health Lead.

## HOSPITAL SYSTEMS

Pinto D, Carroll-Scott A, Christmas T, Heidig M, Turchi R. [Community health workers: improving population health through integration into healthcare systems](#). Curr Opin Pediatr. 2020 Oct;32(5):674-682. doi: 10.1097/MOP.0000000000000940. PMID: 32889962.

[The Impact of Community Health Workers](#) - Though health care professionals at hospitals work tirelessly to help patients get and stay healthy, some patients struggle with real-life challenges, such as job pressures, difficulty paying for medications, hunger or trauma, which can affect their health. To address these issues, University of Pennsylvania Health System researchers partnered with Philadelphia community members and health system leadership to develop IMPaCT—Individualized Management for Patient-Centered Targets—an evidence-based, nationally recognized model for recruiting and training community health workers (CHWs).

[Integrating Community Health Workers into Primary Care Practice](#), National Health Care for the Homeless Council, Integrating CHWs into Primary Care Practice: A Resource Guide for HCH Programs

[Integrating Community Health Workers on Clinical Care Teams and in the Community, CDC](#) - CHWs also help build individual and community capacity 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. The integration of CHWs on clinical care teams is a



strategy that can be considered to straddle [Domain 3](#) (health care system interventions) and [Domain 4](#) (community-clinical links).

[Growing Together: Reimagining Health Care with CHWs](#) - At Baylor Scott & White Health, CHWs are trusted members of the community who have a close understanding, of the ethnicity, language, socio-economic status, and life experiences of the community served. Besides assisting people in gaining access to needed services, CHWs also build individual, community, and system capacity by increasing health knowledge and self-sufficiency. One of the ways the hospital uses CHWs is to enhance care coordination. CHWs improve health outcomes, access to care, help control costs of care, and address social determinants of health by providing support and counseling, addressing barriers and increasing use of services, establishing connections and providing education, and strengthening care.

As the CHW staff grew, Baylor Scott & White Health developed a CHW Development Council. The purpose of the council is to:

- Demonstrate & educate on clinical, patient, quality, and cost-effectiveness of CHWs
- Help grow CHW role
- Ensure support of CHW staff
- Be a model organization for utilization & outcomes related to CHWs

## COVID-19 REPORTS

[COVID 19 Report](#) - In 2019, a novel virus began to rapidly spread in China, then to other countries, including the U.S. The disease, known as COVID-19, is caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2). COVID-19 created a global pandemic, and in the U.S., COVID-19 strained many hospital systems. Reports released indicated that doctors and nurses were overwhelmed by the massive influx of COVID-19 patients. The impact of the pandemic on community health workers (CHWs) was unknown.

In the summer of 2020, the Maternal and Child Health (MCH) Training Program at UTHealth School of Public Health partnered with the Community Health Worker Core Consensus Project (C3 Project) at Texas Tech University to better understand the extent to which the COVID-19 pandemic has affected the community health worker (CHW) workforce. To address this, this study examined the perceptions and experiences of CHWs during the COVID-19 pandemic in order to: 1) understand changes in the CHW workforce, 2) identify training opportunities, and 3) describe priority needs of CHWs and their communities. An inter-professional team, including CHWs, CHW instructors, and researchers, developed an online survey to understand the perspectives and experiences of CHWs in Texas during the COVID-19 pandemic. The study team distributed the 67-item survey (qualitative and quantitative), available in Spanish and English, via CHW networks and associations and the Texas Department of State Health Services CHW/Promotora Training and Certification Program. 885 CHWs completed the survey.

This report describes: 1) respondent demographics and professional setting; 2) employment changes; 3) changes in roles and skills experienced by CHWs during COVID-19 pandemic; 4) COVID-19-related training needs of CHWs; 5) quality of life impact of CHW employment during COVID-19 pandemic; and 6) CHW perceptions of community assets and challenges during the COVID-19 pandemic. CHWs have been and will continue to be affected personally and professionally by their communities' COVID-19 pandemic response.



This survey created the opportunity for CHWs to describe their experiences working with their communities before and during the COVID-19 pandemic response. The researchers hope that sharing the survey findings will be utilized to inform workforce training in addition to informing the response to current and future public health emergencies

## ADDITIONAL RESOURCES

[Texas CHW Program Office](#) - The Community Health Worker (CHW) or Promoto(a) Training and Certification Program provides leadership to enhance the development and implementation of statewide training and certification standards. It also provides administrative rules for persons who are certified as promotores or community health workers, instructors and sponsoring institutions/training programs. The program provides three (3) types of certifications, assists the CHW Advisory Committee and provides resources, reports, articles and research material to assist current and future community health workers.

### **CHW Certification Program Office**

512-776-2570 or 512-776-2624

### **Instructor or Training Program Certification**

512-776-3860 or 512-776-2208

**Email:** [chw@dshs.texas.gov](mailto:chw@dshs.texas.gov)

**Fax:** 512-776-7555

### **Mailing Address**

Texas Department of State Health Services  
P.O. Box 149347, MC 1945  
Attn: CHW Training and Certification Program  
Austin, TX 78714-9347

[CHW Training Centers](#) - The Texas Department of State Health Services (DSHS) certifies training sites to deliver the Community Health Worker (CHW) certification course, CHW continuing education, CHW Instructor certification course and/or CHW Instructor continuing education.

Potential training sites must submit an application with a curriculum for their desired certification and a plan for delivering future training. Always consult the proper authorities before applying to become a training site or submitting a new curriculum.

[Local Texas Associations](#) - List of associations and networks in Texas that community health workers can join.

[Dallas Fort Worth CHW Association](#) - The DFW-CHW Association is here to serve you and provide you with the tools to successfully serve your community. Please take a look around our website. Learn more about us through our mission, our goals, view our past projects and events, find training opportunities, browse our resources, and find out how you can join our devoted non-profit member-driven organization today!

*The mission of the DFW-CHW Association is to unite CHW and CHW Instructors for professional development and community outreach.*

[Texas Association of CHWs/Promotores \(TAPCHW\)](#) - We are a 501(c)3 non-profit professional organization that offers membership and supports the Community Health Worker (CHW) workforce through a variety of opportunities that includes continuing education credit courses, job opportunities, and various CHW-led projects across Texas.

[The National Association of Community Health Workers \(NACHW\)](#) was founded in April 2019 after several years of planning and organizing by Community Health Workers (CHWs) and allies across the United States. NACHW is a 501(c)(3) nonprofit membership-driven organization with a mission to unify CHWs across geography, ethnicity, sector and experience to support communities to achieve health, equity and social justice.

[NACHW CHW Document Resource Center](#) - This database was supported by Grant/Cooperative Agreement Number 5-NU38OT000286-02, funded by the Centers for Disease Control and Prevention (CDC). The CDC has funded decades of work to support the engagement of CHWs and was strategic in leading efforts to complete multiple systematic reviews on the topic, convene [the 2019 CHW Forum](#), and has published extensive volumes of translational research resources to advance the CHW workforce and enhance health equity. To access CDC CHW resources, visit [the CDC CHW Resources Gateway](#).

[Organizational elements to support CHW](#) - **Overall purpose of the project:** Community health workers, promotoras, and community health representatives (hereafter collectively referred to as CHWs) are essential to the COVID-19 response and long-term health equity for the communities they serve. Policymakers, including Congress and President Joe Biden, along with the Centers for Disease Control and Prevention, the Health Services and Resources Administration, and state health departments, among others, have called for increased investment in this workforce. Local, state, and federal stakeholders, including payers, policymakers, and government officials, need a way to ensure that increased investment translates into effective CHW programs, and that CHWs are supported in their work. In 2020, the National Committee for Quality Assurance (NCQA), in partnership with the Penn Center for Community Health Workers (PCCHW), set out to develop standards for recruiting, employing, and supervising CHWs that would support sustainable payment approaches for organizations that employ and partner with CHWs. This paper summarizes the work completed, describes organizational elements that can support the CHW workforce, and identifies important considerations needed for future development of standards.

[Engagement of CHW in Self-Management Education Programs](#) - This document provides an overview of a technical assistance tool developed by CDC staff to explain key drivers associated with engaging community health workers (CHWs) in Diabetes Self-Management Education and Support (DSMES) programs. It also highlights examples from three states that have done significant work in supporting the CHW workforce, including training, certification, and reimbursement initiatives. Finally, the document provides an illustrative example of one state's work on each of the key drivers associated with engaging CHWs in DSME.

[Training CHWs](#), National Health Care for the Homeless Council, Integrating CHWs into Primary Care Practice: A Resource Guide for HCH Programs

## C3 PROJECT

The [Community Health Worker Core Consensus Project \(C3 Project\)](#) aimed to expand cohesion among Community Health Workers (CHWs) and other stakeholders in the field and contribute to the visibility and understanding of the CHW profession. To accomplish this mission, C3 Project team members sought to engage CHWs at every step so that their voice served as a key source, setting the tone and direction of the C3 Project through CHW leaders' critique and appraisal of C3 Project findings and direction of their use.

The C3 Project focused on four areas/outcomes from 2014-2018:

- 1) Producing a contemporary list of recommended CHW roles and competencies, including skills and qualities, that form the full scope of CHW practice (*see Figure 1*)
- 2) Building consensus among CHWs and allies for use of recommended roles and competencies
- 3) Identifying tools and methods for best assessing and supporting CHW skills
- 4) Exploring the impact of clinical and community settings on CHW roles and competencies

Resources:

- [CHWs Are Pivotal Poster](#)
- [Roles & Competencies Implementation Checklist](#)
- [CHW Assessment Toolkit](#)
- [C3 Project Final Report](#)
- [CHW COVID-19 Impact Survey Report - Texas](#)
- [What is a CHW? - English](#)
- [¿Que es un\(a\) promotor\(a\)? - Español](#)