



# Community Health Worker Programming 101: Overview for Island Jurisdictions

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*This product also draws on the work of numerous organizations and individuals deeply immersed in the work of defining and supporting CHWs. Their contributions are acknowledged via references throughout the deck.*

*Partners in Health - United States originally compiled the information in this slide deck in partnership with ASTHO. Partners in Health - United States' original slide deck has been consolidated here for ease of use.*

# The Purpose of this Deck

Are you seeking to strengthen the community health worker (CHW) workforce and programming in your island jurisdiction?

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**You're in the right place.**

**This deck compiles best practices and recommendations for creating an effective CHW program in island jurisdictions.**

Island jurisdictions are committed to supporting the CHW workforce, and any workforce development effort must be led by CHW voices. Therefore, this deck also includes checklist questions that can guide brainstorming and conversations that support island jurisdictions and their partners in ultimately defining a shared vision for CHW sustainability.



# Learning Objectives

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Develop an understanding of the CHW workforce

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Identify foundational components of strong CHW programs

Slides 12-38

Assess the CHW landscape to identify strengths, gaps, and partners

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Collaborate to set a shared vision for strengthening and sustaining the CHW workforce

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Develop an understanding of the CHW workforce

Identify foundational components of strong CHW programs

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Collaborate to set a shared vision for strengthening and sustaining the CHW workforce

# Develop an Understanding of the CHW Workforce

This section explores:

- CHW Definition, Roles, and Qualities
- CHW Job Titles and Workplace Settings
- Value of CHWs
- Evidence Base Supporting the CHW Workforce

# Who is Considered a CHW?

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The American Public Health Association's CHW Section utilizes the following definition for CHWs:

A community health worker is a **frontline public health worker** who is a **trusted** member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker 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.

A community health worker also builds 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.

CHWs are members of the community themselves and have unique expertise in the health issues affecting their communities and geographies.

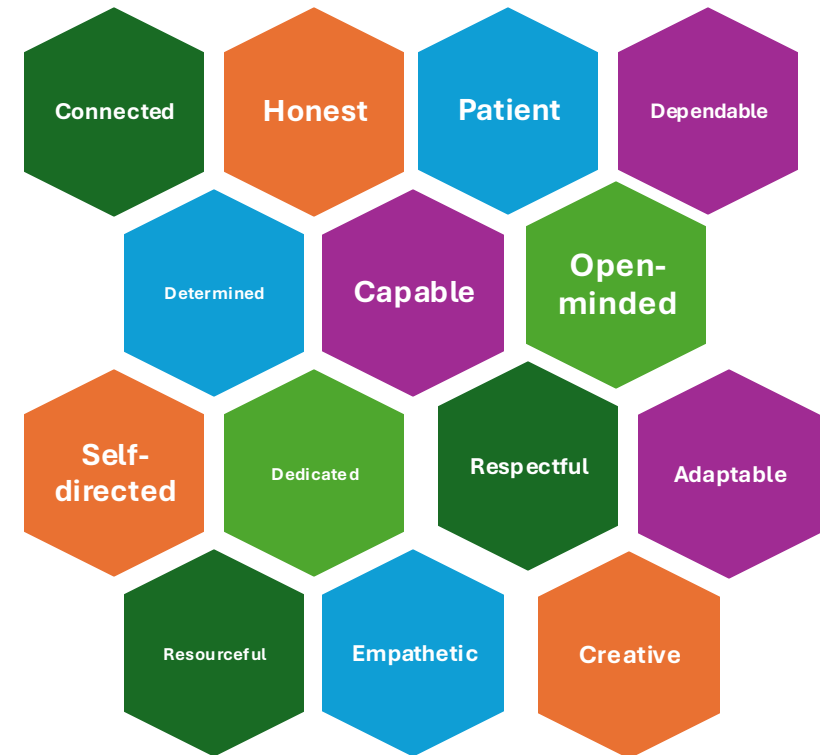


**The CHW Core Consensus (C3) Project articulates core roles, skills, and qualities that characterize CHWs.** CHWs do not necessarily have to function in all roles at the same time, since they may work in a combination of discrete roles depending on their position and needs of their community.

## Core Roles



## Core Qualities (examples)



# CHWs work under many titles and in various settings

## Partial List of CHW Titles

### Aunties

Birth Assistant (Doula)  
Birthing Family Support Worker  
Care Coordinator  
Community Advocate/Aide  
Community Care Specialist  
Community Care Worker  
Community Coordinator  
Community Dental Health Coordinators  
Community Health Associate  
Community Follow-Up Worker  
Community Health Advocate/Aide  
Community Health Coach  
Community Health Coordinator

### Community Health Educator

Community Health Navigators  
Community Health Organizer  
Community Health Outreach Worker  
Community Health Representative  
Community Health Specialist

### Community Health Worker

Community Liaison  
Community Navigator  
Community Organizer  
Community Outreach Navigator

### Community Outreach Worker

Community Promoter  
Community Social Worker

Cultural Case Manager  
Cultural Interpreter  
Cultural Mediator  
Diabetes Education Associate  
**Diabetes Educator**  
Diabetes Self-Management Support Associate

Diabetes Family Support Worker  
Diabetes Navigator  
Family Advocate  
Family Planning Counselor  
Family Support Worker  
Family Advocate  
Family Health Promoter  
Family Outreach Worker  
Family Support Specialist  
Family Support Worker  
Health Ambassadors  
Health Communicator  
Health Extension Workers  
Health/Nutrition Support Worker

### Health Promoter

Health Liaison  
Health Specialist  
Health Workers  
HIV/AIDS Educator  
HIV/AIDS Family Support Worker  
Homeless Advocate  
Lay Health Advocate

Lay Health Worker  
Mental Health Worker  
Navigator  
Neighborhood Health Advocate  
Outreach Advocate  
Outreach Coordinator  
Outreach Educator  
Outreach Specialist  
Outreach Worker

### Patient Educator

### Patient Navigator

Peer Advocate/Counselor/Educator  
Peer Support Specialist  
Peer Wellness Specialist  
Physical Activity Specialist

### Promotor(a) de Salud

Social Determinants of Health Specialists  
Street Outreach Worker  
Wellness Ambassadors  
Wellness Guide

### Women's/Men's Health Specialist

Youth Development Specialist  
Youth Peer Counselor

### Youth Worker

## Continuum of CHW Workplace Settings



### Community Settings

CHW brings forward community voices on community matters

### Examples

Faith- and community-based organizations  
Libraries  
Homeless outreach programs  
Public health departments  
School health programs  
Social service agencies

### Clinical Settings

CHW brings community voice into clinical settings

Ambulatory healthcare services  
Health clinics  
Hospitals

- California Association of Community Health Workers. "CHWs work under many job titles – Diversity is Our Unity." Available at: <https://cachw.org/job-titles>. Accessed 1-24-25.
- Center for Community Health Alignment. "The CHW Settings Continuum." Available at: <https://communityhealthalignment.org/chws-the-basics/>. Accessed 1-24-25.
- National Association of Community Health Workers (NACHW). "Community Health Worker Professional Roles & Titles." Available at: <https://nachw.org/wp-content/uploads/2022/11/Professional-Roles-and-Titles.pdf>. Accessed 1-24-25.



# Island Jurisdiction Spotlight: Variety of CHW Roles and Responsibilities

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## GUAM

CHWs were an important part of COVID-19 outreach and are expanding into **noncommunicable disease prevention and control**.

## N. MARIANA ISLANDS

CHWs have conducted **outreach** into communities and meet as a group within the public health department to **share information and advocate on community needs**.

## PUERTO RICO

CHWs/educators are **disseminating in health education** and information.

## MARSHALL ISLANDS

CHWs provide **culturally appropriate health education** and **system navigation**.

## PALAU

CHWs are focused on improving **behavioral health** through **coaching and social support** and **system navigation**.

## U.S. VIRGIN ISLANDS

CHWs are participating in **data collection activities** in addition providing to health outreach and teaching **chronic disease self-management classes**.



# CHWs Play a Critical Role in Improving Health

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**CHWs are a critical partner in improving health** due to their skills in:

- Communicating the needs of community members,
- Identifying available resources,
- Directing people through complex health and social systems, and
- Advocating for the design of more effective and accessible services.

CHWs have a well-rounded understanding of the communities in which they live and work and can therefore be a bridge between the community, public health, and clinical systems.

- Centers for Medicare and Medicaid Services. “On the Front Lines of Health Equity: Community Health Workers.” Available at: <https://www.cms.gov/files/document/community-health-worker.pdf>. Accessed 1-24-25.
- Cosgrove S, Monroy M, Jenkins C, et al (Nov. 2015). “Community Health Workers as an Integral Strategy in the REACH U.S. Program to Eliminate Health Inequities.” *PMC*. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC4514025/#:~:text=CHWs%20helped%20identify%20community%20needs,for%20individual%20and%20community%20health..> Accessed 1-24-25.
- National Council on CHW Core Consensus Standards. “C3 Council Findings: Roles and Competencies.” Available at: <https://www.c3council.org/roles-competencies>. Accessed 1-24-25.

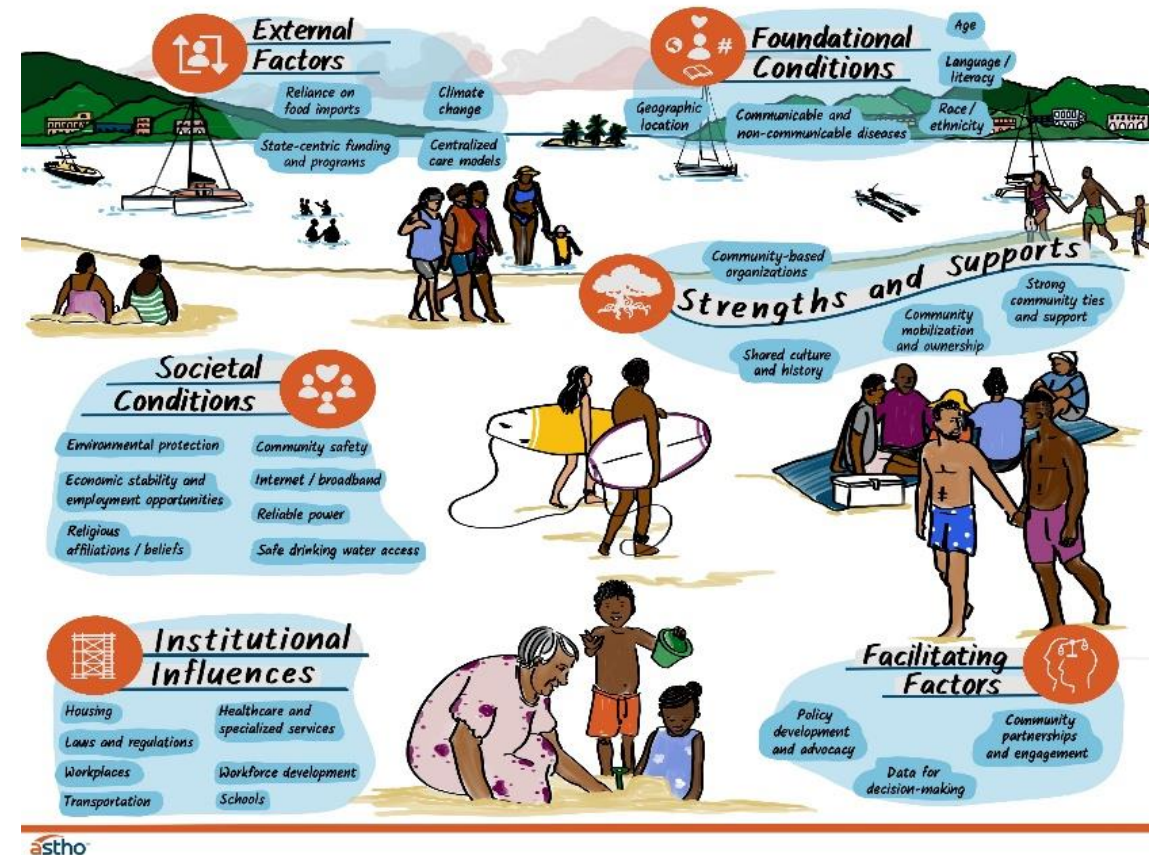


# CHWs are Uniquely Positioned to Address the Root Causes of Health Inequities in Island Jurisdictions

## ASTHO Health Equity Framework for the Pacific



## ASTHO Health Equity Framework for the Atlantic

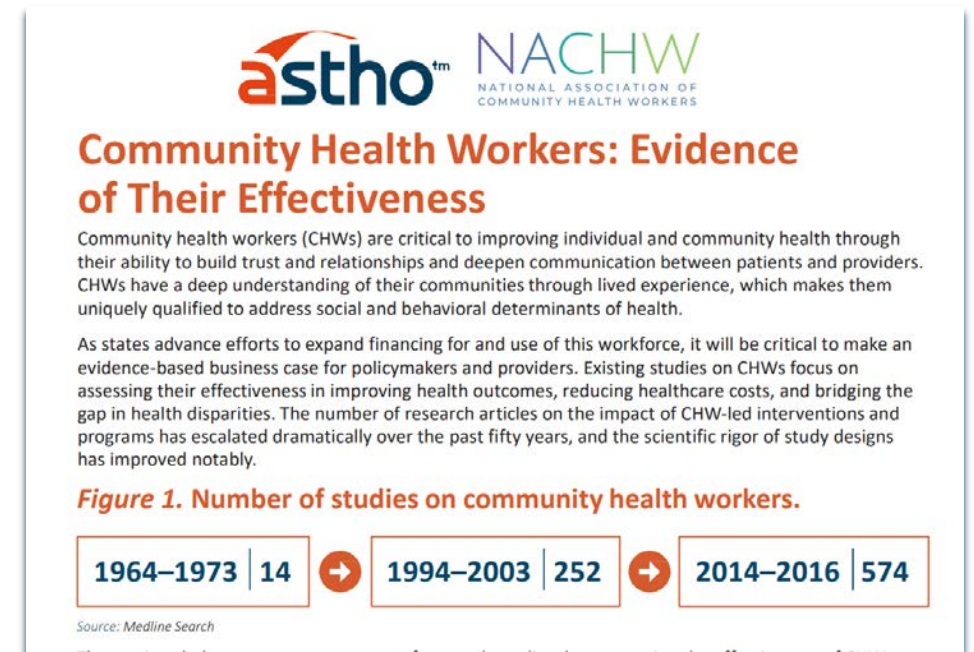


# CHWs are important – but often under-recognized – partners in the public health workforce

**CHWs have been working for decades** as educators, outreach workers, and trusted members of community who advise others on navigating health and support systems. The COVID-19 pandemic brought attention to the value of CHWs and their work.

However, low pay, short-term funding, lack of career pathways, and lack of support means that **CHWs remain a precarious workforce.**

- ASTHO. “Community Health Workers: Evidence of their Effectiveness.” Available at: <https://www.astho.org/globalassets/pdf/community-health-workers-summary-evidence.pdf>. Accessed 1-24-25.
- NACHW. “The Six Pillars of Community Health Workers.” Available at: <https://nachw.org/the-six-pillars-of-community-health-workers/>. Accessed 1-24-25.
- Peretz P, Islam N, Matiz LA. “Community Health Workers and Covid-19 – Addressing Social Determinants of Health in Times of Crisis and Beyond.” *New England Journal of Medicine*. Available at: <https://www.nejm.org/doi/full/10.1056/NEJMp2022641>. Accessed 1-24-25.
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Develop an understanding of the CHW workforce

Identify foundational components of strong CHW programs

Assess the CHW landscape to identify strengths, gaps, and partners

Collaborate to set a shared vision for strengthening and sustaining the CHW workforce

# Foundational Components of CHW Programs

This section explores nine foundational components:

1. Scope of practice and recruitment
2. Education and training
3. Supervision
4. Workplace support
5. Payment, benefits, and incentives
6. Certification/accreditation
7. Integration into teams and systems
8. CHW Engagement in Data Collection
9. Financing

# Foundational Components of CHW Programming

These nine aspects of CHW programming combine the Community Health Impact Coalition's [\*Assessment and Improvement Matrix\*](#) and the National Committee for Quality Assurance's [\*Critical Inputs for Successful CHW Programming Framework\*](#). Each aspect provides programmatic guidance that incorporates both US and global expertise and emphasizes the CHW perspective.

- 1 Scope of practice and recruitment
- 2 Education and training
- 3 Supervision
- 4 Workplace support
- 5 Payment, benefits, and incentives

- 6 Certification/accreditation
- 7 Integration into teams and systems
- 8 CHW Engagement in Data Collection
- 9 Financing

- Community Health Impact Coalition. "CHW AIM." Available at: <https://joinchic.org/resources/chw-aim/>. Accessed 1-24-25.
- National Committee for Quality Assurance and Penn Medicine. "Critical Inputs for Successful Community Health Worker Programs." Available at: [https://wpcdn.ncqa.org/www-prod/wp-content/uploads/2021/11/Critical-Inputs-for-Successful-CHW-Programs\\_White-Paper\\_November2021-2.pdf](https://wpcdn.ncqa.org/www-prod/wp-content/uploads/2021/11/Critical-Inputs-for-Successful-CHW-Programs_White-Paper_November2021-2.pdf). Accessed 1-24-25.

# 1 Scope of Practice and Recruitment

## Scope of Practice (SOP)

A SOP puts boundaries around day-to-day work and outlines expectations for the CHW role.

- A SOP can help other health professionals understand where their and CHWs' activities overlap and how to work together.
- A SOP can help organizations construct job classifications/ descriptions.

### Example SOPs:

**Arizona** and **Kentucky** define an SOP based on the CHW Core Roles set forth in the C3 Core Competencies (see slide 6).

**California** Department of Healthcare Services defines CHW SOP as:

- Health education and navigation
- Screening and assessment
- Individual support or advocacy

• Arizona Chapter 16: <https://www.azdhs.gov/documents/director/administrative-counsel-rules/rules/rulemaking/communityhealthworkers/npr.pdf>  
• Kentucky Administrative Code: <https://apps.legislature.ky.gov/law/kar/titles/902/021/040/>  
• University of Montana. "Environmental Scan of Community Health Worker Scope of Practice in the U.S." Available at: [https://www.umt.edu/ccfwd/training/communityhealth/chw\\_scopeofpractice.pdf](https://www.umt.edu/ccfwd/training/communityhealth/chw_scopeofpractice.pdf). Accessed 1-24-25.

# 1 Scope of Practice & Recruitment

## Writing a job description

CHW job descriptions vary depending on the needs of the organization but often include:

- Primary duties (e.g., home visiting, patient education)
- Prior lived experience and/or related work experience (e.g., knowledge of local resources, demonstration of community ties)
- Workload
- Personal skills (e.g., empathy, ability to develop trusting relationships, interest in helping the community)
- Educational requirements (e.g., certificate holder)
- Language requirements (e.g., both oral and written, English, other languages)
- Special skills (e.g., computer, phone calling, driver's license)
- Physical requirements (e.g., transporting education materials, walking and stair-climbing)

## Best Practices in Recruitment

- Reach out to community organizations to broaden reach outside of online job postings.
- Consult with CHW and peer staff networks and community partners to identify potential candidates.
- Conduct educational outreach to inform the community on the CHW role while also advertising open positions at the same time.

- ASTHO. "Hiring Practices that Support State Integration of Community Health Workers." Available at: <https://www.astho.org/globalassets/report/hiring-practices-support-state-integration-of-chw.pdf>. Accessed 1-24-25.
- The Institute for Clinical and Economic Review. "An Action Guide on Community Health Workers: Guidance for the CHW Workforce" Available at: [https://nacnw.org/wp-content/uploads/2020/07/NACDD/Natl41\\_NewEnglandCECouncil\\_ActionGuide\\_2013.pdf](https://nacnw.org/wp-content/uploads/2020/07/NACDD/Natl41_NewEnglandCECouncil_ActionGuide_2013.pdf). Accessed 1-24-25. (Includes sample job descriptions)
- MHP Salud. "Community Health Worker/Peer Workforce: Recruiting and Hiring for Social Determinants of Health Screening." Available at: <https://nhchc.org/wp-content/uploads/2021/07/CHWs-Peer-Specialist-Recruiting-and-Hiring-for-Social-Determinants-of-Health-Screening52.pdf>. Accessed 1-24-25.
- MHP Salud. "Sample Promotor(a) Job Description." Available at: <https://azprc.arizona.edu/sites/default/files/Example-CHW-Job-Description-1.pdf>. Accessed 1-24-25.





# 1 Scope of Practice & Recruitment

## Guiding Questions for Island Jurisdictions

Is the CHW scope of work clearly defined and document in the hiring process?

Does the scope of work address the C3 competencies and roles that are essential to the position?

Does the job description adequately describe the skill requirements? *Consider the impact of traditional job requirements (e.g., educational degrees, certificates) that may prevent a qualified CHW from being hired.*

Does the job description clearly outline the expertise and availability needed for this job?

Did CHWs help create or advise on the contents of the job description, thus ensuring it meets the needs of their community?

Are the expectations of the position designed to ensure CHWs have ample time to spent with clients/patients to meet their needs? E.g., Is the number of people that the CHW is expected to work with fair? *Consider factors such as population density and travel requirements.*

Does the job description clearly define how the CHW role aligns and integrates with other positions in the organization?

Is the job description being shared through community mechanisms to ensure CHWs are aware of the opportunity?

Is the CHW recruited from the community? If recruiting outside the community, is the CHW able to build trust and address the needs of the community being served?

## 2

# Education & Training

CHWs should have accessible training programs that build core competencies. Training programs may also be provided to address specialty topics to prepare them to address specific medical or other unique needs of their communities. Consensus among CHW organizations indicates that trainings should be accessible (e.g., different settings, locations, modalities) and should utilize participatory and adult learning techniques.

## Examples of Core Competency Curriculum Topics

- Healthcare and social service system navigation
- Practicing cultural competency
- Social determinants of health
- Working with clinicians, family members, caregivers
- Educating social services providers on community and population needs
- Teaching concepts of disease prevention and health promotion to patients
- Trauma-informed care practices
- HIPAA and patient privacy standards
- Motivational interviewing

## Examples of Specialty Curriculum Topics

- CHW supervision
- Rural health
- Education on specialty topics (e.g., diabetes prevention, opioid use, mental health, oral health, HIV/AIDS)

• NACHW. "Networks and Training Programs." Available at: <https://nachw.org/generalresources/networks-and-training-programs/>. Accessed 1-24-25.

• Rural Health Information Hub. "Community Health Worker Curriculums." Available at: <https://www.ruralhealthinfo.org/toolkits/community-health-workers/4/training/curriculum>. Accessed 1-

## 2

# Education & Training

## CHW Training Programs Trends:

**Training may be managed in-house by an organization itself or through outside partners.**

Outside organizations include nonprofits, training centers, or institutional health education centers like community colleges.

**Education should be a continuous process so CHWs have regular opportunities to update knowledge and develop new skills.**

Some programs offer continuing education credits or courses for specialized care.

**Standardized training can have advantages and disadvantages.**

Using one curriculum to train all CHWs can help make sure that all CHWs have a foundational set of knowledge and skills, which helps to build understanding of and respect for the profession. However, a standardized training may not address all the needs for different CHWs, depending on their role. Strive to ensure that a standardized curriculum is high quality *and* that CHWs have frequent opportunities to build additional skills.

### Island Spotlight: GUAM

In 2022, Guam Marianas Training Center began offering a training for community healthcare workers at no-cost for trainees.

- Lu P. "Support developing a Community Health Worker system for Guam." *The Guam Daily Post*. Available at: [https://www.postguam.com/forum/featured\\_columnists/support-developing-a-community-health-worker-system-for-guam/article\\_e706c7f4-2f0a-11ed-8dca-b3b0e1f3b0d6.html](https://www.postguam.com/forum/featured_columnists/support-developing-a-community-health-worker-system-for-guam/article_e706c7f4-2f0a-11ed-8dca-b3b0e1f3b0d6.html). Accessed 1-24-25.
- National Council on CHW Core Consensus Standards. "C3 Council Findings: Roles and Competencies." Available at: <https://www.c3council.org/roles-competencies>. Accessed 1-24-25.



## 2

# Education & Training

## Guiding Questions for Island Jurisdictions

Does the training curriculum meet the needs of the community? *Review landscape assessments and community resources to identify specific community needs.*

Is the training curriculum aligned with the C3 competencies and roles?

Does the training incorporate education methods that value the lived experience?

Are CHWs being paid for their time during training?

Have CHWs been given the opportunity to provide feedback or contribute to the contents of the training curriculum?

Does the training include time for on-site learning?

Is the training process and curriculum documented so that it can continue to be reviewed and improved over time?

Does the organization provide opportunities for training on specialty topics (e.g., specific conditions, policy or financing topics, etc.) or for advanced training to learn more?

## 3

# Supervision

Effective CHW supervision ensures that CHWs are supported in serving their patients and is a critical component of workforce development.

## CHW Supervisory Skills

- Ability to communicate same language as CHWs they supervise
- Strong knowledge and understanding of the culture of the community
- Time management skills and ability to work independently
- Value and trust in the work of the CHWs
- Flexibility to work around the schedules of those they serve
- Ability to deliver trauma-informed supervision, recognizing the challenges CHWs face

## CHW Supervisory Role/Objectives

- Serve as a motivator for CHWs, empowering them to excel in their roles
- Encourage CHWs to participate in conferences, present about their work, and network for professional development.
- Advocate for continued funding or more effective integration with care teams.
- Support professional development of CHWs
- Strengthen the CHW workforce pipeline, promote retention of supervisors who can support, coach, and advocate for CHWs

# 3

## Supervision

### Guiding Questions for Island Jurisdictions

Do CHW supervisors have a clear role on the team?

Are supervisors given clear expectations on their role in supporting and advocating for CHWs?

How are supervisors expected to assist CHWs and the community when they are not directly supervising (e.g., restocking supplies, referral support, higher level care, etc.)?

Are supervisors trained on the expectations and roles for CHWs?

Do supervisors have the technical skills to assess the CHWs they are managing? Is the supervisor trained on providing constructive feedback for CHWs and to identify opportunities for improvement?

Will the supervisor be expected to directly observe CHWs with patients and provide targeted feedback? If so, have they received training on how to do so?

Is the organization hiring supervisors who have previous experience as a CHW, or supervisors that have proficient understanding of CHWs and their role?

Are there organizational structures that support the supervisor processes (e.g., 1:1 meetings between supervisors and CHWs, weekly group meetings, etc.)? Have supervisors received basic supervision tools such as checklists to support them?

Are there processes in place to measure quality of supervision?

# 4 Workplace Support

**Effective CHW programs have a supportive workplace culture.** CHW programs can employ strategies to:

## **Make the job more manageable and avoid burnout**

- Provide job aids, factsheets, and resources in plain language.
- Ensure reasonable caseloads for each CHW.
- Provide professional development opportunities to allow CHWs to continue growing needed skillsets.

## **Promote CHW autonomy**

- Allow flexible work hours, work with CHW to determine appropriate frequency of follow up needed.

## **Ensure open communication and feedback among CHWs**

- Provide supportive supervision.
- Allow CHWs to provide feedback in different ways (e.g., to peers, through surveys or focus groups, anonymously) to prevent limitations due to power dynamics.
- Incorporate CHW feedback into program design.
- Provide peer and team learning opportunities and networking.

## **Create mechanisms to ensure workplace safety**

- Define procedures and guidelines for safe home visits (e.g., in certain scenarios allow for a team or supervisor to attend along with CHW, train CHWs on conducting a safety assessment)

- Baron S, Cuervo I, et al. "Working with Workers: Talking about workplace safety and health. A training module for community health workers." Available at: [https://commonercenter.org/CHW\\_Complete\\_Module.pdf](https://commonercenter.org/CHW_Complete_Module.pdf). Accessed 1-24-25.
- CHW Training. "Burnout Prevention and Recovery for Community Health Workers." Available at: <https://chwtraining.org/wp-content/uploads/2019/04/CHWTrainingBurnoutPrevention2019-04-19.pdf>. Accessed 1-24-25.
- CHW Training. "How to Prevent Employee Burnout and Increase Productivity." Available at: <https://chwtraining.org/chw-employee-burnout/>. Accessed 1-24-25.
- Edward M. Kennedy Community Health Center. "Community Health Worker Orientation Toolkit (page 104)." Available at: <https://www.centerforhealthimpact.org/wp-content/uploads/2015/12/CHW-Orientation-Toolkit.pdf>. Accessed 1-24-25.
- NACHW. "From Crisis to Opportunity: Resources and Guidance that CHWs Want from their Employers During the Pandemic." Available at: <https://nachw.org/wp-content/uploads/2021/04/NACHWEmployerReport.pdf>. Accessed 1-24-25.
- SAMHSA. "Addressing Burnout in the Behavioral Health Workforce through Organizational Strategies." Available at: <https://library.samhsa.gov/sites/default/files/pep22-06-02-005.pdf>. Accessed 1-24-25.





## 4

# Workplace Support

## Island Jurisdiction Spotlight: Examples of Effective CHW Support



### Commonwealth of the Northern Mariana Islands (CNMI): CHW Peer and Team Feedback

CNMI's CHW program **coordinates regular meetings for all CHWs to meet as peers** and discuss what is going well and where there are opportunities for improvement. CHWs help each other to solve problems and are also asked to provide feedback to program leadership to make improvements.



### Palau: Peer Bonding Activities and Counseling

Palau recognizes the challenging nature of CHW work, so Palau's CHW training program includes activities like field trips to help CHWs relax and have fun. This helped **prevent burnout and create stronger relationships between CHWs**. Recognizing that the CHWs come from and live in the same communities they work in – and often share the same struggles – CHWs are also **provided time and resources to seek support for themselves**.

# 4 Workplace Support

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## Guiding Questions for Island Jurisdictions

Have CHWs been given adequate job aids, resources, and supplies to support them in their work?

Does the organization have an established documentation system for CHWs to report on their work? Are CHWs provided adequate training in using this system?

Has the organization created a system for CHWs to propose changes to activities or processes? Is the organization prepared to make changes?

Does the organization have protocols for unsafe work situations for when CHWs may be visiting people in their homes?

Does the organization support CHWs' mental and emotional health to improve well-being and prevent burnout?

Are there peer support or mentorship opportunities for CHWs to support and learn from each other?

Does your organization offer training opportunities for CHWs to learn new skills and advance their roles? Are CHWs aware of these training opportunities?

Are there mechanisms to work with a CHW to meet expectations and/or provide feedback on areas for improvement?

# 5 Payment, Benefits, and Incentives

In any profession, fair compensation, benefits, and incentives can influence performance, accountability, motivation, and quality of work. **In particular, CHWs' salaries should reflect the importance and complexity of the job, the number of hours they work, the training they receive, and the varied roles they undertake.**

## Examples of Compensation

- **Fixed pay at or above a living wage**
- Regular allowances or reimbursement for specific or ad hoc needs (e.g., travel, trainings, membership association fees)
- Tangible, nonfinancial supports (e.g., supplies)

## Examples of Benefits

- Health insurance
- Flexible hours, paid time off
- Performance-based incentives
- Wellness benefits
- Pension

## Examples of Direct Incentives *(offered directly to CHWs)*

- **Financial:** Terms of employment, performance payments
- **Non-financial:** Work environment, autonomy, professional development opportunities, awards, opportunities to advance into supervisory roles or up a career ladder

## Examples of Indirect Incentives *(not specific to an individual or group but available for general health system/community)*

- Well-functioning organization
- Job security
- Visible improvements in health of clients/community members
- Increased community feedback and involvement

# 5 Payment, Benefits, and Incentives

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## Guiding Questions for Island Jurisdictions

Are CHWs compensated at a competitive rate (at least minimum wage, if not more competitive), and are salaries consistently paid on time?

Are CHWs receiving employee benefits (e.g., housing, vacation, etc.)?

Are incentives balanced?

Is the organization providing both financial and non-financial incentives and are they equal to the expectations of the CHW role (e.g., number and duration of visits to patients, workload, and services provided)?

How does the organization/jurisdiction support CHW career advancement (e.g., development of career ladder for CHWs to progress to higher-responsibility positions in the CHW field)?

# 6 Certification & Accreditation

Certification for CHWs can be a tool define and set standards for the CHW workforce, and certification is typically defined by each jurisdiction. (There is no national certification, nor is certification typically required to practice as a CHW.)

**Certification** commonly refers to *certifying individuals* who have proven a level of mastery and met certain criteria in community health work.

**Accreditation** is sometimes used interchangeably with “certification,” but it is more often applied to *institutions and organizations* that have been proven to meet certain criteria in supporting CHWs (e.g., accreditation for CHW training programs)

Common Components of Individual CHW Certification	Common Components of Organizational Accreditation
<ul style="list-style-type: none"><li>• Completion of a recognized training program or known lived experience</li><li>• Certain number of hours already completed in the field</li><li>• Completed continuing education requirements</li></ul>	<ul style="list-style-type: none"><li>• Representation of the communities served in the hired workforce</li><li>• Demonstration of resources provided to CHWs</li><li>• Fair compensation and benefits for CHWs</li><li>• Appropriate scopes of practice for CHWs</li><li>• Alignment with CHW core competencies</li></ul>

## 6

# Certification & Accreditation

Certification mechanisms, standards, and benefits vary greatly by jurisdiction. Island jurisdictions should work in collaboration with CHWs to determine whether certification is appropriate and if it would best support the workforce.



*Certification Body:* Certification can be operated by a certifying body in a **government agency** that is mandated through legislation or **privately operated** by a CHW association or medical board.



*Requirement:* Certification may be **voluntary or mandatory**. Even if it is not mandated by the government, certain employers and organizations may make it a mandatory requirement in order to be hired by their organization. It may also be a requirement for reimbursement.



*Eligibility:* Certification may require a combination of **formalized training** and practical experience. Equitable and responsive certification programs may also offer a legacy or “grandparenting” track to give an alternative option to training requirements for people who have been working as CHWs for many years before certification was introduced

- American Public Health Association. “Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing.” Available at: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/15/support-for-community-health-worker-leadership>. Accessed 1-24-25
- ASTHO. “State Approaches to Community Health Worker Certification.” Available at: <https://www.astho.org/topic/brief/state-approaches-to-community-health-worker-certification/>. Accessed 1-24-25.

# 6 Certification & Accreditation

## Guiding Questions for Island Jurisdictions

Are CHWs involved in discussions around implementing jurisdiction-wide certification?

Will CHW certification be a requirement for employment in the jurisdiction?

Will certification create barriers and exclude a large part of the workforce? For example, could this exclude competent but uncertified CHWs that do not have the time or resources to complete all certification requirements?

Who will be the certifying body (e.g., the public health agency, a private association, a medical board)?

What will be the eligibility for certification (e.g., years of lived experienced, formalized training)? For example, will lived experience count towards certification requirements?

How will certification be maintained? (e.g. will continuing education be required?)

What are the policy implications of certification?



# 7 Integration in Teams and Systems

Effective integration of CHWs into broader healthcare systems and teams can be supported by:

- Securing buy-in from leadership about the value of CHWs
- Spending time building rapport and understanding among team members
- Working through communication issues such as language barriers and information-sharing restrictions
- Including CHWs as full members of the care team and any relevant committees
- Outlining a detailed orientation process to ensure that all staff are familiar with CHWs and their roles/responsibilities
- Allowing sufficient time and opportunity to discuss and implement changes to processes if not working
- Developing appropriate protocols, forms, and documents (e.g., front desk/scheduling flow sheets) to formalize the CHW position.



# 7 Integration in Teams and Systems

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## Guiding Questions for Island Jurisdictions

**Team-Level:** Are there policies that define the roles, tasks, of CHWs in the public health and hospital systems?

**Team-Level:** Has the CHW role been recognized by the care team? Has the team been given clear communication on the nonclinical nature of the CHW role?

**Organization-Level:** Is there consistency across the employer organization in how CHWs are defined?

**Organization-Level:** How are CHWs and communities linked to the larger health system? Are they involved in recruitment, training, incentives, supervision, evaluation, equipment and supplies, use of data, and/or referrals?

**Organization-Level:** Are there existing relationships between community-based organizations that employ CHWs and health systems?

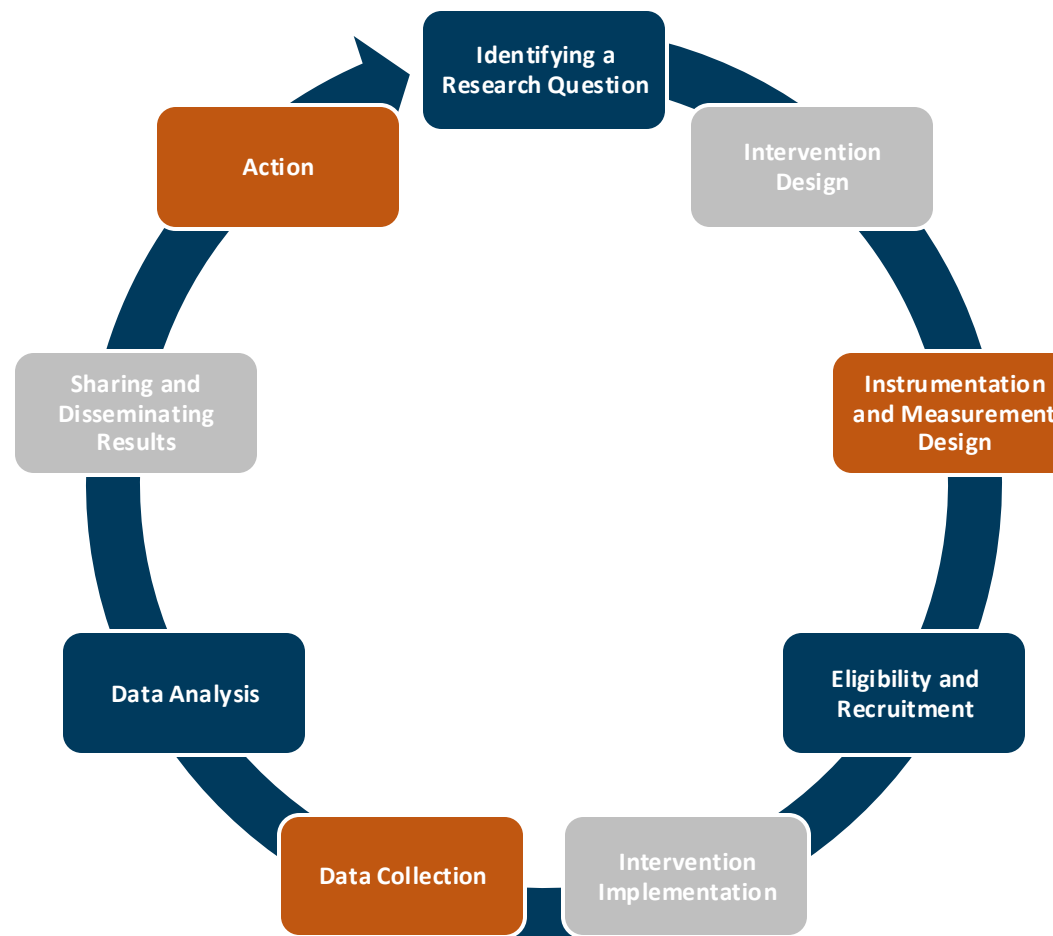
# 8 CHW Engagement in Data Collection

## Common Research Processes and Opportunities for CHW Involvement

Examine these steps to identify where CHWs can inform the research and evaluation in your CHW program.

Commonly **missed opportunities** for CHW participation include:

- **Instrumentation and Measurement Design:** CHWs can offer perspectives on user-friendly data collection instruments.
- **Data Analysis:** CHWs can connect data with their experiences in the community to paint a full picture.



# 8 CHW Engagement in Data Collection

The **CHW Common Indicators (CI) Project** aims to fill a gap in the science regarding the population health impact of CHW interventions. The CI project names a core set of process and outcome indicators to systematically assess the impact of the CHW workforce. CHW programs should consider how their own evaluations align with the CI project.

Process Measures	Outcome Measures
1. CHWs’ level of compensation, benefits, and promotion	1. Participant self-reported physical, mental, and emotional health outcomes
2. CHW enactment of the 10 core roles (defined by C3)	2. Participant healthcare and social needs
3. CHW-facilitated referrals	3. Participant social support
4. CHWs’ involvement in decision- and policy-making	4. Participant empowerment
5. Extent to which CHWs are integrated into teams	5. Policy and system change (program/employer level)
	6. Policy and system change (state level)

• Center for Research and Evaluation. “CHW Common Indicators Project.” Available at: <https://www.chwcre.org/promotion-of-common-indicators>. Accessed 1-24-25.

• Rodela K, Wiggins N, Maes K, et al. “The Community Health Worker (CHW) Common Indicators Project: Engaging CHWs in Measurement to Sustain the Profession.” *Frontiers in Public Health*. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC8258143/>. Accessed 1-24-25.

# 8 CHW Engagement in Data Collection

## Guiding Questions for Island Jurisdictions

Does the internal data system collect information that accurately represents CHW performance, processes, activities, and input?

Are CHWs/community members informing data needs?

Are CHWs involved in significant portions of the research design, intervention, collection, analysis, and the resulting decision-making?

How have you ensured that data collection and evaluation are not burdensome on the community and CHWs?

How are participants and/or CHWs compensated for their work?

Are any of the Common Indicators Project metrics useful in quality assessment, quality improvement, or a program evaluation?

Have you integrated qualitative methods into your work and asked CHWs and the community to help interpret the results?

How is community feedback and the learnings from the research flowing back into the community, health systems, and any policymaking discussions?

# CHW Program Financing

Financing for CHW programs often involves a combination of various funding sources.

## A snapshot of the complexity: sources of funding for CHW positions

### Federal

- Medicare ([Community Health Integration benefits](#))
- HRSA funding to federally qualified health centers
- Block grant programs (e.g., Community Services Block Grant)
- Preparedness and disaster response funding (e.g., COVID-19)

### State/Territory

- Medicaid, Children's Health Insurance Program (CHIP)
- Mandates or incentives to providers
- Direct appropriation/grants

### Local or Individual Organization

- Direct employment or contracting for CHW services by payers or intermediaries
- Private commercial insurers
- Philanthropy

- ASTHO and Center for Health Care Strategies. "Opportunities for Public Health Agencies to Advance Sustainable Financing of Community Health Worker Programs." Available at: <https://www.astho.org/topic/report/advancing-sustainable-financing-of-community-health-workers/>. Accessed 1-24-25.
- NACHW. "Sustainable Financing of Community Health Worker Employment: Key Options for States to Consider." Available at: <https://nachw.org/wp-content/uploads/2023/12/sustainable-financing-of-community-health-worker-employment.pdf>. Accessed 1-24-25.

# CHW Program Financing

**Case Example:** Medicaid programs can offer a path to CHW reimbursement through the submission of a State Plan Amendment (SPA), in which CMS issues approval for a state/territorial Medicaid program to add a new service or provider type.

## Examples of CHW services that could be reimbursable through a Preventive Services SPA

- Health promotion education
- Healthcare navigation
- Direct preventive services
- Care planning within a care team

## CHW Supervision

- A CHW might have to be under the supervision of a physician or other licensed provider already enrolled in Medicaid.
- CMS does not require CHWs to be certified, but a state/territory may decide to include a requirement for CHW credentialing or first adopt some way to define the CHW workforce.

### Limitations:

- *SPAs might place limits on how many hours per day and per month per enrollee a CHW can bill. The service might also have to be ordered by a physician.*
- *A SPA would not necessarily mean that a fulltime CHW position is supported, since it would not cover some of the nonclinical, community-based work that is so integral to CHWs.*



# CHW Program Financing

**Braiding funding streams** can offer a strategy for jurisdictions and CHW employers to secure sustainable funding:

**A braiding and layering/blending approach reduces dependence on a single source.** It also allows for the integration of resources not associated strictly with provision of clinical care.

**Diversifying funding sources can protect services** against inevitable budget fluctuations or funding restrictions from a changing portfolio of grants.

**Braiding and layering entails navigating often complex requirements of multiple funding models,** which can include negotiating with multiple payers and operating amidst different reporting guidelines and funding schedules.

## COMMONWEALTH OF NORTHERN MARIANA ISLANDS (CNMI)

CNMI's Commonwealth Healthcare Corporation (CHCC) restructured its non-communicable disease bureau to better braid and layer federal and territorial funding streams. The new bureau structure operates across cross-cutting topics instead of disease categories.

- ASTHO. "Braiding and Layering Funding." Available at: <https://learn.astho.org/courses-page/course/braiding-and-layering>. Accessed 1-24-25.
- Cruz C, Wheatly A, Ensign K, et al. "Weaving and Layering Funding: A Territorial health Agency's Guide to Effective Health Financing." *Journal of Public Health Management and Practice*. Available at: [https://journals.lww.com/jphmp/fulltext/2023/07000/weaving\\_and\\_layering\\_funding\\_a\\_territorial\\_health.6.aspx](https://journals.lww.com/jphmp/fulltext/2023/07000/weaving_and_layering_funding_a_territorial_health.6.aspx). Accessed 1-24-25.
- NACHW. "Sustainable Financing of Community Health Worker Employment: Key Options for States to Consider." Available at: <https://nachw.org/wp-content/uploads/2023/12/sustainable-financing-of-community-health-worker-employment.pdf>. Accessed 1-24-25.

# CHW Program Financing

## Guiding Questions for Island Jurisdictions

What funding streams are available to finance CHWs in my jurisdiction?

Can departments and/or sectors across the jurisdiction work together to develop additional funding streams for CHWs? (e.g., collaboration to explore Medicaid or philanthropic financing opportunities?)

What decision makers need to be involved in development, exploring, and braiding/blending funding streams?

Develop an understanding of the CHW workforce

Identify foundational components of strong CHW programs

Assess the CHW landscape to identify strengths, gaps, and partners

Collaborate to set a shared vision for strengthening and sustaining the CHW workforce

# Survey of the CHW Landscape

This section explores:

- Rationale for and tools available to conduct a CHW landscape assessment
- Guiding questions for practitioners

# A CHW landscape assessment can create important foundational knowledge about the CHW workforce

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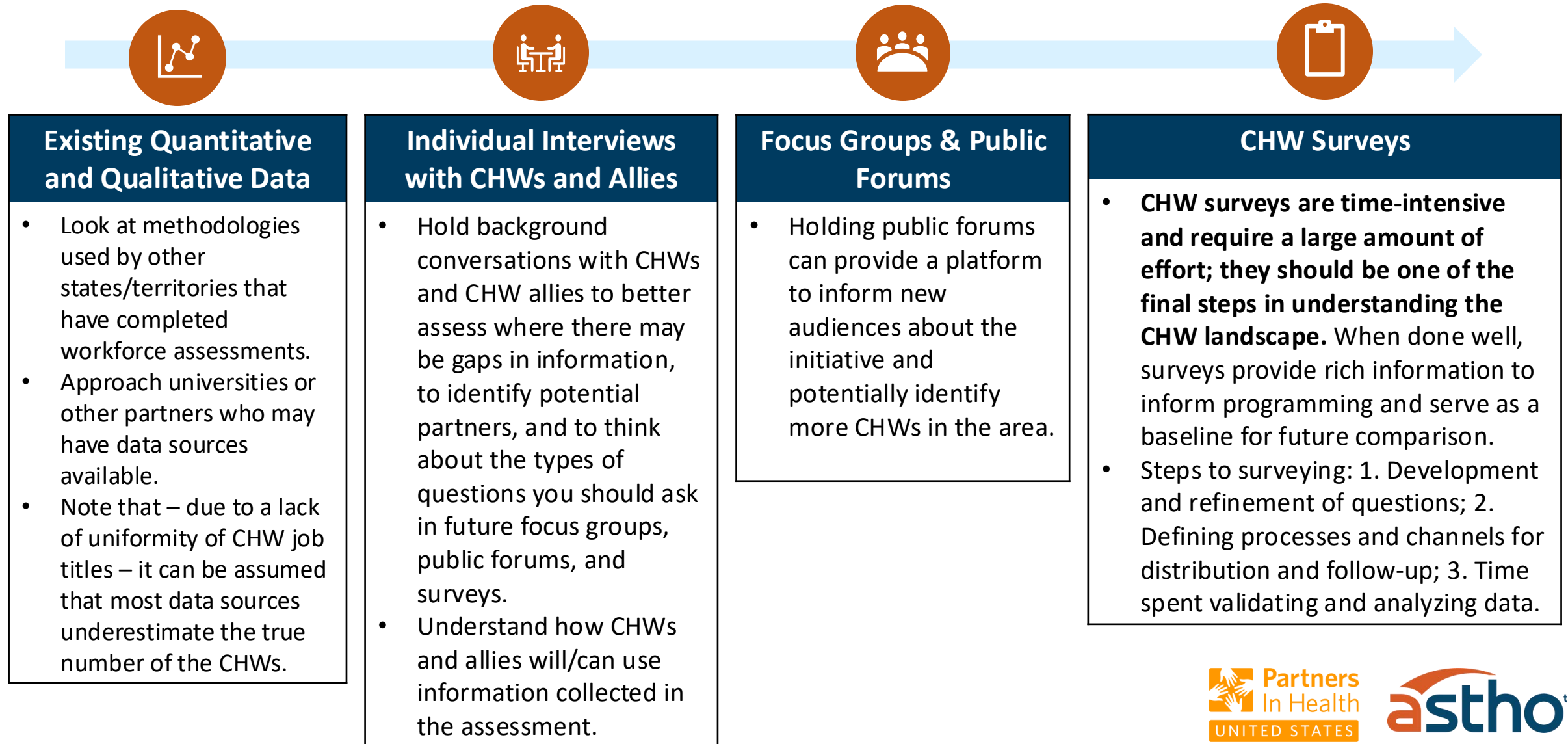
Program planners should survey the landscape of the existing CHW workforce to:

- Assess where there are strong CHW networks
- Assess opportunities for collaboration or new CHW programming
- Collect baseline data of CHW employment to track trends and sustainability over time.

To conduct a landscape assessment, consider collecting data from a variety of sources, including to account for the many CHWs operating under varying job titles and across different settings:

- **Review existing data** to ensure that communities are not repeatedly asked the same questions.
- **Consider opportunities to collect deeper, qualitative data from the community**, such as through expert interviews and focus groups.
- **Provide compensation** for the time commitment spent contributing data/stories.
- **Proactively develop a communication plan** describing how you will share information back with CHWs.

# Tools for Learning about the CHW Landscape



# Survey of the CHW Landscape

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## Guiding Questions for Island Jurisdictions

What do you already know about the CHW landscape?

What data already exists about CHWs in your jurisdiction?

Who can you reach out to for more information about CHWs in your jurisdiction?


How can you set up public forums or focus groups to learn more from CHWs about their work and needs in the community?

When is the right time to do a landscape survey; is your organization prepared to do a comprehensive survey?

Who will be the ultimate audience of the CHW landscape assessment, and how will they use the information? (E.g., policymakers, CHWs)

## Examples of State CHW Workforce Assessments

- [National CHW Workforce Assessment](#) (2021)
- [Arizona CHW Workforce Assessment](#) (2021)
- [Kansas CHW Workforce Assessment](#) (2024)
- [Oregon CHW Workforce Assessment](#) (2018)
- [Rhode Island CHW Assessment](#) (2021)



Develop an understanding of the CHW workforce

Identify foundational components of strong CHW programs

Assess the CHW landscape to identify strengths, gaps, and partners

Collaborate to set a shared vision for strengthening and sustaining the CHW workforce

# Collaborative Vision Setting

This section explores:

- Guiding principle of “nothing about us without us”
- Process to establish a CHW taskforce or advisory group
- Possible partners to engage



# Establish a Shared Vision among CHWs, Partners, and Program Leaders

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Now that you have a foundational understanding of CHWs and the core components of a CHW program, it is important to collaborate with CHWs and other allies to establish a shared vision for CHW program sustainability and workforce development/standards. See the following slide for actionable steps towards vision setting.

## Guiding Principle: “Nothing About Us Without Us”

Organizations should work **in cooperation with CHWs and allies** to decide the short-term and long-term vision for CHW sustainability and programming.

### Rationale

Improving health outcomes – and addressing root causes of inequities – requires contextual knowledge of the community and their needs. A workforce that can build trust and facilitate connections between systems will be critical.

# Establishing a CHW Task Force or Advisory Group

- Ensure **at least 50% of task force members** are CHWs.
- Have a **CHW champion** from your organization serve as the primary contact for managing CHW programs.
- Start conversations with CHWs early and make space for CHW opinions to be shared.
- Include decision-makers and influencers from **government and community**, including employers and health systems.
- **Collaborate** with CHWs, community-based organizations, and other integral partners to set the agenda.
- Set a schedule of meetings for **accountability** among partners discussing the vision for the program.
- Define **principles and values** that ensure that the power dynamics in this group are addressed and removed.

## Possible Partners for Inclusion



- American Public Health Association. "Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing." Available at: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/15/support-for-community-health-worker-leadership>. Accessed 1-24-25.
- C3 Project. "Community Health Workers: Pivotal to Community Health and Well-Being." Available at: [https://0d6c00fe-eae1-492b-8e7d-80acecb5a3c8.filesusr.com/ugd/7ec423\\_c7b74700666e4dacb794850c5bdbfb29.pdf](https://0d6c00fe-eae1-492b-8e7d-80acecb5a3c8.filesusr.com/ugd/7ec423_c7b74700666e4dacb794850c5bdbfb29.pdf). Accessed 1-24-25.

# Organizing the Task Force and Shaping its Agenda

## Guiding Questions for Creating a Task Force

### Logistics:

- Which organization will serve as the task force convener?
- Who will facilitate, take records, implement recommendations, etc.?

### Membership:

- Who needs to be engaged in the task force and/or advisory group?
- Which voices are missing?
- Do we have at least 50% representation from CHWs?
- Do we have CHW leaders at decision-making meetings?

### Goals and Priority-Setting:

- What is the 1-year vision for the task force? 5-year vision?
- What does the group want to achieve? Of these goals, which are the top priorities?
- Are there benchmarks that can be developed to hold the task force accountable?

### Communication:

- How will power dynamics be managed in the group?
- How will this group maintain communication with the CHW workforce broadly and share its activities/findings?
- How will we ensure CHWs are valued, respected, and listened to?

### Potential Task Force Focus Areas

- Defining the CHW workforce
- Setting standards for CHW certification or accreditation of training programs
- Developing opportunities for CHW voice (e.g., investing in a CHW association)
- Exploring opportunities for sustainable financing

# Thank you!

Please reach out to ASTHO's Island Support team for questions and/or assistance:  
[islandsupport@astho.org](mailto:islandsupport@astho.org)

