



# INCREASING UTILIZATION OF COMMUNITY HEALTH WORKERS IN MONTEREY COUNTY:

Competencies, Employment Pathways, Training,  
Curriculum Models and Best Practices

Prevention First Monterey County, Institute for Community  
Collaborative Studies at CSUMB, December 2017

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## EXECUTIVE SUMMARY

Founded in 1995, the Institute for Community Collaborative Studies (ICCS) at California State University Monterey Bay (CSUMB) is a unique community/university center of excellence that provides opportunities for faculty, staff and students to collaborate with diverse partners to design innovative projects and conduct community-based research initiatives. ICCS projects contribute to improvements in health and human services and public health practices and policies in local communities in the Monterey Bay region as well as throughout the state.

With the implementation of the Affordable Care Act, Community Health Workers (CHWs) are playing an increasingly important role in community-based and clinical care settings. CHWs facilitate critical linkages between patients and health care systems especially for those most impacted by health disparities. Research clearly indicates that chronic disease such as hypertension and diabetes disproportionately affect vulnerable populations; this is especially the case in Monterey County. Information from the California Health Interview Survey (CHIS) shows that 12% of Monterey County residents have been diagnosed with diabetes compared with 10.3% in California as a whole. An additional 45% of Monterey County residents have pre-diabetes.<sup>1</sup>

It is also well documented in the literature that Community Health Workers (CHWs) help improve health care access and outcomes; strengthen health care teams; and enhance quality of life. Dozens of studies demonstrate that CHWs have improved health outcomes for low-income populations, particularly for disease prevention and chronic disease management, such as control of asthma, diabetes, hypertension, cardiovascular disease, depression, and mental illness. Studies also demonstrate that CHWs reduce health care costs by decreasing ambulatory care sensitive emergency room (ER) visits, hospitalizations including admissions and readmissions, and by improving individual and community capacity to understand their condition and utilize health care services appropriately.<sup>2</sup>

The purpose of this report is to document the efforts of the Prevention First Monterey County (PFMC) team to address Scope of Work activities and deliverables for years three and four of the 1305 grant with focus on Community Health Worker (CHW) expansion in the region. This project is a collaborative effort between ICCS and the Monterey County Health Department, managed through the California Department of Public Health and funded through the Center for disease Control (CDC). The primary outcomes for deliverables related to expansion of CHW capacities in the region include focus on identifying best practices of CHW's locally and the dissemination of information to support CHW expansion through a community convening (Local Action Network) for medical providers and organizations interested in expanding utilization of CHWs. Deliverables also include identifying opportunities indicated by the Key Informant Interviews (KII's) on the benefits of engaging CHW's in chronic disease prevention and control and generating dialogue on expanding use of CHW's to create local recommendations and plan.

Specifically, this report on CHW expansion includes:

- Identification of CHW competencies and sub-skills,
- CHW competency analysis of 22 CHW programs,
- A conceptual model for CHW practice tiers to support progression of CHW employment,
- A sample job description for entry level CHW,
- A summary of local area network meetings to promote CHW capacity in the region,
- Summary of best practices from the literature,
- CHW training resources for local agencies and providers,
- CHW curriculum models for review,
- and recommendations and plans for CHW expansion.

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<sup>1</sup> UCLA Center for Health Policy Research, (2016)

<sup>2</sup> The New York State Community Health Worker Initiative, (2011)

## INTRODUCTION

### Prevention First Monterey County Project Description

The Monterey County Health Department (MCHD) has partnered with the Institute for Community Collaborative Studies (ICCS) at California State University, Monterey Bay to implement the Prevention First Monterey County 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). With this funding from the CDC, the CDPH selected Monterey County as one of four county health departments to address diabetes and hypertension through the coordination of disease prevention and health promotion. The primary focus of the 1305 project is on the systems of care in the prevention of diabetes and high blood pressure with emphasis on four target areas: 1) Electronic Health Records, 2) National Diabetes Prevention Programs, 3) Community Health Workers, and 4) Team-Based Care. This report focuses on systems of care related to the expansion of Community Health Workers in the region.

### Purpose and Methods

Prevention First Monterey County has conducted research on CHW competencies, practice tiers, job descriptions, training models/content to promote CHW employment and training in the Monterey Bay region. The specific purpose of this report is to provide information and resources to local health providers interested in utilizing or expanding use of CHW's in their organizations to enhance patient care and services. Information included in this report was obtained from various sources including searches on the CDC and USA.gov websites, as well as a Google search. The literature selected for this report came from health and academic institutions implementing and/or studying Community Health Workers.

### CHW Definition

In 2009, 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. Importantly, the statement included a definition of CHWs developed within the APHA Community Health Workers Section, with national representation of CHWs and their advocates. The definition is 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.”<sup>3</sup>

### Competencies

The following eleven (11) core competencies for Community Health Workers were identified in “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.”<sup>4</sup> Table 1 includes listing of all core competencies and sub-skills.

1. Communication Skills
2. Interpersonal and Relationship-Building Skills
3. Services Coordination and Navigation Skills
4. Capacity Building Skills
5. Advocacy Skills

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<sup>3</sup> American Public Health Association, (2009)

<sup>4</sup> Rosenthal et al., (2016)

6. Education and Facilitation Skill
7. Individual and Community Assessment Skills
8. Outreach Skills
9. Professional Skills and Conduct
10. Evaluation and Research Skills
11. Knowledge Base

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

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

	Skill	Sub-skill
9	<b>Professional Skills and Conduct</b>	<ul style="list-style-type: none"> <li>a. Ability to set goals and to develop and follow a work plan</li> <li>b. Ability to balance proprieties and to manage time</li> <li>c. Ability to apply critical thinking techniques and problem solving</li> <li>d. Ability to use pertinent technology</li> <li>e. Ability to pursue continuing education and life-long learning opportunities</li> <li>f. Ability to maximize personal safety while working in community and/or clinical settings</li> <li>g. 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])</li> <li>h. Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements</li> <li>i. Ability to participate in professional development of peer CHWs and in networking among CHW groups</li> <li>j. Ability to set boundaries and practice self-care</li> </ul>
10	<b>Evaluation and Research Skills</b>	<ul style="list-style-type: none"> <li>a. Ability to identify important concerns and conduct evaluation and research to better understand root causes</li> <li>b. Ability to apply the evidence-based practices of Community Based Participatory Research (CBPR) and Participatory Action Research (PAR)</li> <li>c. Ability to participate in evaluation and research processes including: <ul style="list-style-type: none"> <li>1) Identifying priority issues and evaluation/research questions</li> <li>2) Developing evaluation/research design and methods</li> <li>3) Data collection and interpretation</li> <li>4) Sharing results and findings</li> <li>5) Engaging stakeholders to take action on findings</li> </ul> </li> </ul>
11	<b>Knowledge Base</b>	<ul style="list-style-type: none"> <li>a. Knowledge about social determinants of health and related disparities</li> <li>b. Knowledge about pertinent health issues</li> <li>c. Knowledge about healthy lifestyles and self-care</li> <li>d. Knowledge about mental/behavioral health issues and their connection to physical health</li> <li>e. Knowledge about health behavior theories</li> <li>f. Knowledge about basic public health principles</li> <li>g. Knowledge about the community served</li> <li>h. Knowledge about United States health and social service systems</li> </ul>

## CHW COMPETENCY ANALYSIS

Prevention First Monterey County (PFMC) reviewed a total of 22 academic and community based Community Health Worker (CHW) training programs to identify key competency areas frequently provided in training models currently available. An overall goal of this analysis was to clarify existing training content for CHW's and core competencies not frequently offered and to identify key areas that could enhance training and service delivery. An additional outcome is to develop locally relevant training for CHW's providing services to the Monterey Bay region.

**Methods:** Many of the programs selected for this analysis were from states with either relatively high numbers of Latino farmworker populations or with already established CHW training (i.e. Texas, California, Oregon. The programs were grouped and organized by 1) academic programs, and 2) advocacy organizations or non-profits (not located in CA). Included in this analysis were 10 academic programs, and 12 advocacy/community based organizations.

**Limitations:** All information was obtained online including website review and/or through interviews of local agencies previously conducted by PFMC. One limitation of this analysis is that some programs and organizations did not have clearly identified competencies or descriptions of the training available online.

**Findings:** Table 2 below provides a summary of reviewed programs offering training in specific competency areas. All 10 academic programs were grouped together, and the remaining 12 advocacy and Community Based Organizations (CBO's) were grouped to create this summary table. As indicated below, the table shows many programs shared similar competencies.

**Table 2. Summary of Competency Areas by Program Type**

	<b>% Academic program offering skill</b>	<b>% Non-academic organization offering skill</b>
<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 nine core competencies was developed in 1998.</i>		

However, not all skill areas were frequently provided by the programs reviewed. **Competency or skill areas listed-but infrequently identified include:**

- Outreach, assessment & evaluation skills
- Public speaking
- Audio-visual equipment
- Community priorities
- Illustrative skills
- Group dynamics
- Cultural norms
- Disease etiology
- Community disease
- Knowledge of governmental institutions/programs
- Political climate

This review of competencies provided by CHW training programs indicates there may be training areas needing additional emphasis. Indeed, the movement toward developing a shared understanding of the essential roles of CHWs yields powerful information about the training needs of this workforce. CHWs themselves express a desire for core competency-based training rather than just problem-specific training around particular health issues and populations. For instance, in a 2008 qualitative study that sought to gather CHW input on training needs, CHWs indicated receiving primarily problem- and population-specific training, but little or no core competency training. Moreover, CHWs reported that trainings do not often cover broader community and family health issues or the larger context of socioeconomic or political problems. The study also revealed training needs in core competencies and specialization topics, including research skills.<sup>5</sup>

### **CHW Practice Tiers: A Conceptual Model**

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<sup>5</sup> Ruiz et al., (2012)



There exists a wide range of definitions, titles, practice settings and skills for individuals serving as community health workers. Titles include Community Health Workers, Health Navigators, Promotores de Salud, Health Educators, Community Coordinators, Lifestyle Coaches, Health Ambassadors and many more.

**Table 3** on the following page provides conceptual model for organizations interested in utilizing CHWS a way to communicate about CHW skills, settings, employment requirements and progression, and training needs to best serve our local communities. (Sources: Project C3 documents, review of CHW job descriptions & website research on CHW training.) It is hoped that this visual model will help in the recruitment, hiring and employment progression of CHWs across both the public and private sectors.

**Table 3. COMMUNITY HEALTH WORKER (CHW) PRACTICE TIERS (draft of conceptual model)**

	<b>Tier 1</b>	<b>Tier 2</b>	<b>Tier 3</b>	<b>Tier 4</b>
<b>ORIENTATION</b>	Closest to community served	Community-focused with health care system relationship	Health care system focused with community relationship	Embedded in health care system with connections in community served
<b>VALUED PERSONAL CHARACTERISTICS</b>	<ul style="list-style-type: none"> <li>Compassion -"Heart" community connection,</li> <li>Bilingual, bicultural, cultural affiliation with community served</li> </ul>	<b>Tier 1 plus:</b> <ul style="list-style-type: none"> <li>Self-motivated,</li> <li>Motivating to others,</li> <li>Engaging</li> <li>Organized, punctual</li> </ul>	<b>Tier 1 &amp; 2 plus:</b> <ul style="list-style-type: none"> <li>Strong oral and written communication skills,</li> <li>Interpersonal skills,</li> <li>Timeliness in work duties</li> </ul>	<b>Tiers 1, 2, &amp; 3 plus:</b> <ul style="list-style-type: none"> <li>Takes initiative,</li> <li>Collaborative,</li> <li>Analytical skills</li> </ul>
<b>COMPETENCIES AND SKILLS</b>	<ul style="list-style-type: none"> <li>Establish trust &amp; build relationships,</li> <li>Organize &amp; coordinate small community groups &amp; one-on-one health education,</li> <li>Schedule appointments</li> <li>Cultural humility</li> </ul>	<ul style="list-style-type: none"> <li>Organize &amp; conduct small groups focused on health &amp; wellness,</li> <li>Work in a collaborative manner,</li> <li>Conduct basic community outreach,</li> <li>Entry of basic health data,</li> <li>Practice cultural humility/inclusiveness</li> <li>Coordinate services,</li> <li>Conduct referrals</li> <li>Set priorities &amp; follow protocols.</li> </ul>	<ul style="list-style-type: none"> <li>Provide advocacy at micro and mezzo levels</li> <li>Facilitate individual and small groups to improve health outcomes</li> <li>Collect &amp; enter health data using basic technology skills</li> <li>Basic EMR report generation and retrieval,</li> <li>Working knowledge of CHW Code of Ethics</li> <li>Conduct presentations,</li> <li>Basic assessment skills with individuals and small groups</li> <li>Cultural sensitivity/inclusiveness,</li> </ul>	<ul style="list-style-type: none"> <li>Community advocacy and policy development</li> <li>Motivational interviewing,</li> <li>Interdisciplinary team meetings and practice skills,</li> <li>Utilize technology to collect manage &amp; enhance programs,</li> <li>Evaluation &amp; research skills</li> <li>Individual and community assessment skills</li> <li>Knowledge of health &amp; social services systems,</li> <li>Patient navigation &amp; follow-up to promote behavior change,</li> <li>Application of ethical practices</li> </ul>
<b>DEGREES/ CERTIFICATION</b>	No educational requirements	High school diploma or GED	Community college courses, AA degree, CHW certificate	MA certificate, undergraduate academic intern or bachelor's degree
<b>TITLES, ROLES, JOB DUTIES</b>	Promotores, health navigator, health ambassador	Promotores, health navigator, community health worker, health ambassador, peer mentors	Lifestyle coach, community coordinator, community health work, health promoters	Community health worker, community health navigator, medical assistant
<b>PAY SCALE (Estimate only)</b>	Volunteer to minimum wage (@ \$10/hour)	Tier 1 plus 25% (\$12.50/hr)	Tier 1 plus 50% (\$15.00/hr)	Tier 1 plus 100% (\$20.00/hr)
<b>TYPICAL WORK SETTING</b>	Community-based setting	Community, HC provider	Health care provider	Health care provider, clinic setting
<b>LOCAL EXAMPLES</b>	Second Harvest Food Bank, American Heart Association	Center for Community Advocacy, Clinica de Salud	Central Coast YMCA, Dorothy's Place	Sembrando Salud, MCHD Clinics (MAs)

## **GENERIC CHW JOB DESCRIPTION**

The following generic CHW job description provides an example for employers to consider in the recruiting and hiring of CHW's. This sample can be used as a foundation to further tailor a CHW position for the specific setting and organization. Referring to the conceptual model above, this sample job description offers a blending of Tiers 1 & 2.

### COMMUNITY HEALTH WORKER I/II

#### 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, advocate and educate community members in overall health and wellness. The CHW serves as a liaison or link between health and social services and the community to facilitate access and 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.

#### DISTINGUISHING CHARACTERISTICS

Community Health Worker I is the entry level of the classification series. Under initial close supervision, incumbents will learn and perform a variety of duties related to patient health and wellness to reduce health disparities including patient engagement (both individual and group); assessment or health status and risk; referrals to community services; service coordination and care management; facilitation of patient self-management skills around health status; data entry/Electronic Health Records (EHR), scheduling of appointments and other related tasks. Incumbents, however, are expected to work with greater independence as they gain experience.

Community Health Worker I is the journey, working level class in the series. Under general supervision, incumbents perform the full scope of general Community Health Worker duties. This class is distinguished from Community Health Worker II which functions as a lead worker, or handles the most complex and specialized assignments.

#### 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 county and community based agencies/professionals; patient care coordination and navigation; management of patient information into a computer system; 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, provide advocacy to address health disparities at the individual and community levels.

#### QUALIFICATIONS

A combination of experience, education and/or training which substantially demonstrates possession of the following knowledge, skills and abilities:

##### Some knowledge and skills in:

Level I:

1. Knowledge of local population demographics, assets and needs
2. Knowledge of local community health disparities such as diabetes and hypertension

3. Ability to connect with and provide ongoing support in a behavior change process
4. Demonstrated organizational and time management skills
5. Effectively communicate in writing in order to document patient information and progress.
6. Ability to follow instructions and incorporate feedback6. Communicate verbally with patients and co-workers in a clear and effective manner
7. Communicate verbally with patients and co-workers in a clear and effective manner

Knowledge and Skills in:

Level II: (In addition to the requirements for Level I):

1. Knowledge of local health disparities and resources to address those disparities.
2. Requirements and procedures for care coordination, data management, and Electronic Health Records.
3. Ability to conduct presentations on health and wellness activities and self-management of health concerns.
4. Ability to facilitate small groups to facilitate behavior change.
5. Basic understanding of health insurance programs such as Medi-Cal, Covered California, and the Alliance for Health.

EXAMPLES OF EXPERIENCE AND EDUCATION

The knowledge and skills listed above may be acquired through various types of education, training or experience, typically:

Level I

Experience:

One year of community based experience providing advocacy and support which has included significant public contact

OR Completion of a GED or high school diploma which has included has included public contact.

Level II:

Completion of GED or high school diploma which has included significant public contact through internship, volunteer experience, or other experience.

OR

Two years of experience at a level equivalent to Monterey County's Community Health Worker I

REQUIRED CONDITIONS OF EMPLOYMENT

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

1. Remain calm and operate effectively in rushed situations.
2. Read, write and speak Spanish
3. Accept shift work including weekends and holidays.

PHYSICAL AND SENSORY REQUIREMENTS

The physical and sensory requirements of this job class include:

1. Possible exposure to infectious organisms through contact with community members
2. Exposure to agitated patients and family members
3. Ability to read standard text and data on a computer terminal.
4. Ability to hear conversations in a noisy environment.
5. Ability to communicate verbally in person and over the telephone.
6. Ability to physically assist ill patients and/or push a patient in a wheelchair.
7. Ability to reach, bend or stoop in order to use files and records.

## **LOCAL AREA NETWORKS (LAN)**

### **CHW Champions Meeting**

A CHW Champions meeting was held on Feb. 27, 2017 to start dialogue and planning for CHW expansion in the region. The event was well attended by local agency providers already utilizing CHW's in their respective organizations. Participating organizations included the Monterey County Health Department, Clinica de Salud, 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 obtained from participants. The next LAN event is planned for Feb. 2018 to bring together agencies already utilizing CHWs with organizations interested in implementing CHWs into their agencies/practices. Best practices, models of training and resources will be highlighted at this event.

### **Workforce Development Board-Regional Slingshot Initiative**

The statewide Slingshot Initiative involves input from industry stakeholders and provides start-up funds to support the development of careers in regional priority areas. A CHW Certificate Program was identified as one of three regional priorities for the Monterey Bay region. Collaborative meetings have included education, hospitals, clinics and organizations from Monterey, Santa Cruz, San Luis Obispo and Santa Barbara Counties. It is hoped that a standardized CHW certificate program can be offered by local community colleges as a way to provide training on core competency areas to support expansion of CHW utilization locally.

### **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. A total of eleven individuals participated in this first academy which was conducted entirely in Spanish. It is anticipated that graduates of the academy may be interested candidates for a CHW Certificate program to continue on the path for career opportunities.

### **Salinas Valley Health Professions Partnership Pathway (SVHPPP)**

PFMC has participated in SVHPPP, a local collaborative comprised of professionals from education 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. PFMC is participating in the second working group; Health Coaches, Navigators and Medical Assistants.

## **BENEFITS OF CHWs**

Community Health Workers increase access to services for underserved populations through their connection with the community and healthcare systems. CHWs generally come from the communities they serve, and are culturally aware of the community's needs and perception of the healthcare system. This link makes it easier for CHWs to communicate with and gain patients' trust, as well as adapt health care resources to better suit their patients' needs. CHWs can also assist in health education, promotion, and prevention efforts in a way that addresses the populations' social determinants of health. They can support, coaching, and follow-up to patients who have been hospitalized for health complications, such as heart attacks, diabetes, in an effort to improve patient health and quality of care and reduce

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

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

Phalen, J. & Paradis, R. (January 16, 2015)

**Content Summary:** This 2015 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.

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

Balcazar, H., Rosenthal, E.L., Brownstein, J.N. et al. (December 2011)

**Content Summary:** This 2011 journal 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.

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

Office of the Assistant Secretary for Planning and Evaluation (ASPE)  
Snyder, J.E. (January 2016)

**Content Summary:** This 2016 report from the Office of the Assistant Secretary for Planning and Evaluation found that CHWs may be a cost-effective, high quality and culturally competent addition to the health care system and team-based care models. It also found that CHWs may improve patient and population health among those with high rates of chronic disease and complex health needs through targeting vulnerable populations and providing education and intervention.

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

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

**Content Summary:** This 2013 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. [Addressing Chronic Disease Through Community Health Workers: A Policy and Systems Level](#)

[Approach](#) Centers for Prevention and Disease Control (April 2015)

**Content Summary:** This document sets forth evidence demonstrating the value and impact of CHWs in preventing and managing a variety of chronic diseases, including heart disease and stroke, diabetes, and cancer. In addition, 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.

## **BEST PRACTICES**

The following resources highlight some of the CHW best practices from the literature. Hyperlinks and a summary have been provided for each listed resource

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

Sinai Urban Health Institute (January 2014)

**Content Summary:** This 2014 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.

2. [Community Health Workers Toolkit](#)

Rural Health Information Hub (2017)

**Content Summary:** This toolkit for disseminating best practices provides links to APHA (CHW section), the Massachusetts Association of CHW's and references to other best practice resources.

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

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

**Content Summary:** This 2011 report by the Health Resources and Services Administration through the US Dept. of Health and Human Services highlight program models, training approaches, implementation of program, planning for sustainability, evaluating impact, and dissemination of best practices.

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

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

**Content Summary:** This 2013 report identifies best practices for the funding and reimbursement process of community health workers (CHWs) and community health worker programs.

5. [Community Health Workers Resources](#)

American Public Health Association (2017)

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

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

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

**Content Summary:** This report was created to discuss and develop ways to integrate Community Health Workers into care coordination models in California.

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

Cook, S. & Keesecker, N.M.

**Content Summary:** This report provides best practices for choosing, adapting, and tailoring community health worker programs.

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

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

**Content Summary:** Utilizing a Theory of Change framework, this report connects intervention and support opportunities across the spectrum of policy, care delivery and workforce development to drive collective action toward integrating this complex and critically important role into health care teams in California.

## REIMBURSEMENT AND SUSTAINABILITY

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

Rural Health Information Hub (2017)

**Content Summary:** This module addresses critical issues linked to sustainability of community health worker 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.

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

Families USA (July 2016)

**Content Summary:** This report discusses the importance of community health workers, 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 community health worker programs through Medicaid 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)

**Content Summary:** 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 here under “CHW Call Series”: <http://www.astho.org/Community-Health-Workers/>



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

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

**Content Summary:** 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 community health workers, as long as the services have been recommended by a licensed practitioner.

## TRAINING RESOURCES

### Recommendation for Monterey County Health Department

The Monterey County Health Department (MCHD) requested the PFMC team to research and recommend possible models of CHW training as a possible pilot for the agency. The following five (5) program models were selected out of the total 24 programs reviewed based on their shorter respective training time-frame (90 hours or less) and relevance of training content for serving Monterey County populations. The programs are listed in order of *lowest to highest number of training hours*:

**1. Latino Health Access (Orange County, CA).**

14 hours-two days for CHW Promoter Fundamentals Training. Fundamentals Training is intended for relatively new CHW/ hires and includes: Fundamentals for CHW's, Community Strengths and Improvements, Culturally Tuned Information & Referral, Outreach, Communication, Team Dynamics <http://www.latinhealthaccess.org/trainings/>

**2. Día de la Mujer Latina (Pearland, Texas)**

3 days of Community Navigator training (estimated 18-24 hours). Addresses core competencies for CHW/Promotores and provides agency certification. Uses the MINE framework- Motivate, Inspire, Navigate, Educate. 8 competency areas: advocacy, communication and interpersonal skills, organizational skills, community health education skills, coordination skills, disease specific skills. <http://diadelamujerlatina.org/community-navigator-training/>

**3. Washington State Department of Health - Community Health Workers Training System.**

Estimated 14 hours in-person, and 15 hours online-total 29 hours. Utilizes a hybrid system of training (in-person and on-line). 2 days of training in-person. Day 1: definition of CHW, role and boundaries, health disparities, communication, cultural competency, navigating the on-line system. 5 on-line modules: organizational skills, documentation skills, assessment skills, service coordination skills, case studies. Day 2 of in-person training follows on-line modules. [http://www.doh.wa.gov/Portals/1/Documents/Pubs/140-043-CHWT\\_ParticipantManual.pdf](http://www.doh.wa.gov/Portals/1/Documents/Pubs/140-043-CHWT_ParticipantManual.pdf)

**4. MHP Salud (Texas)**

Modularized training areas (4-8 hours/module), or complete package of training at 54 hours. Modules: 1. Roles and Scope 2. Popular Education & Teaching 3. Cultural Competence 4. Communication Techniques 5. Service Coordination Skills 6. Confidentiality & Ethics 7. Evaluation Tools 8. Technology for CHW's. <http://mhpsalud.org/how-we-can-help-you/browse-all-products-and-services/training/chw-training/complete-chw-training/>

## 5. Multnomah County Health Department (Oregon)

We are Health Training. 90 hours, 12 full-time sessions, 24 part-time sessions (provides certification). Contact person Elizabeth Rees

Specific Goals of the “We Are Health” Curriculum: 1) To draw out and build on the life experience, cultural traditions and worldviews that THWs and CHWs bring to training; 2) To promote the empowerment of THWs, CHWs, and the communities they serve, through the use of popular education philosophy and methodology; 3) To prepare THWs generally, and CHWs specifically, to play a full range of roles, from connecting people to existing services and managing medical utilization to organizing communities to identify and address their own most pressing health issues; and 4) To promote the full integration of THWs and CHWs as integral members of the medical, public health, and social service systems.

<https://multco.us/health/events/2015/05/26/we-are-health-community-health-worker-training>

### **Delivery/Implementation Plan**

The core curriculum may be provided by local academic institutions (Hartnell Community College, CSU Monterey Bay, Monterey Peninsula College) or by a contracted organization in the community. This curriculum model is suggested as a short-term pilot only, with a follow-up and evaluation of the training to identify improvements in support of a more permanent training in the county.

*Please refer to the Appendix CHW Curriculum Models and Content that lists all 22 CHW training programs reviewed and provides a brief summary of available on-line content.*

### **CHW Training Content Areas**

PFMC has also continued to explore local interest in collaboration around shared training for CHWs in the region to supplement the orientation and training already provided by many organizations for their own staff. As mentioned previously, a CHW Certificate program made available through the Slingshot Initiative is in the planning process for 2017-2018.

Core content (AKA transferable skills) important in entry level CHW training might be grouped into the following domains:

#### **Core Content:** (transferable skills)

1. Interpersonal Skills: Relationship-building, information gathering, empathy & “heart”, compassionate connection with the community, CHW Code of Ethics, community support, cultural humility, community safety, boundaries
2. Outreach, Assessment & Care Coordination Skills: Basic outreach skills, assessment of needs, knowledge of community resources, ability or make referrals, advocacy, track 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.

**Specialized Content Modules:** More advanced content tailored for specific programs and/or populations might include the (Etiology, prevention of and intervention for the following):

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

**Online Training Resources:**

Agencies/providers who are in the planning and implementation phases of increasing CHW capacity may also find the following links and additional resources useful:

**1). CDC-Division for Heart Disease and Stroke Prevention E-Learning Series.** Session 1 Intro to CHW, Session 2 Current Issues for CHWs, Session 3 Public Policy Arenas-Workforce Development. Session 4 Occupational Regulation, Research & Evaluation, Session 5 Sustainable Funding for CHW Positions, Session 6 Moving Policy and Systems Change

[http://www.cdc.gov/dhdsp/chw\\_elearning/index.html](http://www.cdc.gov/dhdsp/chw_elearning/index.html)

**2). Diabetes Training & Technical Assistance Center, CHW Policy and System Strategies for Improving the Prevention and Management of Chronic Disease Among Disparate Populations.** 1. Health Equity 2. Defining CHW 3. Policy and Systems Change to Support CHW Integration and Sustainability 4, Road to Health Toolkit 5. CHW Models 6. Evaluating CHW Progress.

[http://www.dttac.org/services/community\\_health\\_workers/index.html](http://www.dttac.org/services/community_health_workers/index.html)

**3). MHP Salud- resources for CHW Programming. Promotor of Health Resource Guide (English and Spanish).** Brief Reports on Diabetes and CHW Model

<http://mhpsalud.org/our-causes/find-free-resources-for-chw-programming/>

**Local Training Provided:**

As mentioned above, many of the organizations that currently utilize CHW's in Monterey County use a variety of methods to train and orient new CHW's. Many programs appear to rely on observation/shadowing of experienced workers and on-the job training. It is important to note that local training of CHWs is predominantly program specific, focusing on training CHWs to address specific health issues faced by the population served, rather than providing general or core CHW training. The local training resources identified to date include:

**American Heart Association-Monterey County CHW Training Program**

There is training for both lay workers and a clinical model. The training for lay workers is generally offered typically in the spring and consists of 30 hours of training typically over 4 months (evenings or weekends). Training content includes information from Life Simple 7, (an evidence based program out

of Stanford) on techniques for behavior changes, how to present, assessment for high risk patients using assessment tools, and lifestyle choices for health 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. The training has been provided in Salinas so far but AHA would like to expand to Soledad and other south county towns. The training has also been provided in the bay area including Mountain View & Sunnyvale. Mike would be interested in discussing how to expand the training to other 1305 and 1422 funded counties. Promotores are “AHA certified” but no state certification. AHA would like to see more formal certification for this group. (Personal communication, Mike Gonzales).

### **Central Coast YMCA-Coaching for Lifestyle Education Trainers (DPP)**

The training consists of 4 webinars (about 5 hours) and includes info on diabetes and motivational interviewing. Then there is a 12 hour in person component called the Coaches Training where an overview of all the sessions is provided as well as info on behavior change. The training is usually offered at night or on the weekend, and is currently provided by a trainer from San Francisco. Lastly there is info on HIPPA and participants must demonstrate ability to facilitate a group to graduate. The Central Coast YMCA has also partnered with CSU Monterey Bay to utilize student interns from the Collaborative Health and Human Services (CHHS) program to help expand the DPP groups, with emphasis on Spanish-speaking communities. (personal communication, Bill Proulx, Central Coast YMCA, Director of Healthy Living).

### **Center for Community Advocacy (CCA)**

Individuals seeking to become promotores must go through five in-house training sessions and give two presentations to receive their diploma and the Promotor title. Promotores are unpaid as it is a volunteer position. Promotores hold health-related presentations for desperate populations in community settings.

### **Additional Training Resources for Review:**

1. **CDC: The Road to Health Toolkit: Training Guide-How to Prevent or Delay Diabetes in your Community: A Training Guide for Community Health Workers**

(provides content on Type 2 diabetes, healthy food choices and physical activity).

<http://www.cdc.gov/diabetes/ndep/pdfs/27-road-to-health-training-guide.pdf>

2. **MCD Public Health (MCDPH)-National CHW Online Training Program (Maine)**

MCDPH is a Public Health Institute, meeting criteria established by the National Network of Public Health Institutes (NNPHI). Community Health Worker Training MCD Public Health has just launched 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. FMI: visit [www.chwtraining.mcdph.org](http://www.chwtraining.mcdph.org), or email [chwtraining@mcdph.org](mailto:chwtraining@mcdph.org)

*The on-line training though MCDPH includes five modules as follows (\$80.00 fee for the package- website indicates fee may be waived for organizations with a bulk purchase plan):*

- a. Community Health Workers and Chronic Conditions includes topics on:  
The role of CHWs as a trusted member of the community, addressing barriers and cultural differences, the importance of chronic disease self-management and referring clients to self-management programs, and communication skills and working with members of the community and health care team
  - b. High Blood Pressure, Prehypertension and Hypertension covers the facts about blood pressure, accurate blood pressure measurement, the importance of managing high blood pressure including understanding and taking medication as prescribed and how to help clients do self-measured blood pressure monitoring.
  - c. Prediabetes covers the early signs and risks of developing diabetes, the lifestyle changes that can lower this risk, and how to support and encourage clients to participate in diabetes prevention programs.
  - d. Diabetes covers the facts and dangers of type two diabetes, daily management including checking glucose levels and how to support self-management and referring patients to self-management programs.
  - e. Asthma covers asthma facts, causes, diagnosis, monitoring asthma control, management including asthma medications, addressing environmental triggers, asthma action planning and supporting children with asthma at home and in school.
3. **Arizona Prevention Research Center -**  
Training materials/manual in English and Spanish for CHW/Diabetes Self- Management-Accion Curricula (167 pages), Promotora Manual (53 pages)  
<http://azprc.arizona.edu/curricula/promotora-community-health-manual>
  4. **Health Care Workforce Development Program-Los Angeles County Health Services and SEIU Local 721.**  
The Worker Education & Resource Center is offering a Community Health Worker program to prepare individuals with the skills to become a community worker with the LA County Department of Health Services. This intense 150-hour course will begin in August 2014 and prepare individuals to work in the Departments' clinics and hospitals. Participants in the program will be expected to promptly attend all sessions, approximately 30 hours per week. Participants will receive a training stipend during the course based on attendance and performance  
[http://www.we-rc.org/images/uploads/CHW\\_bulletin\\_FillIn\\_7-16-14.pdf](http://www.we-rc.org/images/uploads/CHW_bulletin_FillIn_7-16-14.pdf)
  5. **Colorado Department of Public Health and Environment-Health/Patient Navigator Workforce Development**  
The Colorado Department of Public Health provides information on their health/patient navigator workforce initiative, including competency development and standardized training, pilot competency evaluation, recommendations, workforce studies, career pathways and training programs.  
<https://www.colorado.gov/pacific/cdphe/patient-navigator-workforce>
  6. **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 state CHW legislation, financing, education, certification, CHW organizations, and CHW roles in the state.

<http://www.nashp.org/state-community-health-worker-models/>

7. **Textbook resource: Foundations for Community Health Work (2<sup>nd</sup> edition) author Tim Berthold**

The Road to Health Toolkit from the Centers for Disease Control and Prevention (CDC) was created for “CHWs who provide outreach education to Hispanic/Latino and African American/African Ancestry communities” as they are the groups with the greatest risk of developing type 2 diabetes. The toolkit includes examples and activities for healthy food choices and increased exercise.

<http://www.cdc.gov/diabetes/ndep/pdfs/27-road-to-health-training-guide.pdf>

## **RECOMMENDATIONS AND PLAN**

Expansion plans for CHW’s have been reported by the MCHD, and the Central Coast YMCA. Other organizations have expressed interest in their ability to “lift up” the CHW’s they already utilize through career advancement opportunities. Tools and resources will be made available at the LAN event in Feb. 2018 and will include sharing of job descriptions, a conceptual model to promote CHW employment progression, core competencies and best practices and training resources

Several of the recommendations from key Informant Interviews have been accomplished during years 3 and 4 including creation of job descriptions and clarification of roles and expectations between volunteers and paid CHW’s, and utilization of CHW’s in the facilitation of patient support groups (MCHD clinics and Central Coast YMCA DPP). The following recommendations still need to be addressed with focus on adding more formal organizational structures for the utilization of CHWs’ in Monterey County:

- Develop sustainable funding or payment structures for CHW utilization
- Collect and analyze data on the effectiveness of CHW’s in clinical settings to provide evidence in support of CHW’s
- Formalize connections between medical organizations and CBO’s with local community colleges and CSUMB to recruitment of CHW’s (LAN event in Feb. 2018 and Slingshot Initiative)
- Develop a career track for CHW’s as an incentive for choosing this field (SVPPP in progress)
- Expand CHWs work to include collaboration with pharmacists to assist patients in medication management
- Connect CHWs to food banks, housing organizations, and mental health resources to broaden their ability to address patient’s needs.

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## APPENDIX-CHW CURRICULUM MODELS & CONTENT

### 1. City College of San Francisco

**Curriculum:** [Training Guide to Foundations for CHW, 2<sup>nd</sup> Edition](#)

**Content Summary:** Role of CHWs, Evolution of CHW, Intro to PH, Health Equality, Intro to Health Policy, Core Competencies, Cultural Humility, Behavior Change, Ethics, Interviewing, Counseling, Care Management, Home Visits, Stress Management, etc.

There are five parts to the curriculum:

1. CHW – Big Picture
2. Core Competencies for Direct Services
3. Enhancing Professional Skills
4. Key Health Issues
5. Working with groups and communication

The training guide was chosen through our research of Community Health Worker (CHW) programs in the state of California. The City College of San Francisco (CCSF) is an academic institution providing a **year-long 20-unit course and certificate for CHW training**. 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. Students in the CHW program will learn to:

- a. “Analyze and evaluate health information from public health, behavioral science, biomedical and cultural perspectives, including evidence-based approaches and best practices for health promotion.”
- b. “Evaluate and implement entry-level proficiency in key CHW skills including client-centered assessment, counseling or coaching, health education and case management services, along with skills for group facilitation, community organizing and advocacy.”
- c. “Develop and integrate job readiness and professional skills necessary for employment in the CHW field including ethics, scope of practice, professional boundaries, conflict resolution, self-care, time management, and skills for providing and receiving constructive feedback.
- d. Appraise and apply core concepts for working effectively with diverse clients and communities, including cultural humility and an ecological perspective.

### 2. Washington State Department of Health-Community Health Worker Training System

**Curriculum:** [Training Curriculum for Community Health Workers](#)

**Content Summary:** Estimated 14 hours in-person, and 15 hours online-total 29 hours. Utilizes a hybrid system of training (in-person and on-line). 2 days of training in-person. Day 1: definition of CHW, role and boundaries, health disparities, communication, cultural competency, navigating the on-line system. 5 on-line modules: organizational skills, documentation skills, assessment skills, service coordination skills, case studies. Day 2 of in-person training follows on-line modules.

The training guide was chosen through our research of Community Healthy Worker (CHW) programs in the state of Washington. 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. The training focuses on the following core competencies:

- a. "Providing culturally appropriate health education, information, and outreach in community settings."
- b. "Bridge the gap between communities and health and human services by increasing people's health knowledge and ability to be self-reliant."
- c. "Make sure people access the services they need."
- d. "Advocate for people and community health needs."
- e. "Provide direct services, such as: informal counseling, social support, care coordination, health services enrollment and health insurance navigation skills; and ensure preventive health screening for cancer.

(28 pages)

### 3. Millennium Villages Project-The Earth Institute-Columbia University

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

**Content Summary:** This manual contains helpful information on organizing trainings.

(412 pages)

### 4. Centers for Disease Control and Prevention

**Curriculum:** [A Community Health Worker Training Resource for Preventing Heart Disease and Stroke](#)

**Content Summary:** (specific to heart disease and stroke)

Info on risk factors, info on heart disease and stroke (stroke, heart attack, heart failure, atrial fibrillation, and diabetes)

The *CHW Training Resource* was chosen from the CDC's CHW toolkit that provides information regarding CHW training and capacity building. 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 as a "complement" for other trainings regarding cardiovascular health. The objectives of this training are for CHWs to:

- a. "Have a basic understanding of how the heart and blood vessels work."
- b. "Know how to measure and record blood pressure."
- c. "Know the risk factors for and causes of heart disease and stroke."
- d. "Know the warning signs of heart attack and stroke."
- e. "Know the most common treatments for diseases of the heart and blood vessels; for heart attack and stroke; and for contributing conditions, such as high blood pressure, high blood cholesterol, and diabetes."
- f. "Know how they can help people in the community who are living with heart disease or a stroke-related disability take care of themselves and prevent a second heart attack or a second stroke."
- g. "Be able to work with community members to prevent heart disease and stroke by encouraging healthy eating, physical activity, tobacco control, and stress reduction at the individual, family, and community level.

- h. “Be able to help people take greater control over their health and to self manage their chronic conditions.”

The roles of CHWs provided in this resource were:

- a. Provide outreach to individuals in the community setting.
- b. Measure and monitor blood pressure.
- c. Educate patients and their families on the importance of making lifestyle changes and of taking their medicines and following their treatment plans as advised by their doctors.
- d. Help patients navigate health care systems by providing assistance with enrollment, appointments, referrals, and transportation to and from appointments; promoting the correct use of health services; arranging for child care or rides to form child care; and arranging for bilingual providers or translators.
- e. Provide social support by listening to the concerns of patients and their family members and helping them solve problems.
- f. Support people in setting goals.
- g. Teach self-management classes.
- h. Evaluate how well a self-management plan is helping patients to meet their goals.
- i. Help people get home health equipment (such as blood pressure monitors) to support self-management.

The following core competencies included in the resource were based on the core competencies identified in the 1998 National Community Health Advisory Study by the University of Arizona:

- a. “Bridge cultural medication between communities and the health care system.”
- b. “Provide culturally appropriate and accessible health education and information, often by using popular education methods.”
- c. “Ensure that people get the services they need.”
- d. “Provide informal counseling and social support.”
- e. “Advocate for individuals and communities.”
- f. “Provide direct services (such as basic first aid) and administer health screening tests.”
- g. “Build individual and community capacity.”

*(490 pages)*

**5. Centers for Disease Control and Prevention**

**Curriculum:** [Technical Assistance Guide – States Implementing Community Health Worker Strategies](#)

**Content Summary:** 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. The following CHW roles identified in the guide were taken from the 1998 National Community Health Advisory Study by the University of Arizona:

- a. Culturally mediating between communities and the health care system.
- b. Providing culturally appropriate and accessible health education and information, often by using popular education methods.
- c. Ensuring that people get the services they need.
- d. Providing informal counseling and social support.
- e. Advocating for individuals and communities.
- f. Providing direct services (such as basic first aid) and administering health screening tests.
- g. Building individual and community capacity.

(36 pages)

**6. University of Colorado, Denver | Anschutz Medical Campus**

**Curriculum:** [Patient Navigator & Community Health Worker Training \(Online Course\)](#)

**Content Summary:**

Module 1-Patient navigation and health disparities

Module 2- Components of patient-centered models of care

Module 3- Patient navigation roles and responsibilities

**7. Center for Latino Adolescent & Family Health-Families Talking Together: Creating Healthy Family Conversations to Prevent Teen Pregnancy**

**Curriculum:** [Community Health Worker Curriculum](#)

**Content Summary:**

Center for Latino Adolescent and Family Health (Vision y Compromiso)

- Role of CHW
- Adolescent sexual risk behavior

(41 pages)

**8. Wright State University: Boonshoft School of Medicine (Dayton Ohio)**

**Curriculum:** [Community Health Worker Curriculum](#)

**Content Summary:**

Course – *Intro to Community Health Advocacy* – 21 classes

Course – *Promoting health and preventing heart disease, stroke and cancer.* – 18 classes

**9. Rush Center for Urban Health Equity**

**Curriculum:** [Community Health Worker Training Manual](#)

**Content Summary:**

Acknowledges tremendous variability in CHW curriculum  
Curriculum

1. Self-management (core)

2. Pediatric asthma
3. Pediatric obesity
4. Heart failure
5. Home visitation

(178 pages)

**10. U.S. Agency for Healthcare Research and Quality (AHRQ)**

**Curriculum:** [Community Health Worker Quality Tools](#)

**Content Summary:** Great website for providers – 6 different models (including promotores, health education, and care coordination models)

**11. Asian Health Coalition**

**Curriculum:** [Hepatitis Community Manual](#)

**Content Summary:** Provides sample job description and good information for providers

(68 pages)

**12. Centers for Disease Control and Prevention**

**Curriculum:** [How to Prevent or Delay Type 2 Diabetes in Your Community: A Training Guide for Community Health Workers](#)

**Content Summary:**

A useful guide for CHW's

1. Type 2 diabetes and prevention
2. Healthy food choices
3. Physical activity

(116 pages)

**13. Diabetes Training and Technical Assistance Center (DTTAC)**

**Curriculum:** [CHW Policy and System Strategies](#)

**Content Summary:** Focuses on health equity

**14. Massachusetts – [Center for Health Impact](#) (80 hours for CHW Certificate Program)**

**Content Summary:** In-person and on-line courses

Outreach Worker Training Institute-career focused and college supported program

**15. Oregon – Multnomah County Health Department**

**Content Summary:** [We are Health](#) Training. 90 hours, 12 full-time sessions, 24 part-time sessions (provides certification). Contact person Elizabeth Rees (503)988-3663. Attempting to obtain more detail on curriculum content/focus.

**16. Dia de la Mujer Latina (Pearland, Texas)**

[Community Navigator Training](#)

**Content Summary:** 3 days of training (estimated 18-24 hours). Addresses core competencies for CHW/Promotores. Uses the MINE framework- Motivate, Inspire, Navigate, Educate. 8 competency areas: advocacy, communication and interpersonal skills, organizational skills, community health education skills, coordination skills, disease specific skills.



**17. MHP Salud (Texas)**

[Community Health Worker Training](#)

**Content Summary:** Modularized training areas (4-8 hours/module), or complete package of training at 54 hours. Modules: 1. Roles and Scope 2. Popular Education & Teaching 3. Cultural Competence 4. Communication Techniques 5. Service Coordination Skills 6. Confidentiality & Ethics 7. Evaluation Tools 8. Technology for CHW's.

[Resources for CHW Programming](#)

**Content Summary:** Promotor of Health Resource Guide (English and Spanish, nominal fee) Brief Report-Diabetes and CHW Model

**18. Latino Health Access (Orange County, CA).**

[Trainings and Pricing](#)

**Content Summary:** 14 hours-two days for Fundamentals Training. Fundamentals Training includes: Fundamentals for CHW's, Community Strengths and Improvements, Culturally Tuned Information & Referral, Outreach, Communication, Team Dynamics

**19. Washington State Department of Health**

**Curriculum:** [Training Curriculum for Community Health Workers](#)

**Content Summary:** Estimated 14 hours in-person, and 15 hours online-total 29 hours. Utilizes a hybrid system of training (in-person and on-line). 2 days of training in-person. Day 1: definition of CHW, role and boundaries, health disparities, communication, cultural competency, navigating the on-line system. 5 on-line modules: organizational skills, documentation skills, assessment skills, service coordination skills, case studies. Day 2 of in-person training follows on-line modules.

*(28 pages)*

**20. Washington State Department of Health**

[Healthy Communities Washington](#)

**Content Summary:** The Community Health Worker Training is a free eight week combination of online and in-person training designed to strengthen the common skills, knowledge and abilities of the Community Health Worker. This training is offered four times a year in seven regions around the state. (2 in-person training days, 6 weeks online)

*pages)*

**21. Texas Dept. of Health Services**

[Community Health Workers](#)

**Content Summary:** (160 hours) 10- week certification training, HS/GED required) **Arizona Prevention Research Center**

**Curriculum:** [Acción Para La Salud](#)

**Content Summary:** Created to improve community advocacy and leadership skills among community health workers.

*6 pages)*

**Curriculum:** [Promotora Community Health Manual](#)

**Content Summary:** Serves as a guide to promotores, their supervisors, and organizations in refining community-based diabetes self-management programs.

(53 pages)

**22. Centers for Disease Control and Prevention – Division for Heart Disease and Stroke Prevention**

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

**Content Summary:** Useful for providers/employers of CHW's

Course Overview

Session 1-Intro to CHW

Session 2-Current Issues for CHW

Session 3-Public Policy Arenas-Workforce Development

Session 4-Occupational Regulation-Research & Evaluation

Session 5-Sustainable Funding for CHW Positions

Session 6- Moving Policy & Systems Change Forward

**23. Diabetes Training and Technical Assistance Center**

**Community Health Workers:** [Policy and Systems Strategies for Improving the Prevention and Management of Chronic Disease among Disparate Populations](#)

**Content Summary:**

1. Health Equity (34 minutes)
2. Defining CHW (17 min.)
3. Policy and Systems Change to Support CHW Integration & Sustainability (33 min.)
4. A Road to Health Toolkit: A CHW Program (18 min.)
5. CHW Models (16 min.)
6. Evaluating CHW Programs (20 min.)

**24. Worker Education & Resource Center, Inc.**

**Health Care Workforce Development Program:** [Community Health Worker Training Opportunity](#)

*An educational partnership of the County of Los Angeles Department of Health Services and the Service Employees International Union Local 721*

**Content Summary:** The Worker Education and Resource Center is providing training for individuals interested in becoming Community Health Workers for the Los Angeles County Department of Health Services. The training is a **150 hour, 6 week course (30 hours per week)** that prepares those interested in becoming CHWs to work in clinics and hospitals. Those participating in this course will receive a stipend for their participation and attendance.

**25. MCD Public Health (MCDPH)**

[National CHW Online Training Program \(Maine\)](#)

**Content Summary:** 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. MCD Public Health provides

services in clinical health settings as well as public health and education settings. Training and technical support can be specific to an area of content expertise (for example, blood pressure screening, suicide prevention, diabetes support), or application of tools as they relate to a specific health objective (for example, strategic planning, social marketing, coalition-building, quality improvement).

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. FMI: visit [www.chwtraining.mcdph.org](http://www.chwtraining.mcdph.org).

The on-line training includes 5 modules as follows (\$80.00 fee for the package-website indicates fee may be waived for organizations with a bulk purchase plan):

- a. Community Health Workers and Chronic Conditions includes topics on:
  - The role of CHWs as a trusted member of the community
  - Addressing barriers and cultural differences
  - The importance of chronic disease self-management and referring clients to self-management programs.
  - Communication skills and working with members of the community and health care team
- b. High Blood Pressure, Prehypertension and Hypertension covers the facts about blood pressure, accurate blood pressure measurement, the importance of managing high blood pressure including understanding and taking medication as prescribed and how to help clients do self-measured blood pressure monitoring.
- c. Prediabetes covers the early signs and risks of developing diabetes, the lifestyle changes that can lower this risk, and how to support and encourage clients to participate in diabetes prevention programs.
- d. Diabetes covers the facts and dangers of type two diabetes, daily management including checking glucose levels and how to support self-management and referring patients to self-management programs.
- e. Asthma covers asthma facts, causes, diagnosis, monitoring asthma control, management including asthma medications, addressing environmental triggers, asthma action planning and supporting children with asthma at home and in school.