Community Health Worker Task Force Recommendations
Report for Healthier Washington

From the
Washington State Community Health Worker Task Force

To
Executive Sponsors:
Dorothy Teeter, Director, Health Care Authority
John Wiesman, Secretary, Department of Health

1 Prepared by Foundation for Healthy Generations
Community Health Worker Task Force Recommendations

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Executive Summary

The Community Health Worker’s (CHW) Task Force, was convened with the overarching purpose of developing policy and system change recommendations to align the Community Health Worker workforce with the work of the Healthier Washington Initiative. Task Force members considered the continuum of CHWs from volunteers, to CHWs employed as generalists who support the overall health and well-being of individuals and communities, to CHWs working in specialized roles as members of care coordination teams.

The Healthier Washington initiative has 3 main areas of action to achieve the goals of the initiative: 1) building healthier communities through a collaborative regional approach; 2) ensuring health care focuses on the whole person; and 3) improving how services are paid for. Convening the CHW Task Force acknowledged that based on their life experiences and roles as health influencers within their communities, Community Health Workers are necessary to achieve the goals of Healthier Washington within the changing environment of health reform. This assumption is rooted in research which demonstrates that CHWs can improve health outcomes and the quality of care while achieving significant cost savings, particularly when working with underserved populations.

The 55 CHW Task Force members represented various sectors from across the state including legislators, physical and behavioral health care delivery systems, local health jurisdictions, community-based organizations, managed care organization, Tribes, education, professional associations, labor, philanthropy, and state government. To ensure that authentic community voice and leadership was embedded into these recommendations over 30% of Task Force members were CHWs themselves. Throughout the process, all Task Force members agreed and were able to align on all of the recommendations organized in 4 general categories: 1) overarching guidelines & strategies; 2) definition, roles, skills & qualities (or attributes); 3) training & education; and 4) finance & sustainability considerations.

The CHW Task Force recommends that Washington adopt the American Public Health Association’s definition:

To meet the goals and demands of the triple aim, the Task Force believes we must rethink how to carry out efficient and effective care with the community as the center. The Task Force recommends that Healthier Washington, the Accountable Communities of Health, the Practice Transformation Hub and key health reform partners use four overarching strategies to guide the development of policies related to CHWs detailed in the report.

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Community health workers (CHWs) are known by many names, including, promotores(as) de salud, Community Health Representatives (Indian Health Services), and community health advisors. For the purpose of this report we use Community Health Workers as an umbrella term that encompasses this diverse workforce.
• Describe the Community Health Worker Model as an innovative strategy for health, social service and educational systems. At the center of this model are the CHWs; whose essence is their ‘heart of service’ and whose passion is the health and well-being of their communities.
• Include CHWs and key leaders in all decision making forums affecting CHWs’ work.
• Build the CHW model into Healthier Washington’s strategic and operational plans to recommend best practices of how to integrate and support CHWs for greatest individual and system outcomes.
• Convene a group of leaders to further design and develop flexible and secure funding mechanisms, for a thriving CHW workforce

This is the time to utilize and invest in CHWs as an essential community engagement and population health strategy to support meeting the triple aim. The recommendations outlined in the following report provides a platform for government, policymakers and stakeholders, as well as private sector providers, payers, organizations to support a CHW workforce and integration of CHWs within the Healthier Washington initiatives and supporting health reform efforts.

* The Task Force acknowledged that in some cultures the word unusual is not easily translated. The Task Force acknowledges the following synonyms to clarify what unusual means: unique/exceptional/remarkable/special/etc.
Community Health Worker Task Force Recommendations

December 18, 2015

As part of the Healthier Washington Initiative, the Community Health Worker (CHW) Task Force, was convened with the overarching purpose of developing actionable policy recommendations to align the Community Health Worker workforce with the Initiative. The Healthier Washington initiative seeks to transform our health system through multiple approaches, including workforce innovation.

The Healthier Washington initiative has 3 main areas of action to achieve the goals of the initiative: 1) building healthier communities through a collaborative regional approach; 2) ensuring health care focuses on the whole person; and 3) improving how services are paid for. Convening of the CHW Task Force acknowledged that based on their life experiences and roles as health influencers within their communities, Community Health Workers are necessary to achieve the goals of Healthier Washington within the rapidly changing environment of health reform. This assumption is rooted in research which demonstrates that CHWs can improve health outcomes and the quality of care while achieving significant cost savings, particularly when working with underserved populations. See Appendix A for supporting literature.

Task Force Process

The 55 CHW Task Force members represented various sectors from across the state including legislators, physical and behavioral health care delivery systems, local health jurisdictions, community-based organizations, managed care organization, Tribes, education, professional associations, labor, philanthropy, regional support networks and state government. Over 30% of Task Force members were Community Health Workers who span the entire CHW continuum (see Figure 1 below), from volunteers to CHWs working in a highly trained specialize capacity. The Task Force met 5 times, from August 2015 through December 2015; 3 full Task Force meetings with all members and 2 workgroup meetings that focused on: CHW Roles, Skills & Qualities (or Attributes); Training & Education; and Finance and Sustainability Considerations. For detail on the Task Force’s membership, structure and timeline see Appendix B.

Recommendations

This report contains recommendations organized in four general categories: 1) overarching guidelines and strategies; 2) definition, roles, skills & qualities (or attributes); 3) training and education; and 4) finance and sustainability considerations. These recommendations came out of much thought, discussion, review and debate. All Task Force members agreed and were able to align on all of the recommendations. Consequently, the recommendations outlined below provides a platform for government, policymakers and stakeholders, as well as private sector providers, payers, organizations to support a CHW workforce and integration of CHWs within the Healthier Washington initiatives and other health reform efforts. What it does not do is provide a definitive answer to complex questions such as, “What is the path to sustainable funding for CHW initiatives”, continued conversations are needed.

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3 Community health workers (CHWs) are known by many names, including, promotores(as) de salud, Community Health Representatives (Indian Health Services), and community health advisors. For the purpose of this report we use Community Health Workers as an umbrella term that encompasses this diverse workforce.
Task Force members were asked to consider the continuum of CHWs from volunteers, to CHWs employed as generalists who support the overall health and well-being of individuals and communities, to CHWs working in specialized roles (e.g., working on a care team serving patients with diabetes). Figure 1, shows the CHW Continuum and acknowledges that some CHWs may transition into other health and human service professions.

**Figure 1. CHW Continuum**

The Task Force sought to address the tension between the need for employers and decision-makers to have a clear definition and focused role for Community Health Workers with the need to maintain flexibility that does not close options and allows CHWs to respond in culturally and linguistically appropriate ways. This is particularly true because CHWs work in multiple sectors, those that focus in individual patient care, to those concerned with population health, to those focused on community development.

At the first Task Force meeting August 28th members established overarching guidelines for their work and Healthier Washington’s CHW work. Workgroups were asked to pursue the following guidelines when drafting recommendations on Community Health Worker’s roles, skills, qualities, and training/education:

- Encompass the wide-ranging work of CHWs across multiple contexts
- Encompass a variety of perspectives (e.g., CHWs, employers, health plans, etc.)
- Be inclusive of work with the diverse needs of the community, such as children, youth, families, individual adults, seniors, individuals with special needs and communities
- Use plain language
- Focus on health and equity, not just healthcare (e.g. social determinants of health, human services, housing, education, etc.)
The Task Force also recommends that Healthier Washington, the Accountable Communities of Health the Transformation Hub and key stakeholders use three overarching strategies to guide the development of policies related to CHWs.

- Define the Community Health Worker Model as -- an innovative strategy for health, social service and educational systems. At the center of this model are the CHWs; whose essence is their ‘heart of service’ and whose passion is the health and well-being of their communities.
- Include CHWs and key leaders in all decision making forums affecting CHWs’ work.
- Build the CHW model into Healthier Washington’s strategic and operational plans to recommend best practices of how to integrate and support CHWs for greatest outcomes.

Definition, Roles, Skills and Qualities. The Task Force recommends that Healthier Washington, the Accountable Communities of Health and partner agencies adopt the following definition, roles and skills as a guide for the work successful Community Health Workers do.

CHW Definition. The CHW Task Force recommends that Washington adopt the American Public Health Association’s definition of a Community Health Workers in relevant initiative and Innovation Plan work and corresponding documentation:

A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually* close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

CHW Roles. The Task Force acknowledged the three unique capabilities of CHWs: 1) relationship and trust building with communities of color/underserved/low income populations, 2) facilitating valuable communication between providers and patients or community members and decision-makers, and 3) addressing the social determinants of health at the individual and community level.
The Task Force acknowledges that in some cultures the word unusual is not easily translated. The Task Force acknowledges the following synonyms to clarify what unusual means: unique/exceptional/ remarkable/special/etc.

The Task Force recommends the following roles for CHWs, recognizing that no CHWs will perform all of these roles. The purpose is to describe the broad roles Community Health Workers (CHWs) may serve across multiple context and to focus on health and equity, not just healthcare. There is no expectation that CHWs fulfill every role listed. Ultimately, the CHWs employer will identify which roles would be suitable to achieve their needs. The Task Force assumes all roles will be performed with appropriate training and supervision and CHWs will attain the certifications appropriate to the services they provide. The roles are not listed in priority order.

1. **Cultural Mediation among Individuals, Communities, and Health and Social Service Systems.** CHWs educate individuals and communities about navigating health and social service systems and educate systems about community perspectives and cultural norms. They build health literacy and cross-cultural communication.

2. **Providing Culturally Appropriate Health Education and Information.** CHWs conduct health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community. They provide necessary information to understand and prevent diseases and to help people manage health conditions.

3. **Conducting Outreach.** CHWs find and recruit individuals that would benefit from services. They follow-up on health and social service encounters with individuals, families, and community groups and help problem solve any barriers. They conduct home visits to provide education, assessment, and social support and present at agency and community events.

4. **Care Coordination, Case Management, and System Navigation.** CHWs participate in making referrals, care coordination and/or case management, with an emphasis on connecting individuals to their medical home/primary care provider. They connect individuals to community resources and services. As a part of this work they document and track individual and population level data and inform decision-makers and systems about community assets and challenges.
5. **Providing Coaching and Social Support.** CHWs provide support and informal coaching to individuals. They motivate and encourage people to obtain insurance coverage, care and other services when applicable, and support self-management of disease prevention and management of health conditions within the parameters set by the organization and supervisor. They also plan and/or leading support groups.

6. **Advocating for Individuals and Communities.** CHWs advocate for individuals as well as for the basic needs and perspectives of communities. A part of this advocacy may be participating in policy advocacy.

7. **Building Individual and Community Capacity.** CHWs build individual’s capacity to manage their health and well-being by teaching skills, expanding the individual’s knowledge and supporting their empowerment to participate in individual, family, community and systems improvement. They building community capacity by strengthening a sense of community and social connection, identifying and coordinating the use of individual and community assets/strengths, defining community development pathways, strengthening and diversifying leadership, increasing participation in decision-making and training and building individual capacity with CHW peers and among groups of CHWs to improve individual and community health.

8. **Providing Direct Service.** CHWs provide basic screening tests (e.g. heights & weights, blood pressure) and, with adequate supervision and training, basic services (e.g. first aid, diabetic foot checks).

9. **Implementing Individual and Community Assessments.** CHW participate in design, implementation, and interpretation of individual-level assessments (e.g. home environmental assessment) and community-level assessments (e.g. windshield survey of community assets and challenges).

10. **Participating in Evaluation and Research.** CHWs engage in evaluating CHW services and programs. They identify and engage research partners, and support community consent processes. They participate in evaluation and research by supporting the identification of priority issues and evaluation/research questions, development of evaluation/research design and methods, data collection and interpretation, vetting findings with the community and engaging stakeholders to take action on findings.
CHW Qualities. Research suggests a critical component of effective CHW programs/initiative is hiring people who have the qualities or attributes that align with their roles and responsibilities. To that end the Task Force recommends Healthier Washington, the Accountable Communities of Health and partner agencies communicate and disseminate CHW qualities or attributes as foundational for Community Health Workers success including:

- Connected to Community
- Culturally sensitive, able to work with diverse communities
- Empathic, Caring, Compassionate and Humble
- Persistent, Creative and Resourceful
- Open-minded/Non-judgmental
- Honest, Respectful, Patient, Realistic
- Friendly, Engaging, Sociable
- Dependable, Responsible, Reliable

CHW Skills. The Task Force sought to describe the breadth of skills Community Health Workers (CHWs) need to successfully perform all of the roles listed above. There is no expectation that individual CHWs have all the skills listed below. Ultimately, the organization where the Community Health Worker resides will identify which skills are appropriate and necessary to achieve their goals, with support and supervision. The skills are not listed in priority order.
1. **Communication Skills** including the ability to communicate in culturally and linguistically appropriate ways, including using an interpreter when appropriate, and using translated materials when available, use plain and clear language, communicate in ways that engage individuals and communities, translate professional terminology and jargon into lay language, listen actively and communicate with empathy, document work in various formats, including written, oral and electronic and identify and use equity language.

2. **Interpersonal and Relationship Building Skills** including the ability to provide informal coaching and social support, cultivate relationship trust that supports self-determination, conduct self-management coaching that promotes self-advocacy and activation, use interviewing techniques, work as a team member and understand the roles and responsibilities of all team members, manage conflict and practice openness to a variety of cultures and respect cultural and individual healing practices.

3. **Service Coordination and Navigation Skills** including the ability to navigate and coordinate care (including identifying and accessing resources and overcoming barriers) for individuals and families in collaboration with multiple systems, appropriately connect clients to resources, without duplicating services, facilitate development of an individual and/or group action plan and goal attainment, and follow-up and document care and referral outcomes.

4. **Capacity Building Skills** including the ability to help others identify and develop to their full potential, network, build community connections, and partnerships, increase individual and community empowerment by building coalitions and organizing individuals and communities and mobilize or organize a community around a common issue.
5. **Advocacy Skills** including the ability to teach self-advocacy skills, speak up for individuals and communities, collect and/or use information from and with community members, be community led and driven and/or contribute to policy development at program, organizational, system and legislative levels, advocate for social change, bridge perspectives for policy change and support and champion social and racial equity.

6. **Education and Facilitation Skills** including the ability to seek out appropriate information and respond to questions about pertinent topics, plan and conduct classes and presentations for a variety of individuals and groups, use a range of appropriate and effective active learning techniques both with individuals and groups, facilitate group decision-making and discussions, and collaborate with other educators and content experts.

7. **Individual and Community Assessment Skills** including the ability to participate in individual assessment through observation and active inquiry in order to inform conclusions or actions, provide appropriate health screening and education, participate in community assessment through observation and active inquiry to inform conclusions or actions, utilize community wisdom and voice to identify community needs and serve vulnerable individuals and provide and use information and data.

8. **Outreach Skills** including the ability to build trust, organize events and conduct community outreach, recruitment and follow-up with individuals, and gather or prepare appropriate resources and materials and disseminate effectively.

9. **Professional Skills and Conduct** including the ability to set goals, to develop and follow a work plan, and know where to go for help, self-organize in order to balance priorities and manage time, identify and respond effectively to emergencies, use pertinent technology applicable to the setting, pursue continuing training and/or education, work safely in community and/or clinical settings, observe ethical and legal standards, follow organizational, research and/or grant policies and procedures, participate in professional development and in networking among CHW groups, set boundaries and practice self-care and work independently, while using organizational and supervisory support as appropriate.

10. **Experience and Knowledge Base** including knowledge about pertinent health issues, healthy lifestyles, trauma informed care, and self-care, whole person care (integration of mental/behavioral and physical health care), basic public health principles, the needs of the community served, how health is affected by the conditions in which we live, learn, work and play, local, state, regional and national resources, systems and their cultural context and race, equity and social justice issues. CHWs also need the ability to discern reliable, evidence based answers and to problem solve and think critically.
Training and Education. The definition, roles and skills recommendations focus on the ‘why’ and ‘what’ of community health workers, while the recommendations on training and education focus on the ‘how’. They provide a framework and guidelines for organizations to develop community health worker training and education programs that provide the quality assurance payers and employers require, the flexibility needed to be responsive to the concerns of diverse communities and cultures, and process that minimizes barriers that prevent people who would be excellent CHWs from being trained. The recommendations address four main issues: 1) a framework for CHW training and education that could provide quality assurance, flexibility and new opportunities; 2) what should be taught in a core training; 3) how training and education should be provided; and 4) the need to train organizations and agencies to effectively support CHWs to achieve outcomes.

The Task Force recommends Healthier Washington, the Accountable Communities of Health and partner agencies adopt the following training and education proposals as a guide for developing CHW training and
Framework considerations

1. Develop Core-CHW training and education programs to prepare CHWs generalists to support the health and well-being of individuals and communities including:
   
a. Minimize barriers to participation of communities of color/underserved/vulnerable communities (e.g., cost, length of training, prior education requirements, etc.)
   
b. Teach transferable skills that align with CHW roles and responsibilities.
   
c. Teach skills that cross multiple roles, rather than all the skills needed to perform all roles.
   
d. Design multilingual and competency based programs with materials readily available in multiple languages.
   
e. Connect to other educational opportunities that allow CHWs who want to transition into other health and human service professions to get credit for his or her education and experience (e.g., stackable certificates that can be applied to a degree program).
   
f. Allocate funds for the implementation of a training and education system that will enhance and increase opportunities for authentic and responsive CHW training.

2. Provide additional continuing education opportunities to prepare CHWs with expertise preparing them to be successful in specific roles such as diabetes, mental health, etc.

3. Convene a workgroup to identify additional training that may be needed to successfully perform each of the recommended CHW roles so employees and employers know what additional training is needed to perform specific roles.

Content considerations

1. CHW Core Curriculum should include technology skills, communication skills, self-care/boundaries, building individual and community capacity, cultural competency, equality/social justice, outreach and in-reach, leadership and career development, data collection and community assessment, behavioral health, physical health and oral health and the ways in which they are interrelated, system navigation (medical, social, educational and human service systems) and the heart of service (Servicio de Corazon).
Instructional considerations

1. Promote instructional practices that build on the unique lived experiences of CHWs.
2. Based on prior assessments, involve seasoned CHWs as part of instructional team in a settings that is appropriate to the community. Develop mobile instructional teams in order to serve individuals across the state.
3. Adopt a broad style of teaching that supports popular education modalities and philosophy.
4. Deliver instruction in a method that meets learning styles and on-the-job contexts such as Job-shadowing, online modules and mentorship.
5. Provide fellowship and mentorship opportunities post-training.

Organizational considerations

As with any workforce component, CHW success is dependent on agencies and administrations ability to support CHWs across systems. Healthier Washington has an opportunity to set a clear path towards community health that has the potential to influence our state’s landscape. Therefore the CHW Task Force recommends Healthier Washington and other key stakeholders:

1. Partner with community, agencies and CHW employers to identify the health, social service and education system changes needed to optimize community health worker outcomes within that system
2. Provide information and training to clinic and agency board members and management teams on the role and value of Community Health Workers, and the infrastructure needed to effectively support their work (e.g. how to integrate CHWs into care teams, supervision, supporting work in the community, etc.)

Finance. The goals of the Finance Considerations Workgroup were to better understand community health worker sustainability efforts and barriers across the nation, increase knowledge of current payment reform efforts in Washington, and to develop an initial list of finance strategies and opportunities to support the sustainability of a CHW workforce in Washington. The recommendations and considerations below focus on continued development of new financing strategies that move on from what is often piecemeal, patchwork, or
time-limited funding that supports community health worker programs and ways to increase the knowledge and understanding of community health worker roles, skills and value. To meet the goals and demands of the triple aim we must rethink how to carry out efficient and effective care with the community as the center. If the CHW workforce is to thrive, it is critical to secure a sustainable funding mechanism.

The Task Force recommends Healthier Washington convene a workgroup of key leaders from the Task Force to further develop sustainability levers.

The Task Force recommends that Healthier Washington consider a range of financing options including, changes to Medicaid managed care contracts, hospital funding patterns, incentivize Accountable Communities of Health and Behavioral Health Organizations, practice Transformation HUB could prioritize CHWs as a key strategy in creating community linkages and support the development of local, regional and statewide CHW networks and explore a Wellness Trust (Funding pool raised and set aside specifically to support prevention and wellness interventions to improve health outcomes of targeted populations. CHWs can be an authorized strategy for community engagement, prevention, and mitigation).

Sustainability. All by the three workgroups made recommendations to support the sustainability of a CHW workforce in Washington. The Task Force recommends:

1. Healthier Washington identify the health, social service and educational system changes necessary to optimize CHW best practices.
2. The Healthier Washington Practice Transformation Hub disseminate the Task Force’s list of Community Health Worker definition, roles, skills, qualities and principles to multi-sector groups including providers, Accountable Communities of Health, social service organizations, and affiliation groups, educating them on the value a Community Health Worker workforce can provide to improve population and patient health outcomes.
3. Healthier Washington create a communication guide for providers including:
   a. CHW Education “kits” explaining role and value of CHWs for non-CHWs in the workforce; including education on how to incorporate and compensate CHWs on their teams.
   b. Disseminate CHW success stories.
   c. Create large forums for all stakeholders to see the positive outcomes of CHWs efforts.
   d. Design materials; clear talking points for non-CHWs to understand CHW role.
4. Healthier Washington explore ways to incubate, test, and evaluate CHW projects as a part of transformation innovation.
5. Healthier Washington encourage statewide CHW coalition building in order to develop a system of CHWs that can support health across the multiple domains where CHWs and other peer based professionals work.
Conclusion

The Task Force stresses that it is imperative to continue to deepen our understanding of emerging opportunities to collectively act on our recommendations within the objectives of Healthier Washington by co-creating the answers to the following questions:

• What settings are most ready to adopt these roles, skills, etc.?
• What are the strategies Healthier WA and the members of the CHW Task Force might take to adopt these in practice?
• What kind of education, training and support is needed to strengthen CHWs ability to perform the roles and have the skills identified this morning?
• What actions do you think are opportunities right now that would make that action? What systems, agencies are ready for this action? What would get in the way?

This is the time to utilize and invest in CHWs as an essential community engagement and population health strategy to support meeting the triple aim, create healthier communities and construct a more sustainable health care system.

Thank You

To each and every one of the Task Force member who dedicated their time, energy, thought and collaborative spirit to this project. Thank you especially to the Community Health Worker members of the Task Force who often had to take a day off from work in order to participate and share the wisdom of their lived experiences in this process.

Thank you also to:

• Kathy Burgoyne, Foundation for Healthy Generations and Robbi Kay Norman, Uncommon Solutions for facilitation of the CHW Task Force meetings and for the writing of this report.
• Angeles Solis and Whitney Johnson, Foundation for Healthy Generations and Megan Oczkewicz, Washington Health Care Authority for providing staff and Task Force membership support.
• And thank you to University of Washington graduate students, Omid Bagheri, Joy Lee, Rachel Beck for their thoughtful contributions to, and diligent support of, the Task Force meetings; and Nicole Williams also for her support in preparation, notetaking, and summarization at each of the Task Force meetings.
Appendices
Appendix A. Supporting Literature


Commonwealth of Massachusetts, Health and Human Services. About the Board [Internet]. Boston (MA):


Texas Department of State Health Services. Community Health Workers – Promotor(a) or Community Health Worker Training and Certification Program [Internet]. Austin (TX): Texas Department of State Health Services; 2013 [cited 2013 Apr 29]. Available from: http://www.dshs.state.tx.us/mch/chw.shtm

Texas Department of State Health Services 2012 Annual Report: Promotor(a) or Community Health Worker Training and Certification Advisory Committee. Downloaded August 1, 2013 from http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589975479

Appendix B. Task Force membership, structure and timeline

Task Force Membership, Structure and Timeline. The Task Force met 5 times; 3 full Task Force meetings with all membership and 2 meetings for specific workgroups focusing on the following issues: 1) CHW Roles, Skills & Qualities (or Attributes); 2) Training & Education; 3) Finance Considerations, see timeline figure below.

The meetings alternated between full Task Force membership and workgroup meetings, with each meeting building on the discussion and resolutions from the meeting prior with the goal of providing opportunities for full membership review and discussion at recommendation decision points. The workgroup membership was organized to include a constant proportion of majority Community Health Workers, along with a diverse group of representatives from CHW supporting and employing agencies and institutions, and other health sector workforces. The goal of the workgroup structure was to provide time for more in-depth discussion, feedback and group thinking around the three previously identified issue groups that would inform the larger Task Force meeting’s discussion and decision making.

CHW Task Force Timeline

Task Force meeting structure. The meetings alternated between full Task Force meetings and smaller Workgroups. The first full Task Force meeting was held on August 28, 2015, in Kent, WA. The first Workgroup, Roles and skills, was held on September 24, 2015, also in Kent, WA. For the third meeting (2nd full Task Force
meeting) on October 22, 2015 many task members traveled west to Heritage University, in Toppenish, WA. The remaining 2 Workgroup meetings, Training & Education and Finance, were held at the Tukwila Community Center on November 12, 2015. The full Task Force convened again in Kent, WA, for the final meeting on December 18, 2015. In between each meeting a great deal of time was spent reviewing, editing and drafting recommendations by workgroup members and support staff. The report condenses these iterations for this report.

**Workgroup participants.** 55 Task Force members from across the state and from various sectors, applied or were nominated for Task Force participation. Members were selected based on criterial reflecting participant knowledge and experience as a CHW or supporting CHW programs, and experience within a system crucial for CHW workforce development. The diverse, statewide membership includes legislators and representatives from communities and throughout the health sector, as well as come from business, education, physical and behavioral health care delivery systems, community-based programs, health plans, and regional support networks. Over 30% of the Task Force membership were Community Health Workers from a variety of sectors and fulfilling a variety of roles within their agencies and organizations, including Managed Care Organizations (MCOs), local public health jurisdictions and community organizations. Complete Task Force membership list below.

### Community Health Worker Task Force Members

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<tr>
<th>Name</th>
<th>Organization</th>
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<td>Heidi Winston</td>
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<td>Jaqueline Barton-True</td>
<td>Washington State Hospital Association</td>
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<td>Jason Fitzgerald</td>
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<td>Jennifer McCausland</td>
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<td>Joleen Rodgers</td>
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Kate Naeseth       Optum Health
Kathie Olson       Molina Healthcare
Kathleen Clark     Department of Health
Kathy Burgoyne     Foundation for Healthy Generations
Lani Spencer       Amerigroup
Laura Flores Cantrell       Delta Dental
Liga Mezaraups     Swedish Medical Group / Swedish Health Services
LT. Jesus Renya     Minority Health - HHS
Lupe T. Anitema     Salishan Community Health Advocate
Marcela Suarez Diaz    SeaMar Community Health Center
Mary Jo Ybarra-Vega    Quincy Community Health Center
Mary Looker         WA Association of Community and Migrant Health Centers
Mercedes Cordova Hakim    King County Promotores Network / SOAR
Michelle DiMiscio    Public Health - Seattle & King County
Molly T. Morris      Coulee Medical Center
Njambi Casten       Pierce County CHW Collaborative
Norma Owens          Coordinated Care
Orlando Gonzalez    Family Health Center
Pricilla Barnett    Passages Family Support
Rebecca Burch       Health Care Authority
Representative Joe Schmick    Washington State House of Representatives
Representative June Robinson    Washington State House of Representatives
Rhonda Medows       Providence Health Center
Seth Doyle          Northwest Regional Primary Care Association
Sharon Linn         Vancouver Housing Authority
Sophia A. Beltran    Cocoon House
Thao Tran           SEIU Training Partnership and Health Benefits Trust
Tracy Woodman       SEIU Healthcare 1199 NW Multi-Employer Training and Education Fund
Tranisha Arzah       BABES-Network, YMCA
Trina Griffin       Open Door for Multicultural Families
Veronica Sosa       Quincy Community Health Center
Vy Le               Mercy Housing
Appendix C. Meeting Materials and Supporting Documents

August 28, 2015 Agenda
Community Health Worker Task Force
August 28, 2015
10 a.m. – 3 p.m.

Meeting called by:
   Dorothy Teeter, Director – Washington State Health Care Authority
   John Wiesman, Secretary of Health – Washington State Department of Health

Attendees: CHW Task Force Members
Please read: CHW Policy Brief

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>10:00 - 10:10</td>
<td>Welcome</td>
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<tr>
<td></td>
<td>Rebecca Burch, Washington State Health Care Authority</td>
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<td>Kathleen Clark, Washington State Department of Health</td>
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<td><strong>Meeting Objectives:</strong></td>
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<td>• Launch the CHW Stakeholder Engagement Process</td>
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<td>• Establish a common understanding of:</td>
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<td>o CHWs Importance to Healthier Washington</td>
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<td>o Roles for CHWs</td>
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<td>o Task Force charge</td>
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<td>• Provide initial feedback on Peer/CHW roles</td>
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<td>10:10 - 10:40</td>
<td>Healthier Washington Overview</td>
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<td></td>
<td><strong>Objective:</strong> Deeper understanding of why community engagement and workforce innovation is a key element of Healthier Washington</td>
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<td>Dorothy Teeter, Washington State Health Care Authority</td>
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<td><strong>Community Health Workers Role in Healthier Washington</strong></td>
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<td><strong>Objective:</strong> Why defining the role of CHWs as a workforce is a key strategy to strengthening our commitment to community engagement</td>
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<td>John Wiesman, Washington State Department of Health</td>
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<td>10:40 - 11:40</td>
<td>Panel Discussion: CHWs Engaging Communities as Partners in Healthier Washington</td>
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<td><strong>Objective:</strong> Setting the CHW context for Washington</td>
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<td><strong>Panelists:</strong></td>
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<td>Mary Jo Ybarra-Vega: Quincy Community Health Care Clinic</td>
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<td>Carlos Carreon: Cowitz Health and Human Services</td>
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<td>Marguerite Ro: Public Health Seattle and King County</td>
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<td>Vy Le: Mercy Housing</td>
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<td>11:40 - 11:50</td>
<td><strong>Table Top Discussion: What is unique about Peers/CHWs contribution to Healthier Washington?</strong></td>
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| 11:50 – 12:00 | **Task Force Role**  
**Objective:** Review Task Force Charge & Process  
Robbi Kay Norman |
| 12:00 – 12:15 | **Directions**  
**Objective:** Break-Out Session  
Robbi Kay Norman |
| 12:15 – 12:45 | **Pick Up Your Lunch and Go To Your Assigned Breakout**                  |
| 12:45 – 1:45  | **Breakout Discussion: What roles can Peers/CHWs play in meeting Healthier Washington’s desired outcomes?**  
**Objective:** Together discuss key questions we have to answer. |
| 1:45 – 2:30   | **Report out: What themes emerged? What questions do will still need to answer?**  
**Objective:** Report Back  
Robbi Kay Norman |
| 2:30 – 2:45   | **Identify sector representatives for the following workgroup components:**  
1. Roles & Skills  
2. Training  
3. Finance Considerations  
**Objective:** Developing Working Groups |
| 2:45 – 2:50   | **Next Steps**                                                          |
| 2:50 – 3:00   | **Closing**  
Dorothy Teeter, Washington State Health Care Authority  
John Wiesman, Washington State Department of Health |
C3 Overview
CHW TASKFORCE: BACKGROUND INFORMATION

3 Most Commonly used Definitions for Community Health Workers (CHWs):

**U.S. Dept. of Labor:** 1.1094 Community Health Workers: Assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. Excludes "Health Educators" (21-1091).

**World Health Organization (WHO):** Community health workers should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers.

**American Public Health Association (APHA):** "A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy."

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<thead>
<tr>
<th>Community Health Worker Common Core (C3) Project</th>
<th>Proposed CHW Roles</th>
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<tbody>
<tr>
<td>1. Cultural Mediation among Individuals, Communities, and Health and Social Service Systems</td>
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<td>a. Educating individuals and communities about how to use health and social service systems (including understanding how systems operate)</td>
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<td>b. Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services [CLAS] standards)</td>
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<td>c. Building health literacy and cross-cultural communication</td>
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<td>2. Providing Culturally Appropriate Health Education and Information</td>
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<td>a. Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community</td>
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<td>b. Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)</td>
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<td>3. Care Coordination, Case Management, and System Navigation</td>
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<td>a. Participating in care coordination and/or case management</td>
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<td>b. Making referrals and providing follow-up</td>
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<td>c. Facilitating transportation to services and helping to address other barriers to services</td>
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<td>d. Documenting and tracking individual and population level data</td>
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<td>e. Informing people and systems about community assets and challenges</td>
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<td>4. Providing Coaching and Social Support</td>
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<td>a. Providing individual support and informal coaching</td>
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V: 8-24-15
b. Motivating and encouraging people to obtain care and other services

c. Supporting self-management of disease prevention and management of health conditions (including chronic disease)

d. Planning and/or leading support groups

5. Advocating for Individuals and Communities

a. Acting as an advocate for individuals

b. Advocating for the needs and perspectives of communities

c. Connecting to and advocating for basic needs (e.g., food and housing)

d. Conducting policy advocacy

6. Building Individual and Community Capacity

a. Building individual capacity

b. Building community capacity

c. Training and building individual capacity with CHW peers and among groups of CHWs

7. Providing Direct Service

a. Providing basic screening tests (e.g., heights & weights, blood pressure)

b. Providing basic services (e.g., first aid, diabetic foot checks)

C. Meeting basic needs (e.g., direct provision of food and personal health-related items)

8. Implementing Individual and Community Assessments

a. Participating in design, implementation, and interpretation of individual-level assessments (e.g., home environmental assessment)

b. Participating in design, implementation, and interpretation of community-level assessments (e.g., windshield survey of community assets and challenges)

9. Conducting Outreach

a. Case-finding/recruitment of individuals, families, and community groups to services and systems

b. Follow-up on health and social service encounters with individuals, families, and community groups

c. Home visiting to provide education, assessment, and social support

d. Presenting at local agencies and community events

10. Participating in Evaluation and Research

a. Engaging in evaluating CHW services and programs

b. Identifying and engaging research partners, including community consent processes

c. Participating in evaluation and research:

i. Identification of priority issues and evaluation/research questions

ii. Development of evaluation/research design and methods

iii. Data collection and interpretation

iv. Sharing results and findings

v. Engaging stakeholders to take action on findings
Community Health Worker Core Consensus Project: An Overview

Building Release of Project Report anticipated in fall 2015 following review by US CHW Networks

Project Origins & Methods
Community Health Worker Common Core (C3) Project is coordinated by the University of Texas Institute for Health Policy “Project on CHW Policy and Practice” with funding from the Amgen Foundation and administered by the National Area Health Education Center Organization in collaboration with the CHW Section of the American Public Health Association.

The C3 Project builds on work carried out in the late 1990s as a part of the National Community Health Advisor Study (NCHAS). Since its release in 1998, many in the US have relied on the NCHAS as a guide to help identify Community Health Worker (CHW) roles and core competencies (skills & qualities). Recognizing this, the C3 Project, including a core team from the 1998 Study and joined by other experts in the field including members of a majority-CHW Advisory Committee, are undertaking a “contemporary” look at CHW roles and competencies based on an analysis of secondary data in select benchmark documents.

In summer 2015 a “Working Report” with role and competency recommendations is being circulated for consideration and refinement by US CHW networks and other CHW leaders. Following the CHW Network review, the C3 Project team expects to release its findings and then work to build national consensus around the updated role and competency recommendations. Longer term, the Project team aims to achieve endorsement and utilization of the field-based recommendations by local, state, and national organizations seeking to further CHW education, practice, and policy.

Project Aim
The C3 Project aims to offer CHW and stakeholder driven contemporary recommendations for national consideration and adoption related to:
- CHW Core Roles;
- CHW Core Skills and Sub-Skills; and
- Affirm existing knowledge about CHW Core Qualities

Project Outcomes
- **Short Term**: Dissemination of C3 Project findings on roles, skills, and qualities or attributes for consideration and refinement by CHW network leaders, individual CHWs and other stakeholders leading to consensus on roles, skills, and qualities.
- **Medium Term**: Building of a national consensus on, and wide distribution of, C3 Project recommendations on roles, skills and qualities along with their use as a comparative guideline by states and others developing CHW policy, practice and education guidelines.
- **Long Term**: Endorsement and adoption of C3 Project recommended roles, skills and qualities by local, state, and national organizations and other entities seeking to start or strengthen CHW education, practice, and policies.
CHW Leadership

CHWs and other stakeholders provide leadership to the C3 Project through a range of approaches including:

- A majority CHW national Advisory Committee that provides critical feedback and creative input to the process;
- CHW key consultants and C3 CHW Fellows who are members of the core implementation team;
- A workshop feedback session at APHA’s annual meeting to share findings and gather input from CHWs, other stakeholders;
- A Reader’s Panel made up of individuals from the CHW field, allies, and decision makers solicit feedback to share the C3 Project findings with the nation’s CHW leaders, especially CHW network leaders.

C3 Project Leadership and More Information

Project Leadership Team

- E. Lee Rosenthal, Project Director
- Carl Rush, Research Director
- Leslie Hargrove, Manager
- Rob Trachtenberg, Administrator
- Noelle Wiggins, Sergio Matos, Don Proulx, Consultants
- J. Neil Brownstein, Special Advisor
- Jacqueline Ortiz Miller and Catherine Haywood (Advisory Committee Chairs)
- Members: Mariela Ardemagni-Tollin, Leticia Boughton, Kathy Burgoyne, Catherine Haywood, Maria Lemus, Susan Mayfield Johnson, Katherine Mitchell, Jacqueline Ortiz Miller, Jessie Perez, Samantha Sabo, Laurene Sarrachino, Joseph Sorinia, and Freddy Zambrano
- Durrell Fox and Gail Hirsch, Readers Panel Chairs
- Jessy URLarte and Caitlín Allen, Research Assistants

For more information, please contact: info@c3project.org

Sources

Roles, Skills & Attributes Workgroup

AGENDA

September 24th

**CHW Taskforce:** The charge to this task force is to make recommendations at the policy and potentially, legislative level that will support the effective integration of Community Health Workers into our health and health care system.

Advanced Reading Materials:
- Healthier Washington Summary
- Quick Reference: CHWs in Affordable Care Act and Task Force charge
- Revised C3 roles document based on CHW Task Force feedback
- Feedback Themes on Roles from the first Taskforce Meeting
- Bibliography

Objectives:
- Develop a shared understanding of CHW best practices
- Come to agreement on:
  - Overarching themes
  - CHW Roles, Skills and Qualities

New Handouts:
- C3 qualities and skills documents

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<tr>
<th>Time</th>
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<tr>
<td>10am</td>
<td>Welcome and Introductions</td>
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<tr>
<td>10:10 am</td>
<td>Healthier Washington and the charge of the CHW Task Force</td>
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<tr>
<td>10:20 am</td>
<td>CDC Presentation</td>
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<td>10:40am</td>
<td>Overarching Themes from the 1st Task Force Meeting</td>
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<td>10:50 am</td>
<td>Roles and Qualities</td>
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<tr>
<td>11:45pm</td>
<td>Lunch and Break</td>
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<td>12:15pm</td>
<td>Small Group Skills Discussions</td>
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<td>1:45pm</td>
<td>Break</td>
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<tr>
<td>1:55pm</td>
<td>Opportunities</td>
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<tr>
<td>2:25pm</td>
<td>Close and Next Steps</td>
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Feedback Themes from Community Health Worker Taskforce Meeting #1

1. CHWs are members of or have an unusually close relationship to the community they serve,

2. The CHW definition, roles, skills and qualities should:
   a) Encompass the work of CHWs in multiple contexts (e.g. not entirely focused on clinical settings, so narrowly prescribed that the job is defined as rote or routine, and covers both paid and volunteer CHWs)
   b) Encompass a variety of perspectives (e.g. employers, government and CHWs)
   c) Be inclusive of work with youth, families, individual adults, and communities
   d) Be written in accessible language with limited jargon

3. Focus on health not just health care (e.g., human services, bridging silos, etc.)
Community Health Workers

Evidence Base

Overall Descriptions


  Thorough documentation of the role and contributions of CHWs, with attention to the role of CHWs in multi-disciplinary healthcare teams. An excellent overview of the issues that face the field.


  This is probably the best overall summary about CHW practice. It is widely cited.


  Describes a comprehensive national study of the CHW workforce and the factors that affected its utilization and development.


  Seminal study that established credibility for CHWs and is still frequently cited.

Effectiveness of Community Health Workers


  Addresses the effectiveness of CHWs in reducing cardiovascular disease.

Provides evidence of the value and effectiveness of CHWs in preventing and managing chronic diseases. It also describes policy changes that can support CHWs and their work.


A detailed report on CHWs in Massachusetts for the state legislature. Describes who CHWs are and what they do and makes recommendations for sustaining the CHW workforce.


Discusses the importance of health educators and CHWs to work to advance supportive and complementary practices.


CHWs conducted a series of home visits for children with asthma. Asthma symptom days and use of urgent health services decreased.

*Policy work in other states*


Provides a summary of how Public Health, a health foundation, and a CHW lead statewide organization worked together to integrate CHWs into Massachusetts public policy.


The appendix has a useful chart summarizing state policies targeted at increasing the integration of CHWs.

This report describes recommendations of scope of practice, training and credentialing, and financing from a statewide planning effort.

**Training CHWs**


- Minnesota Community Health Worker Alliance [Internet]. [Place unknown]: Minnesota Community Health Worker Alliance. Frequently Asked Questions; [date unknown] [cited 2013 Mar 5]. Available from: http://www.mnchwalliance.org/Education_FAQ.asp

- Minnesota Community Health Worker Alliance [Internet]. [Place unknown]: Minnesota Community Health Worker Alliance. Minnesota CHW Scope; [date unknown] [cited 2013 Mar 5]. Available from: http://www.mnchwalliance.org/scope.asp


These three documents provide an overview of how Minnesota trains, certifies, and employs CHWs.


The impact of core competencies training on CHWs.

**Cost Savings: The Financial Return on Investment**


CHWs provided community-based peer support to Medicaid managed care enrollees who were frequent users of healthcare. Hospitalizations, ER use, and prescriptions were reduced when the CHWs provided education and social support.

AFFORDABLE CARE ACT (ACA) DEFINITION:

In 2010, sections 5101 and 5313 of the Patient Protection and Affordable Care Act defined CHWs in its list of health professionals.

“An individual who promotes health or nutrition within the community in which the individual resides -
by serving as a liaison between communities and healthcare agencies;
by providing guidance and social assistance to community residents;
by enhancing community residents’ ability to effectively communicate with healthcare providers;
by providing culturally and linguistically appropriate health or nutrition education;
by advocating for individual and community health;
by providing referral and follow-up services or otherwise coordinating care; and
by proactively identifying and enrolling eligible individuals in Federal, State, local, private or non-profit health and human services programs.”

EXPLANATION OF ROLES, SKILLS AND QUALITIES:
Role: Jobs or responsibilities that have expectations attached to them.

Skill: The expertise or abilities to effectively perform a role (e.g. meet the expectations).

Qualities: For our purposes, attributes, characteristics and qualities mean the same thing. These are essential personal characteristics or traits of a CHW.

EXAMPLE OF A CHW ROLE:
Role #2:
Providing Culturally Appropriate Health Education and Information
a. Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community
b. Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)

Skills needed for this role:
• Communication Skills
  a. Ability to use language in ways that engage and motivate
  b. Ability to communicate with empathy
  c. Ability to use the language of the community served (may not be fluent in language of all communities served)
• Interpersonal and Relationship-Building Skills
  a. Ability to provide informal coaching and social support
  b. Ability to use interviewing techniques (e.g. motivational interviewing)
  c. Ability to practice cultural humility
• Education and Facilitation Skills
  a. Ability to use a range of appropriate and effective educational techniques
  b. Ability to facilitate group discussions and decision-making
  c. Ability to collect and use information from and with community members

The Healthier Washington initiative will transform health care in Washington State so that people experience better health during their lives, receive better care when they need it, and care is more affordable and accessible.

We are in the early stages of a five-year Health Care Innovation Plan that has brought together hundreds of people from many communities to put the best solutions to work for the people of our state. This work will improve the quality of life for everyone regardless of their income, education or background.

The plan recommends three core strategies

1. **Improve how we pay for services**
   Presently, providers of health care services are paid every time they provide a service, even when the service doesn’t work. Healthier Washington calls for rewarding providers when they achieve good outcomes. Information on effectiveness and cost will be collected and shared to help providers and consumers choose the best treatment options.

2. **Ensure health care focuses on the whole person**
   The current system creates barriers to addressing physical health, mental health, chemical dependency, and basic living needs as early as possible and at the same time. Healthier Washington calls for methods of integrating care and connecting with community services to achieve the best possible result for individuals. It also adjusts how we pay for services to make care for the whole person possible.

3. **Build healthier communities through a collaborative regional approach**
   Virtually all health care is delivered at the local level. Driven by local partners, the state will support a regional approach that provides resources to communities. Working together, communities can bring about changes that will improve health for the people they serve.

**Estimate of savings: $1.05 billion**

When the combined savings and avoided costs are estimated, adjusting our health system has the potential to save $1.05 billion in the first three to five years.

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**Benefits of a better system** —two examples

**CURRENT SYSTEM:** Jan, 40, is employed, privately insured, but has no primary provider to coordinate her health care. Instead, she has visited three ERs five times in six months for an irregular heartbeat. She is overweight, pre-diabetic and frequently depressed, but untreated for all three. No problem was found with her heart and, due to her other issues, she doesn’t follow ER recommendations.

Harry, 54, is covered by Apple Health and homeless. His chronic health problems could be treated in local doctors’ offices, but he used the ER more than 50 times in 15 months. He’s usually intoxicated, his issues are complex and he needs help connecting to housing, health care, and all the other services he needs.

For both Harry and Jan, ER doctors routinely repeat tests because they don’t have access to health histories.

**A BETTER SYSTEM:** Jan has one provider who coordinates her health care. Harry has an outreach worker who connects him with housing, health care, and other services. Expanded data systems give Jan’s and Harry’s providers immediate access to health histories, enabling coordinated care without duplicated services. Health care services are effective, and unnecessary costs are avoided. Best of all, Jan and Harry become healthier because they receive all the services they need.

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**Contact:**

Healthier Washington Project Team  
Washington State Health Care Authority  
healthierwa@hca.wa.gov | 360-725-1980  
www.hca.wa.gov/hw
Draft Community Health Worker Roles

1. Cultural Mediation among Individuals, Communities, and Health and Social Service Systems
   a. Educating individuals and communities about how to use health and social service systems (including understanding how systems operate)
   b. Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services [CLAS] standards)
   c. Building health literacy and cross-cultural communication

2. Providing Culturally Appropriate Health Education and Information
   a. Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community
   b. Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)

3. Care Coordination, Case Management, and System Navigation
   a. Participating in coordinating care and/or managing services with individuals
   b. Making appropriate action steps with individuals and providing follow-up
   c. Facilitating access to services by addressing other barriers

4. Providing Cultural and Social Support
   a. Providing individual support and informal coaching
   b. Motivating and encouraging people to obtain care and other services
   c. Supporting self-management of disease prevention and management of health conditions (including chronic disease)
   d. Planning and/or leading support groups

5. Advocating for Individuals and Communities
   a. Acting as an advocate for individuals
   b. Advocating for the needs and perspectives of communities
   c. Connecting to and advocating for basic needs (e.g., food and housing)

Revision of the Community Health Worker Common Core (C3) Scope of Practice and Core Competencies document used with PERMISSION. Contact the Community Health Worker Common Core (C3) Project for more: info@c3project.org
d. Building awareness for influencing policy change

6. Building Individual Potential and Community Relationships
   a. Training and building individual potential with CHW peers and among groups of CHWs
   b. Building and capturing community relationships
   c. Building and empowering individuals... Building individual potential

7. Providing Essential Services
   a. Providing basic services (e.g. first aid, diabetic foot checks)
   b. Providing basic screening tests (e.g. heights & weights, blood pressure)
   c. Providing basic risk assessment screening (e.g. safety, housing, & health)
   d. Meeting basic needs (e.g. direct provision of food and personal health-related items)

8. Implementing Individual, Family and Community Assessments
   a. Participating in design, implementation, and interpretation of individual-level assessments (e.g. home environmental assessment)
   b. Participating in design, implementation, and interpretation of community-level assessments

9. Conducting Outreach
   a. Case-finding and recruitment of individuals, families, and community groups to services and systems
   b. Follow-up on health and social service encounters with individuals, families, and community groups
   c. Home visiting to provide education, assessment, and social support
   d. Presenting at local agencies and community events

10. Participating in Evaluation and Research
    a. Engaging in evaluating CHW services and programs
    b. Identifying and engaging research partners, including community consent processes
    c. Leading culturally appropriate and community driven research
    d. Participating in evaluation and research:
        i. Identification of priority issues and evaluation/research questions
        ii. Development of evaluation/research design and methods
        iii. Data collection and interpretation
        iv. Documenting and tracking individual and population level data
        v. Sharing results and findings
        vi. Engaging stakeholders to take action on findings
        vii. Informing people and systems about community assets and challenges

Revision of the Community Health Worker Common Core (C3) Scope of Practice and Core Competencies document used with PERMISSION. Contact the Community Health Worker Common Core (C3) Project here for more info@c3project.org v: 9-16-15
Community Health Worker Task Force
Smith Family Hall - Heritage University (Toppenish, WA)
October 22, 2015
10 a.m. – 3 p.m.

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<tr>
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<th>Event</th>
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<td>10:00 – 10:10</td>
<td>Welcome</td>
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<td>Kathleen Clark (Washington Department of Health) and Rebecca Burch (Health Care Authority)</td>
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<td>Meeting Objectives and Agenda Review</td>
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<td>Robbi Kay Norman (Uncommon Solutions)</td>
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<td>10:10 – 10:20</td>
<td>Presentation: Task Force process to now / Task Force Alignment</td>
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<td>Objective: Understand Task Force process, introduce the Workgroup conversation</td>
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<td>10:20 – 10:30</td>
<td>Presentation: CHW Principles, Roles, Skills, Qualities</td>
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<td>Objective: Understand the workgroup recommendations</td>
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<td>Donna Oliver (Spokane Regional Health District)</td>
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<tr>
<td>10:30 – 10:50</td>
<td>Small Group Huddle on CHW Principles, Roles, Skills, Qualities</td>
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<tr>
<td></td>
<td>Question: Move forward as is or with minor modifications.</td>
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<tr>
<td></td>
<td>Facilitators: Angeles Solis, Whitney Johnson, Kathy Burgoyne, Kathleen Clark, Donna Oliver, Amina Suchoski, Brad Kramer</td>
</tr>
<tr>
<td>10:50-11:10</td>
<td>Finalize Recommendations on CHW Definition, Roles, Skills Qualities</td>
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<td></td>
<td>Objective: Review Task Force Charge &amp; Process</td>
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<td>Robbi Kay Norman</td>
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<td>11:10 – 11:20</td>
<td>Healthier Washington Overview and Charge of the Task Force</td>
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<td></td>
<td>Objective: Identify where CHWs could plug into health reform at state, regional and local level</td>
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<td>Kathy Burgoyne</td>
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<td>11:20 – 12:15</td>
<td>Exercise: What are the opportunities to act on our recommendations with the moving parts of Healthier WA?</td>
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<td>Objective: Make the recommendations real – e.g. what are the places most right to adopt these roles/skills/etc.? What are the strategies Healthier WA might take to adopt these in practice?</td>
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<tr>
<td></td>
<td>Kathy Burgoyne</td>
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<tr>
<td>12:15 – 12:45</td>
<td>Lunch - Pick Up Your Lunch and Go To Your Assigned Breakout</td>
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<tr>
<td>12:45 – 12:55</td>
<td>Small Group Break-Out Session Introduction and Directions</td>
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<td></td>
<td>Objective: Break-Out Session</td>
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<td></td>
<td>Robbi Kay Norman</td>
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</tbody>
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October 22, 2015 Supplemental Materials

Roles Recommendations

Skills Recommendations

Recommendations for the Community Health Worker Task Force

List of Workgroup Members

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>12:55 – 2:20</td>
<td>Breakout Discussion: What kind of education, training and support is needed to strengthen CHWs ability to perform the roles and have the skills identified this morning? Objective: Inform Training and Education Workgroup (meeting Nov 12)</td>
</tr>
<tr>
<td>2:45 - 2:50</td>
<td>Next Steps - Education and Training Workgroup / Finance Considerations Workgroup Rebecca Burch</td>
</tr>
<tr>
<td>2:50 – 3:00</td>
<td>Closing Robbi Kay Norman</td>
</tr>
</tbody>
</table>

This meeting will be presented as a webinar from 10am-10:45am. Please register for the webinar by following this link: [https://attendee.gotowebinar.com/register/268902098224614657](https://attendee.gotowebinar.com/register/268902098224614657)
Community Health Worker Task Force Recommended Roles

Purpose: The purpose of this document is to describe the broad roles Community Health Workers (CHWs) may serve in an organization. There is no expectation that CHWs fulfill every role listed. Ultimately, the CHWs organization will identify which roles would be suitable to achieve their needs.

1. Cultural Mediation among Individuals, Communities, and Health and Social Service Systems
   a. Educating individuals and communities about navigating and health and social service systems (including understanding how systems operate)
   b. Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services [CLAS] standards)
   c. Building health literacy and cross-cultural communication

2. Providing Culturally Appropriate Health Education and Information
   a. Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community
   b. Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)

3. Conducting Outreach
   a. Finding and recruiting individuals that would benefit from services
   b. Follow-up on health and social service encounters with individuals, families, and community groups and help problem solve any barriers
   c. Conduct home visits to provide education, assessment, and social support
   d. Presenting at local agencies and community events

4. Care Coordination, Case Management, and System Navigation
   a. Participating in making referrals, care coordination and/or case management, with an emphasis on connecting individuals to their medical home/primary care provider
   b. Connecting individuals to community resources and services
   c. Documenting and tracking individual and population level data
   d. Informing decision-makers and systems about community assets and challenges

5. Providing Coaching and Social Support
   a. Providing individual support and informal coaching
   b. Motivating and encouraging people to obtain insurance coverage, care and other services
   c. Supporting self-management of disease prevention and management of health conditions (including chronic disease) within the parameters set by the organization and supervisor
   d. Planning and/or leading support groups
6. Advocating for Individuals and Communities
   a. Acting as an advocate for individuals
   b. Advocating for the basic needs and perspectives of communities
   c. Participating in policy advocacy

7. Building Individual and Community Capacity
   a. Building individual capacity to manage their health and well-being
      i. Skill development
      ii. Knowledge expansion
      iii. Empowerment to participate in individual, family, community and systems improvement
   b. Building community capacity
      i. Strengthening a sense of community and social connection
      ii. Identifying and coordinating the use of individual and community assets/strengths
      iii. Defining community development pathways
      iv. Strengthening and diversifying leadership
      v. Increasing participation in decision-making
   c. Training and building individual capacity with CHW peers and among groups of CHWs to improve individual and community health

8. Providing Direct Service
   a. Providing basic screening tests (e.g. heights & weights, blood pressure)
   b. Providing basic services (e.g. first aid, diabetic foot checks) with adequate supervision and training

9. Implementing Individual and Community Assessments
   a. Participating in design, implementation, and interpretation of individual-level assessments (e.g. home environmental assessment)
   b. Participating in design, implementation, and interpretation of community-level assessments (e.g. windshield survey of community assets and challenges)

10. Participating in Evaluation and Research
    a. Engaging in evaluating CHW services and programs
    b. Identifying and engaging research partners, and supporting community consent processes
    c. Participating in evaluation and research:
        i. Identification of priority issues and evaluation/research questions
        ii. Development of evaluation/research design and methods
        iii. Data collection and interpretation
        iv. Sharing results and findings
        v. Engaging stakeholders to take action on findings
Community Health Worker Task Force Recommended Skills

Purpose: The purpose of this document is to describe the breadth of skills Community Health Workers (CHWs) have. There is no expectation that individual CHWs have all the skills listed below. Ultimately, the organization where the Community Health Worker resides will identify which skills are appropriate and necessary to achieve their goals.

1. Communication Skills
   a. Ability to communicate in culturally and linguistically appropriate ways, including using an interpreter when appropriate
   b. Ability to communicate using plain and clear language
   c. Ability to communicate in ways that engage individuals and communities
   d. Ability to translate professional terminology and jargon to lay language.
   e. Ability to listen actively and communicate with empathy
   f. Ability to document work in various formats, including written, oral and electronic

2. Interpersonal and Relationship Building Skills
   a. Ability to provide informal coaching and social support
   b. Ability to cultivate relationship trust that supports self-determination
   c. Ability to conduct self-management coaching that promotes self-advocacy and activation
   d. Ability to use interviewing techniques (e.g. Motivational Interviewing)
   e. Ability to work as a team member and understand the roles and responsibilities of all members
   f. Ability to manage conflict
   g. Ability to practice openness to a variety of cultures

3. Service Coordination and Navigation Skills
   a. Ability to navigate and coordinate care (including identifying and accessing resources and overcoming barriers) for individuals and families in collaboration with multiple systems
   b. Ability to appropriately connect clients to resources, without duplicating services
   c. Ability to facilitate development of an individual and/or group action plan and goal attainment
   d. Ability to follow-up and document care and referral outcomes
4. Capacity Building Skills
   a. Ability to help others identify and develop to their full potential
   b. Ability to network, build community connections, and partnerships
   c. Ability to increase individual and community empowerment by building coalitions and organizing individuals and communities
   d. Ability to mobilize or organize a community around a common issue

5. Advocacy Skills
   a. Ability to teach self-advocacy skills
   b. Ability to speak up for individuals and communities
   c. Ability to collect and/or use information from and with community members
   d. Ability to contribute to policy development at organizational, system and legislative levels
   e. Ability to advocate for social change
   f. Ability to bridge perspectives for policy change

6. Education and Facilitation Skills
   a. Ability to seek out appropriate information and respond to questions about pertinent topics
   b. Ability to plan and conduct classes and presentations for a variety of individuals and groups
   c. Ability to use a range of appropriate and effective active learning techniques both with individuals and groups
   d. Ability to facilitate group decision-making and discussions
   e. Ability to collaborate with other educators and content experts

7. Individual and Community Assessment Skills
   a. Ability to participate in individual assessment through observation and active inquiry in order to inform conclusions or actions
   b. Ability to participate in community assessment through observation and active inquiry to inform conclusions or actions
   c. Ability to utilize community wisdom and voice to identify community needs and serve vulnerable individuals

8. Outreach skills
   a. Ability to build trust
   b. Ability to organize events and conduct community outreach
   c. Ability to conduct outreach, recruitment and follow-up with individuals
   d. Ability to gather or prepare appropriate resources and materials and disseminate effectively
9. Professional Skills and Conduct
   a. Ability to set goals, to develop and follow a work plan, and know where to go for help
   b. Ability to self-organize in order to balance priorities and manage time
   c. Ability to identify and respond effectively to emergencies
   d. Ability to use pertinent technology applicable to the setting
   e. Ability to pursue continuing training and/or education
   f. Ability to work safely in community and/or clinical settings
   g. Ability to observe ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA])
   h. Ability to follow organizational, research and/or grant policies and procedures
   i. Ability to participate in professional development of peer CHWs and in networking among CHW groups
   j. Ability to set boundaries and practice self-care
   k. Ability to work independently, while using organizational and supervisory support as appropriate

10. Experience and Knowledge Base
    a. Knowledge about pertinent health issues
    b. Knowledge about healthy lifestyles, trauma informed care, and self-care
    c. Knowledge about whole person care (integration of mental/behavioral and physical health care)
    d. Knowledge of basic public health principles
    e. Ability to discern reliable, evidence based answers
    f. Knowledge about the community served
    g. Knowledge about the United States health and social service system and their cultural context
    h. Knowledge of how health is affected by the conditions in which we live, learn, work and play
    i. Ability to problem solve and think critically
Recommendations for the Community Health Worker (CHW) Task Force – Workgroup on roles, skills and qualities

The below set of recommendations from the CHW Task Force Workgroup on CHW roles, skills and qualities aims to address opportunities for Healthier Washington and partners to further the principles, roles, skills and qualities that underpin the work of Community Health Workers across the state.

We recommend:

1. Healthier Washington and the Accountable Communities of Health pursue the following guidelines when defining Community Health Worker’s roles, skills and qualities:
   a. Encompass the wide-ranging work of CHWs across multiple contexts
   b. Encompass a variety of perspectives (e.g., CHWs, employers, health plans, etc.)
   c. Be inclusive of work with youth, families, individual adults and communities
   d. Use plain language
   e. Focus on health not just healthcare (e.g. social determinants of health, human services, housing, bridging sectors)

2. That Healthier Washington include the following definition of Community Health Workers in relevant initiative and Innovation Plan work and corresponding documentation: CHWs are front line, non-clinical health workers who are members of, or have an unusually close relationship to, the community they serve.

3. That Healthier Washington, the Accountable Communities of Health and partner agencies adopt the attached roles and skills as a guide for the work successful Community Health Workers may do within a variety of jobs.

4. Healthier Washington and CHW Task Force members communicate and disseminate knowledge of the following CHW Qualities, especially as they relate to achieving Healthier Washington’s goals. Community Health Worker qualities include being:
   a. Connected to Community
   b. Persistent, Creative and Resourceful
   c. Empathic, Caring, Compassionate and Humble
   d. Open-minded/Non-judgmental
   e. Honest, Respectful, Patient, Realistic
   f. Friendly, Engaging, Sociable
   g. Dependable, Responsible, Reliable
   h. Culturally sensitive, able to work with diverse communities

5. The Healthier Washington Practice Transformation Hub disseminate the attached list of Community Health Worker roles, skills, qualities and principles to multi-sector groups including providers, Accountable Communities of Health, social service organizations, and affiliation groups to educate on the value a Community Health Worker workforce can provide to a variety of groups toward population and patient health outcomes.

6. Healthier Washington explore ways to incubate, test, and evaluate CHW projects as a part of transformation innovation.
CHW Task Force - Finance Workgroup Agenda

November 12th, 2015

CHW Taskforce: The charge to this task force is to make recommendations at the policy level that will support the effective integration of community health workers into our health and health care systems.

Advanced Reading Materials:

- Columbia University CHW Finance Policy Brief
- State of Reform Summary

Objectives:

- Better understand CHW sustainability efforts and barriers across the nation.
- Increase knowledge of current payment reform efforts here in Washington.
- Develop an initial list of finance strategies and opportunities to support the sustainability of a CHW workforce in Washington.

10:00 am Welcome & Meeting Objectives  
Robbi Kay Norman, Uncommon Solutions

10:05 am Set the Context. Review the charge, process and expectations of the Task Force  
Robbi Kay Norman, Uncommon Solutions

10:10 am Learning from the field  
Charlie Alfero, Executive Director Southwest Center for Health Innovation

10:40 am Overview of current payment reform efforts in Washington State  
Rebecca Burch, Health Care Authority

10:50 am Question and Answer session

11:00 am Exploring the options for a sustainable CHW workforce in Washington  
Objective(s): Discuss a variety of approaches to developing a sustainable CHW workforce.

11:45 am From Exploration to Recommendations

12:00 pm Adjourn & Lunch
Training and Education Workgroup Agenda

November 12th, 2015

CHW Task Force: The charge to this Task Force is to make recommendations at the policy level that will support the effective integration of community health workers into our health and human service systems.

Advanced Reading Materials:

- Overarching Themes from the October 22nd CHW Task Force meeting
- Task Force Parameters
- Department of Health’s evaluation of their CHW training program
- An overview of the Indian Health Services Community Health Representative program: [http://www.ihs.gov/chr/](http://www.ihs.gov/chr/)

Objectives:

- Come to agreement on a framework and guidelines for CHW training and education programs.
- Develop presentation of these recommendations to the full Task Force.

10am Welcome and Introductions
   Kara Panek, Department of Social and Health Services

10:10 Review the day’s Objectives and Agenda
    Sophia Beltran, Cocoon House

10:30am Introduce and summarizes the overarching themes and a potential framework
    Kathy Burgoyne, Foundation for Healthy Generations

10:50 am Breakout Discussion: What kind of education and training is needed to strengthen CHWs ability to perform the roles and have the skills identified by the CHW task force?
    Kathleen Clark, Department of Health

12:00pm Lunch with Finance Considerations Workgroup members

12:30 pm Report out
    Seth Doyle, Northwest Regional Primary Care Association

1:15pm Policy Recommendation (If time allows)
    Robbi Kay Norman, Uncommon Solutions

1:55 pm Develop a presentation of the workgroup’s recommendations
    Robbi Kay Norman – Uncommon Solutions

2:50pm Close and Next Steps
    Kara Panek, Department of Social and Health Services
November 24, 2015 Supplemental Materials

Overarching Themes from the October 22

CHW Task Force meeting

Task Force Parameters

Department of Health’s evaluation of their CHW training program

Overview of the Indian Health Services Community Health representative program

Financing Community Health Workers: Why and How

National Academy for State Health Policy – State Financing of Community Health Workers (CHWs)
Overarching Principles

- Create an equitable learning structure, making sure training/education programs are accessible to all (e.g., cost, time commitment, travel)
- Create a training/education system that opens doors to other opportunities (e.g., stackable certificates that can be applied to a degree program).

Content:

- Involve CHWs in curriculum development
- Include subject matters relevant to the CHW roles and skills document produced by the CHW Task Force
- Include core competencies and additional training opportunities (e.g., specialization, multiple levels).

Teaching Methods:

- Build on CHW knowledge base and experience
- Use experienced trainers, people who have intimate CHW experience
- Be culturally appropriate to how CHWs learn and communicate (e.g., mentorship style)
- Respond to adult learning styles and use popular education approaches and Dinámicas
- Use a combination of direct instruction and experiential learning.
- Materials respect oral traditions and use multilingual methods

Assessment:

- Test for capacity/competence
- Use nontraditional assessments (e.g., skill demonstration)
- CHWs who provide direct care must be certified to provide that care

Other Issues:

- Educate providers and employers about the value of CHWs and ways to effectively integrate CHWs into their systems
- Education/training of CHW supervisors is as important as training CHWs
Community Health Worker Task Force Parameters

Task Force charge:

The Community Health Worker (CHW) Task Force is a statewide task force convened by WA State Secretary of Health John Wiesman and Director of the Health Care Authority (HCA), Dorothy Teeter. The task force is part of the Healthier Washington initiative (a four year federally funded project) to improve the health of Washington residents, reduce costs and have a better individual experience with whole person, value based care (taking care of both physical and behavioral health while paying to treat the condition rather than payment for each service).

The purpose of this task force is to provide actionable policy recommendations that support the effective integration of community health workers into our health and human service systems. This will help payers to know what they are paying for, employers to know what to expect from a CHW, people who want to become a CHW to know what will be expected of them, and organizations that provide training and education to have a better idea of how to effectively support CHWs and their employers.

Task Force process and timeline:

The opportunity for a CHW Task Force came from the state being awarded a federal grant from the Centers for Medicare & Medicaid Services (CMMS).

To accommodate the array of interests in the task force and meet the timelines of the grant award the Health Care Authority and Department of Health made the following decisions:

- Invite people from multiple sectors to be members of the task force
- Hold meetings between August and December 2015 with three meetings of the full task force and one meeting of each of the three work groups:
  - CHW roles and skills
  - CHW training and Education
  - CHW finance considerations.
- The work groups are responsible for drafting recommendations for the full task force to consider. See the Task Force timeline (below), which was shared with task force members at the first meeting.

To support the goals of this initiative the Task Force will produce final recommendations for Healthier Washington.
Because of the requirements of the grant award, the timeline and process described above cannot be changed. Due to member feedback throughout the process, the task force planning committee has made adjustments to the best of their ability. Members of the Task Force will be offered various leadership roles in the next meetings, and all effort will be made to share any advanced readings and documents with members a week prior to the meetings. Parameters will also be stated around the discussion:

- The Task Force will not choose or create a CHW curriculum.
- Certification is not on the table as a topic of discussion.
- What we are doing is recommending principles for training, education, and workforce development.
- The question being asked is: what training, education and workforce development is needed to meet the roles, skills and qualities that have been identified?

As you know, both the Training and Education and the Finance Considerations Workgroups meet on the same day (November 12th). In the afternoon, the Training and Education work group will be building on the work they did in the morning. Unfortunately, this precludes members from serving on both groups. For those on the Finance Considerations Workgroup who need to stay longer for carpool purposes, you may silently observe.

It is the hope of Healthier Washington that the CHW Task Force recommendations will create a platform for future discussions about how to best support the effective integration of community health workers into our health and human service systems.
Community Health Worker Training Program Evaluation Report Washington State Department of Health Office of Healthy Communities

SUMMARY of feedback received from participants and employers about The Community Health Worker (CHW) Training Program sponsored by the Washington State Department of Health (DOH). Online surveys were conducted to gather information on how useful the training was to participants who completed the core training and to employers who sent staff to participate in the training.

Main Findings: CHW Training Participant Survey

- A majority of participants who worked as a CHW in the past year reported applying information and skills learned from each of the Core Competencies at least sometimes in their work as CHWs. Participants most frequently cited applying information about communication (85%), cultural competency (79%), and CHW roles and boundaries (79%).

- Participants most frequently applied information and skills from the Prediabetes and Diabetes optional module in their work as CHWs (48%), followed by Health Literacy (42%), Behavioral Health (39%), and Navigating Health Insurance (38%).

- Many participants (75%) performed the CHW role as part of a health care team.

- The top 5 health issues participants worked on as CHWs included accessing health services, women’s health, nutrition, diabetes prevention and management, and physical activity.

CHW Training Employer Survey

- Most frequent reasons employers gave for sending their staff to the training were no cost (55%), lessons on CHW core competencies were included (53%), and location was convenient (43%).

- Over 90% of employers felt 7 of the 8 Core Competency Lessons were important in the work their staff does as CHWs. Three-quarters of employers felt case study skills were important.

- Employers considered most of the optional Health Specific Continuing Education Lessons important in the work their staff does as CHWs, especially health disparities and social determinants, behavioral health (mental health and substance abuse/addiction), health literacy, and nutrition/active living.

- Four out of five employers allowed their staff to complete online portions of trainings while on the job.

- Most common barriers for employers in getting training for their staff doing work as a CHW included employees were too busy to participate (50%) and training located too far away from their workplace (41%).

- Most common barriers for employers in recruiting, hiring, and retaining staff doing work as a CHW included limited or lack of funding (47%) and lack of ability to bill insurers for their services (34%).

- Almost three fourths of employers had CHW staff who served as a liaison or link between health care team and individuals from community to facilitate access to services and manage care. Over half had CHW staff who received client referrals or assignments from health care team staff.

- Almost three fourths of employers considered CHWs as a very important strategy for eliminating health disparities among vulnerable populations served by their organization.

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1 The core sessions address CHW roles and boundaries, communication skills, cultural competency, organization skills, documentation skills; assessment skills; service coordination skills; and a case study presentation during the final in-person session of the class. A
Community Health Worker Task Force

December 18, 2015
10 a.m. – 3 p.m.

Documents
- Training and Education Recommendations
- Finance Recommendation & Considerations
- CHW Definition
- Skills Recommendations

Objectives
- Finalize Task Force recommendations
- Celebrate Task Force’s accomplishments
- Identify possible next steps

10:00 – 10:15 Welcome and Introductions
Rebecca Burch, Health Care Authority
Dorothy Teeter, Director of the Health Care Authority
John Wiesman, Washington State Secretary of Health

10:15 – 10:25 Review Meeting Objectives and Agenda
Robbi Kay Norman
Meeting Objectives:
- Understand the recommendations that have been adopted by the task force
- Seek alignment on remaining recommendations
- Celebrate accomplishments

10:25 – 11:10 Presentation: Task Force Recommendations
Objective: Understand Task force Recommendations: Where we align.
Kathy Burgoyne, Trina Griffin, Molly Morris, Amina Suchoski, Adam Taylor, Liga Mezaraups, and Robbi Kay Norman

11:10 – 12:15 Seek alignment on remaining recommendations
Objective: Finalize recommendations
Sophia Beltran and Norma Owens
Agree vs Align:
- Agreement is unanimity
- Alignment is “I can live with it, stand behind it.”
- No wordsmithing – just deal breakers.

12:15 – 12:45 Lunch and Prepare celebration
December 18, 2015 Supplemental Materials

*Training and Education Recommendations

*Finance Recommendations & Considerations

*CHW Definition

*CHW Skills #8 and #10 Skills Recommendations

Roles Recommendations

Recommendations for the CHW Task Force

*These documents were for discussion and agreement of the Task Force. The remaining documents were previously agreed upon and provided for reference.
Training & Education recommendations

Framework
Community Health Workers (CHWs) are identified as a key strategy in achieving the objectives of Healthier Washington. In order for CHWs to be successful in accomplishing the objectives, it is imperative that there be a strong network of statewide support that fosters the systems integration, necessary training, and financing mechanisms needed to support CHWs and their work with Healthier Washington.

The Community Health Worker approach is an innovative strategy for health, social service and education systems. “At the center of this model are the CHWs; caring, credible, trusted, and respected, whose essence is their ‘heart of service’ and whose passion is the health and well-being of their communities.”¹ CHWs will be more effective if they are prepared to embrace a vision consistent with this approach and its values of health, equity and social justice. CHW success is dependent on agencies and administrations ability to support CHWs across systems. Healthier Washington has an opportunity to set a clear path towards community health that has the potential to influence our state’s landscape.

The Community Health Worker Task Force recommends Healthier Washington:

- Include CHWs, CHW supporters and employers, and key community and health and social service leaders as decisions are made which affect the work of CHWs’ work
- Publicize resources and strategies that demonstrate the benefits of incorporating CHW’s across organizations and health, social service and education systems which may not already have them.
- Partner with community and agency supporters and employers of CHWs in identifying the health, social service and education system changes needed to optimize the best outcomes. To that end, we recommend funds be appropriated for the implementation of a training and education system that will enhance and increase opportunities for authentic and responsive CHW training.
- Build the CHW approach into Healthier Washington’s strategic and operational plans to recommend best practices of how to integrate and support CHWs for greatest outcomes
- Disperse funding to organizations who meet identified health and social system changes that optimize the CHW approach
- Encourage statewide CHW coalition building
- Support the development of CHW training and education programs that minimize barriers to participation of members of vulnerable communities (e.g. cost, length of training, prior education requirements, etc.)
- Support the development of a CHW training system that connects to other educational opportunities (e.g. “stackable” certificates that can be applied to a degree program, Credit for lived experience (CLEs))
- Support community health workers with limited formal education and support their full potential fulfilling the roles identified by the Task Force.
- Support the development of CHW training and education programs that teach transferable skills that align with CHW core roles and responsibilities
- Include recognition and respect for the variety of origins and histories of the CHW approach

¹ Credit to Vision Y Compromiso [http://visionycompromiso.org/](http://visionycompromiso.org/)
• Include the following topics and skills in CHW core training and education programs:
  o Advocacy Skills
  o Technology skills
  o Communication skills
  o Leadership and career development
  o Self-Care/Boundaries
  o Data Collection and Community Assessment
  o Building Capacity of individuals and communities
  o Documentation/taking client notes
  o Facilitation, Motivational Interviewing (MI) basics
  o Person-centered care modules which include whole health: mind, body, spirit
  o System Navigation (medical, social, education and human service systems)
  o Equity and Social Justice
  o Outreach to individuals and groups
  o Cultural Competency
    ▪ Integrating cultural background and values in relationships
  o Strategies for community well-being such as:
    ▪ Valuing shared lived experience
    ▪ Community driven engagement to identify solutions
    ▪ Learning through people’s experiences and stories

• Promote instructional practices that build on the unique lived experiences of CHWs, and:
  o Include seasoned CHWs, who are identified and supported by community members and stakeholders, as part of all instructional teams
  o Provide training and education in settings that are appropriate to the community.
  o Develop mobile instructional teams in order to serve individuals across the state, and include local expertise when available.
  o Develop multilingual and competency based curriculum with materials readily available in multiple languages
  o Training should be skills-based and facilitated by content experts in addition to seasoned CHWs (e.g. Motivational Interviewing trainers, etc.)
  o Assure that curriculum is delivered in a method that meets multiple learning styles and on-the-job contexts that:
    ▪ Recognizes, validates and builds on the lived experiences of the CHWs in the training philosophy
    ▪ Provides a range of learning opportunities including job-shadowing, in-person training, online modules and mentorship
    ▪ Includes pre- and post-training evaluations and assessments
    ▪ Supports popular education modalities & philosophy (active learning)
    ▪ Provides opportunities for continued mentorship and support post-training
Community Health Worker (CHW) Task Force Finance recommendation

To meet the goals and demands of the triple aim we must rethink how to carry out efficient and effective care with the community as the center. If the Community Health Worker’s workforce is to thrive, it is critical to secure a sustainable funding mechanism. We recommend Healthier Washington convene a workgroup of key leaders from the Task Force to further develop sustainability levers.

Community Health Worker - Finance areas of consideration

As sustainable funding mechanisms are developed, the following key considerations can be used as a basic filter alongside mechanism development:

- Sustainable funding is the biggest priority, while protecting the core values of CHWs.
- Meaningfully engagement of the community must remain a priority while driving towards outcomes
- Financing processes need to allow enough time to help individuals through authentic relationship-building.
- Finance options will need to reflect non-tangible work by CHWs (i.e. building trust/relationship-building in community).
- When considering compensation, remember CHWs have many different roles, they come from many different backgrounds, work in different sectors, and serve different communities when considering compensation; there is not always going to be a one size fits all approach.
- Keeping the CHW continuum alive is important, while focusing on certain aspects of funding for certain services as opportunities arise.
- Ensure there are no unintended consequences to existing administrative structures that effectively support CHWs and CHW programs as emerging structures are developed.
- The ability to pool resources and braid multiple funding streams is a crucial component.
- Create a career pathway for CHW workforce that promotes salaries that are fair and commensurate with other like professions
- Any finance levers need to be responsive to community conditions and basic needs.
- Different CHW/Community provider/Advocate models require different types of funding and funding sources – considerations should be made so that CHW programs are not competing for the same sources. Considerations should be made for creative funding opportunities that support community health workers in both clinical and non-clinical contexts.

Potential Areas to Consider

- Changes to Medicaid Managed Care Contracts
- Changes to Hospital Funding Patterns
- Incentivize Accountable Communities of Health (ACHs) and Behavioral Health Organizations (BHOs)
• Practice Transformation HUB
• Explore a Wellness Trust

Potential Demonstration Projects & Program Levers

• Pool public and private resources to support community based demonstration projects with a requirement to work across sectors with the intent of spreading and scaling CHW programs.
• Create mentorship opportunities for CHWs.
• Explore strategies to normalize and standardize community engagement within and across multiple institutions and sectors (healthcare and beyond).

Data, Evaluation & Investment Levers

• For any of the sustainability levers we pull we will need to put together the information and infrastructure to reinvest any realized savings from demonstration projects.
• Evaluation design for any CHW effort needs to give decision-makers the information they need to discover new patterns and pathways to rapidly test solutions and detect what’s emerging in response to their efforts.
• Connecting or linking data across sectors is critical to any prioritization or evaluation efforts.
• Having the infrastructure to connected data and having real-time data from the community is needed to empower the community to learn and act collectively – with shared community measures and information built from the data that is meaningful to all partners.
• Create community-based measures and milestones from data brought together from community partners.
• Reinvestment strategies need a focus on prevention, strategically based on the data and needs of the community.

Marketing & Communication Levers

• Create a communication guide to providers with CHW contact info and salary for services provided (this would need to accompany other policy & systems efforts to be effective as an education and communication tool)
• Education “kits” explaining role and value of Community Health Workers for non-CHWs in the workforce; should include education on how to compensate CHWs on their teams.
• Strengthen our communication through stories; with relationship, family and individual stories.
• Create large forums for all stakeholders to see the positive outcomes of CHWs efforts.
• Design materials; clear talking points for non-CHWs to understand CHW’s role in outreach.

1 Community health workers are known by a variety of names: community health advisor, outreach worker, community health representative (CHR), promotora/promotores de salud (health promoter/promoters), patient navigator, navigator promotores (navegadores para pacientes), peer counselor, lay health advisor, peer health advisor, and peer leader
Community Health Worker definition

The CHW Section of APHA has adopted the following definition of a community health worker:

“A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”

[Emphasized to show difference]

Current Task Force definition:

Community Health Workers are trusted, front line health workers who are members of, or have a close relationship to, the community they serve. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social/education/community services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
CHW Skills

Background: At the October 22nd Task Force meeting it was agreed that there were not skills that appropriately corresponded with two of the agreed upon roles: #8 - Providing Direct Service, and #10 - Participating in Evaluation and Research, see below:

8. Providing Direct Service
   a) Providing basic screening tests (e.g. heights & weights, blood pressure)
   b) Providing basic services (e.g. first aid, diabetic foot checks), with adequate supervision and training

10. Participating in Evaluation and Research
   a) Engaging in evaluating CHW services and programs
   b) Identifying and engaging research partners, and supporting community consent processes
   c) Participating in evaluation and research:
      • Identification of priority issues and evaluation/research questions
      • Development of evaluation/research design and methods
      • Data collection and interpretation
      • Sharing results and findings
      • Engaging stakeholders to take action on findings

The Department of Health drafted the below skills to match the roles above:

Direct Service Skills:
• Ability to conduct measurements and calculations within industry standards (e.g. BMI)
• Ability to administer assessments and lead self-monitoring assessments
• Ability to work under close supervision
• Ability to understand the value of preventative screenings from multiple perspectives (e.g. individual, payer, etc.)
• Ability to understand and follow guidelines, protocols, rules and standards

Evaluation and Research Skills:
• Ability to synthesize information from multiple resources
• Ability to prioritize and summarize information
• Ability to describe data and evaluation results
• Ability to conduct surveys and lead focus groups or interviews
• Ability to keep information confidential as appropriate

A reminder that previously the Task Force approved the following purpose statement to accompany the recommended skills: “The purpose of this document is to describe the breadth of skills Community Health Workers (CHWs) have. There is no expectation that individual CHWs have all the skills listed below. Ultimately, the organization where the Community Health Worker resides will identify which skills are appropriate and necessary to achieve their goals, with support and supervision. The below skills are not in priority order.”
Recommendations for the Community Health Worker (CHW) Task Force

The below set of recommendations from the CHW Task Force on CHW roles, skills and qualities aims to address opportunities for Healthier Washington and partners to further the principles, roles, skills and qualities that underpin the work of Community Health Workers across the state.

We recommend:

1. Healthier Washington and the Accountable Communities of Health pursue the following guidelines when defining Community Health Worker’s roles, skills and qualities:
   a. Encompass the wide-ranging work of CHWs across multiple contexts, including those working in community outside of a clinic setting
   b. Encompass a variety of perspectives (e.g., CHWs, employers, health plans, etc.)
   c. Be inclusive of work with the diverse needs of the community, such as children, youth, families, individual adults, seniors, individuals with special needs and communities
   d. Use plain language
   e. Focus on health and equity, not just healthcare (e.g. social determinants of health, human services, housing, bridging sectors)

2. That Healthier Washington include the following definition of Community Health Workers in relevant initiative and Innovation Plan work and corresponding documentation: Community Health Workers are trusted, front line health workers who are members of, or have a close relationship to, the community they serve. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social/education/community services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

3. That Healthier Washington, the Accountable Communities of Health and partner agencies adopt the attached roles and skills as a guide for the work successful Community Health Workers may do within a variety of jobs.

4. Healthier Washington and CHW Task Force members communicate and disseminate knowledge of the following CHW Qualities, especially as they relate to achieving Healthier Washington’s goals. Community Health Worker qualities include being:
   a. Connected to Community
   b. Persistent, Creative and Resourceful
   c. Empathic, Caring, Compassionate and Humble
   d. Open-minded/Non-judgmental
   e. Honest, Respectful, Patient, Realistic
   f. Friendly, Engaging, Sociable
   g. Dependable, Responsible, Reliable
   h. Culturally sensitive, able to work with diverse communities

5. The Healthier Washington Practice Transformation Hub disseminate the attached list of Community Health Worker roles, skills, qualities and principles to multi-sector groups including providers, Accountable Communities of Health, social service organizations, and affiliation groups to educate on the value a Community Health Worker workforce can provide to a variety of groups toward population and patient health outcomes.

6. Healthier Washington explore ways to incubate, test, and evaluate CHW projects as a part of transformation innovation.
Community Health Worker Task Force Recommended Roles

Purpose: The purpose of this document is to describe the broad roles Community Health Workers (CHWs) may serve in an organization. There is no expectation that CHWs fulfill every role listed. Ultimately, the CHWs organization will identify which roles would be suitable to achieve their needs. The below roles are not in priority order.

1. Cultural Mediation among Individuals, Communities, and Health and Social Service Systems
   a. Educating individuals and communities about navigating and health and social service systems (including understanding how systems operate)
   b. Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services [CLAS] standards)
   c. Building health literacy and cross-cultural communication

2. Providing Culturally Appropriate Health Education and Information
   a. Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community
   b. Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)

3. Conducting Outreach
   a. Finding and recruiting individuals that would benefit from services
   b. Follow-up on health and social service encounters with individuals, families, and community groups and help problem solve any barriers
   c. Conduct home visits to provide education, assessment, and social support
   d. Presenting at local agencies and community events

4. Care Coordination, Case Management, and System Navigation
   a. Participating in making referrals, care coordination and/or case management, with an emphasis on connecting individuals to their medical home/primary care provider
   b. Connecting individuals to community resources and services
   c. Documenting and tracking individual and population level data
   d. Informing decision-makers and systems about community assets and challenges

5. Providing Coaching and Social Support
   a. Providing individual support and informal coaching
   b. Motivating and encouraging people to obtain insurance coverage, care and other services when applicable
   c. Supporting self-management of disease prevention and management of health conditions (including chronic disease) within the parameters set by the organization and supervisor
   d. Planning and/or leading support groups
6. Advocating for Individuals and Communities
   a. Acting as an advocate for individuals
   b. Advocating for the basic needs and perspectives of communities
   c. Participating in policy advocacy

7. Building Individual and Community Capacity
   a. Building individual capacity to manage their health and well-being
      i. Skill development
      ii. Knowledge expansion
      iii. Empowerment to participate in individual, family, community and systems improvement
   b. Building community capacity
      i. Strengthening a sense of community and social connection
      ii. Identifying and coordinating the use of individual and community assets/strengths
      iii. Defining community development pathways
      iv. Strengthening and diversifying leadership
      v. Increasing participation in decision-making
   c. Training and building individual capacity with CHW peers and among groups of CHWs to improve individual and community health

8. Providing Direct Service*
   a. Providing basic screening tests (e.g. heights & weights, blood pressure)
   b. Providing basic services (e.g. first aid, diabetic foot checks) with adequate supervision and training

9. Implementing Individual and Community Assessments
   a. Participating in design, implementation, and interpretation of individual-level assessments (e.g. home environmental assessment)
   b. Participating in design, implementation, and interpretation of community-level assessments (e.g. windshield survey of community assets and challenges)

10. Participating in Evaluation and Research*
    a. Engaging in evaluating CHW services and programs
    b. Identifying and engaging research partners, and supporting community consent processes
    c. Participating in evaluation and research:
        i. Identification of priority issues and evaluation/research questions
        ii. Development of evaluation/research design and methods
        iii. Data collection and interpretation
        iv. Sharing results and findings, and vets with the community
        v. Engaging stakeholders to take action on findings

*New skills drafted to match these roles for Task Force approval on 12/18
Community Health Worker Task Force Recommended Skills

Purpose: The purpose of this document is to describe the breadth of skills Community Health Workers (CHWs) have. There is no expectation that individual CHWs have all the skills listed below. Ultimately, the organization where the Community Health Worker resides will identify which skills are appropriate and necessary to achieve their goals, with support and supervision. The below skills are not in priority order. The below skills are not in priority order.

1. Communication Skills
   a. Ability to communicate in culturally and linguistically appropriate ways, including using an interpreter when appropriate, and use translated materials when available
   b. Ability to communicate using plain and clear language
   c. Ability to communicate in ways that engage individuals and communities
   d. Ability to translate professional terminology and jargon to lay language, for the individual
   e. Ability to listen actively and communicate with empathy
   f. Ability to document work in various formats, including written, oral and electronic
   g. Ability to identify and use equity language

2. Interpersonal and Relationship Building Skills
   a. Ability to provide informal coaching and social support
   b. Ability to cultivate relationship trust that supports self-determination
   c. Ability to conduct self-management coaching that promotes self-advocacy and activation
   d. Ability to use interviewing techniques (e.g. Motivational Interviewing)
   e. Ability to work as a team member and understand the roles and responsibilities of all members
   f. Ability to manage conflict
   g. Ability to practice openness to a variety of cultures and respect cultural and individual healing practices

3. Service Coordination and Navigation Skills
   a. Ability to navigate and coordinate care (including identifying and accessing resources and overcoming barriers) for individuals and families in collaboration with multiple systems
   b. Ability to appropriately connect clients to resources, without duplicating services
   c. Ability to facilitate development of an individual and/or group action plan and goal attainment
   d. Ability to follow-up and document care and referral outcomes
4. Capacity Building Skills
   a. Ability to help others identify and develop to their full potential
   b. Ability to network, build community connections, and partnerships
   c. Ability to increase individual and community empowerment by building coalitions and organizing individuals and communities
   d. Ability to mobilize or organize a community around a common issue

5. Advocacy Skills
   a. Ability to teach self-advocacy skills
   b. Ability to speak up for individuals and communities
   c. Ability to collect and/or use information from and with community members
   d. Be community-led and driven and/or contribute to policy development at program, organizational, system and legislative levels
   e. Ability to advocate for social change
   f. Ability to bridge perspectives for policy change
   g. Ability to support and champion social and racial equity

6. Education and Facilitation Skills
   a. Ability to seek out appropriate information and respond to questions about pertinent topics
   b. Ability to plan and conduct classes and presentations for a variety of individuals and groups
   c. Ability to use a range of appropriate and effective active learning techniques both with individuals and groups
   d. Ability to facilitate group decision-making and discussions
   e. Ability to collaborate with other educators and content experts

7. Individual and Community Assessment Skills
   a. Ability to participate in individual assessment through observation and active inquiry in order to inform conclusions or actions
   b. Ability to provide appropriate health screening and education
   c. Ability to participate in community assessment through observation and active inquiry to inform conclusions or actions
   d. Ability to utilize community wisdom and voice to identify community needs and serve vulnerable individuals
   e. Ability to provide and use information and data
8. Outreach skills
   a. Ability to build trust
   b. Ability to organize events and conduct community outreach
   c. Ability to conduct outreach, recruitment and follow-up with individuals
   d. Ability to gather or prepare appropriate resources and materials and disseminate effectively

9. Professional Skills and Conduct
   a. Ability to set goals, to develop and follow a work plan, and know where to go for help
   b. Ability to self-organize in order to balance priorities and manage time
   c. Ability to identify and respond effectively to emergencies
   d. Ability to use pertinent technology applicable to the setting
   e. Ability to pursue continuing training and/or education
   f. Ability to work safely in community and/or clinical settings
   g. Ability to observe ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA])
   h. Ability to follow organizational, research and/or grant policies and procedures
   i. Ability to participate in professional development of peer CHWs and in networking among CHW groups
   j. Ability to set boundaries and practice self-care
   k. Ability to work independently, while using organizational and supervisory support as appropriate

10. Experience and Knowledge Base
    a. Knowledge about pertinent health issues
    b. Knowledge about healthy lifestyles, trauma informed care, and self-care
    c. Knowledge about whole person care (integration of mental/behavioral and physical health care)
    d. Knowledge of basic public health principles
    e. Ability to discern reliable, evidence based answers
    f. Knowledge about the community served
    g. Knowledge of how health is affected by the conditions in which we live, learn, work and play
    h. Ability to problem solve and think critically
    i. Knowledge of local, state, regional and national resources, systems and their cultural context
    j. Knowledge of race, equity and social justice issues
Appendix D. Community Health Workers letter to executive sponsors, John Wiesman and Dorothy Teeter
Esteemed State Secretary of Health John Wiesman and Director of the Health Care Authority, Dorothy Teeter,

We thank you for your leadership in convening a groundbreaking process.

As you hold this letter in your hand, wherever you are, we ask that you take a minute to honor the indigenous, upon whose land you stand. All too often, we forget to do so. In the spirit of a Community Health Worker, we intend to carry the charge of bringing often forgotten communities to the forefront.

This was our golden opportunity to show you who we are, what we do, how we do it and the passion we bring to our work as Community Health Workers. Healthier Washington is a transformative initiative, and its success is contingent upon aligning with those who live within the system’s gaps. The Community Health Worker (CHW) Statewide Task Force is setting a positive and collaborative tone by ensuring community voice.

Unfortunately, much too often, processes like these are used by systems and organizations to “check a box”. As a body, we commit to making ourselves available for continued change with Healthier Washington. This merits a face-to-face meaningful dialogue about next steps, with not just a few, but a diverse community of CHWs. This dialogue would serve to create authentic inclusion and alignment between State entities and the state’s Community Health Workers. We are invested. We are interested in strategizing with you to ensure CHW voice remains an integral partner in upcoming processes across Washington State. At the end of this letter, you will have the points of contact with whom to communicate for continued CHW alignment in the early months of 2016.

It is indicative of the State’s progress in leadership that 40% of this Task Force was composed of CHWs. When CHWs are represented, our communities are with us. We are the eyes and ears on the ground that understand the roots of disparities, provide cultural knowledge, and have a uniquely earned trust. No amount of training can replace shared lived experience.

In 2014, the American Public Health Association passed a policy statement that “urges state governments and other entities considering creating policies regarding CHW training standards and credentialing to engage in collaborative CHW-led efforts with local CHWs and/or CHW professional groups. If CHWs and other entities partner in pursuing policy development on these topics, a working group composed of at least 50% self-identified CHWs should be established (Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing, APHA Policy Number 201414; November 18, 2014).” Thus, as the Task Force’s recommendations are considered and acted upon, we urge DOH and HCA to continue to engage and
include CHWs in the decision-making process. Doing so will position the state to meet the goals of Healthier Washington.

In consideration of Healthier Washington’s goals, CHWs can help the state determine how to pay for services, ensure healthcare focuses on the whole person, and mobilize communities to improve health for all populations by focusing on social determinants and health equity. The Accountable Communities of Health and governing bodies will not meet their goals without Community Health Workers operating at the core of their model. CHWS live at the frontlines of inequities, and therefore are critical agents for finding solutions to improve population health outcomes. We bridge gaps in prevention and integration which contribute to unnecessary health and social service costs. Ultimately, a strong CHW workforce in Washington State will strengthen our communities and care delivery systems.

Present in our state are existing and growing networks of CHWs representing a rich array of roles, communities, and cultural backgrounds. As Community Health Workers, we are accountable to our communities. As such, we ask that in the interest of transparency and alignment, CHW voices are embraced as vital in all efforts of Healthier Washington.

As CHWs, we dream of better integration of our roles within the health care system. There are many doubts about how this integration can take place; integration without compromising the unique values, and that which CHWs bring, the heart of service. Without better integration and acknowledgement, we run the risk that CHWs are seen as marginal, second class workers, in turn giving a lesser quality of attention to underserved communities. It is a true honor to arrive at this reflection in gratitude, because this is surely the beginning of changes that will make history in the public health of our state. It is to grant those who have creatively worked for decades with their own resources to bring an opportune voice of encouragement and mutual support to those who truly need it, a place in the continuum of care.

Finally, we are optimistic about the future of the CHW workforce, and see it as the catalyst for the improved health of our state. We collectively look forward to continued partnership and communication in every step of the way.

In the spirit of gratitude and partnership,

Signed, the CHWs,
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