



The New England Comparative Effectiveness Public Advisory Council

**An Action Guide on
Community Health Workers (CHWs):
Guidance for the CHW Workforce**

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Completed by:

The Institute for Clinical and Economic Review



Introduction

About this guide

Evidence from clinical effectiveness reviews is critical to judgments that patients, clinicians, and health insurers must make about treatment choices and coverage policies. Yet that evidence is often not translated in a way that is helpful to inform healthcare decisions. This document is a companion policy guide designed to help community health workers (CHWs) or individuals considering this career path make use of the results from a recent report titled, "[Community Health Workers: A Review of Program Evolution, Evidence on Effectiveness and Value, and Status of Workforce Development in New England](#)" developed by the Institute for Clinical and Economic Review (ICER). This report formed the basis for the deliberations and votes of the New England Comparative Effectiveness Public Advisory Council (CEPAC) – an independent body that meets in a public, transparent forum to provide objective guidance on how information from evidence reviews can best be used by regional decision-makers to improve the quality and value of healthcare services.¹ The report pulls together the best available evidence on the effectiveness and value of CHWs from the published literature, findings from interviews with expert stakeholders, new survey results benchmarking the use of CHWs in New England, and public testimony.

CEPAC held its meeting on CHWs on June 28, 2013, bringing together policy experts from around the country to inform the deliberations. We have developed this action guide in order to provide a user-friendly overview of the CEPAC findings and an associated list of specific evidence-based action steps and resources that CHWs can use to improve patient outcomes and the overall value of CHW services.

This guide may be helpful to members, or prospective members, of the CHW workforce in a variety of ways. It summarizes evidence-based best practices that CHWs should seek to adopt or reinforce in their work with patients and families. It delineates possible quality indicators for high-quality CHW programs. This guide also provides background on key state policy matters related to the training and certification of CHWs that members of the CHW workforce may wish to influence.

Information is provided in the following areas:

- [Certification and Training](#)
- [Career Opportunities](#)
- [Patient Interaction](#)
- [Evaluation](#)

¹ For more information on CEPAC, visit: <http://cepac.icer-review.org/>

Community Health Workers

I. Training and Certification

1. Training

Traditional training programs focus on disease-specific education, but many experts today believe that a generalized approach is more valuable. An ideal program will offer skill development in areas such as leadership, communication, public health, patient advocacy, and outreach education. Once trained in these core competencies, CHWs may develop advanced skills in disease-specific areas such as diabetes and HIV. Depending on the course material and organization, programs will vary in length from 1-day workshops to 3-month courses, for example.

Examples of training opportunities for CHWs in New England are provided below.

BUNKER HILL COMMUNITY COLLEGE (BOSTON, MA): Bunker Hill Community College offers the Community Health Worker Certificate Program that involves a multi-disciplinary curriculum with a focus on developing a variety of core competencies. Some classes require a placement test or introductory course before enrolling. All the classes may be completed in one year. The curriculum includes the following classes:

1. College Writing I
2. Principles of Psychology
3. Counseling
4. Addiction
5. Health Employment Issues
6. Current Issues for the Community Health Worker
7. Pre-Practicum Prep w/Field Experience
8. Case Management in Human Services

BOSTON PUBLIC HEALTH COMMISSION (BOSTON, MA): For individuals already working as CHWs, the Boston Public Health Commission and Community Health Education Center (CHEC) offer a Comprehensive Outreach Education Certificate Program. Your employer will be responsible for the registration fee (\$400), and you are required to attend all 14 sessions to achieve your certificate. The course includes a minimum of 54 hours of public health education training, divided into two parts: Core Training Sessions and Health Modules. Core sessions address topics such as cultural competence and assessment techniques, and health modules focus on education and local resources for different health issues, including Emergency Preparedness.

COMMUNITY HEALTH INNOVATIONS OF RHODE ISLAND (PROVIDENCE, RI): Community Health Innovations of Rhode Island offers a Core Competency Entry Level Community Health Worker Course. The program lasts 15 weeks, with one 3-hour workshop and one separate student group session per week. Field work is also required, lasting approximately 6 months. The different sessions are described below.

Table 1. Community Health Innovations of Rhode Island CHW Training Curriculum.

Session Number and Title	Topics Covered
1: Intro to Community Health Workers	CHW History & Role Intro to Professionalism & Confidentiality
2: Cultural Humility and Cultural Safety	Intro to Cultural Humility and Cultural Safety What is Community?
3: Communication	Communication Skills Listening Skills Constructive Criticism & Confronting Problems
4: Teaching (Part 1)	Intro to Popular Education
5: Teaching (Part 2)	Developing a Lesson Plan & Activities Practicing Giving Instructions Practicing Leading Activities
6: Leadership & Facilitation	Leadership Group Facilitation Skills Dealing w/Difficult People in Groups
7: Comm. Health Promotion & Capacity Building I	Intro to Community Health Promotion & Capacity Building Root Causes of Health Problems
8: Comm. Health Promotion & Capacity Building II	Community Mapping Developing an Action Plan & Logic Model Interventions & Evaluation
9: Comm. Health Promotion & Capacity Building III	Community Mobilization Community Groups
10: Self-care and Safety (Part 1)	Intro to Stress Model What is Violence? Response to Conflict Intro to Creative Nonviolence
11: Self-care (Part 2)	Time Management Organizational Skills Development Stress Management
12: CPR & First Aid	
13: Working with Individuals & Families I	Home Visiting Interviewing Individuals & Families Informal Counseling Note-taking
14: Working with Individuals & Families II	Problem Solving & Advocacy Presenting Cases Ethics & Professional Conduct Finding Appropriate Health Services
15: Graduation	

The courses mentioned above are only examples of what may be offered in your area. The costs and duration of the training programs will vary, and financial assistance may be available. Table 2 below and on the following page provides some other local resources with specific information about CHW training. If your state is not listed, please contact your local Area Health Education Center (AHEC) from the list provided in section II, Career Opportunities (see p.8).

Table 2. New England CHW Training Programs.

Connecticut	
	Center for the Study of Cultural, Health, and Human Development at the University of CT – Family Development Credential http://www.familydevelopmentcredential.org/Plugs/How_to_Earn_Credentials.aspx
	Central AHEC, Hartford CT – Community Health Worker/Patient Navigator Program http://www.centralctahec.org/CHW-PN-Training.aspx
	Southwestern AHEC, Trumbull CT http://www.swctahec.org/
Maine	
	Portland, ME, Public Health Division – Minority Health Program http://www.portlandmaine.gov/hhs/phminority.asp
	University of New England – Interprofessional Education Collaborative http://www.une.edu/wchp/ipec/index.cfm
Massachusetts	
	Bunker Hill Community College – Community Health Worker Certificate Program http://www.bhcc.mass.edu/programsofstudy/certificateprograms/humanservices/communityhealthworkercertificateprogram/
	Community Health Education Center of the Boston Public Health Commission http://www.bphc.org/programs/checc/Pages/Home.aspx
	Mass Bay Community College – Associate degree in Liberal Arts, Community Health Option http://www.massbay.edu/uploadedFiles/Second_Level_Pages/Academics/Curriculum-Sheet-SSPS-Liberal-Arts-Community-Health-Option-AA.pdf
	Mass Bay Community College – Certificate program in Community Health http://www.massbay.edu/uploadedFiles/Second_Level_Pages/Academics/Curriculum-Sheet-SSPS-Liberal-Arts-Community-Health-C.pdf
	Lowell Community Health Center http://www.lchealth.org/CHEC.shtml
	Outreach Worker Training Institute of the Central MA AHEC http://www.cmahec.org/index.php?option=com_content&view=article&id=46&Itemid=59
New Hampshire	
	No training programs identified; please contact your local AHEC for updated information (see page 8).

Rhode Island	
	Community Health Innovations of RI – CHW Certificate Course http://chi-ri.org/programs/certificate/
	Community Health Worker Association of Rhode Island http://www.chwassociationri.org/index.html
Vermont	
	No training programs identified; please contact your local AHEC for updated information (see page 8).

2. Certification

Currently, CHWs do not need to be officially certified or licensed to practice in New England. While you may obtain a certificate of course completion from a CHW training program, this is only an indication that you have successfully achieved the goals of the course. Working as a CHW in New England requires no other official paperwork, licensing exam or registration with a particular state. However, some states, including Massachusetts, are exploring setting up a certification process. By requiring CHWs to be certified, certain standards with respect to training, education, and skills will need to be met by everyone who is employed as a CHW. Massachusetts passed a law in 2010 creating the Board of Certification for CHWs. The Board began meeting in July 2012, and is working to define standards and requirements for educational and training programs for CHWs.

Some states outside of New England, such as Minnesota and Texas, already have certification or credentialing programs in place. In Texas, there is no application fee for certification, and the sole requirement of applicants is to complete a 160-hour CHW training program, approved by the Department of State Health Services (DSHS) or to have provided at least 1000 hours of CHW services in the last 6 years, with verification by supervisor. In Minnesota, CHWs may provide diagnosis-related patient education services with Medicaid reimbursement if the following major requirements are met:

- Completion of an accredited CHW training program with receipt of certification
- Enrollment in the Minnesota Health Care Programs as a participating provider
- CHW supervision by an Advanced Practice Registered Nurse, physician, certified public health nurse or dentist who is an eligible Billing Provider

More information may be found at the links listed below.

Minnesota Department of Human Services:

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

Texas Department of State Health Services:

<http://www.dshs.state.tx.us/mch/chw.shtm>

II. Career Opportunities

There are a variety of resources available for individuals interested in starting a career as a CHW. CHWs may work in a variety of settings, including health care organizations, community-based organizations, public health agencies, local aid groups, or religious or cultural organizations. CHWs have a unique skill set that distinguishes them from other healthcare professionals by having a deeper understanding and knowledge of the community they serve.

Resources are provided below to help prospective CHWs identify local organizations in their state working with CHWs that may have job opportunities available, as well as other databases and online resources with information on career paths for CHWs.

1. Area Health Education Centers

Area Health Education Centers (AHECs) are designed to increase the number of health care providers and improve the quality of care in rural and underserved areas. Each local AHEC typically operates as an independent not-for-profit agency, working closely with local community groups and health professional training programs to enhance workforce development. Since AHEC staff work closely with underserved communities in each state, they are often familiar with job openings or other opportunities within the counties they serve.

Table 3 on the following page provides links and contact information for each local AHEC in New England.

Table 3. Area Health Education Centers in New England.

Connecticut	
CT AHEC Program - Program Office at the University of Connecticut	http://www.publichealth.uconn.edu/cphhp-services.html
Central AHEC	http://www.centraltahec.org/central-ct-ahec.aspx 860-920-5149 info@centraltahec.org
Eastern CT AHEC	http://www.easterntahec.org/ 860-465-8281 bond@easterntahec.org
Northwestern CT AHEC	http://www.nwctahec.org/ 203-758-1110 nwctahec@nwctahec.org
Southwestern CT AHEC	http://www.swctahec.org/ 203-372-5503 mseguinot@swctahec.org
Maine	
Eastern Maine AHEC	http://www.pchcbangor.org/ 207-404-8000
Northern Maine AHEC	http://www.nmcc.edu/ 207-768-2700 lbuck@nmcc.edu
Western Maine AHEC	http://www.fchn.org/ 207-779-2575 krogers@fchn.org
Massachusetts	
Massachusetts AHEC Network	http://www.umassmed.edu/ahec/index.aspx
Berkshire AHEC	http://www.umassmed.edu/ahec/centers/berkshire.aspx 413-447-2417 ccohen@berkshireahec.org
Boston Area AHEC	http://www.umassmed.edu/ahec/centers/Boston_AHEC.aspx#youth_to_health 617-534-5258 BAHEC@bphc.org
Boston University AHEC	http://www.bumc.bu.edu/busm-ahec/boston-university-area-health-education-center/
Central Massachusetts AHEC	http://www.cmahec.org/ 508-756-6676 jcalista@cmahec.org
Merrimack Valley AHEC	http://glfhc.org/site/programs-and-services/merrimack-valley-ahec/ 978-685-4860
Pioneer Valley AHEC	http://www.umassmed.edu/ahec/centers/Pioneer_Valley.aspx 413-750-2079 pvahec@springfieldcityhall.com
AHEC of Southeastern Massachusetts	http://www.umassmed.edu/ahec/centers/Southeastern_ma.aspx 508-583-2250 lmarschke@healthimperatives.org
New Hampshire	
NH AHEC	http://tdi.dartmouth.edu/initiatives/area-health-education-center
Northern NH AHEC	http://www.nchcnh.org/AHEC.php 603-259-3700
Southern NH AHEC	http://www.snhahec.org/ 603-895-1514 psmith@snhahec.org
Rhode Island	
RI AHEC Network	http://med.brown.edu/ahec/
Northern RI AHEC	http://northernriahec.org/ 401-356-4077 info@northernriahec.org
Central RI AHEC	http://www.saintjosephri.com/ 401-456-3000
Southern RI AHEC	http://www.southernriahec.org/ 401-874-2768
Vermont	
Vermont AHEC	http://www.uvm.edu/medicine/ahec/?Page=about.html&SM=aboutussubmenu.html
Northeastern Vermont AHEC	http://www.nevahec.org/ 802-748-2506 contactus@nevahec.org
Champlain Valley AHEC	http://www.cvahec.org/ 802-527-1474 feedback@cvahec.org
Southeastern Vermont AHEC	http://www.svahec.org/ 802-885-2126 info@svahec.org

2. Professional Associations

Some New England states have professional associations of CHWs that are working to expand leadership and training opportunities for CHWs and build recognition of the workforce. These professional associations, though not yet in every state, have made efforts to collaborate at a regional level and may provide a helpful resource for CHWs or individuals looking to pursue a career as a CHW.

Table 4. Professional CHW Associations in New England

Connecticut	Community Health Worker Association of Connecticut https://www.facebook.com/CHWACT
Massachusetts	Massachusetts Association of Community Health Workers http://www.machw.org/
Rhode Island	Community Health Worker Association of Rhode Island http://www.chwassociationri.org/

3. Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are community organizations involving a range of health programs serving vulnerable populations, including:

- Community Health Centers, which provide services to federally designated underserved areas or populations;
- Migrant Health Centers, which provide services to migrant or seasonal agricultural workers;
- Health Care for the Homeless Programs, which provide primary, preventative, and substance abuse services to homeless individuals and families; and
- Public Housing Primary Care Programs, which provide services to public housing residents and their adjacent communities

FQHCs often recruit CHWs as part of their staff, and often look for candidates that are patients at the health center themselves, or have a deep understanding of the community they serve. For a comprehensive list of FQHCs searchable by state, county, or zip code, please visit the Health Resources and Services Administration (HRSA) website: http://findahealthcenter.hrsa.gov/Search_HCC.aspx.

4. Job Databases for CHWs

Table 5 on the following page provides a list of databases and websites with frequent job postings for CHWs, organized by state. Though not comprehensive, these resources may provide a good starting point for someone interested in launching a career in public health as a CHW.

Table 5. Job Postings/Databases for CHWs.

National	Regional
<p>National Organization for Human Services http://www.nationalhumanservices.org/jobs Idealist.org http://www.idealist.org/ Community Action Partnership http://www.communityactionpartnership.com ExploreHealthCareers.org http://explorehealthcareers.org/en/home Indeed.com http://www.indeed.com/ National Association of Community Health Centers http://www.nachc.com/jobs.cfm Health Workforce Information Center http://www.hwic.org/states/</p>	<p>The New England Home Health Career Center http://hcare.ma.associationcareernetwork.com/JobSeeker/JobList.aspx?abbr=HCARE.MA&stats=baj&stfilter=y Community Health Center Association of Connecticut http://www.chcact.org/jobs/ Maine Public Health Association Jobs Database http://www.mainepublichealth.org/jobs.php Maine Recruitment Center http://www.themrc.org/ Central Massachusetts AHEC Jobs Database http://www.cmahec.org/index.php?option=com_newsfeeds&view=categories&Itemid=49 Massachusetts Career Information System https://masscis.intocareers.org/loginmain.aspx?cookieTest=y Massachusetts League of Community Health Centers http://www.massleague.org/Careers/Opportunities.php Massachusetts Hospital Careers http://www.mahospitalcareers.com/ Massachusetts Association of Community Health Workers – Jobs http://www.machw.org/index.php?option=com_content&view=article&id=18&Itemid=124 Vermont Health Jobs http://www.vthealthjobs.com/public/</p>

IV. Interacting with Patients

CHWs build connections between patients and healthcare services, community resources, and social support services. Working directly with patients and their families, a peer-based relationship develops through shared experiences and shared community. CHWs provide informal counseling, social support, and facilitate care coordination and resource utilization. Specific responsibilities will vary depending on the patient’s needs and may include roles described in Table 6 below.

Table 6. Sample CHW Roles and Responsibilities.

Comprehensive Care Management
Conduct client outreach and engagement activities to assess ongoing emerging needs and to promote continuity of care and improved health outcomes
Prepare a client crisis intervention plan
Care Coordination and Health Promotion
Link/refer client to needed services to support care plan/treatment goals, including medical, behavioral health care, patient education, self-help/recovery, and self-management
Conduct case reviews with interdisciplinary team to monitor/evaluate client status and service needs
Advocate for services and assist with scheduling of needed service
Patient and Family Support
Develop/review/revise the individual’s plan of care with the clients and their families to ensure that the plan reflects individual’s preferences, education, and support for self-management
Meet with client and family, inviting any other providers to facilitate interpretation services

From the NY State Medicaid Update Special Edition Vol. 28, April, Number 4:

http://www.health.ny.gov/health_care/medicaid/program/update/2012/2012-04_pharmsped_edition.htm

CHWs work with patients and their families in a variety of settings including the patient's home, community health centers, medical clinics, schools, shelters, and local businesses. Visits may involve one-on-one interactions as well as group sessions and telephone calls. Initially the length of a visit may be one hour or longer, and may occur at least once a week. However, the timing and frequency of visits will vary depending on the individual patient and his or her circumstances and health. Visits may continue for an unlimited amount of time, or may conclude at a specific point in time, e.g., at the birth of a child for a patient receiving support during a pregnancy. An identified best practice is for CHWs to spend a significant amount of extended face-to-face time with patients and their families as this is integral to building a trusting relationship. Through these interactions, CHWs support patients in their medical care, provide medical education, promote adherence to recommended treatment, and assist with development of individualized action plans. CHWs may accompany patients to medical appointments as well.

V. Evaluation

As a CHW, you will have a unique opportunity to help share information about the impact you have on your patients. Through interactions with patients, you will have an effect on their health, on their knowledge and beliefs, and on their quality of life. As an advocate for your patients you will be able to show how they have changed over time with respect to their health, knowledge, and resource utilization. It is important to share this information with the organization you work for, with insurance companies, and with other healthcare providers. It is essential to be involved in creating an evaluation plan as you will be actively involved in collecting a great deal of the information. You will be able to share with others what works and doesn't work, and your insights will help improve the process.

Some examples of evaluations include a Family Health Assessment Form, Prenatal Encounter Form, Referral and Follow-up Log, and Health-Related Quality-of-Life. Topics about which you may be asked to collect information are included in Table 7 on the following page.

Table 7. Sample CHW Evaluation Topics.

Initial patient assessment	<ul style="list-style-type: none"> • Health history <ul style="list-style-type: none"> - Current health status - Risk assessment • Family information <ul style="list-style-type: none"> - Household members • Education/work status • Community resource access/utilization
Patient visit information	<ul style="list-style-type: none"> • List of topics discussed <ul style="list-style-type: none"> - Family planning - Immunizations - Nutrition - Exercise - Public assistance - Access to healthcare • Client assistance <ul style="list-style-type: none"> - Provided transportation - Helped patient access services - Provided advice or moral support • Patient referrals <ul style="list-style-type: none"> - Senior services - Cancer support group
Health survey	<ul style="list-style-type: none"> • Overall health assessment • Evaluation of activity limitations related to health status • Impact of health on daily activities in last month • Impact of emotional status on daily activities in last month • Assessment of body pain and interference with normal work • Assessment of emotional status, energy level

The Community Health Worker Evaluation Tool Kit: Individuals/Families includes many examples of evaluation forms: <https://apps.publichealth.arizona.edu/CHWToolkit/PDFs/FRAMEWOR/LEVEL1.PDF>

VI. Conclusion

CHWs can play an important and unique role as part of healthcare teams. As members of the community, CHWs focus on education and health system navigation for their patients, providing a bridge to appropriate healthcare utilization. Serving at the frontline of healthcare delivery, the experiences of CHWs are essential to informing evidence-based best practices with the potential to improve health outcomes for medically complex and vulnerable patient populations.

While research on the effectiveness and value of CHWs is often narrow in scope and focused on short-term outcomes, there are important opportunities for the workforce to apply expert knowledge, regional survey data, and the published literature that make up this guide to current practice. Making use of the best available evidence will help CHWs to advance their careers and strengthen their role within the integrated healthcare team at a time when innovative approaches to narrowing health inequalities are increasingly vital.

Additional Resources

<p>CDC e-learning module:</p> <p>Promoting Policy and Systems Change to Expand Employment of Community Health Workers (CHWs) http://www.cdc.gov/dhdsp/pubs/chw_elearning.htm</p>	<p>This course is designed to provide state programs and other stakeholders with basic knowledge about Community Health Workers (CHWs), such as official definitions of CHWs, workforce development, and other topic areas. In addition, the course covers how states can become engaged in policy and systems change efforts to establish sustainability for the work of CHWs, including examples of states that have proven success in this arena.</p>
<p>U.S. Dept. of Health and Human Services, Health Resources and Service Administration (HRSA), Office of Rural Health Policy (ORHP):</p> <p>CHWs Evidence-Based Models Toolbox http://www.hrsa.gov/ruralhealth/pdf/chwtoolkit.pdf</p>	<p>Identifies promising practice models and evidence-based practices for using CHWs in rural communities.</p>
<p>Rural Assistance Center:</p> <p>CHW Toolkit http://www.raonline.org/communityhealth/chw/</p>	<p>The CHWs Toolkit is designed to help rural communities evaluate opportunities for developing a community health worker program, and to provide resources and best practices developed by successful community health worker programs. Through eight modules, the toolkit offers tools and resources to develop and implement programs for using CHWs in local programs.</p>