

Development and Deployment of Community Health Workers in Delaware

Establishing a Certification Program and Reimbursement Mechanism

JUNE 2017



DELAWARE HEALTH
AND SOCIAL SERVICES
Division of Public Health



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Executive Summary

Delaware aspires to be one of the five healthiest states in the nation. It is engaged in the implementation of the Delaware State Health Care Innovation Plan, a robust, innovative strategy to achieve this goal. A key element of the state plan is to improve population health and to deploy a new workforce – Community Health Workers – to aid in the initiative.

Community Health Workers (CHWs) help improve population health by addressing the non-clinical determinants of health. As health care transformation efforts evolve throughout Delaware, provider groups, health systems, federally qualified health centers, and others are redesigning their health care workforce to emphasize prevention and primary care, while also distributing the responsibility for quality care among the qualified members of care delivery teams.

Cultivating new entry-level jobs in the health sector, like CHWs, and nurturing their career development, is an evidenced based, effective strategy for promoting prevention and better management of chronic conditions. A concerted investment in the development and broad deployment of CHWs in the workforce promises to help improve care for Delawareans and to lower costs by addressing social determinants of health that adversely affect health status, outcomes and the cost of care. Furthermore, place-based community engagement efforts that focus on meaningful employment with livable wages and the opportunity for advancement are likely to improve the living conditions within communities that contribute to persistent poverty and ill health. Concurrently, across multiple levels, it will help the state achieve its short-term and long-term economic development, workforce development, and population health goals while lessening socioeconomic and racial or ethnic inequities in health.

Stakeholders across public/private sectors are seeking to elevate the role of CHWs in Delaware and integrate CHWs as valued members of the community and health care delivery teams. The Delaware Center for Health Innovation, in partnership with the Department of Health and Social Services' Division of Public Health (DHSS/DPH), is helping to lead this effort. The Delaware Center for Health Innovation (DCHI) is a non-profit organization that collaborates with public/private partners and stakeholders to guide implementation of Delaware's State Health Innovation Plan. The DCHI Healthy Neighborhoods Committee and Workforce and Education Committee with the DPH provided oversight and guidance to a CHW Subcommittee that was charged with developing recommendations to integrate CHWs into Delaware's health professions' workforce in a systematic and sustainable way.

The CHW Subcommittee's recommendations are summarized below:

1. Establish a Community Health Worker (CHW) Certification Program

The State of Delaware should establish a voluntary CHW Certification Program that provides approved training to meet established competencies to fulfill the role and responsibilities of the professional CHW. Certification should be required for CHWs working under the supervision of a licensed, Medicaid-enrolled health care provider to allow for Medicaid reimbursement of CHW services. The approved training should be available to any/all prospective and current CHWs to further build competencies regardless of the setting of practice or intention to bill a third-party payer. The proposed certification should be voluntary, but required for those who work under the supervision of/or in concert with a licensed, Medicaid-enrolled health care provider for whom reimbursement is desired.

2. Establish a CHW Certification Board

The Certification Board (the Board) should reside within an established public agency, with the authority and capacity to guide and to sustain administration of the CHW program, such as the Delaware Health Care Commission in partnership with the Delaware Center for Health Innovation (DCHI), which should serve as a "bridge" between the board and the community. The Board should oversee functions related to the development and administration of a Community Health Worker Certification Program that is free of unnecessary barriers for the CHW workforce.

Board membership should include representatives of key public/private entities, organizations with expertise and commitment to the goals of improving population health, entities that provide CHW training or employ CHWs, community-based organizations, CHWs, and representatives of consumer health care groups.

The Board should have multiple responsibilities including, but not limited to, approving CHW training program/s, certifying and maintaining a registry of certified CHWs, and establishing a process to address grievances.

3. Establish a Curriculum Development Committee

The Board should establish and oversee a Curriculum Development Committee which should develop a curriculum that should serve as the basis of the overall CHW training program.

4. Establish Two Entry Points for Training

- For high school students as part of the Delaware Department of Education's Pathways to Prosperity program
- For current or prospective CHWs who are not high school students.

5. Develop financing mechanisms

Financing mechanisms should be developed to support the establishment of the Community Health Worker certification program and sustain the ongoing recruitment and deployment of Community Health Workers in clinical or community settings.

6. Further Considerations

- The Delaware Center for Health Innovation and the Division of Public Health should use “hot spotting” to identify neighborhoods to deploy Community Health Workers
- Common metrics should be collected by all organizations who employ CHWs to help track outcomes. (Refer to Appendix A: Metrics from C3 Project.)

Introduction

With more than \$1 billion of public and private dollars invested, Delaware is committed to transforming its health care delivery system to improve health outcomes, improve health care quality, enhance the provider and patient experience, and reduce costs. A group of dedicated health care leaders researched and explored ways to incorporate Community Health Workers as part of the solution. This group of leaders engaged in dialogue and came to some agreements on how best to utilize non-clinical personnel to address social determinants of health. These social determinants include basic needs to live healthier lifestyles, such as quality housing, access to healthy foods, and transportation resources. (Figure 1)

This report includes specific recommendations to Delaware for next steps needed in the development of a Community Health Workers Certification Program.

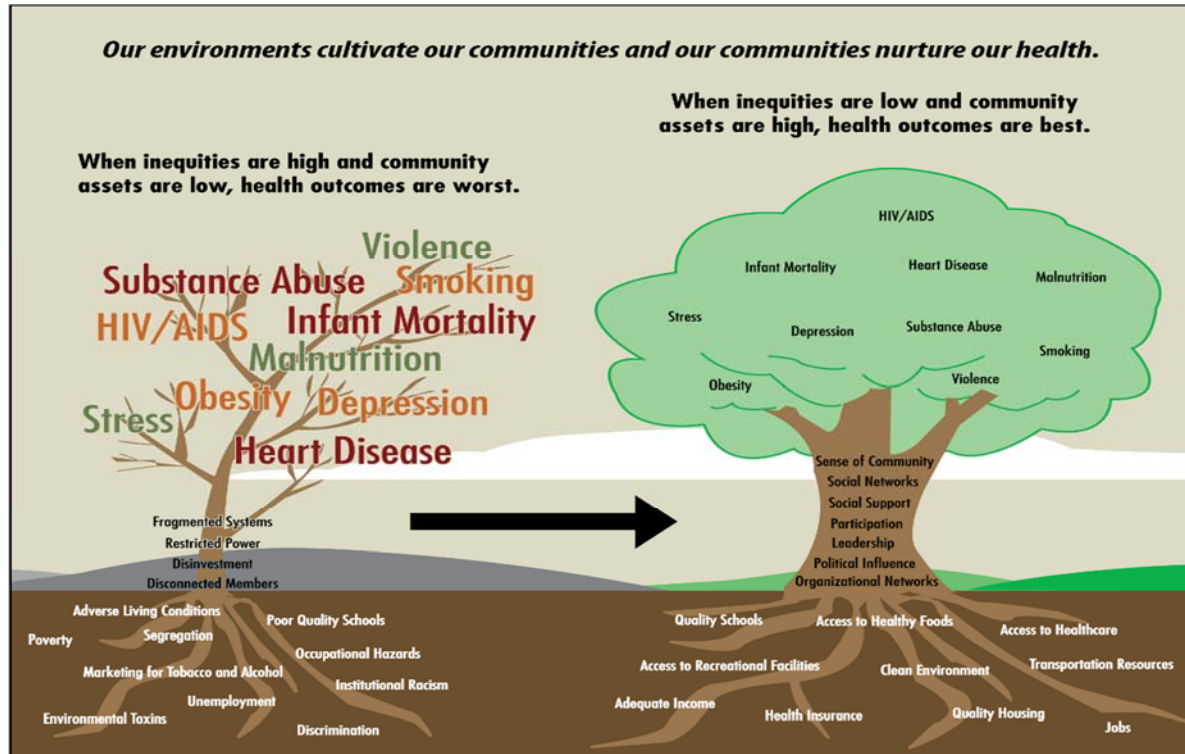
While some institutions already employ CHWs, there is, no sustainable system for training, deploying, and paying for CHWs. In 2014, during the CHW Forum on Improving Health and Quality of Life for Delawareans, it was recognized that Delaware needs to create a system that is more person-centered, team-based, coordinated, and integrated. Such a system should require a broader, more diverse workforce that focuses on prevention and wellness. The interdisciplinary teams of practitioners and health policy experts recognized the need to establish statewide infrastructure for standardized training and continuing education, credentialing, and financial sustainability for Community Health Workers.¹

In 2016, DCHI convened a CHW Subcommittee work group to research and study how to create infrastructure to support the development and deployment of CHWs, and

¹ Community Health Workers: Improving the Health and Quality of Life for Delawareans Forum Summary, April 2014

engaged Health Management Associates to assist with the project. Refer to Appendix B: CHW Subcommittee Roster for the full membership listing.

Figure 1. Health inequities in our communities.



Source: *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health*, CDC

The CHW Subcommittee convened its first meeting in January 2017, and it was followed by six monthly meetings. The CHW Subcommittee met to review research, solicit input from stakeholders, and to develop strategies for advancing the role of Community Health Workers in Delaware. They agreed on key elements and recommendations necessary to advance policy and systemic changes toward this end. The recommendations are described on pages 10 to 17 of this report.

Background on Community Health Workers

Recent evidence suggests the effectiveness of CHW programs in improving health outcomes and additional related issues such as improved care delivery (e.g. reduced wait-time for care or appropriate use of provider services, including reduction in emergency department visits); patient knowledge and behavior (e.g. adherence to medication regimen); and sociocultural change (e.g. reduction in social stigma related to

disease).² A recent literature review published by the Minnesota Department of Health closely examined the current evidence of CHW effectiveness and quality of care.³ Health outcomes improved by CHW programs include:

- Increased cancer screening
- Case management of malaria and pneumonia
- Malaria treatment
- Diabetes management
- Reduced cardiovascular risk
- Asthma management
- Medication adherence
- Post-hospital outcomes improvement

Other health outcomes for which CHW programs demonstrate some, but not yet definitive, improvement include:

- Mental health
- Pediatric asthma
- Maternal and child health
- HIV/AIDS
- Hypertension
- Diabetes

Many health and hospital systems, health plans, and community health centers have successfully deployed CHWs to promote health among low-income communities and reduce health disparities.⁴ Cost analyses found that integrating CHWs was associated with reduced emergency department visits, reduced hospitalizations, fewer hospital readmissions, and reduced nursing home placement.⁵ Refer to Appendix C: Community Health Worker Return on Investment for further details.

² <http://www.chwcentral.org/role-and-effectiveness-community-health-workers-among-underserved-us-populations>

³ Minnesota Department of Health “Community Health Workers: A Review of the Literature” <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/chw/chwlit2016.pdf>

⁴ Services UDoHaH. Community Health Worker National Workforce Study. 2007: I-269.

⁵ Effects of Community-Based Health Worker Interventions to Improve Chronic Disease Management and Care Among Vulnerable Populations: A Systematic Review, April 2016, Vol 106, No. 4 AJPB Research

Figure 2. Returns on Investment.



Source: Commonwealth Fund: Transforming Care: Reporting on Health System Improvement; Dec. 2015

Are CHWs Part of Delaware’s Health Care System Now?

Community Health Workers (CHWs) can help Delaware achieve health care transformation goals by serving as a link between delivery systems – medical, public health and social service – and the community. As trusted members of the community, CHWs provide culturally and linguistically sensitive and appropriate services. With the right resources, they can work with clients to address social determinants of health to achieve better health outcomes and raise health equity. The CHW subcommittee researched, discussed, drafted, and adopted a definition, scope of practice, and core competencies for CHWs in Delaware. Refer to Appendix D: Adopted Definition, Scope of Practice, and Core Competencies and Appendices F, G, H, and I for state profiles.

Several institutions and organizations in Delaware employ CHWs today, but their presence is not always continuous or sustainable. These institutions see value in integrating CHWs, but the services CHWs provide are not reimbursable.

Providers using CHWs

During the CHW Subcommittee March meeting, three CHWs employed by Christiana Health Care System; La Red Health Center, a Federally Qualified Health Center; and Beebe Healthcare, presented and discussed their specific roles in Delaware. Although their roles varied, the CHWs served to link the delivery system to the community and promote health. Examples of current activities underway in Delaware follow.

Christiana Health Care System

Christiana Care's Health Ambassador Program is funded by DPH through the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Due to funding constraints, the Health Ambassador Program has decreased CHW positions from five to two. The program sponsors a full range of activities, which are described as "completely grassroots." These include educational sessions at churches, community centers, child care centers, state services centers, and health care facilities on topics such as safe sleeping, breastfeeding, life planning, and birth control. A "community baby shower" is an example of an event held for the community twice a year. It includes educational activities, games, food, and "giveaways" of cribs, car seats, etc. Through the program's education and referral resources (e.g., 2-1-1), the staff found that many community members required hands-on support for successful linkages with health and other services to meet their basic needs.

La Red Health Center

La Red Health Center is a Federally Qualified Health Center (FQHC) in Sussex County, Delaware, with three clinical sites. A Community Health Worker who has worked with La Red's "Promotora" program since 2001 described to the CHW Subcommittee that there are 11 outreach workers: two health ambassadors, six promotores, and three additional outreach workers whose efforts are specifically targeted to addressing immunizations, homelessness, and STD/HIV. "Promotores de Salud" are traditional CHWs predominantly serving the Latino community both in Latin America and the United States. La Red receives funding from the DPH for the Health Ambassador Program; the other staff are funded through the FQHC's operating budget. La Red has not billed insurance for CHW work yet, but currently is engaged in conversation with a health insurer. La Red's CHW stated that a state credentialing program would give the CHWs additional credibility with clinical providers and with community based organizations. It would create a standard for training, competency, and professionalism.

La Red leadership stated that "Promotores de Salud" is a **cornerstone** of their practice. They noted that specialty offices won't see La Red's patients unless there is a CHW to provide translation services.

Beebe Healthcare

Beebe Healthcare's population health model emphasizes social determinants that play a significant role in health outcomes. CHWs, who function as care coordinators, are assigned to a designated group of primary care providers/practices. They also work with patients who do not have their own primary care providers, bringing them to the advanced care clinic for follow up. They contact patients by phone when they are released from the hospital, review diagnoses, verify their medications, and ensure follow up. They identify and address errors, misunderstandings, access issues, and unmet patient needs that may have occurred from discharge to home. The CHW keeps in touch with patients and helps to ensure smooth transitions of care.

Note: Care coordination and case management services are closely connected but for clarification, we include the following definitions. Care Coordination seeks to reduce fragmentation and improve health care delivery through better coordination.⁶ Case management is a process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.⁷

Health Plans Employing Community Health Workers

At the April CHW Subcommittee meeting, senior level representatives from United Healthcare Community Plan of Delaware and Highmark Delaware presented their prospective plans to hire and incorporate CHWs. Both health plans are expecting the demand for CHWs to increase. The specific health plans also described their CHW projects to date, as summarized below:

United HealthCare Community Plan of Delaware

United HealthCare has employed CHWs in Delaware since 2015 as one approach to achieve the "Triple Aim" with the Medicaid population. The Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimize health system performance that simultaneously aims to improve the patient experience of care (including quality and satisfaction), improve the health of populations, and reduce the per capital cost of healthcare. The relationship between CHWs and beneficiaries is important since many beneficiaries suffer from multiple health care issues and need help addressing social determinants. CHWs come from

⁶ <http://jamanetwork.com/journals/jama/fullarticle/183370>

⁷ <http://www.cmsa.org/Home/CMSA/WhatisaCaseManager/tabid/224/Default.aspx>

the neighborhoods in which their members live and are familiar with the locality and the culture. United HealthCare employs seven CHWs in Delaware, 124 in the Northeast region, and over 350 nationally.

CHWs help members overcome barriers to care and connect with their provider of choice. They also advocate and help patients navigate the health care system. United notes outcomes such as reduction of emergency department utilization and unwarranted inpatient admissions.

Highmark Delaware

Highmark currently conducts complex case management via telephone, but is planning to utilize CHWs and social workers in the near future. In both commercial and Medicaid plans, Highmark has a pay-for-value program in place that includes some payment for care coordination. Highmark is considering the use of CHWs to encourage members to complete health risk assessments, conduct home visits, and coordinate services.

Creating Infrastructure for a CHW Certification Program in Delaware

To recognize and promote highly qualified CHWs as a valuable resource in health care delivery redesign in Delaware, a statewide infrastructure for training and certifying Community Health Workers is needed. The CHW Subcommittee researched approaches by multiple states and created a comparison “crosswalk” of four states that were viewed to have advanced practices: Massachusetts, Minnesota, New Mexico, and Oregon. The CHW Subcommittee used their experiences as a guide to create recommendations specific for Delaware. Refer to Appendix E: Cross Walk of Community Health Worker Training Programs, and Appendices F, G, H, and I for state specific profiles.

In Delaware, there is a need to increase the supply of CHWs – and the demand and utilization of CHWs – as a mechanism to improve population health. Outreach and education to providers must include the value CHWs provide in driving and improving health outcomes and reducing costs. Delaware will need to forecast the demand for CHWs and ensure there are sufficient numbers of trained and certified CHWs in priority communities to meet the demand.

Financing

Delaware will need startup and implementation funds to create necessary infrastructure and operations for the CHW Certification Program, as well as long-term financing mechanisms that allow for payment for CHW services.

Startup and Implementation Funds

Implementation budgets need to include personnel and operating expenses. Oregon's Traditional Health Workers program has a full-time program coordinator, and a full-time health equity workforce assistant. In addition to personnel costs, they budgeted \$34,000 for board and CHW Subcommittee expenses.

Reimbursement for CHW Services

Based on a Centers for Medicare & Medicaid (CMS) rule change (revised 42 CFR 440.130(c)), Medicaid can reimburse for CHW services, if recommended by a physician or other Medicaid-enrolled licensed practitioner. This policy change is critical to CHW workforce support and sustainability.

A CMS Information Bulletin dated November 27, 2013 states: "Since 42 CFR 430.10 requires state plans to be comprehensive written statements describing the nature and scope of a state's Medicaid program and contain all information necessary for CMS to determine whether the plans can be approved to serve as the basis for federal financial participation (FFP), states must include in their State Plan Amendment a summary of practitioner qualifications for practitioners who are not physicians or licensed practitioners. The summary should include any required education, training, experience, credentialing, or registration. This approach is similar to our long-standing approach for providers and practitioners of state plan rehabilitative services. We are available to provide technical assistance to states." Thus, Delaware will need to submit a State Plan Amendment to ensure CHWs can be reimbursed.

Recommendations of the CHW Subcommittee

Community Health Workers (CHWs) are a critical part of the health care workforce and are valuable members of the health care team. They play a crucial role in helping individuals achieve and maintain better health. CHWs link community members with the health care system, improve access, and get them services they need. They also play a critical role in identifying and addressing social determinants of health that impact health outcomes. Because the work of CHWs is often grant-funded, their presence is not always continuous or sustainable. Despite the essential role CHWs play, their role

may not be well-understood or appreciated by the health care system, and they are often underutilized.

Establishing a CHW credential will help elevate the CHW role as a respected, valued professional in the health care workforce. Creating opportunities for more sustainable CHW funding should ensure continuity and that they are well-integrated within the health care system and the community. An important way to achieve CHW integration in the health care system, sustainability, and job security for CHWs is to maximize funding through third-party reimbursement, including Medicaid and other payors. A reimbursement system will require CHWs to be trained and credentialed. In addition to being qualified to have their services reimbursed, trained CHWs may be entrusted to add notes to patient health records, giving clinicians information about the overall environmental factors contributing to the social determinants of their health relative to what is needed in an effective, comprehensive treatment plan.

The CHW credential is not intended to diminish the work of already practicing CHWs regardless of title or employment status. This includes volunteers or non-traditional community workers who engage community members to promote prevention and health maintenance. For instance, CHWs who are currently providing services may encourage community members to take advantage of cancer screenings, or provide support to neighbors to help them manage conditions such as asthma, heart disease, and other chronic conditions. The CHW Subcommittee would like to ensure all CHWs, regardless of employment status or title, be embraced to practice at the level of their training, experience, and or accepted role in the community.

Between January and June 2017, the CHW Subcommittee on Community Health Workers researched other state models, solicited input from stakeholders, and discussed strategies for advancing the role of Community Health Workers in Delaware, culminating their work with the development of these recommendations that follow.

1. Establish a Community Health Worker Certification Program

The State of Delaware should establish a voluntary CHW Certification Program that provides approved training to meet established competencies to fulfill the role and responsibilities of the professional CHW. Certification should be required for CHWs working under the supervision of a licensed, Medicaid-enrolled health care provider to allow for Medicaid reimbursement of CHW services. The approved training program should be available to any/all prospective and current CHWs to further build competencies, regardless of the setting of practice or intention to bill a third-party payer. The CHW Subcommittee is recommending legislation to create the Board and the certification program. The proposed certification will be voluntary, but required

for those who work under the supervision of/or in concert with a licensed, Medicaid-enrolled health care provider for whom reimbursement is desired.

The definition of certification is as follows:

“Certification” means the successful completion of a State Department of Education approved training program and enrollment in Delaware’s CHW registry.

“Certification” is a mechanism that can assure CHWs are trained and have mastered specific competencies necessary for the proper execution of their duties. Because the scope of practice for CHWs does not include clinical duties, and the CHW practice does not pose a significant risk of harm to the public, “licensure” is not required.

2. Establish a CHW Certification Board

To successfully oversee the CHW program, the state should establish a Community Health Worker Certification Board (the Board). The Board should reside within an established public agency, with the authority and capacity to guide and to sustain administration of the CHW program, such as the Delaware Health Care Commission, within DHSS. The CHW Subcommittee recommends designating the Delaware Center for Health Innovation (DCHI) as the organization that should work with the Board as a “bridge” between the Board and the community. DCHI’s role should include aligning the demand for CHWs with the emerging supply that should enter the workforce through the new credentialing program. DCHI should promote the value and opportunity of trained CHWs in health care, public health, and social service delivery systems. The Board should oversee functions related to the development and administration of a user-friendly Community Health Worker Certification Program that is free of unnecessary barriers.

The Board, to be appointed by the governor, is intended to elevate the status of community health workers as an occupation in order to promote health equity, cost containment, quality improvement, prevention and management of chronic disease, and help address the social determinants of health that affect individuals and communities’ health and well-being.

Board membership should include:

- Representatives of key public/private agencies, including Delaware Public Health, including its Bureau of Health Equity; Delaware Health Information Network; Delaware Center for Health Innovation; Delaware Health Care Commission; hospitals, Accountable Care Organizations, and FQHCs

- Representatives of community-based organizations with expertise and commitment to the goals of improving population health, including entities that provide training, and/or who employ CHWs
- Community Health Workers
- Representatives of the health care industry who provide training and/or employ CHWs.

CHW Definition, Scope of Practice, and Core Competencies

The Board should be presented with the CHW definition, scope of practice, and set of core competencies and instructional topics, developed and agreed upon by the CHW Subcommittee (attached as Appendix D) with extensive and broad stakeholder input. The Board should adopt the Community Health Worker definition, scope of practice, and set of core competencies as the basis for standardizing the role and integration of CHWs in Delaware’s health care workforce and landscape, and for overseeing the development of a standard curriculum for initial training and continuing education and certification of CHWs.

The Board should establish an annual process to review and assess the definition, scope of practice, and set of core competencies and update or modify them as needed to ensure ongoing relevancy, value, and integration of CHWs.

Board Activities and Responsibilities

The Board should conduct activities which include:

- Establishing criteria and approving entities to provide CHW training and continuing education, and designing and maintaining a database for approved training program entities
- Establishing and implementing a process for individuals who successfully complete an approved training program to apply for CHW certification and to renew certification, and designing a process that provides easy access to continuing education units, including distance learning opportunities
- Establishing and implementing an approval process for “grandfathering” existing CHWs who have not completed an approved training program, and an approval process for CHWs who are certified in other states
- Designing and maintaining a database or registry of all certified CHWs that includes information such as date of certification, adherence to continuing education requirements, place of employment and other information relevant to an individual’s certification and employment

- Establishing fees and a process for collecting fees to support the CHW certification program
- Establishing a process for submitting and addressing grievances
- Establishing rules necessary to ensure the protection of public health and safety, per Delaware law
- Executing a public awareness campaign on the critical role CHWs play in the community and as valued members of the health care team, in collaboration with stakeholders, including but not limited to DCHI and DPH. The campaign should help the broader community understand the value of community health workers and create further acceptance and demand for their services. The campaign's focus should be two-fold:
 - To create an appreciation of the contribution Community Health Workers make in supporting family members, friends and neighbors, and to help community members understand how to find a Community Health Worker when one is needed, and
 - To communicate directly to health care providers and community service providers about the vital role community health workers play as integral members of the health care team, and how they help ensure that patients' social needs are met so they can fully benefit from the health services they receive.

3. Establish a Curriculum Development Committee

Establish a Curriculum Development Committee that should report to the Board to create a curriculum that should form the basis of the CHW training program. Membership of the Curriculum Development Committee should include state institutions of higher education, health care industry leaders, prospective employers, and CHWs. Members should include experts sensitive to the educational needs and learning styles of individuals who may not have experience or may not be comfortable in an academic environment.

The Curriculum Development Committee should consider the CHW core competencies and instructional topics adopted by the CHW Subcommittee as a starting point for their work. Refer to Appendix J for draft CHW Core Curriculum Competencies. They were created with due diligence after a careful review of others states' approved curriculum and being vetted by CHWs working in Delaware, educational professionals, providers, payors, and both the Healthy Neighborhood Committee and Clinical Committee of the Delaware Center for Health Innovation.

In addition to a core curriculum for Community Health Workers, the committee should consider ways in which the curriculum could be enhanced or extended to provide in-depth learning on specialized topics such as maternal and infant health, chronic disease management, or other specific areas. Once the committee completes its work, the Board should be responsible for obtaining approval from the Department of Education and gathering any other necessary approvals. The Curriculum Development Committee also should recommend a process for the Board to consider future additions or amendments to the curriculum or alternative curricula.

4. Establish Entry Points for CHW Training and Certification

Establish two “entry points” for individuals to obtain training that can lead to Community Health Worker certification.

- a. In collaboration with the Delaware Department of Education, the Board should develop a matriculation agreement with the Pathways Program to launch the CHW training program for high school students.
- b. In collaboration with the Department of Labor, the Board should establish a mechanism to provide access to participate in a training program that can lead to CHW certification for current CHWs and aspiring CHWs who are not high school students.

Two “entry points” are needed to ensure a viable pathway for both new entrants to the workforce and more experienced workers to obtain appropriate, sanctioned training for CHW certification. For experienced, practicing CHWs, there should be a grandfathering process to be determined by the Board.

5. Develop Financing Mechanisms

Develop financing mechanisms that can support the establishment of the Community Health Worker certification program and support Community Health Workers as members of health care teams and the community. Funding mechanisms such as the following strategies should be considered:

- a. Hospital funding to support the creation and implementation of the CHW curriculum and the CHW certification program. As part of supporting the educational process, hospitals could help fund internships or other practical experiences for aspiring CHWs. A pool of funds could also be created to help defray tuition and certification fees.

Nonprofit hospitals receive favorable tax status under the Internal Revenue Service's tax codes in acknowledgement of the "community benefit" they provide, such as free or reduced cost care and spending that promotes community health. Hospitals may also now claim what the IRS terms *community building activities* to meet the IRS' community benefit standard. These can include leadership development, training for community members, and workforce development.

- b. Maximize Medicaid funding to support the ongoing employment and advancement of Community Health Workers:
 - Establish rules to allow Medicaid to reimburse providers for services conducted by certified CHWs who are employed and supervised by a licensed Medicaid-enrolled provider or contracted plan.
 - Embed in Medicaid managed care contracts the expectation that CHWs should be deployed as part of initiatives to improve care, improve health outcomes, and reduce costs, and that Medicaid Performance Improvement Projects (PIPs) should include CHWs. Once a certification program is established, Medicaid Managed Care Organizations (MCOs) should be required to inform beneficiaries that CHWs are available. MCOs should be required to contract directly with providers who can offer the CHW service.
 - Allow Medicaid MCOs to apply the costs of CHWs to service delivery rather than administrative expenditures.
- c. Consider the role of Community Health Workers as an integral part of any new health care payment models.
 - Include the function of CHWs in new payment models to recognize reimbursement and participation as core members of care coordination teams.
 - Allocate a portion of shared savings to be used to support Community Health Workers located in the community who are addressing population health, such as cancer health ambassadors.
 - Advocate for commercial payors to adopt population-health payment models, and recognize the value of Community Health Workers in helping to improve health outcomes.
- d. Allocate state funds and/or raise private funds to support the creation and implementation of a public awareness campaign about the critical role of

Community Health Workers and how their efforts can benefit consumers and health care providers.

6. Further Considerations

- a. The Delaware Center for Health Innovation and Delaware Public Health should conduct a study, using “hot spotting” and mapping methodologies to identify Delaware localities where deployment of CHWs would be most beneficial.
- b. The Board should identify metrics that should be collected by all organizations and institutions that employ CHWs. This should help Delaware track the work of CHWs and the outcomes produced because of their efforts. Such information can help detect the need for mid-course corrections in training and program implementation, and provide information to help Delaware evaluate the program.

Appendix A: Metrics from C3 Project

Underway among many stakeholders, at individual and organizational levels, are efforts to identify key evaluation measures that demonstrate the effect of CHWs on improving health outcomes, increasing access to care, and reducing costs. The American Public Health Association's *C3 Project* (Project on Community Health Worker Policy and Practice)⁸ is housed within the University of Texas Institute for Health Policy and led by Dr. Hector Balthazar. This long-term project has the goal of defining CHW scope of practice and advancing the development of CHW policy and financing strategies, nationally.

At the University of Michigan, Dr. Edith Kieffer runs the "Common Indicators Project"⁹ which aims to create a common set of evaluation indicators and measures to capture the contributions of CHWs to successful program outcomes to improve population health and their added value to health care and human services systems. National and state organizations such as the Public Health Institute and CHW Central are also heavily involved in developing measures and metrics that can be used across CHW programs.¹⁰ However, among these groups, research is still underway and consensus has not yet been reached. Nonetheless, it is recommended that any CHW program being built and implemented today should include formative, process, and outcome evaluation components through which data can be collected systematically and longitudinally for determining programmatic effectiveness and return on investment.

⁸ <https://sph.uth.edu/research/centers/ihp/community-health-workers/>

⁹ <http://www.michwa.org/wp-content/uploads/CI-Project-Overview.pdf>

¹⁰ <http://ssw.umich.edu/offices/research/projects-grants/developing-common-community-health-worker-chw-evaluation-indicators-to-measure-and-increase-program-and-policy-impact/WEB20>

Appendix B: CHW Subcommittee Roster

NAME	ORGANIZATION	TITLE
Kathy Janvier , Co-Chair DCHI Workforce & Education Committee	Delaware Technical Community College	Vice President & Campus Director
Lolita Lopez , Co-Chair DCHI Healthy Neighborhoods Committee	Westside Family Healthcare	President & CEO
Cassandra Codes-Johnson	Division of Public Health	Associate Deputy Director
Nadinia Davis	Delaware Technical Community College	HIM Program Coordinator
Norma Everett	Nemours	Manager, Population Health
Tyrone Jones	United Way of Delaware	Chief Impact Officer
Tanner Polce	Office of the Lieutenant Governor	Policy Director
Brian Rahmer	Christiana Care Health System	Director of Community Health Engagement
Megan Williams	Beebe Medical Center	Executive Director of Population Health
SUPPORT:		
Julane Armbrister	Delaware Center for Health Innovation	Executive Director
Judith Chaconas	Division of Public Health	Director of Planning and Resources Management
Noel Duckworth	Delaware Center for Health Innovation	Healthy Neighborhoods Project Manager
Maggie Norris-Bent	Westside Family Healthcare	Community Relations and Marketing Specialists

Note: The CHW Subcommittee included membership from the Delaware Center for Health Innovation's Clinical Committee, Workforce and Education Committee and Healthy Neighborhoods Committee.

Appendix C: Community Health Worker Return on Investment

Historically, financial sustainability has been the single greatest barrier to CHW programs in the United States, as stated in a 2016 Health Affairs Internet blog titled, “How-to Build Sustainable Community Health Programs in the United States.” CHW program funding has been limited and sporadic, often coming from multiple public and private funding streams, including time-limited grants, state and local general funds, Section 330¹¹ health center grants, and Medicaid.¹² Initially, many planners of CHW programs did not take into account programmatic components such as operational costs for training, recruitment, supplies, monitoring and evaluation, etc., and this impeded the success and sustainability of many programs.¹³

Documenting return on investment or the cost effectiveness of CHW programs has been a key focus area for advocates of CHWs since the 1980s.¹⁴ Making the business case that implementing a CHW program should yield savings or return on investment, for example, by lowering emergency department utilization rates or achieving shorter hospital stays, is key to securing investments and making programs sustainable.

Recent studies of CHW program, three of which are detailed below, describe successful returns on investment and improved health outcomes.

1. **Access to Primary Care and Hospital Readmissions.** The PENN Center for Community Health Workers (PCCHW) IMPaCT (Individualized Management for Patient-Centered Targets) Model offered individualize support to high-risk patients to help them achieve their specific health goals and to establish primary care. CHWs guide patients through stages to set goals, provide ongoing support; and connect to primary care practices. CHWs meet patients on the day of hospital discharge and assist them in setting goals for a successful recovery. They work directly with patients for two weeks. The intervention improved patients’ *access to primary care* and lowered rates of *preventable hospitalizations*. The return on investment was \$1.80 for every \$1 spent on the program.¹⁵

¹¹ Health Resources and Service Administration, Section 330 of the Public Service Act is a federal funding program for health centers located in medically underserved areas or serve medically underserved populations and provide primary and preventive health services regardless of a patient’s ability to pay.

¹² Minnesota Department of Health “Community Health Workers: A Review of the Literature” <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/chw/chwlit2016.pdf> and National Health Care for the Homeless Council, “Community Health Workers: Financing & Administration” 2011. <https://www.nhchc.org/wp-content/uploads/2011/10/CHW-Policy-Brief.pdf>

¹³ Perry, Henry, Franciso Sierra-Esteban, and Peter Berman. “Chapter 5: Financing Large-Scale Community Health Worker Programs,” n.d.

¹⁴ Kangovi S, Grande D, Trinh-shevvin C. “From rhetoric to reality—community health workers in post-reform U.S. health care” 2015. *New England Journal of Medicine*. June 11 2015 VI. 372, No. 24: 2277-9.

¹⁵ Morgan AU; Grande DT; Carter T, et. Al. “Penn Center for Community Health Workers: Step by Step Approach to Sustain and Evidence-based Community Health Worker Intervention at an Academic Medical Center.” *AJPH* November 2016, VI 106 (11): 1958-1960).

2. **Reduced Inpatient Readmissions, Weight Loss, Increased Activity, and Improved Blood Pressure via Self-management of Chronic Conditions (Diabetes, Asthma, and Chronic Obstructive Pulmonary Disease).** Spectrum Health, a 12-hospital health care system in Michigan, implemented a year-long core-curriculum taught by CHWs on self-management for patients with chronic conditions. Cardiac and diabetes patients in receipt of at least one home visit a month had fewer readmissions, lost weight, increased activity levels, improved blood pressure, and had fewer dental visits than before. Inpatient readmission charges for diabetes patients reduced by 39 percent and inpatient readmission costs for heart failure patients fell by 9.5 percent, while readmission costs for patients with both conditions decreased more than 14 percent. Overall ED use fell, resulting in cost savings of more than 29 percent.¹⁶
3. **Increased Primary and Specialty Care Visits and Decreased Urgent Care, Inpatient, and Outpatient Behavioral Health Care Utilization.** The Denver Health Community Voices CHW program in a public safety net setting provided 12 CHWs to conduct outreach with underserved and special populations. CHW outreach included community-based screening and health education, assistance with enrollment in publicly funded health plans, referrals, system navigation, and care management. CHW intervention resulted in increased primary care and medical specialty visits and decreased urgent care, behavioral health, and inpatient visits. Total charges decreased by \$300,000 and the return on investment of the total program was \$2.28 saved for every \$1 invested in CHW program.¹⁷

However, despite the mounting evidence that CHW programs are cost effective, this report acknowledges the lingering consensus among stakeholders that further empirical evidence is needed to bolster the argument for CHWs. Some stakeholders are encouraging further studies to demonstrate how specific CHW models create value, for whom that value accrues (i.e. the health plan, the hospital, the patient, etc.), and how that value could translate into opportunities for investment.¹⁸

¹⁶ Larson, Laurie. "Doing Their Homework: Community Health Worker Program Records Quantifiable Gains for Patients, System." *Trustee* June 2016 vl 69 (6): 10-14.

¹⁷ Whitley EM, Everhart RM, and Wright RA. "Measuring Return on Investment of Outreach by Community Health Workers." *Journal of health Care for the Poor and Underserved* 2006 vl. 17: 6-15.

¹⁸ <http://healthaffairs.org/blog/2016/12/20/how-to-build-sustainable-community-health-programs-in-the-united-states/>

Appendix D: Adopted Delaware Definition, Scope of Practice, and Core Competencies

DEFINITION

A Community Health Worker (CHW) is a valued part of the health team who serves as a frontline liaison, guiding individuals and families through the health, social, and community services systems to foster health and well-being. As a trusted member of the community, the CHW is sensitive to the demographics and experiences of the community, and provides culturally and linguistically competent and appropriate services. The CHW has the skills and capacity to address the social determinants of health to achieve better health outcomes and health equity for the populations and communities served.

SCOPE OF PRACTICE

Community Health Workers build individual and community capacity by:

1. Serving as a link between communities and health/social service agencies
2. Administering screenings to identify needs associated with the social determinants of health and facilitating access and information to services and resources to address such needs
3. Promoting health and wellness within the community
4. Providing culturally competent education and service delivery, as well as service delivery informed by an understanding of trauma and its effects on health and well-being
5. Enhancing community members' ability to effectively communicate with health care providers
6. Connecting community members to interpretation and medical translation services
7. Conducting outreach and organizing health education
8. Providing information counseling and social support on health behaviors

CORE COMPETENCIES (DOMAINS)

Community Health Workers have the following core competencies:

1. Community Health Outreach and Advocacy
2. Effective, Culturally Competent Communication Skills, including:
 - Interpersonal skills
 - Documentation Skills (and Computer Literacy)
3. Service Coordination, Triage, and Safety
4. Health Coaching/Education to Promote Healthy Behavior Change
5. Time and Stress Management
6. Community Knowledge and Assessment

Appendix E: Cross Walk of Community Health Worker Training Programs

	Oregon	Minnesota	Massachusetts	New Mexico	Delaware
State Certification Programs for CHWs	<p>-The Oregon Health Authority (OHA) certifies Traditional Health Workers (THWs). Certificate required to enroll as provider to receive Medicaid reimbursement. THW types:</p> <p>Community Health Workers - linkage to health care.</p> <p>Peer Support Specialists - support and assistance to consumers with addictions and mental health needs.</p> <p>Peer Wellness Specialists - support and assistance to consumers with physical and mental health needs.</p> <p>Personal Health Navigators - care coordination for members from within the health system.</p> <p>Birth Doulas - companionship and non-medical support to women and families throughout childbirth and post-partum.</p>	<p>-Minnesota Department of Human Services (DHS) requires CHW certification for billing for CHW services covered under Minnesota Health Care Programs (MHCP) and Medicaid.</p> <p>-CHW certification is not required for employment.</p> <p>-Certification is provided by the approved training program once the applicant has completed the CHW curriculum.</p>	<p>-Massachusetts Department of Health and Human Services' Department of Public Health established a CHW certification Board.</p> <p>-The Board has drafted guidelines for voluntary CHW certification and training program approval; will be ready for public comment in mid-2017.¹⁹</p>	<p>The New Mexico Department of Health's Office of Community Health Workers (OCHWs) administers a voluntary, statewide certification program for CHWs.</p>	<p>Certificate program that recognizes competencies and moves towards certification (gatekeeping). Create a ladder first with basic level of knowledge and build opportunities to advance.</p> <p>Long-term Goal: Certification; Department of Health and Human Services (DHHS) is recommended as the approval body to approve CHW certification programs.</p>
CHW Eligibility	<p>-At least 18 years old</p> <p>-Not be listed on Medicaid provider exclusion list</p> <p>-Successful completion of all training requirements for certification</p>	<p>-HS diploma or GED</p>	<p>-18 and above</p> <p>- "Good moral character."</p>	<p>-At least 18 years old</p> <p>-HS diploma or GED</p> <p>-Certificate of completion from a Department of Health CHW Certification Training Program or other</p>	<p>Two entry points:</p> <p>1. High School Student (Dept of Ed agreement w/Pathways Program to launch CHW training program.)</p>

¹⁹ London, K; Carey, M.; and Kate Russell. "Community Health Worker Certification Requirements by State." Brief by the Connecticut Health Foundation. Feb 2016.

-Submit all required documentation and a completed application
 -Pass a criminal background check

NM endorsed training program.
 -Pass a criminal background check.

2. At least 18 years old w/ or w/out GED, passing a criminal background check – state and federal. (Dept. of Labor establishes mechanism.)
 Both pathways: not being on Medicaid provided exclusion list

Competencies

<p>Core Competencies</p> <ol style="list-style-type: none"> 1. Demonstration of basic outreach and mobilization skills 2. Demonstration of basic community and cultural liaison skills 3. Demonstration of basic case management, care coordination and system navigation skills 4. Demonstration of basic health promotion and coaching skills 	<p>Core Competencies</p> <ol style="list-style-type: none"> 1. Roles, Advocacy and Outreach 2. Organization and Resources 3. Teaching and Capacity Building 4. Legal and Ethical Responsibilities 5. Coordination, Documentation and Reporting 6. Communication and Cultural Competency <p>Other Non-Core Competencies</p> <ol style="list-style-type: none"> 7. Health Promotion Competencies 8. Practice Competencies - Internship 	<p>Core Competencies</p> <ol style="list-style-type: none"> 1. Outreach Methods and Strategies 2. Individual and Community Assessment 3. Effective Communication 4. Cultural Responsiveness and Mediation 5. Education to Promote Healthy Behavior Change 6. Care Coordination and System Navigation 7. Use of Public Health Concepts and Approaches 8. Advocacy and Community Capacity Building 9. Documentation 10. Professional Skills and Conduct 	<p>Core Competencies</p> <ol style="list-style-type: none"> 1. The CHW Profession 2. Effective Communication 3. Interpersonal skills 4. Health Coaching 5. Service Coordination 6. Advocacy 7. Technical Teaching 8. Community Health Outreach 9. Community Knowledge & Assessment <p>Other Non-Core Competencies</p> <p>10. Clinical Support Skills are optional for those who desire to enhance their skills or whose jobs require it.</p>	<p>Core Competencies:</p> <ol style="list-style-type: none"> 7. Community Health Outreach and Advocacy 8. Effective, Culturally Competent Communication Skills, including: <p>Interpersonal skills</p> <p>Documentation Skills (and Computer Literacy)</p> <p>Service Coordination, Triage, and Safety</p> <p>Health Coaching/Education to Promote Healthy Behavior Change</p> <p>Time and Stress Management</p> <p>Community Knowledge and Assessment</p>
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Curriculum	<p>-Oregon's curriculum consists of a set of roles, each with a definition and detailed competencies.</p> <p>-Additional required curriculum is detailed for specific worker types, particular practices settings, and jobs.</p>	<p>-Minnesota's curriculum consists of core competencies with associated learning objectives.</p> <p>-The curriculum features a 2-credit internship that enables CHW students to apply and integrate classroom instruction.</p>	<p>Massachusetts' curriculum consists of core competencies with a set of associated learning objectives.</p>	<p>Standardization of curriculum, based on core competencies, is currently in development.</p>	<p>Curriculum would include core competencies and include classwork and a practicum.</p>
	<p>Curriculum Link: https://www.oregon.gov/oha/oei/reports/The%20Role%20of%20Non-Traditional%20Health%20Workers%20in%20Oregon's%20Health%20Care%20System.pdf</p>	<p>Curriculum Link: http://mnchwalliance.org/wp-content/uploads/2012/12/Minnesota-CHW-Curriculum-Outline-Updated-Feb-2015.pdf</p>	<p>Curriculum Link: http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/community-health-workers/ma-board-of-certification-of-community-health-workers.html</p>	<p>Curriculum Link: Not yet available</p>	
Initial Training Requirements	<p>80 contact hours from approved training program addressing core curriculum, and any additional curriculum topics specific to type of worker.</p> <p>Certification requires a written exam, performance based demonstration, and a professional portfolio of the CHWs previous work, experience, skills, and accomplishments.</p>	<p>14 credit certificate program (equates to approximately 220 contact hours if use typical 15 to 16 hours/credit.)</p> <p>Must use MN standardized curriculum offered by Minnesota State Colleges and Universities, as well as other entities</p>	<p>80 contact hours from approved training program.</p>	<p>100 contact hours from OCHW-endorsed curriculum available through community colleges, universities, agencies, and other community based organizations.</p>	<p>Minimum of 80 contact hours (equivalent to five credits) for core curriculum. [60 to 74 credits for Associates Degree.] May need to do more research to determine how many hours needed to meet competencies.</p>
Continuing Education Requirements	<p>20 hours of Authority approved continuing education during every three year renewal period.</p>	<p>Continuing education is not mandatory but often available through worksites and in the community.</p>	<p>15 hours continuing education every two years.</p>	<p>30 hours of CEUs as approved by the Department of Health every two years.</p>	
Grandfathering Experienced CHW	<p>Yes. -Verifiable evidence working/volunteering as CHW</p>	<p>Yes. -At least five years of supervised experience with an enrolled</p>	<p>Yes. -Credentialing pathway for individuals with 4,000</p>	<p>Yes. -Verification by a current or former supervisor of</p>	<p>Yes. -Grandfather for limited period of time</p>

	for at least 3000 hours between Jan 1, 2008 – June 30, 2016 -At least one letter of recommendation from relevant employer.	physician, registered nurse, advanced practice registered nurse, mental health professional, or dentist, or work under the supervision of a certified public health nurse operating under the direct authority of an enrolled unit of government.	hours relevant work experience. -"Work only" pathway will be phased out three years after the state certification program begins.	proficiency in the core competencies. -Two letters of reference on agency/program letterhead. -Applicants must provide formal, verifiable documentation to support requirements. -2,000 clock hours of formal CHW work and/or volunteer CHW experience within the scope of work and core competency field. -Grandfathering application and background check.	
CHW Fees for Certification	No. -Oregon Health Authority State certification and registration is free once training requirements are met. -CHW pays the cost of the training program.	No. -CHW pays cost of the training program.	Yes. -There should be a fee for certification. The amount is not currently available. -CHW pays cost of the training program.	Yes. -\$45 fee is required for initial certification as Generalist, and \$44 for a background check for approved applicants. -For those applying for a Specialty Area, an additional \$10 per Specialty Area is charged. -CHW pays cost of the training program.	TBD
State Registry of CHWs	Yes. State removes CHWs from registry following certification expiration w/out renewal.	No. No roster outside of Medicaid enrolled CHWs	Not applicable at this time.	Plan to develop CHW registry; CHWs should need to consent to be included in registry.	Yes. The state should maintain a registry of current, certified CHWs.
Training Program Approval: Application and	-Community organizations and colleges apply to become an OHA-approved THW training program.	MnSCU (Minnesota State Colleges and Universities) licenses the use of their CHW curriculum. However, they are working on an agreement with	There are several training programs currently offering CHW coursework; these should need to be approved by the State in	-Training programs submit an application for endorsement. -Can use NMDOH/OCHW Certification Training	TBD

Renewal Process	<p>-Training organizations are required to submit a training program application and CEU training application with curriculum detail, and attest to meeting particular requirements, including validation of student curriculum completion.</p> <p>-Once approved, OHA includes the organization in their on-line list of training sites.</p> <p>-Training programs are required to renew their application every three years.</p>	the CHW Alliance to take on that role in the future.	order for students to qualify for state certification as CHWs.	Program or other training program that focuses on state-defined competencies.	
State Registry of CHW Training Programs	A list of training programs is maintained on the OHA website that indicates training programs for which OHA approval has been granted, approval and expiration dates, contact information. There are currently eight approved training programs statewide.	DHS Provider enrollment maintains a list of eligible programs.	A list of training programs is currently on State website; these are pending review and approval.	There is only one State-endorsed program at this time. State plans to make the list of endorsed programs available.	Yes. The state should maintain a registry of current, approved training programs.
State Contact Information	Mohamed Abdiasis, Traditional Health Worker Program Coordinator Abdiasis.Mohamed@state.or.us	Will Wilson will.wilson@state.mn.us 651-201-3842 Susan Kurysh Benefit Policy Susan.kurysh@state.mn.us 651-431-2642	Office of Community Health Workers chwinfo@state.ma.us 617-624-6016	Carol Hanson, Director Office of Community Health Workers 505-222-8685 carol.hanson@state.nm.us Claudia Macias Claudia.macias@state.nm.us	TBD

Appendix F: Profile of Massachusetts' CHW Program

Background

Overall program webpage: www.mass.gov/dph/communityhealthworkers. This home page lists hyperlinks to other resources on the web:

- [CHW Definitions](#)
- [CHW Training Resources](#)
- [CHW Certification](#)
- [DPH and Other Massachusetts CHW Resources and Support](#)
- [National and Selected Resources from Other States](#)
- [Policy and Financing](#)
- [Evidence and Research](#)
- [CHWs and Health Reform](#)
- [CHW Organizations](#)

The Massachusetts Association of Community Health Workers (MACHW) site is here: <http://www.machw.org/>

The Massachusetts Department of Health (DPH) promotes the engagement of CHWs to its partners and grantees, and its webpage has hyperlinked resources for **Community and Healthcare Linages Community of Practice**: <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/prevention-andwellness/comm-health-wkrs/dph-and-other-massachusetts-chw-resources-and-support.html>

CHW's Standards/Training/Curriculum

The **Board of Certification of Community Health Workers** establishes standards for the education and training of community health workers and community health worker trainers, standards for the education and training program curricula for community health workers, and requirements for community health worker certification and renewal of certification. The Board is comprised of 11 seats, appointed by the governor, four of which are to be occupied by CHWS.

- <http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/community-healthworkers/about/about-the-board.html>

CHW Certification is available through the Massachusetts Department of Public Health Division of Health Professions Licensure. There is a fee, and certification is valid for two years and can be renewed. Must complete 80 hours classroom training and 15 hours of continuing education credits every two years.

Core competencies and curriculum learning objectives, described in full here:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/community-healthworkers/ma-board-of-certification-of-community-health-workers.html>, include:

- Outreach Methods and Strategies
- Individual and Community Assessment
- Effective Communication
- Culturally-based communication and care
- Health Education for Behavior Change
- Professional Skills and Conduct
- Support, Advocacy and Coordination of Care for Clients
- Application of Public Health Concepts and Approaches
- Advocacy and Community Building
- Documentation

The Massachusetts' Health and Human Services site hosts a webpage with links to **CHW Training Resources**:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/communityhealth/prevention-and-wellness/comm-health-wkrs/chw-training-resources.html>

Legislation and Rules

The Massachusetts DPH Office of CHWs was established in 2009 in response to one of a series of recommendations in a **report** to the legislature (<http://www.mass.gov/eohhs/docs/dph/com-health/com-healthworkers/legislature-report.pdf>) mandated by a provision of the 2006 Massachusetts health care reform law (<https://malegislature.gov/Laws/SessionLaws/Acts/2006/Chapter58>, Section 110). It sits within the Division of Prevention and Wellness. The office helps to coordinate the workforce development activities, listed above. In addition, it supports the work of the Division in promoting CHWs in chronic disease prevention and management.

The **Board of Certification of Community Health Workers** was established through an act of the legislature, Chapter 322 of the Acts of 2010, with an effective date of January 1, 2012. It was created because of state health care reform and is intended to help integrate community health workers into the health care and public health systems in order to promote health equity and for cost containment, quality improvement, and management and prevention of chronic disease. The Board should establish standards for the education and training of community health workers and community health worker trainers, standards for the education and training program curricula for community health workers, and requirements for community health worker certification and renewal of certification.

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/community-healthworkers/about/about-the-board.html>

Funding/Medicaid/State Plan Amendment

Several funding streams and state strategies exist for payment and reimbursement of CHWS. They include the Dual Eligibles Program (One Care), the 1115 Waiver, or the Blue Cross Blue Shield of Massachusetts Foundation. These are listed and hyperlinked on the webpage here:

- <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/preventionand-wellness/comm-health-wkrs/dph-and-other-massachusetts-chw-resources-and-support.html>

Further, the Massachusetts' Division of Public Health Prevention and Wellness Trust Fund was established 2012 with over \$60 million to allocate toward chronic condition prevention programs, and each partnership includes CHWs in some capacity.

Examples of CHWs working in Massachusetts:

The Massachusetts Association of CHWs (MACHW) homepage lists <http://www.machw.org/> resources on workforce development, including topics of certification policy, and posts recent job openings:

- Workforce Development
http://www.machw.org/index.php?option=com_content&view=article&id=31&Itemid=103
- Training
http://www.machw.org/index.php?option=com_content&view=article&id=32&Itemid=146
- Policy
http://www.machw.org/index.php?option=com_content&view=article&id=48&Itemid=147
- Job openings
http://www.machw.org/index.php?option=com_content&view=article&id=45&Itemid=124

Appendix G: Profile of Minnesota CHW Program

Background

Minnesota used the APHA definition of CHW. Minnesota uses the terms and definitions:

- Community Health Workers (CHWs): Community-based health care providers who provide health promotion and disease prevention services in their communities and have completed an Indian Health Service (IHS) funded, tribally contracted or granted and directed program of training.
- Community Health Representatives (CHRs): A health worker who is a trusted member of or has an unusually close understanding of the community served, which enables the person to provide information about health issues that affect the community and link individuals with the health and social services they need to achieve wellness.

Overall program webpages

Minnesota (MN) Department of Human Services' webpage:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357

MN Department of Health webpage has a CHW Toolkit with ample links to CWH material:

<http://www.health.state.mn.us/divs/orhpc/workforce/emerging/chw/index.html>

CHW Training/Standards/Curriculum

CHWs must obtain certification from Minnesota State Colleges and Universities System with an approved community health worker curriculum, and then they can enroll to be deemed an "Eligible Provider." An eligible enrolled billing provider must bill for services for the CHW to receive payment.

Enrollment information, application forms, and a list of Eligible Billing Providers are listed and linked on the state CHW webpage:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357

Curriculum

The Minnesota Community Health Worker curriculum is based on the core competencies identified in Minnesota's CHW "Scope of Practice." The curriculum also incorporates health promotion competencies as an introduction to a broad range of individual, family, and population health needs. The internship is the centerpiece of the curriculum's practice competencies. It enables CHW students to fully apply and integrate what they have learned in the program to ensure an effective transition to the CHW role.

Curriculum Overview: <http://mnchwalliance.org/wp-content/uploads/2012/12/Minnesota-CHW-Curriculum-Outline-Updated-Feb-2015.pdf>

Core Competencies: <http://www.health.state.mn.us/divs/orhpc/workforce/emerging/chw/index.html>

1. Roles, Advocacy and Outreach: two credits
2. Organization and Resources: one credit
3. Teaching and Capacity Building: two credits
4. Legal and Ethical Responsibilities: one credit
5. Coordination and Documentation: one credit
6. Communication and Cultural Competency: two credits
7. Health Promotion Competencies: three credits (not-core competency)
8. Practice Competencies - Internship: two credits (not-core competency)

Legislation and Rules

Similar to most states, Minnesota has not enacted occupational regulation of CHWs and does not define the CHW scope of practice in statute or rule. According to [Minnesota Statute 256B.0625, Subdivision 49](#), the state's Medical Assistance (MA) program covers care coordination and patient education services provided by a CHW if the CHW has received a certificate from the Minnesota State Colleges and Universities System approved community health worker curriculum.

Minnesota Statute 256B.0624 Subdivision 49 describes CHW covered services link:

<https://www.revisor.mn.gov/statutes/?id=256B.0625>

Medicaid/State Plan Amendment

Minnesota's Medicaid program, known as Minnesota Health Care Programs (including Medical Assistant and Minnesota Care), has covered CHW services since 2009. At this time, covered services are defined as "diagnosis-related health education" as specified by the CHW's authorized ordering provider. Many provider types may supervise CHWs, including physicians, dentists, public health nurses, and mental health professionals, among others.

The MN DHS CHW home page has a link to the [Minnesota Department of Human Services Provider Manual](#), which includes the most up-to-date information on enrollment and reimbursement for CHWs.

Only certain Medicaid recipients are eligible to receive educational services provided by a CHW, and the covered services are limited. These are described on the CHW homepage:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357

Examples of CHWs working in Minnesota:

The following are examples of CHW job descriptions that reflect the variety in duties depending on worksite:

- From [Community Health Worker, Sr. Job Description \(PDF\)](http://mnchwalliance.org/wp-content/uploads/2013/08/HennepinCountyHealth-CareHome.pdf), Hennepin County Medical Center Health Care Home, Minneapolis <http://mnchwalliance.org/wp-content/uploads/2013/08/HennepinCountyHealth-CareHome.pdf>
- From [Community Health Worker Job Description \(PDF\)](http://mnchwalliance.org/wp-content/uploads/2013/08/HennepinCountyHealth-CareHome.pdf), from the Intercultural Mutual Assistance Association, Rochester <http://mnchwalliance.org/wp-content/uploads/2013/08/HennepinCountyHealth-CareHome.pdf>

Minnesota CHW programs spotlights and resources:

- [Hennepin County Medical Center: Patients in Transition \(PITS\)](http://www.hcmc.org/clinics/Pediatrics/PatientsinTransition/HCMC_D_045855) http://www.hcmc.org/clinics/Pediatrics/PatientsinTransition/HCMC_D_045855
- [Community Dental Care](http://mnchwalliance.org/)
- [Minnesota CHW Alliance](http://mnchwalliance.org/) <http://mnchwalliance.org/>
- [MVNA: The Vital Role of the Community Health Worker](http://www.mvna.org/about/knowledge-center/community-health-workers/) <http://www.mvna.org/about/knowledge-center/community-health-workers/>

Appendix H: Profile of New Mexico’s CHW Program

Background

New Mexico’s community health workers (CHWs) are known as:

- Community Health Workers (CHWs)
- Promotores(as) de Salud
- Tribal Community Health Representatives (CHRs)

Overall program webpage: <https://nmhealth.org/about/phd/hsb/ochw/>

Established in 2008, the New Mexico Department of Health, Office of Community Health Workers’ (OCHW) primary responsibility is to develop a standardized, statewide training program and a certification process for community health workers (CHWs). In 2014, CHWs were formally recognized by the state legislature. **Certification is voluntary and only for those who meet core competencies.**

Licensure is not offered or required.

- A FAQs document is located here: <https://nmhealth.org/publication/view/help/1764/>
- A list of OCHW Partners is located here: <https://nmhealth.org/publication/view/general/547/>

CHW’s Standards/Training/Curriculum

The New Mexico Department of Health offers voluntary certification for CHWs and certification through grandfathering for CHWs who were practicing in the state before the passage of the Community Health Workers Act, on May 21, 2014. (See link to Act in “Legislation and Rules” section below.)

- The NM CHW Certification Board, established in 2015, acts as an advisory body to the secretary of health, making recommendations on core competencies and requirements and qualifications.
- The NM CHW Advisory Council (NMCHWAC) serves as an advisory group to the New Mexico Department of Health and as a critical partner working with the Office of Community Health Workers to develop a statewide training and certification process for CHWs. The NMCHWAC includes CHWs and meets monthly.

As there are two separate types of voluntary certification of CHWs, one for new CHWs and one for CHWs who had practiced in the state before the legislative action, the OCHW developed two separate applications for certification.

- New CHW application: <https://nmhealth.org/publication/view/form/2950/>
- “Grandfathering” application in English: <https://nmhealth.org/publication/view/form/1797/>
- Standardization of training is currently in development and should include a curriculum based on a defined set of core competencies. **Core competencies** are listed in the FAQs: <https://nmhealth.org/publication/view/help/1764/>

There are two levels of certification: Generalist and Specialist. Specialist certification can include specialties in one or more of the following areas: clinical support skills, heart health, behavioral health, chronic disease, maternal and child health, or asthma.

Legislation and Rules

The formal recognition and utilization of CHWs as an essential part of a cost-effective health care system received legislative support with the passage of the [Community Health Workers Act](#) during the 2014 legislative session.

- Act: <https://www.nmlegis.gov/Sessions/14%20Regular/final/SB0058.pdf> .
- Additional legislation: <http://164.64.110.239/nmac/parts/title07/07.029.0005.htm>

Appendix I: Profile of Oregon’s CHW Program

Oregon uses the term “**Traditional Health Worker**” (THW) and it includes five types:

- CHWs
- Peer Support specialists
- Peer Wellness Specialists
- Personal health navigators
- Birth doulas

Overall program webpage: <https://www.oregon.gov/oha/oei/Pages/Traditional-Health-Worker-Program.aspx>

Currently undergoing updating, but **there is a registry of the THW and a registry/listing of approved programs**; they also have a list of organizations that employ THWs which is helpful to both those looking for work and for other organizations to talk with to understand the roles the THWs play.

Also, there is a document with tips for contracting with organizations to aid the THWs and help the organizations integrate the THWs into their organizations’ work. It also outlines the benefits of having THWs, and a table that discusses the type of THW and the populations served.

<https://www.oregon.gov/oha/OEI/Documents/Traditional-Health-Worker-Tip-Sheet-9-2016.pdf>

THW’s Standards/Curriculum- Key document

This is the founding first work done to start Oregon’s program and outlines the core competencies, education, and training requirements:

<https://www.oregon.gov/oha/oei/reports/The%20Role%20of%20Non-Traditional%20Health%20Workers%20in%20Oregon's%20Health%20Care%20System.pdf>

The standards for the overall THW curriculum are outlined in the administrative rules (see below) and this first report. The term “non-traditional” health workers was first used to distinguish from mainstream providers (doctors, nurses, etc.) and then the advisory group and others felt “traditional” was the better term. It still holds an original “draft” watermark after all the years, but has not been updated or revised since first completed in 2012.

Legislation and Rules:

- Overall webpage: <https://www.oregon.gov/oha/oei/Pages/THW-RAC.aspx>
- Original legislation is HB 2024 available at: <https://www.oregon.gov/oha/OEI/Documents/HB-2024.pdf>
- Oregon statutes: <https://www.oregonlaws.org/ors/413.600>
- Admin rules (see section 410-180-0370 that outlines the curriculum standards) <https://www.oregon.gov/oha/OEI/Documents/THW-OAR-410-Rule.pdf>

Medicaid/State Plan Amendment

As part of the original 1115 waiver for the CCOs, Oregon agreed to commit to train 300 new CHWs by 2015, and CMS required the Oregon Health Authority to create standards for the training to allow billing for services under Medicaid. The amendment is faded but it describes required “supervision” by each of the types of THWs.

State Plan Amendment document: <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/OR/OR-12-007.pdf>

The renewal of the waiver was just approved in January 2017 for another five years. The terms and conditions document notes THWs, and Oregon also describes THWs in detail in the application materials submitted. There is no funding attached for ongoing support to the THW program which Oregon applied some SIM dollars to support and that grant is due to end spring 2017. The agency thinks the staff oversight position and registries should be maintained, but no funds to help offset the cost of training programs for new THWs should be available unless they find foundational support.

Oregon’s waiver renewal document- <http://www.oregon.gov/oha/HPA/HP-Medicaid-1115-Waiver/Documents/Waiver-Renewal-Submission.pdf>

From the waiver renewal application: From page 9 (of 92) in application appendix:
<http://www.oregon.gov/oha/HPA/HP-Medicaid-1115-Waiver/Documents/Waiver-Renewal-Appendices.pdf>

Traditional Health Workers

Traditional Health Workers (THW) include community health workers, peer wellness specialists, patient navigators, and doulas and are an integral part of effectively implementing the coordinated care model and reducing health disparities across all delivery systems, including reaching fee-for-service members. THWs take health care beyond the four walls of clinics and hospitals, out into homes and the community, supporting healthcare transformation in a variety of ways.

By focusing on culturally sensitive and linguistically appropriate approaches, THWs support adherence to treatment and care plans, coordinate care and support system navigation and transitions, promote chronic disease self-management, and foster community-based prevention.

Examples of THWs working in Oregon:

The legislature gave money to Oregon’s new Community Care Organizations (CCO) in the first years of the waiver with some of them investing in CHWs: lists of those and some other projects funded by the CCOs are available at: <http://www.oregon.gov/OHA/HPA/CSI-TC/Pages/Transformation-Funds.aspx>

Appendix J: DRAFT CHW Core Curriculum Competencies and Curricular Considerations

Effective Communication and Documentation Skills, including Computer Literacy

Effective and purposeful communication is listening carefully and communicating respectfully in ways that help build trust and rapport with clients, community members, colleagues, and other professionals. Effective communication includes a mix of listening, speaking, gathering and sharing information, and resolving conflict. CHWs are open about their roles, responsibilities, and limits. CHWs protect client privacy and confidentiality. They convey knowledge accurately, clearly, and in culturally aware and responsive ways. They are able to use language and behavior that is responsive to the diversity of cultures they encounter in their work, including with clients, community members, and other professionals. CHWs help promote coordinated and effective services by documenting their work activities, including writing summaries of client and community assessments. They often present information to agency colleagues or community partners about their clients and the issues they face. CHWs use computer technology and communicate when possible in the primary language of the client and/or make alternative arrangements to utilize appropriate linguistic capacities. They respect cultural experience and preferences and use community relationships that they may bring to their work.

In developing the draft CHW Core Curriculum Competencies and Curricular Considerations, the CHW Subcommittee asked representatives of Delaware accountable care organizations, community health centers, educational institutions and other community partners for their review and feedback.

The CHW Subcommittee’s preliminary work includes both the competencies and competency levels for curricula considerations:

Level 1: Core competency, which all CHWs would need to have

Level 2: Intermediate

Level 3: Advanced

The proposed “level” is indicated next to each competency.

Competency includes the ability to:

- Practice careful listening, repeating back important information as necessary to confirm mutual understanding, continually working to improve communication, and revisit past topics as trust develops with client. (1)
- Pay attention to expressive (non-verbal) behavior. (1)
- Ask neutral, open-ended questions to request relevant information. (1)
- Speak clearly and honestly. (1)
- Use language that conveys caring and is non-judgmental. (1)

- Use appropriate terms and explain terms or concepts whose meanings may not be obvious to clients, community members, or professional colleagues. (1)
- Clarify mutual rights and obligations, as necessary, such as client confidentiality or CHW reporting responsibilities. (1)
- Use written and visual materials to convey information clearly and accurately. (1)
- Take care to prevent situations involving conflict. Address conflicts that may arise in a professional and safe manner. (1)
- Recognize the importance of documentation to program evaluation and sustainability and to helping clients achieve their goals. (1)
- Organize one's thoughts and write at the level necessary for communicating effectively with clients, other community members, supervisors, and other professional colleagues. (1)
- Comply with reporting, record keeping, and documentation requirements in one's work. (1)
- Use appropriate technology, such as computers, for work-based communication, according to employer requirements. (1)

Cultural Competency

Culture is defined here as beliefs, values, customs, and social behavior shared by a group of people with common identity. Identity may be based on race, ethnicity, language, religion, sex, gender identity, sexual orientation, disability, health condition, education, income, place, profession, history, or other factors. Culture also includes organizational cultures, which are reflected in how organizations deliver services. CHWs act as cultural mediators. CHWs educate and support providers in working with clients from diverse cultures, and help clients and community members interact effectively with professionals working in different organizations to promote health, improve services, and reduce disparities. CHWs encourage and enable clients to participate in decisions that affect their lives, families, and communities.

Competency includes the ability to:

- Describe different aspects of community and culture and how these can influence peoples' health beliefs and behavior. (1)
- Describe ways the organizational culture within provider agencies and institutions can affect access, quality, and client experience with services. (1)
- Explain how one's own culture and life experience influence one's work with clients, community members, and professional colleagues from diverse backgrounds. (1)
- Be respectful and culturally aware during interactions with clients. (1)
- Employ techniques for interacting sensitively and effectively with people from cultures or communities that differ from one's own. (1)
- Support the development of authentic, effective partnerships between clients and providers by helping each to better understand the other's perspectives. (1)

- Make accommodations to address communication needs accurately and sensitively with people whose language(s) one cannot understand. (1)
- Advocate for and promote the use of culturally and linguistically appropriate services and resources within organizations and with diverse colleagues and community partners. (1)
- Advocate for client self-determination and dignity. (3)

Professional Skills and Conduct, including Interpersonal Skills, Time, and Stress Management

Professional skills for CHWs include how to handle ethical challenges as they address legal and social challenges facing the clients and communities they serve. Client confidentiality and privacy rights must be protected in the context of employer and legal reporting requirements. Care for clients must be balanced with care for self. CHWs understand that it is necessary to be aware of one's own emotional and behavioral responses to clients and community members and to manage personal feelings productively to maintain effectiveness. CHWs must be able to act decisively in complex circumstances but also to utilize supervision and professional collaboration. They must observe agency rules and the regulations governing public and private resources while exercising creativity to help community members meet their individual and family needs.

Competency includes the ability to:

- Practice in compliance with the Delaware Code of Ethics for Community Health Workers. (1)
- Observe the scope and boundaries of the CHW role in the context of the agency team and agency policy. (1)
- Respect client rights under the Health Insurance Portability and Accountability Act (HIPAA) and applicable agency rules. (1)
- Understand issues related to abuse, neglect, and criminal activity that may be reportable under law and regulation according to agency policy. (1)
- Maintain appropriate boundaries that balance professional and personal relationships, recognizing dual roles as both CHW and community member. (1)
- Seek assistance from supervisors as necessary to address challenges related to work responsibilities. (1)
- Establish priorities and organize one's time, resources, and activities to achieve them. (1)
- Utilize and advocate as necessary for supervision, training, continuing education, networking, and other resources for professional development and lifelong learning for self and colleagues. (1)

Advocacy and Community Capacity Building, and Outreach (Community Health Outreach and Advocacy)

Advocacy is working with or on behalf of people to exercise their rights and gain access to resources. Capacity is helping people develop the confidence and ability to assume increasing control over decisions and resources that affect their health and well-being. Community capacity building involves

promoting individual and collective empowerment through education, skill development, networking, organizing, and strategic partnerships. Capacity building requires planning, cooperation, and commitment, and it may involve working to change public awareness, organizational rules, institutional practices, or public policy.

Advocacy and capacity building go hand-in-hand and can help create conditions and build relationships that lead to better health. Outreach is the process of contacting, engaging with, and helping people to learn about and use resources to improve their health and well-being. Outreach may be conducted with individuals, groups, organizations, and at the community level. In outreach, CHWs “meet people where they are,” building relationships based on listening, trust, and respect. This can take place in diverse settings, including where people live, work, learn, worship, socialize, play, exercise, and conduct business. There are a variety of outreach methods, such as phone calls, in-person conversations, group presentations, distribution of print and electronic information, and social media. Effective outreach is based on learning about community needs and strengths, knowledge about available resources, and sensitivity to personal and cultural dynamics that affect behavior and relationships.

Competency includes the ability to:

- Conduct outreach with attention to possible safety risks for self, clients, and colleagues. (1)
- Initiate and sustain trusting relationships with individuals, families, and social networks. (1)
- Advocate on behalf of clients and communities, as appropriate, to assist people to attain needed care or resources in a reasonable and timely fashion. (2)
- Apply principles and skills needed for identifying and developing community leadership. (2)
- Facilitate constructive discussion in informal and group settings with clients and their families. (2)
- Establish and maintain cooperative relationships with community-based organizations and other resources to promote client services, care, education, and advocacy. (2)
- Use a range of outreach methods to engage individuals and groups in diverse settings. (2)
- Build and maintain networks, and collaborate with appropriate community partners in capacity building activities. (3)
- Develop and implement outreach plans in collaboration with colleagues, based on individual, family, and community needs, strengths, and resources. (3)
- Communicate with providers and service organizations to help them understand community and individual conditions, culture, and behavior to improve the effectiveness of services they provide. (3)

Health Coaching; Education to Promote Healthy Behavior Change

Education for healthy behavior change means providing people with information, tools, and encouragement to help them improve their health and stay healthy over time. CHWs respect people’s experience and their abilities to learn, take advantage of resources, and set priorities for changing their own behavior. CHWs work with clients, family and community members, and providers to address issues

that may limit opportunities for healthy behavior. The CHW acts as educator and coach, using a variety of techniques to motivate and support behavior change to improve health.

Competency includes the ability to:

- Encourage clients to identify and prioritize their personal, family, and community needs. (1)
- Encourage clients to identify and use available resources to meet their needs and goals. (1)
- Provide information and support for people to advocate for themselves over time and to participate in the provision of improved services. (1)
- Provide on-going support and follow-up as necessary to support healthy behavior change. (1)
- Identify and share appropriate information, referrals, and other resources to help individuals, families, groups, and organizations meet their needs. (1)
- Realize the widespread impact of trauma and understand potential paths for recovery.*
- Recognizes signs and symptoms of trauma in clients, families, staff, and others in the community.*
- Integrate knowledge about trauma into policies, procedures, and practice.*
- Resist re-traumatization.*
- Use a variety of strategies, such as role modeling, to support clients in meeting objectives, depending on challenges and changing conditions. (2)
- Apply information from client and community assessments to health education strategies. (2)
- Apply multiple techniques for helping people understand and feel empowered to address health risks for themselves, their family members, or their communities. (Examples may include informal counseling, motivational interviewing, active listening, harm reduction, community-based participatory research, group work, policy change, and other strategies.) (2)
- Coordinate education and behavior change activities with the care that is provided by professional colleagues and team members. (2)
- Develop health improvement plans in cooperation with clients and professional colleagues that recognize and build upon client goals, strengths, and current abilities to work on achieving their goals. (3)

Service Coordination, System Navigation, Triage, and Safety

Coordination of care and system navigation for individuals and families means that CHWs help people understand and use the services of health providers and other service organizations. They also help address practical problems that may interfere with people's abilities to follow provider instructions and advice. CHWs help bridge cultural, linguistic, knowledge, and literacy differences among individuals, families, communities, and providers. They help improve communications involving community members and agency or institutional professionals. CHWs understand and share information about available resources, and support planning and evaluation to improve health services.

Competency includes the ability to:

- Work collaboratively as part of a care team. (1)

- Obtain and share up-to-date eligibility requirements and other information about health insurance, public health programs, social services, and additional resources to protect and promote health. (1)
- Provide support for people to understand and use agency and institutional services. (1)
- Make referrals and connections to community resources to help individuals and families meet basic social needs. (1)
- Provide support for clients to use provider instructions or advice, and convey client challenges to providers. (2)
- Build clients' abilities to participate in making decisions about their care. (2)
- Inform care providers, to the extent authorized, about challenges that limit the ability of clients to follow care plans and navigate the health care system, including barriers outlined in the Americans with Disabilities Act. (2)
- Provide care coordination, which may include but not be limited to facilitating care transitions, supporting the completion of referrals, and providing or confirming appropriate follow-up. (2)
- Assist in developing and implementing care plans in cooperation with clients and professional colleagues. (Care plans should be based on needs and resource assessments. Plans should describe how each party will help meet the goals and priorities defined in collaboration with clients.) (3)

Public Health, Community Knowledge and Needs Assessment

The knowledge base for CHW practice is strongly influenced by the field of public health. Public health is a science-based discipline that focuses on protecting and promoting population health, preventing illness and injury, eliminating health inequities, and working to improve the health of vulnerable communities and populations. CHWs, like other public health practitioners, understand that individual health is shaped by family, community, and wider “social determinants of health.” CHWs often use their knowledge of the larger contexts of clients’ lives to provide support for them to overcome barriers or improve conditions that affect their health.

Assessment is the collection, synthesis, and use of information to help understand the needs, strengths, and resources of the individuals and communities CHWs serve. CHWs share this information with clients, professional colleagues, and community partners to help plan and carry out effective programs, services, and advocacy based on shared priorities. They engage people in honest and often difficult discussions about health status and behavior. They also gain insights about needed resources and changes and share their understanding with appropriate parties to help achieve desired outcomes. Assessment is an ongoing process that, when combined with regular evaluation of progress, helps assure effective client and community-centered care.

Competency includes the ability to:

- Explain how plans for supporting individuals and families relate to wider social factors that influence health. (1)
- Explain the relationship between health and social justice. (1)

- Use data and evidence-based practices in efforts to support clients in reaching their goals. (3)
- Gain and share information about specific health topics most relevant to the populations and communities being served. (3)
- Promote efforts to prevent injury and disease, including those that require policy changes, and support effective use of the health care system. (3)
- Promote health equity and efforts to reduce health disparities through engagement with clients, professional colleagues, and community partners. (3)
- Engage in systematic problem solving — including assessment, information gathering, goal setting, planning, implementation, evaluation, and revision of plans and methods, as necessary — to achieve shared objectives. (3)
- Gather and combine information from different sources to better understand clients, their families and their communities. (3)
- Assess barriers to accessing health care and other services. (3)
- Help people to identify their goals, barriers to change, and supports for change, including personal strengths and problem-solving abilities. (3)
- Share community assessment results with colleagues and community partners to inform planning and health improvement efforts. (3)
- Continue assessment as an on-going process, taking into account changes in client circumstances and the CHW-client relationship. (3)

Curricular Considerations

Case Management	Interpersonal Skills
Community Health Education	Legal Aspects - HIPAA
Community Health Planning	Legal Aspects - Public Policy
Community Needs Assessment	Legal Aspects - ADA
Critical Thinking	Literature Review
Cultural Diversity	Medical Terminology
Data Analysis	Oral and Written Communication
Documentation Requirements	Organizational Skills
Email	Problem Solving
Environmental Health	Professional Behavior
Ethics in Healthcare	Public Safety
General Office Software (Documents)	Reading Comprehension
Group Dynamics	Scope of Practice
Health Promotion	Social Determinants of Health
HIPAA	Statistical Applications
Individual Needs Assessment	The Healthcare System
Internet Search	Time Management
Interpersonal Relations	Trauma Informed Care