

Questions and Answers from the Webinar Community Health Workers: Their Role in Preventing and Controlling Chronic Conditions

The purpose of this webinar was to answer the following questions: (1) Who are community health workers (CHWs)?; and (2) What are their roles in preventing and controlling chronic conditions? It also described Centers for Disease Control and Prevention's (CDC) strategies to engage CHWs in the prevention and control of chronic conditions. The speakers discussed the history and evolution of CHWs at the national level, along with highlighting the experience of some organizations, implementing the CHW model, and providing lessons learned on how to work effectively with CHWs to address chronic conditions while achieving health equity. Webinar participants raised the following questions.

Questions related to

Evaluation and Monitoring

1. *What types of evaluations exist for monitoring the work done by CHWs?*

Currently, there are no specific evaluation standards for work conducted by CHWs. However, we can learn from already existing evaluation resources to guide CHW-specific evaluation efforts. CDC offers specific guidance on conducting programmatic evaluations at the [A Framework for Program Evaluation](#) website and in the *MMWR* report "[Framework for Program Evaluation in Public Health.](#)"

When beginning any evaluation, it is important to consider the need for the evaluation and evaluation questions. CHW-specific evaluations should be placed in the context of the overall program or organization. There are many aspects of CHW work and programs that can be evaluated including training, CHW integration and perceptions of the value added by CHWs, patient health outcomes (e.g., clinical measurements), programmatic data (e.g., number of people enrolled in a program), and economic implications. [The Community Health Worker Evaluation Tool Kit](#) is a resource that specifically addresses evaluating CHW efforts is a compilation of CHW evaluation materials.

Overall Roles of CHWs

1. *Much of the work conducted by CHWs could be categorized as patient navigation, specifically the work that touches the health care system.*

Can you talk about how you make the distinction between the CHWs and patient navigators?

According to the CHW Section of the American Public Health Association, CHWs are frontline public health workers who are trusted members of or have an unusually close understanding of the community served. This trusting relationship enables CHWs to serve as a liaison

between health services or social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.

Traditionally, non-clinically trained CHWs have been used primarily in an outreach capacity, providing topic-specific health education, community advocacy and empowerment, resource, social service connection and referral, and coordination of community events such as health fairs and screenings. Perhaps most importantly, CHW's unique understanding of the challenges facing their community allows them to function as "barrier busters" to help community members appropriately access and use health care services.

Patient navigators are workers trained to help patients "navigate" their way through the complex and fragmented health care system. They offer a range of services (e.g., provide social service and resource information, assist with health and insurance forms, find transportation alternatives, make connection to specialty health care). While navigators act as thoughtful and informed guides through the often confusing and overwhelming maze of health care services, their roles typically do not encompass health promotion, education, disease self-management coaching, individual and community advocacy, or health equity.

Although there is no requirement that a patient navigator be a community health representative (CHR), it could be argued that the best navigator will also be a CHW. The personal characteristics of a CHW may more readily facilitate a trusting relationship and an open dialogue about the barriers and challenges preventing patients from receiving the health care they need. Knowing and understanding those barriers will enable the CHW to help the patient navigate the system and receive those services. In addition, a CHW brings to the role of navigator the understanding of the importance of patient advocacy and empowerment in improving an individual's ability to manage their health.

On the other hand, many patient navigator programs employ nurses or social workers in the navigator role. This is a legitimate design choice and does not in any way diminish the value or contribution of the patient navigator.

2. What roles do CHWs play in clinical settings throughout the United States?

Although CHWs' roles vary depending on local and cultural settings, they most often are found working in underprivileged marginalized communities where people may have limited resources; lack access to quality health care; lack the means to pay for health care; not speak English fluently; or have cultural beliefs, values, and behaviors different from those of the dominant western-type of health care system. In these communities, CHWs play an integral role in helping systems become more culturally appropriate and relevant to the people the systems they serve.

CHWs typically have deep roots or shared life experiences in the communities they serve. They share similar values, ethnic background, and socioeconomic status and usually the same language as the people they serve. Thus, CHW acts as a bridge between the community and the health care, government, and social service systems.

Responsibilities of CHWs in clinical settings might include to

- Help individuals, families, groups, and communities develop their capacity and access to resources, including health insurance, food, housing, quality care, and health information.
- Facilitate communication and client empowerment in interactions with health care or social service systems.
- Help health care and social service systems become culturally relevant and responsive to their service population.
- Help people understand their health conditions and develop strategies to improve their health and well-being.
- Help build understanding and social capital to support healthier behaviors and lifestyle choices.
- Deliver health information using culturally appropriate terms and concepts.
- Link people to health care or social service resources.
- Provide informal counseling, support, and follow-up.
- Advocate for local health needs.
- Provide health services (e.g., blood pressure monitoring, first aid access).
- Make home visits to chronically ill patients, pregnant women, nursing mothers, individuals at high risk of health problems, and the elderly.
- Translate and interpret for clients and health care or social service providers. They should only be expected to do so if they are separately and professionally trained for these duties.

Roles of CHWs in Diabetes Self-Management Education

1. *Can Diabetes Self-Management Education (DSME) be facilitated by CHWs?*

Historically, nurses and dietitians were the main providers of diabetes education. Reflecting the evolving health care environment, a number of studies have endorsed a multidisciplinary team approach to diabetes care, education, and support. Recently, lay health and community health workers, and peer counselors or educators (among others) have been shown to contribute effectively as part of the DSME team and in providing DSME. The American Association of Diabetes Educators (AADE) endorsed significant roles for CHWs in DSME.¹

2. *Will CHWs need to work under the direction of a provider in order to teach DSME?*

1. American Association of Diabetes Educators. A Sustainable Model of Diabetes Self-Management Education/Training Involves a Multi-Level Team That Can Include Community Health Workers. Chicago, IL: AADE;

According to the [Community Health Workers in Diabetes Management and Prevention AADE Practice Synopsis](#), CHWs' education activities should be conducted under the direction of a qualified diabetes healthcare professional, such as a diabetes educator, who has training and expertise in areas relative to direct care and ongoing support services.

3. *Please elaborate on the roles of CHWs in diabetes education.*

According to AADE, CHWs are recognized as Diabetes Paraprofessional Level 1. . The CHW should be trained by a diabetes health care professional who understands evidence-based guidelines for diabetes education. For more information on the roles of a diabetes educator associate, please see [Community Health Workers in Diabetes Management and Prevention](#) and [Diabetes Educator Practice Levels](#).

4. *How are CHWs being perceived by ADA or AADE programs for the delivery of DSME?*

ADA recently reached out to a few programs that have indicated they are using paraprofessional or CHWs in their recognized DSME programs. The paraprofessional educator data entry point was added in January 2014, so all programs that are using paraprofessionals and CHWs have not renewed their 4-year recognition cycle since this initiation. ADA hopes that their data and contacts will be more robust as time passes—especially by January 2018.

Please see the following comment from a recognized program reflecting how ADA programs are incorporating CHWs.

“As we all know with diabetes comes other issues, hypertension, and hyperlipidemia, among others; where cost for diabetes care can be really expensive even with insurance. But for individuals who do not have insurance or are underinsured, CHWs have a community resource bank that is used to provide additional resources to folks who may need assistance with obtaining a medical home, medications, an electric bill, making appointments or filling out applications. The CHWs will also follow up with folks who have already attended class to ensure understanding of meal planning, carb counting, and benefits of physical activity or importance of taking medications as prescribed. They will reinforce education that has already been taught by a certified diabetes educator (CDE), registered nurse, registered dietitian, or nutritionist. CHWs break barriers to understanding and obtaining needed resources in order for individuals to control their diabetes and ultimately live healthier lives.”

AADE recently posted their practice synopsis on CHWs in which they recognized that

“Individuals who serve as lay health and CHWs and peer counselors or educators may contribute to the provision of DSME instruction and provide DSMS if they have

received training in diabetes management, the teaching of self-management skills, group facilitation, and emotional support.”²

5. *Can a CHW be trained in the Stanford Model Diabetes Self-Management Education?*

Yes. As long as CHW is trained and certified to facilitate Stanford programs. CHWs also have been certified as Stanford CDSMP “master trainers.” More information on trainings is available at [Stanford Diabetes Self-Management Program trainings](#).

Roles related to specific diseases and conditions

1. *Are there any CHW programs serving people living alone with dementia?*

We are not aware of any programs specifically working with such individuals. CHWs do not serve as direct care providers, which would seem to be a basic need in this situation. A neighborhood-based volunteer effort to meet those needs would seem like a good idea. CHWs can definitely help with nonmedical, non-direct care issues, including caregiver support, which can enable an individual to remain at home longer. See the following examples where CHWs played a role with this population.

- [The Care Span: Medicaid Savings Resulted When Community Health Workers Matched Those with Needs to Home and Community Care](#)
- [Feasibility and Validity of Dementia Assessment by Trained Community Health Workers based on Clinical Dementia Rating](#)
- [Identification of dementia cases in the community: A Brazilian experience.](#)
- [Role of Community Health Workers in Dementia Case Finding](#)

2. *How do I get the studies showing benefits of CHW work on cardiovascular diseases (CVD)?*

Go to the [Guide to Community Preventive Services](#)—a free resource—to help you choose programs and policies to improve health and prevent disease in the community. Systematic reviews are used to answer the following questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost? What is the likely return on investment?

The [Cardiovascular Disease Prevention and Control: Interventions Engaging Community Health Workers](#) table shows interventions that engage CHWs in preventing CVD. There is “strong evidence” of effectiveness for interventions that engage CHWs in a team-based care model to improve blood pressure and cholesterol in patients at increased risk for CVD. There is “sufficient evidence” of effectiveness for interventions that engage CHWs for health education, and as outreach, enrollment, and information agents to increase self-reported health behaviors

² American Association of Diabetes Educators. Community Health Workers in Diabetes Management and Prevention. AADE Practice Synopsis. June 4, 2015; Page 1.

(i.e., physical activity, healthful eating habits, and smoking cessation) in patients at increased risk for CVD.

The following list includes some other examples where CHWs can play a role in CVD:

- [*Community Health Workers as Interventionists in the Prevention and Control of Heart Disease and Stroke.*](#)
- [*The Effectiveness of a Community Health Worker Outreach Program on Healthcare Utilization of West Baltimore City Medicaid Patients with Diabetes, With or Without Hypertension*](#)
- [*Linking Community-Based Blood Pressure Measurement to Clinical Care: a Randomized Controlled Trial of Outreach and Tracking by Community Health Workers.*](#)
- [*For the Patient Community Health Workers Help to Reduce High Blood Pressure.*](#)

3. *Do you have CHWs that are specifically focused on maternal child health and women of childbearing age?*

The Navajo Birth Cohort Study includes community health representatives (CHRs) or CHWs that are focused on recruiting women of childbearing age. This is the first prospective epidemiologic study of pregnancy and neonatal outcomes in a uranium-exposed population. CHRs also provide education and outreach regarding uranium exposure, prenatal care, and maternal child health.³ CHRs are American Indian paraprofessional health care providers.⁴

CDC's Division of Reproductive Health currently funds the South Carolina Campaign to Prevent Teen Pregnancy⁵ that uses a CHW to address teen pregnancy prevention. The CHW engages with neighbors and their children individually and sometimes in groups, to share information about local clinics and other resources, to encourage parent and child communication, and to raise awareness of the importance of preventing teen pregnancies among sexually active teens living in her community.

4. *How can we [grantees] work with CHWs in a cancer screening program (colorectal cancer)? How can we work with CHWs to assist them in documenting their work?*

CHWs can help identify "hard-to-reach" individuals in need of breast, cervical, and colorectal cancer screening and link them to health care systems where these services are available. Grantees can support CHW programs in a variety of ways (e.g., funding for CHW programs, technical assistance, support for CHW training). It is important for CHW programs to document service delivery and intended outcomes. Grantees can provide technical assistance

³ ATSDR. Navajo Birth Cohort Study website. http://www.atsdr.cdc.gov/sites/navajo_birth_cohort_study/index.html. Accessed February 22, 2016.

⁴ Indian Health Service. Community Health Representatives website. <http://www.ihs.gov/chr/index.cfm>. Accessed February 22, 2016.

⁵ South Carolina Campaign to Prevent Teen Pregnancy. Teen Pregnancy Prevention website. www.teenpregnancysc.org. Accessed February 11, 2016.

to support CHW programs to develop effective monitoring systems to assess program reach (e.g., number of priority population reached by CHWs) and address whether short-term outcomes are achieved (e.g., do people reached by the CHWs complete screening?).

5. *How do CHWs deal with Chronic Obstructive Pulmonary Disease (COPD), asthma, or sleep apnea patients?*

The National Heart, Lung, and Blood Institute (NHBLI)—in partnership with the National Asthma Education and Prevention Program—created asthma resources in Spanish and English. *Respirar es vida: el control del asma en nuestros niños (A Breath of Life: Asthma Control for My Child)* to help CHWs teach a six-lesson course on asthma management and control to the Latino community. Content is on the basis of the NHLBI National Asthma Education and Prevention Program's updated *Guidelines for the Diagnosis and Management of Asthma*. The program includes culturally appropriate teaching scripts, learning activities, and reproducible handouts. Interactive activities use role play, problem-solving, and discussion to help reinforce the material. Latino role models and family contexts appear throughout.⁶

Roles in Diabetes Prevention

1. *How can CHWs become health coaches for our patients?*

Organizations delivering a Diabetes Prevention Recognition Program select and hire their own lifestyle coaches. CHWs interested in working with such organizations can always contact an organization in their area. They do not need to be a trained lifestyle coach prior to contacting an organization, as the organization may wish to send their employees to special training. CHWs can find Diabetes Prevention Recognition Programs and the Registry of Recognized Organizations by state on the [National Diabetes Prevention Program](#) web page.

2. *We are considering starting a Diabetes Prevention Program (DPP) program and want to know the role of CHWs in that setting. Does the CDE oversee that person?*

CHWs can either serve as the program coordinator or the lifestyle coach. This is up to the sponsoring organization that is delivering the [National Diabetes Prevention Program](#). The [National Diabetes Prevention Program](#) organizations choose their own staff. Please see Appendix C (page 25) of the [2015 Standards and Operating Procedures](#) to have a more thorough description of these roles.

⁶ National Institutes of Health. *A Breath of Life: Asthma Control for My Child- Respirar es vida: el control del asma en nuestros niños*. Bethesda, Maryland; US Department of Health and Human Services; 2014. <http://catalog.nhlbi.nih.gov/catalog/product/A-Breath-of-Life-Asthma-Control-for-My-Child-Respirar-es-vida-el-control-del-asma-en-nuestros-ni-os/14-7952>. Accessed February 12, 2016.

Policy

1. *Where can I find updated state legislation related to CHWs?*

The National Academy for State Health Policy (NASHP) website, features a wealth of information concerning CHWs. The “State CHW Legislation” tab contains links to specific bills, and bill histories and actions by state. Alaska, as an example, has statutes related to “community health aide” grants. Minnesota law allows CHWs to participate in Medicaid programs and receive payment for services.

The Association of State and Territorial Health Officials (ASTHO) State Health Policy Team tracks state law concerning CHW certification standards. Illinois, for example, enacted a law that provides certification standards for CHWs. A chart outlining the summaries of each state’s CHW certification bill is also available. Visit [ASTHO’s Community Health Workers website](#) for more CHW resources.

Another resource is the [National Network of Public Health Institutes website](#). Several public health innovations—such as the Institute for Public Health Innovation, and Health Resources in Action—are involved in CHW-related work. Their websites have extensive information.

2. *How have national policies (e.g., Patient Protection and Affordable Care Act, Medicaid, and immigration) affected the CHW field and health equity?*

Health reform as a result of the Affordable Care Act is an opportunity to create a more equitable health care system and address disparities in health care. CHWs are receiving greater attention considering their historical contributions in providing community-based health services to disadvantaged and hard-to-reach populations. The Affordable Care Act increases access to evidence-based preventive health care under Medicaid and Medicare. There is strong evidence that supports the use of CHWs for cardiovascular disease prevention and control—the [Community Preventive Services Task Force](#) provides a summary of this evidence.

On July 15, 2013, the Centers for Medicare and Medicaid Services published a rule change titled, “Medicaid and Children's Health Insurance Programs: Essential Health Benefits in Alternative Benefit Plans, Eligibility Notices, Fair Hearing and Appeal Processes, and Premiums and Cost Sharing; Exchanges: Eligibility and Enrollment.” The rule change is often referred to as the Medicaid Preventive Services Rule Change. The purpose of the rule change is to clarify who can provide a preventive service under a state Medicaid plan, enabling coverage and payment with federal matching funds. Previously, preventive services could only be provided by a physician or other licensed practitioner for Medicaid reimbursement. Now, states have the option to reimburse lay providers (e.g., CHWs) that provide preventive services (as defined by Medicaid) if the services are recommended by a physician or other licensed practitioner.

This change opens the door to CHWs who meet applicable standards established by state Medicaid programs. Furthermore, the rule change offers an opportunity to lower costs of high-burden conditions and increase access to preventive services for disadvantaged communities

by using CHWs. For example, cost-effectiveness of nurse practitioner and CHW teams is discussed in this article—“Cost-Effectiveness of Nurse Practitioner/Community Health Worker Care to Reduce Cardiovascular Health Disparities.” *J Cardiovasc Nurs.* . Resources that provide more information include [Update on Preventive Services Initiatives](#) and [Medicaid Preventive Services: Regulatory Change](#).

More detail is available in the article “Clinical Preventive Services Coverage and the Affordable Care Act.”

Trust for America’s Health has a policy website with links to [position statements and letters on various topics](#).

Financing and Sustainability

1. *How are CHWs compensated for their services?*

The National Academy for State Health Policy has a [State CHW Models website](#) that includes sources of CHW financing by state.

Learn more at [Medicaid Funding of Community-Based Prevention Myths, State Successes Overcoming Barriers and the Promise of Integrated Payment Models, Prepared by Nemours](#).

2. *What is the official job code for CHWs? Where can I find information on CHW wages and organizations that employ them?*

The Department of Labor recognized CHW jobs as a distinct category of employment in 2009. The Standard Occupational Classification code for CHWs is 21-1094 (see [Bureau of Labor Statistics](#)).

There are no thorough national studies on CHW wages. The Health Resources and Services Administration (HRSA) conducted a national workforce study in 2007 called [Community Health Worker National Workforce Study](#), but this study was not a comprehensive assessment and the information is considered outdated.

There are variations in CHW wages based on location (e.g., differences on the basis of local cost of living considerations). In addition, actual CHW positions vary in the level of skill required. Not all positions require the full range of CHW capabilities. For example, there are many “outreach worker” jobs that are typically paid less (\$10.00-\$12.00 per hour) than those working within health care—in some cases as members of patient care teams, where they may be paid \$15.00-\$25.00 per hour.

There are several local, state, and regional studies that include compensation-related questions. Findings from one study can be found at [Community Health Workers in the Midwest: Understanding and Developing the Workforce](#).

It is not known whether there are any states with CHW compensation policies besides state government internal human resources systems. Specific state-funded programs, such as Medicaid, may have established CHW wages.⁷

3. *How are CHW-related interventions included in funded national prevention programs?*

CDC's National Asthma Control Program (NACP) funds states and other partners to provide training, education, and surveillance programs. The Massachusetts Asthma Prevention and Control Program works on efforts to sustain asthma clinical care through activities aimed at increasing the voluntary coverage by insurers, such as home visits by CHWs. Several Massachusetts insurers cover CHW in-home asthma education and assessment. There are various resources developed by [NACP](#).

CDC funds other chronic disease programs involving CHWs through cooperative agreements. For a summary of each program visit [Addressing Chronic Disease Through Community Health Workers. A Policy and Systems Approach](#).

4. *What are the recommendations for increasing the use of CHWs?*

Of particular importance is the recommendation established by the Community Preventive Services Task Force regarding evidence to support the engagement of CHWs in a team-based care model to prevent CVD. Further evidence supports their engagement to improve blood pressure and cholesterol in patients at increased risk for CVD. The document, [Cardiovascular Disease Prevention and Control: Interventions Engaging Community Health Workers](#).

Other useful documents include:

- [Million Hearts fact sheet](#) in support of using CHWs.
- [Addressing Chronic Disease Through CHWs: A Policy and Systems-Level Approach](#), developed by CDC's National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention, provides guidance and resources for implementing recommendations to use CHWs to address chronic, high-burden diseases such as diabetes and asthma.
- *Optimizing Health Outcomes for Children with Asthma in Delaware*, developed by Nemours Children's Health System, Nemours Health & Prevention Services. The document highlights the Nemours' Optimizing Health Outcomes (OHO) for Children with Asthma in Delaware project, funded by the Centers for Medicare & Medicaid's Innovation Center (CMMI), the Innovation Center's Health Care Innovation Awards (HCIA). The OHO project highlights interdisciplinary, team-based approaches to care. Nine full-time CHWs either in provider practices or the Nemours/Alfred I. duPont Hospital for Children in Wilmington, Delaware.
- "Cost-Effectiveness of Nurse Practitioner/Community Health Worker Care to Reduce Cardiovascular Health Disparities." Is an article that highlights the cost-effectiveness of nurse practitioner or CHW teams to reduce CVD disparities—

5. *How do I address sustainability of the CHW workforce?*

Stay abreast of state policy actions. The National Academy for State Health Policy (NASHP) website is an excellent resource and features a wealth of information concerning CHW. The "State CHW Legislation" tab contains links to specific bills, and bill histories and actions by

state. Alaska, as an example, has statutes related to “community health aide” grants. Minnesota law allows CHWs to participate in Medicaid programs and receive payment for services.

The ASTHO State Health Policy Team tracks state law concerning CHW certification standards. The State of Illinois, for example, enacted a law that provides certification standards for CHWs. A chart outlining the summaries of each state’s CHW certification bill is also available. Learn more at the ASTHO [CHW resources site](#).

Stay abreast of CHW training standards and core competencies. Training, capacity building, policy, and integration resources are detailed in [Addressing Chronic Disease through Community Health Workers: A Policy and Systems-Level Approach](#), developed by CDC’s National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention. Financing mechanisms for sustainable employment are also outlined in this document. CHW services are:

- Reimbursable by public payers (e.g., Medicaid, Medicare, State Children’s Health Insurance Program (SCHIP)), and private health insurers.
- Reimbursable in certain organizations, such as federally qualified health centers and community health centers.
- Reimbursable to public health and to community-based organizations.
- Reimbursable on levels that are commensurate with cost of living based on location.

Another resource is the [Community Health Workers Evidence-Based Models Toolbox](#), prepared by the Office of Rural Health Policy, Health Resources and Services Administration, US Department of Health and Human Services.

6. *How can health departments assist with the promotion and use of CHWs?*

Several opportunities exist for public health departments to promote the use of CHWs:

- Suggest evidence-based, prevention-related interventions that expand access, use, and quality of preventive services by using CHWs.
- Partner with state Medicaid agencies and encourage coverage of evidence-based services provided by CHWs.
- Support outreach to disadvantaged communities or hard-to-reach communities.
- Provide examples of effective delivery models that use CHWs to deliver services for people with high-burden, chronic conditions such as CVD, diabetes, and asthma.
- Provide health care providers with information about innovative and evidence-based services (e.g., interventions that engage CHWs in CVD prevention.)

Learn more by reading [Improving Cancer Prevention and Control: How State Health Agencies Can Support Patient Navigators and Community Health Work](#).

7. *What policy developments are forthcoming that address access to healthier lifestyle choices?*

Affordable Care Act (ACA) focuses on prevention and wellness and supports healthy lifestyle choices through wellness programs. Wellness programs—such as smoking cessation services and weight loss services—are designed to help people improve their lifestyles. By concentrating on the causes of chronic disease, ACA changes the nation’s approach from a focus on sickness and disease to one of wellness and prevention.

Training

1. *Are there any efforts being made toward creating a standardized "national" curriculum and certification program?*

One national effort that may be of interest is the CHW Core Consensus (C3) Project. . This effort is coordinated by the University of Texas, School of Public Health Institute for Health. C3 is administered by The National Area Health Education Centers Organization and funded by The Amgen Foundation and supplemental contract and in-kind contributions. The project aim is to offer CHW and other stakeholder-driven “contemporary” recommendations for consideration and adoption throughout the United States related to CHW core roles (scope of practice); CHW core skills and affirm existing knowledge about CHW core qualities. A review of CHW C3 project group findings is underway and the goal is to get feedback on and endorsement by CHW network leaders of C3 project recommended roles, skills, and affirmation of qualities.

2. *Are there any strategies for training and learning experience of the CHWs?*

CHWs should have the training required by the laws in effect in the state in order to be reimbursed for their service. Some states require certification for the CHW to be reimbursable for their services. Entities like Area Health Education Centers (AHECs), community colleges, and others provide core CHW training. On-the-job training may be provided on the basis of the disease condition addressed. A good summary of lessons learned in training practices can be found at the University of Arizona’s [CHW National Education Collaborative website](#).

Payment for services is critical for a sustainable role for CHWs. Payment by a variety of sources including Medicaid, Medicaid Managed Care Organizations, and inclusion among the paid workforce by hospitals are all viable ways of ensuring sustainable payment.⁷A nationwide status on CHWs Training or certification standards as well as reimbursement mechanism is available by the [ASTHO](#).

3. *Sustainability of CHWs certificates, is training national or state by state?*

There is no nationally adopted curriculum for training of CHWs. Several curricula are being used and implemented by various entities including community colleges, universities, and others.

4. *What skills should we look for, knowing that most training will be on the job?*

The skills required will differ by state and will be listed in the certification standards for the state. Find information about which states have certification standards at the [Community Health Worker \(CHWs\) Training or Certification Standards](#).

It is widely recognized that practical on-the-job training for CHWs has equal or greater value compared with classroom learning. The US Department of Labor has recognized CHWs as a “skilled trade.” Pilot CHW apprenticeship programs have been started in Texas, Massachusetts, and Wisconsin (and likely in other states). For contacts in specific states, please write to Carl Rush at the University of Texas Institute for Health Policy, carl.h.rush@uth.tmc.edu.

5. *Where or how can CHWs obtain inexpensive training on how to manage or prevent chronic illnesses?*
Training availability, content, and cost varies from state to state. Area Health Education Centers and community colleges offer CHW trainings in various states.

CHWs level of practice for diabetes education is level 1.

1. Please see details for levels of practice for diabetes educators for CHWs at AADE’s [“Diabetes Educator Practice Levels”](#) document and the course AADE offers [Diabetes Paraprofessional Level 1](#)

6. *The ADA encourages our interns to become certified CHWs. Where can they get certified?*
This depends on the training and certification arrangements in your state. Learn more about the status on training and certification options in states at the [CHWs Training or Certification Standards](#) website. Learn more about available training to deliver or support DSME programs at [AADE’s Education and Career website](#).

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