Report to the Legislature

Report and Recommendations for Implementing Training and Education for Community Health Workers

June 2019

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Division of Prevention & Community Health

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Cover photo shows 2018-2019 CHW Task Force members, staff, and facilitators who attended the final meeting in Wenatchee, April 10, 2019.

John Wiesman, DrPH
Secretary of Health

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A Note on Terminology

In this report, "community health worker" is used to describe frontline public health workers who serve communities across the state under a variety of names. Community health workers are dedicated professionals and trusted members of their communities. They serve as links between social and health services and their communities to improve access to quality, culturally competent care. While this report uses "community health worker" as an all-encompassing term, it is not intended to impose a common title on everyone serving their communities.

The 2015-2016 Community Health Worker Task Force defined a community health worker as:
"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."

*The task force acknowledged that in some cultures the word unusual is not easily translated. The following synonyms clarify what unusual means in this context: unique/exceptional/remarkable/special.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Prevention and Community Health
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Community health workers, promotores(as), and community health representatives are dedicated to serving their communities. They demonstrate strong loyalty to the people they serve and have strong bonds with their peers in the field.

It is this commitment to service that brought community health workers and their allies in the health system to serve on the 2018-2019 Community Health Worker Task Force at the request of Washington state. Together, the members of the task force developed recommendations for guidelines and training opportunities that align with the roles and responsibilities of community health workers, wherever they serve. These are a critical step in strengthening the community health worker workforce and training system across Washington state.

The Washington State Department of Health and the Health Care Authority are committed to widely disseminating the recommendations in this report within our agencies and to our partners, including our local and tribal public health partners. Our staff will return to each of the community health worker networks we worked with to discuss the report.

We commit to partnering with community health worker leaders and stakeholders that will be addressing the task force recommendations. Health Care Authority and the Department of Health will serve as bridges to partners taking on the roles in moving this work forward.

The Department of Health commits to align the existing Community Health Worker Training Program with the recommendations of the task force. The department will create an actionable plan to better align the training with the recommendations.

We are excited by the continued momentum represented in the successful work of this task force, as well as the promising growth and potential of the community health worker community across our state.

Sincerely,

Director Susan E. Birch, MBA, BSN, RN
State Health Care Authority

Secretary John Wiesman, DrPH
State Department of Health

Executive Summary

In 2015, a Community Health Worker (CHW) Task Force convened as part of the state's Healthier Washington initiative to recommend policies that would help the CHW workforce fit with other projects under the initiative. The task force released a report in 2016 with recommendations about community health worker roles, skills, and qualities, training and education needs, and costs for long-term community health worker integration into Washington's health care system.

The 2016 recommendations for community health worker capabilities, recommended roles, qualities, and skills focused on "why and what" of the CHW workforce. The training and education recommendations focused on the "how"—providing broad framework, content, instructional, and organizational considerations for these areas.

In 2018, the state Legislature designated funding for the Washington State Department of Health to implement the 2015-2016 CHW Task Force community health worker training and education recommendations and requested a report detailing those efforts by June 30, 2019. The recommendations in this report build on the previous task force's work to move toward standards for quality community health worker training programs in the state. Building on the previous task force recommendations ensured that the work of the task force was not duplicative and recognized the work and expertise of the 2015-2016 CHW Task Force.

The task force developed recommendations related to the following:

- **Community health worker abilities:** What every community health worker should be able to do upon completion of a core community health worker training.
- **Methodology:** How the core training should be taught and who should develop the training.
- **Employer support:** Parameters for employer support of community health worker employment, education, and training.
- **Infrastructure:** A statewide, multi-stakeholder leadership group that would continue to meet and build recommendations for the community health worker workforce.

To continue moving forward these CHW training and education recommendations, it is critical that an ongoing statewide, multi-stakeholder leadership group be developed. This group should be focused on community health worker workforce development, including training and education.

Introduction and Background

In the Patient Protection and Affordable Care Act (ACA), community health workers are recognized as important members of the health care workforce who improve access to health care, health outcomes, and quality of life for underserved communities.[1]

In 2015, the Community Health Worker (CHW) Task Force was convened as part of the state's Healthier Washington initiative to develop actionable policy recommendations to align the community health worker workforce with other projects under the initiative. The task force released a report in 2016 with recommendations about the roles of community health workers in health systems, the skills and qualities possessed by community health workers, training and education needs, and finance and sustainability considerations for long-term community health worker integration into Washington's health and human services systems. (See Appendix H: 2016 Task Force Training and Education Recommendations, on page 44 for a full list of these considerations.) The 2016 recommendations provided a platform for government, policymakers, and stakeholders, as well as private sector providers, payers, and other organizations to support a community health worker workforce and include them in health reform efforts.

In 2018, the state Legislature provided funding to the Washington State Department of Health (DOH) "to implement training and education recommendations described in the 2016 report of the community health worker task force," as well as to provide a report to the legislature on the progress of those efforts.[2] The recommendations in this report build on and use the recommendations from the previous tasks.

The 2018-2019 CHW Task Force identified four keys areas where further development was needed in order to successfully implement the training and education recommendations from the 2015-2016 CHW Task Force.

- Essential components of core training subject matter
- How various teaching methods or styles should be incorporated into community health worker training and education
- Key employer investments to train, integrate, and retain community health workers
- Next steps to advance statewide community health worker training and education work.

To read profiles of some of our 2018-2019 CHW Task Force members and learn of their stories, see Profiles, on page 18.

[1] E. Lee Rosenthal, J. Nell Brownstein, Carl H. Rush, Gail R. Hirsch, Anne M. Willaert, Jacqueline R. Scott, Lisa R. Holderby, and Durrell J. Fox, "Community Health Workers: Part Of The Solution," *Health Affairs* 2010 29:7, 1338-1342.

[2] (2018) Engrossed Substitute Senate Bill 6032 §219(38).

Washington State Community Health Worker Training and Education Landscape

Although multiple options for community health worker training exist across the state, there is an inconsistent landscape of resources for people seeking to raise their skill levels as community health workers and to find opportunities for career advancement.

Several community health worker and promotora networks throughout Washington state provide training and education, as well as advocacy and opportunities for ongoing networking with other community health workers. The Northwest Regional Primary Care Association's Community Health Improvement and Workforce Development programs also provide trainings, and peer networking opportunities for community health workers.

DOH offers a no-cost eight-week training program designed to strengthen the skills, knowledge and abilities of community health workers. This training is offered quarterly in a combination of online and in-person training around the state.

Some community colleges in Washington state offer community health worker training graduates up to five credits towards select training programs at both the associate and baccalaureate levels. (Administrative fees apply.) Additionally, health care organizations are expanding their use of community health workers as part of their health care delivery teams.

Recommendations for Implementing Training and Education

The task force felt strongly that its recommendations should reflect a solid framework of equity and inclusion. As a preamble to these recommendations, the following statement was approved by the group:

The role of a Community Health Worker is framed by the 'heart of service,' which is a commitment to health equity and improving community conditions so that all Washingtonians can reach their full potential.

We acknowledge that historical and institutional racism play a role in health disparities. Our work must then be prioritized by including all Washingtonians who experience disparities because of race, gender, ethnicity, national origin, gender identity, sexual orientation, religion, age, geographical location or physical and behavioral health.

Measurable progress on integrating equity in our state's partnerships, budgets, policies, staff, boards and service deliveries must be an active and transparent process. It requires continuous commitment, awareness and actions to create community transformation with an overall success of present and future generations in the Evergreen State.

Community health workers serve in many roles as volunteers or with different types of employers across a variety of communities. To narrow recommendations, the task force focused on training and education needs that are foundational or universal to all CHWs.

By building on the 2015-2016 CHW Task Force's recommendations for training and education, this project aims to:

- Increase access to community health worker services in communities,
- Standardize training guidelines for community health workers,
- Create continuous quality improvement methods for supporting an effective CHW workforce,
- Develop a CHW workforce with increased access to information and resources, and
- Increase employer understanding of the CHW workforce.

Preámbulo en Espanol

"El papel de un Trabajador Comunitario de Salud /Promotor(a) /CHW se enfoca en 'servir de corazón' y a la vez está comprometido con la igualdad de salud y la mejora de calidad de vida de la comunidad para que todos los habitantes del estado de Washington puedan alcanzar su máximo potencial.

Reconocemos que racismo histórico e institucional desempeña un papel en las desigualdades de salud.

Nuestra prioridad deberá incluir a todos los habitantes del estado de Washington que pasan por desigualdades por motivos de su raza, género, origen étnico, origen nacional, identidad de género, orientación sexual, religión, edad, ubicación geográfica, salud física o mental.

El proceso para medir el progreso sobre la integración de la equidad, en asociaciones, pólizas que se proponen, personal, juntas y prestación de servicios de nuestro estado; debe ser activo y transparente.

Esto requiere de un compromiso continuo, conocimiento y acción para crear la transformación general de la comunidad y el éxito en las generaciones presentes y futuras del estado Evergreen."

Below, you will find the 2018-2019 CHW Task Force's recommendations for community health worker abilities, methodology, employer support, and infrastructure.

To enhance and assist future work on community health worker development, task force members also shared areas they felt require further discussion. This list is captured in Appendix G: Topics for Further Discussion, page 42.

Recommendations for Community Health Worker Abilities

The task force recommends that core training include activities that build on essential abilities listed below.

As part of the development of community health worker training and education guidelines, task force members identified the critical elements necessary in a core community health worker training. Such training would create a baseline for what all community health workers should be able to do, regardless of their specific roles and communities in which they work. Vivid examples of what CHWs do are shared in the Profiles that begin on page 18.

The recommendations below reflect essential abilities all community health workers would possess after completing a core training program. Abilities are organized by 10 specific community health worker skill areas. Community health worker skills were recommended by the initial 2015-2016 CHW Task Force. Some skills were combined during the 2018-2019 CHW Task Force recommendations process, and a separate skill area for cultural humility/cultural responsiveness was developed.

Communication and Interpersonal and Relationship Building

- Establish and sustain trusting relationships with a range of individuals from a variety of cultures, breaking down barriers to a lack of trust and establishing an environment of respect and empathy.
- Interact with individuals, families, and communities in a way that is mindful of their physical, motivational, and spiritual state of being.
- Respond non-judgmentally, using language that conveys caring and is open-minded.
- Know the culture of the community, creating deep, community-based referral networks and bringing knowledge back to the community.
- Listen carefully and actively, always confirming two-way communication. Use speech and body language to relay and receive messages, respond without judging, validate feelings, and verify understanding (for example, repeating, teach back, etc.).
- Use an individual's goals to motivate and encourage desired behavior changes, also known as motivational interviewing.

Cultural Humility/Cultural Responsiveness

- Respect people's experiences, their abilities to learn, and their ability to use personal, cultural, and communication resources.
- Be mindful of power dynamics and bias, and self-aware of implicit bias.
- Bring knowledge and information to the community in a culturally appropriate way.

Outreach

- Interact with people on their own terms, building relationships based on listening, trust, and respect.
- Use a variety of outreach methods, such as phone calls, in-person conversations, group presentations, distribution of print and electronic information, and social media.
- Follow up on health and social service encounters with individuals, families, and community groups and help address any barriers.
- Develop outreach plans and collaborate with community members and partners.

Education and Facilitation

- Apply multiple techniques, including but not limited to, verbal and visual techniques, to deliver information clearly and accurately to help people understand and feel empowered to address health risks for themselves, their family members, or their communities.
- Educate providers and service organizations to understand coalitions that community health workers are a part of, and cultural practices to improve effectiveness.
- Tailor communication strategies to the group or person, explaining terms and concepts in ways that individuals, family members, community members, and professional colleagues can understand.

Individual and Community Assessment and Direct Services

- Collaborate in the collection, synthesis, and use of information to help understand the needs, strengths, and resources of the individuals and communities that community health workers serve.
- Identify and assist in meeting the basic needs of individuals, families, and communities (for example, social determinants of health, mental and physical health, and insurance).
- Refer and link to preventive services during health screenings and in health care information.
- Assess patient’s or client’s understanding of their illnesses and potential barriers to health, and how discrimination and personal experiences can affect their health.
- Use community and client assessments.
- Provide individual social and health care support.

Service Coordination and Navigation

- Navigate the systems, benefits, and partners to find, create, and connect individuals, families, and communities to the resources they need.

- Encourage continuity of care and cohesiveness between health professionals, caregivers, families, and support systems.
- Inform health and social service systems about the resource needs of the individuals and communities the community health worker serves (such as legal, medical, social service, and other resources).

Advocacy and Capacity Building

- Promote, build, and maintain individual and collective empowerment through education, skill development, networking, organizing, strategic planning, and health equity.
- Motivate, teach, and empower individuals and communities to advocate for themselves.
- Support individuals to reach their goals, building on their strengths and current abilities, supporting their desired behavior change.
- Help people to feel empowered to overcome barriers and address health risks for themselves, their family members, or their communities.
- Know the culture of the community, understand gaps in systems, translate information from the field back to partners and employer, creating deep, community-based referral networks and bringing knowledge back to the community.
- Communicate with providers and service organizations to help them understand community and individual conditions, culture, and the resource needs of the individuals and communities they serve.

Experience and Knowledge Base

- Knowledge of the community in which the community health worker works.
- Define and incorporate best practices, promising practices, and evidence-based practices, while recognizing practice-based evidence tied to a community health worker's learned and cultural experience.
- Innate commitment to and passion for the work.
- Time management, relaxation, and trauma-informed practice (recognizing the importance of self-care and understanding the impact of trauma on the lives of those being served).

Professional Skills and Conduct

- Maintain boundaries that balance professional and personal relationships, recognizing dual roles, observe the scope and boundaries of the community health worker role, and establish appropriate power relationships.
- Comply with reporting, recordkeeping, and documentation requirements in one's work.
- Use and advocate as necessary for supervision, training, continuing education, networking, and other development.

Evaluation and Research

- Participate in the collection, synthesis, and use of information to help understand the needs, strengths, and resources of the individuals and communities that community health workers serve.

- Explain what data is being collected and how the information will be used with community participants.
- Share results with the community where information was gathered.

For more in-depth definitions of the recommended abilities, see Appendix E: Recommendations for Community Health Worker Abilities, page 35.

Recommendations for a Training and Education Methodology

The task force recommends community health worker trainings use multiple teaching methods, be led by community health workers, and be accessible.

Access to community health worker training, success in that training, and the ability to apply tools learned in training can impact an individual's success as a community health worker. Providing community health worker training and education that recognizes an individual's commitment to their community and builds on their knowledge and existing experiences is essential. These recommendations call attention to the unique value and needs of a community health worker workforce.

1. Community health worker training and education should use multiple methods. Ideally, this training would:
   - Be interactive, culturally sensitive, language accessible, and based on popular education principles. Materials should be translated into multiple languages and available in audio, visual, and written formats.
   - Accommodate and respect cultural, linguistic, and racial differences in its content and teaching methods.
   - Use a standardized curriculum integrating interactive adult learning methods into in-person and online experiential learning options.
   - Include a practicum involving peer-to-peer or "train the trainer" on-the-job training.
   - Offer a path for growth and be transferable as part of a career ladder.
   - Build upon existing best practices from state and/or national programs.

2. Community health worker training and education should be led by community health workers.
   - The curriculum development team should be led by community health workers in collaboration with employers and community stakeholders (for example, health care providers/systems, social/human service organizations, tribal representatives, state and county agencies and associations, and community members).
   - The training should be led and facilitated by a multidisciplinary community health worker team (for example, educators trained in popular education, community health worker employers and supervisors, and social service and health care providers).

3. Community health worker training and education should be accessible.

- Training should be low or no-cost where feasible and accessible to all individuals regardless of socioeconomic status, race, culture, or physical or learning disabilities.
- In-person or virtual trainings should be accessible and available for all community health workers, including providing financial support to attend in-person training and providing required technology for online training.

Recommendations for Employer Support

The task force recommends that the engagement of community health workers by employers be sustainable and community health worker training and education organizations meet standards.

As with any workforce component, the success of a community health worker depends on the ability of agencies and administrations to support community health workers across systems. Because the community health worker role is unique within the health and human service systems, it must be uniquely supported. Community health workers spend a great deal of time learning the specific needs and culture of the people they assist. This approach takes time. Employers need to be able to support community health workers in establishing good boundaries with families in deep crisis and processing trauma in a way that has the least long-term impact on the staff.

Community health workers also face unique challenges related to the complexity and time-intensiveness of field work, such as building trust with community members, relationships with resources, and time-specific tasks, such as completing mileage forms, timesheets, and maintaining up-to-date client records. These many competing demands require significant time management skills on the part of the community health worker. As shown in this report's Profiles section (on page 18), those who supervise community health workers often must serve as an advocate to the employer. Organizations are advised to support community health workers in a way that allows them to thrive.

The Department of Health recognized that supporting community health workers to have their greatest impact requires a significant and ongoing infrastructure investment on behalf of their organizations. For employers to make this investment, it is essential that a sustainable funding stream exist to support their work. DOH also recognizes that it is beneficial for employers to have an understanding of the key abilities of community health workers based on completion of a core training for hiring and retention purposes.

1. The work of a community health worker should be sustainable.
    - Employers need access to resources, training, and organizational infrastructure tools to bring out the best in community health workers, so their talents can be used effectively in the workplace.
    - Employers should review and incorporate return on investment payment models, success stories, alternative payment streams, and grant opportunities.

2. Community health worker training and education organizations should meet standards.

- Develop a process for ensuring that training programs meet standards and that those programs are recognized by employers across the state.
- Allow for additional skills training to be developed for community health workers seeking growth and professional development opportunities.
- Ensure employer accountability with regard to training community health workers.
- Develop training, education materials, and recommendations on hiring, training, supervising, and integrating community health workers throughout the organization (e.g., for leadership, community health worker supervisors, and members of the care team).

The next step in implementing this work requires the development of infrastructure. Recommendations regarding what such infrastructure should entail are addressed in the next section. To enhance and assist future work on community health worker development, task force members shared areas they felt require further discussion. This list is provided in Appendix G: Topics for Future Discussion, on page 42.

Recommendations for Infrastructure

The task force recommends the development of an ongoing statewide, multi-stakeholder leadership group.

To continue to move forward on training and education of community health workers, an infrastructure is needed. The task force believes a sustained effort is required to move this work forward. An organizational body composed of multiple stakeholder organizations should be developed to further implement statewide recommendations related to the community health worker workforce, including training and education. DOH recognizes that further implementation of community health worker training and education should occur in alignment with other statewide community health worker workforce development. DOH further recognizes that infrastructure development is key to the implementation of all other task force recommendations.

The task force offers the following recommendations for an organizational body:

1. The organization's structures should be grounded in equity and social justice, with community health workers and the community at the center.
2. Key pieces for this structure would ideally include:
    a. A backbone organization, a funder, and a leadership group,
    b. An ongoing rather than an ad hoc meeting format to allow for work to be continuous,
    c. Leadership that is majority community health worker in composition,
    d. Community representation,
    e. Representation from multiple stakeholders, such as:
        i. Promotores(as), community health representatives, and community health worker networks and associations,
        ii. Unaffiliated community health workers,
        iii. Community health worker employers,

iv. Community-based organizations,
v. Tribal members,
vi. Education providers,
vii. Public health,
viii. Health care systems,
ix. Managed care organizations, and

f. Equitable representation from across Washington State.

Conclusion

The task force built on prior task force recommendations related to training and education for community health workers by identifying what key abilities a core training program should focus on, identifying key components of community health worker training methodology, and further defining what support employers need to bring out the best in community health workers. Additional work is needed to implement the recommendations of the task force. To continue moving forward with the community health worker training and education recommendations, it is critical that an ongoing statewide, multi-stakeholder leadership group guide this work. The Department of Health recognizes that without ongoing momentum, significant time will be needed to re-engage and re-orient task force members to prior work and to establish the relationships needed to be effective in the future.

The Department of Health recognizes that for community health worker workforce efforts to be successful statewide, they require investment in building relationships across all stakeholders, and for community health workers to be at center of decision making.

By developing these recommendations for community health worker training and education, this project will ideally contribute to increased access to community health worker services by both employers and communities across Washington state. As organizations or agencies take on a role in community health worker workforce development, these recommendations provide training guidelines and standards, and a path forward for supporting an effective community health worker workforce.

Profiles

The best way to understand the unique qualities and roles of community health workers is to listen to them tell their stories. In preparation of this report, DOH invited task force members to share their perspectives. The responses below show community health worker's core understanding of the community they serve, awareness of the impact of systems on the community health disparities, a commitment to work collaboratively, a deep commitment to service, and an ability to meet people where they are in their life course.

Marcela L. Suarez Diaz | Bellingham

I have worked for Sea Mar Community Health Centers for the last seven years and have been the Migrant Seasonal Agriculture Workers (MSAW) Promotores Program Coordinator for the last four years. As a member of the CHWs/Promotores team, my role is to identify their individual strengths with the purpose of maximizing the result of their synergy.

I believe it is necessary to integrate the role of CHWs/Promotores, who have a unique understanding and deep knowledge of their communities, by using a multi-dimensional approach and by being aware that disparities and inequities actually function as a system. A system of inequities that embedded in culture, history, and identity is moved by power and economics.

One of the first steps needed to break this inequitable cycle that affects our health care system is to create a health care culture where the work of CHWs is valued. Recognizing that they help eliminate social determinants of health, such as linguistic and cultural barriers, among others. Secondly, by understanding that CHWs make a triad between patients and health services. Thirdly, by developing formal job descriptions and providing fair pay.

While the MSAW Promotores Program continues to work toward finding new ways to improve access and patient health, this multi-dimensional approach, supplemented by ongoing research and periodic trainings and audits has allowed us to build deeper connections and trust with agricultural workers and employees in Skagit and Whatcom counties.

Norma Owens | Tacoma

I have been with Coordinated Care Washington, for more than five years. As the Manager of Case Management and MemberConnections®, I have the pleasure and honor to work with an amazing team of Community Health Workers throughout the state. I am responsible for creating a CHW workforce that recognizes the challenges our members face each day in navigating systems, informs on how to navigate these complex systems, identifies challenges such as language or cultural barriers, and helps our members find solutions to the issues they face.

Our Community Health Workers have knowledge in a range of topics such as chronic illness, transitional care, and jail transitions, and have gained valuable skills in care coordination. The other most important part of my role, is to work with other department staff, community-based organizations, health systems and our leadership, to integrate the CHWs into our everyday work with members, show value to the work they do, and show how the work benefits our community and our organization. Our CHWs are full time and fully benefited.

To determine the direction for the team and how to best serve our community of members, I look at trends in public health and our own panel of members. That in turn shapes which topics and skills our CHWs need to learn in order to be effective. Everything from personal safety to suicide prevention comes into focus with our team. Learning more about historical health inequities and social determinants of health has had the greatest impact on how we adjust our messages and actions.

I have learned that this work can't be done alone. Collaborating with our teams internally and becoming part of the care management team has been paramount to our success. Our face-to-face visits give our care team a good look at what our members are experiencing. That information communicated back to the care team is valued and used in care planning. A community health worker's ability to listen to what is being said and how it is being said by our member, observing their body language and building trust with them, is what our members remember the most and leads to a successful outcome.

Having a passionate belief in the work both philosophically and business wise, showing others what can be accomplished, being persistent, open to change and being excited about the possibilities, has helped to grow and guide our team over time. Having leadership that allows us to think of new interventions and try new strategies is exciting to both the team and me. The spark can start small and as you find new champions of CHW work, the belief grows and success explodes!

Joshua Cache McCallum | Aberdeen

Giving back to his community and giving to others is at Joshua Cache McCallum's core. Raised in a household where giving to charity was an expectation, Cache continues the practice of setting aside 10 percent of his earnings to help others who need help.

Helping others is also his day job.

McCallum is the Pathways Coordinator for the Coastal Community Action Program in Aberdeen, where he assists people who are homeless. He does outreach and engagement to connect individuals and families to needed services.

He has worked as a mental health counselor, a chemical dependency counselor and a peer support counselor.

“I noticed a lot of the people that would come in for chemical dependency services were homeless or missing pieces that would ensure success in their treatment process.” So McCallum would dip into his “10 percent” funds to help where he could.

Many times, what someone needed most was a human connection. So McCallum would tap into his lived experience, which has included incarceration, homelessness, and navigating in and out of institutions since his youth.

“Every now and then I’ll reach somebody that a lot of other people have tried to work with. I will see this little spark, this energy that nobody else got the chance to see. It’s a wonderful feeling to be a part of someone’s journey and to get to be the person that gets them to the few steps to where they need to be.”

Molly Morris | Coulee

My story highlights the CHW navigator role wherein we strive to help our communities achieve the goals of a healthier Washington. It acknowledges and respects the need for healthier communities. We strive to improve access to health, safety, food, income, transportation and the basic understanding of those programs for our families.

As one of the only CHWs in a 50-mile radius that is certified to assist community members in navigating through the myriad of state and county programs, I see clients daily and guide them through the online application processes. I sometimes meet people who have endured a lot of pain, both physical and mental. And I let them know the forms are just a part of their journey, but that I will travel with them.

My workload includes assistance with applications for Social Security disability and unemployment or resume services, obtaining food assistance or SNAP benefits, health care for the aged, blind or disabled, and childcare subsidies through the state Department of Social and Health Services.

I help people sign up for or renew Medicaid or marketplace insurance in Washington Health Plan Finder, coordinate transportation to and from specialty care in Wenatchee or Spokane, and I assist with any required follow-up to these agencies. I strive to offer them a non-judgmental space in my office where I help them with this most basic pathway to health care.

The work of the CHW goes beyond filling out forms and connecting people to services. First and foremost it involves listening and empathy. By listening, we can have a conversation about a path that helps a person realize their strengths and value so they can help move themselves in the direction they need to go.

Many CHWs offer more medical types of services, but that is the unique feature of our profession, we tailor our duties to the needs of our community.

Darcy Allen | Bellingham

Darcy Allen's commitment as a community health worker literally has no boundaries. As a certified trainer in chronic disease pain self management she has traveled from her home in Bellingham into many Washington state counties to lead workshops.

She also leads a series of in-person and online workshops for the caregivers of veterans who are living with traumatic brain injury or post traumatic stress disorder. The workshops offer tools for dealing with the interpersonal and social behavior challenges that come with dealing with PTSD and traumatic brain injury.

"I've gotten calls from as far as Australia asking me to please log in and respond to someone in crisis," Allen said.

"I try to relate from a personal level. I was 25 when I was diagnosed with a significant chronic illness. I was 35 when I became disabled by that illness and my spouse suffered a traumatic brain injury in the same year. I am a care receiver and care provider at an age when I didn't expect to have to deal with these issues."

Allen's workshops reach hundreds of people each year and she logs many hours of work each week, yet except for a small stipend or reimbursement for expenses, much of her time is as a volunteer.

"I love being a volunteer. It gave me purpose when I became disabled. It gave me a way to give back when I was dependent."

But Allen says this approach isn't sustainable for her. She has decided to pursue a Master's in public health or higher education.

Even as a student she is finding she can serve others. "I am dealing with community health work as a student in school. I am advocating for student success in terms of prevention and wellness services, and with transportation issues."

She plans to work with the newly formed community health worker association, as well as universities and colleges, to open up professional pathways for CHWs that are accessible and honor lived experience.

Vaelupemaua "Lupe" Anitema | Tacoma

Greetings is how we CHW family members greet and meet, especially welcoming anyone in our family circle, which includes community members, diverse communities, multiracial cultures, retirees, and different generations who all advocate for themselves and others.

Being a CHW is a frontline helper, a builder and a connector to many unopen doors of success that have not been shared with the people of our communities. We are the doers, and leave the talk to the funders and those who can help bring the money. Our CHWs provide programs to help promote all the new resources, to help engage the community to check and see if they had follow-up with their doctor appointments.

Our doors in the Tanbara Clinic are open from 7 a.m. to 7 p.m. Monday through Friday, and 9 a.m. to 4 p.m. Saturday. In our beautiful community of Salishan we have two senior facilities or retirement homes, and a complex of homeowners and renters. As a CHW we can help the community's members raise their voices, and help them be independent so they will help themselves to make at least one step higher than the poverty level. The CHWs are very effective in the community by partnering with the Tanbara Clinic, a set of providers, and the Tacoma Housing Authority. They have that trusted relationship bonded by helping the providers to have more patients coming to the clinics, sign up for health care insurance and use the clinic for the community and for anyone. This work has allowed us to promote being a healthy, loving community for anyone to live in.

We CHWs help to further the voice of the community to the state Legislature to help build that sustainable relationship to create more programs and services for the community and especially for future generations.

We CHWs do outreach to groups in and out of the community as programs change. We can do this work based on the CHW's deep knowledge and experience of the community in a responsive and respectful approach to serving our communities.

More and more, CHWs are coming together. We have created focus groups and support groups to collaborate and network to help better our actions and our movements as CHWs, while we serve in our cities, states, nation, and especially our families. By being authentic and representing our communities, we will help provide a great outcome for millions, proving that we all can manage and love one another no matter who and what you are.

Stay blessed and stay happy.

Appendix A: Task Force Membership

Community Health Workers	
Darcy Allen	Student
Lupe Anitema	Foundation for Healthy Generations
Jackie Brown	Clallam County Hostelries ISS (Individualized Support Services) Yakama Nation
Regina Brown	Coastal Community Action Program
Joshua Cache McCallum	Amerigroup Washington
Chelsea Coblentz	King County Promotores Network
Mercedes Cordova-Hakim	Public Health Seattle King County
Michelle DiMiscio	YWCA Seattle King Snohomish
Deborah Drake	Vancouver Housing Authority
Jovian John	Coulee Medical Center
Molly Morris	Healthy Living Collaborative, MLN Family Services
Matti Neal	Spokane Regional Law and Justice Council
Carmen Pacheco Jones	Grant County Housing Authority
Veronica Sosa	Latinos Promoting Good Health
Giselle Zapata-Garcia	Wellness House
Amy Zook	
Community Health Worker Supervisors	
Njambi Casten	Coordinated Care
Orlando Gonzalez	Okanogan Family Health Center
Sharon Linn	Vancouver Housing Authority
Marcela Suarez-Diaz	Sea Mar Community Health Center
Mary Jo Ybarra-Vega	Quincy Community Health Center
Government Stakeholders	
Sue Birch, Director	Health Care Authority
Rep. Paul Harris	Washington State House of Representatives
Patricia Marshall	Health Care Authority
Donna Oliver	Spokane Regional Health District
Rep. June Robinson	Washington State House of Representatives
Suzanne Swadener, Medical Program Specialist	Health Care Authority
Mariel Torres Mehdipour	Public Health Seattle King County
John Wiesman, Secretary of Health	Washington State Department of Health

Managed Care Organizations	
Tashau Asefaw	Community Health Plan of Washington
Karen Mandella	Molina
Kate Naeseth	Optum
Norma Owens, Manager	Coordinated Care, MemberConnections
Amina Suchoski	United HealthCare
Associations	
Seth Doyle	Northwest Regional Primary Care Association
Travis Elmore	Washington State Nurses Association
Tianna Fallgatter	Hospital Association
Dan Ferguson	Yakima Valley Community College
Patricia Gepert	Washington Association for Community Health
Laura Hopkins	SEIU Healthcare 1199NW Multi-Employer Training Fund
Mathew Keller	Washington State Nurses Association
Carol McCormick	Washington State Association of Local Public Health Officials
Katina Rue	Washington State Medical Association
Barbe West	Accountable Communities of Health
Labor	
Ada Lin	SEIU Healthcare 1199NW
Health Systems	
Tracy Deskin	Qualis
Cindy Gamble	American Indian Health Commission
Haley Maier	Providence Health and Services Washington
Angela Marith	Providence Health and Services Washington
Prathiba Pinnamaneni	Kaiser Permanente
Hope Shwom	Seattle Indian Health Board
Community Organizations	
Nina Adams	Rural Resources
Aisha Dahir	Global to Local

Department of Health Project Team
Victor Andino, Communications Consultant
Scott Carlson, Health Services Consultant
Anne Farrell-Sheffer, Community Healthcare Improvement Linkages Section Manager
Lydia Guy-Ortiz, Health Services Consultant

Jade Hudek, Management Analyst Amanda Kimura, Health Services Consultant Debbie Spink, Health Services Consultant Christine Stalie, Health Services Consultant Sonora Stampfly, Health Services Consultant Daniel Torres, Director, Essentials for Childhood
Foundation for Healthy Generations Project Team
Rosa Peralta-Landin Kathy Burgoyne Gretchen Hansen Jessica Martinez Brice Reinhardt
Public Health Centers for Excellence Facilitation Team
Benjii Bittle Jacques Colon Henry Jauregui Gabe Moaalii Ingrid Payne Victor Rodriguez

Appendix B: Task Force Structure and Processes

(This section is a summary of the detailed Decision Making Process document)

The Department of Health reconvened the CHW Task Force to build on prior work and expertise. Previous task force members who were still working as community health workers were invited to participate. Non-community health worker stakeholder agencies were also invited to join. The department's staff worked with partners to identify gaps within the task force and developed strategies to fill those gaps. For example, they identified key constituencies and geographic regions that were underrepresented and then invited representative community health workers to participate. The process also included identifying organizations that were key stakeholders but were not part of the first task force, such as the Accountable Communities of Health, and invited them to identify a representative to participate.

The department served as the lead organizer of the task force to allow for discussions to start and form recommendations. Because the task force included a wide range of stakeholders who brought varied expertise and lived experiences into the work, it was essential for group cohesion and productivity to establish clear, shared commitments about group processes. The task force prioritized transparency, inclusivity, and feedback for stakeholder's constituencies.

The task force agreed that the methods and nature of how its members functioned together would impact the quality of its recommendations. Task force members wanted to develop and use a process in which all members would be able to fully participate with the assurance that their perspectives would be heard by the group. To this end, task force members prioritized building relationships among themselves and in particular across stakeholder groups. Small groups were created within larger task force meetings that were representative of the multiple stakeholder groups in the room. This ensured that as discussions about community health worker training and education were taking place all task force members could hear from a variety of perspectives.

At the December 11, 2018 meeting, task force members worked in small groups to identify how the group would make decisions. Four shared priorities were identified:

- Community health worker-driven decision making
- Shared understanding of timeline and constraints
- Hearing the voices of everyone in the room
- Full disclosure

The task force agreed to strive for consensus in all decisions and to openly discuss areas of disagreement. When consensus could not be reached, task force members agreed to vote. In reflection of the commitment that decisions should be community health worker-driven, task force members also agreed that community health workers in the meeting could stop the process at any time if they felt the content or process of the task force did not reflect the task force agreements, or if the community health workers did not feel they were being heard.

Department staff and facilitators were deliberately transparent and inclusive in decision making wherever possible, including decisions that ranged from how to modify the agenda due to time constraints to how best to vote on task force recommendations.

The 2018-2019 CHW Task Force established goals and objectives to provide additional clarification to the legislative proviso, as well as to identify shared priorities of task force members. Task force members then further built on this work by developing key considerations for how the goals and objectives will be achieved through the task force. The full list of goals and objectives and key considerations is in Appendix D: Task Force Goals, Objectives, and Key Considerations, on page 33.

The department received stakeholder input through a variety of processes including:

- Information review and discussions at task force meetings
- Task force small group meeting time outside of larger task force meetings
- Task force members reviewing and editing materials
- Discussions led by task force members seeking input from stakeholder groups
- Community conversations with community health workers regarding their training and education needs (see Appendix C: Community Conversations, on page 28)

Appendix C: Community Conversations

Community health worker networks hosted four community conversations in December 2018 and January 2019 in collaboration with the Department of Health, the Foundation for Healthy Generations, and the Public Health Centers for Excellence. These conversations were held in recognition that community health workers hold deep expertise regarding their training and education needs, but not every community health worker who wanted to contribute to the task force would be able to do so. The conversations provided a forum for the department to gain these insights outside of task force meetings.

Community conversations were held in four locations across the state, including:

- Quincy, with the Washington State Promotores Network and the Community Health Worker Coalition for Migrants and Refugees
- Spokane, with the Eastern Washington Community Health Worker Network
- Longview, with the Southwest Washington Community Health Advocate and Peer Support Network (SW CHAPS) and the Community Health Worker Collaborative of Pierce County
- Everett, with the Whatcom Alliance for Health Advancement (WAHA)

The Public Health Centers for Excellence facilitated these conversations, which were also attended by Department of Health staff.

Someone took notes and shared them with community conversation participants to ensure that their comments were accurately captured and documented. These notes were then reviewed and analyzed by a research analyst for the department who organized the comments into categories and identified major themes.

The major themes from the community conversations are below.

Theme—Community Health Worker Training Methods and Delivery:

- Create trainings in multiple languages, particularly Spanish and Russian
- Allow CHWs to customize their training curricula to address their specific roles, knowledge gaps, and community needs, which will require a broad range of topics for trainings
- Pay community health workers a livable wage, which would demonstrate the social value of their work, show support, and help them pay for the trainings. Alternatively, offer required community health worker training free of charge
- Provide travel reimbursement or transportation, childcare, and meals to training attendees for both online and in-person trainings.

Theme—Community Health Worker Training Content:

- How to communicate with people who speak other languages or who have disabilities, as well as how to ask nonverbal questions to identify people who may need resources
- How to develop trust in relationships
- Mental health, including, mental health first aid, addressing adverse childhood experiences, trauma-informed care, and crisis intervention
- Community health worker self-empowerment, self-esteem, self-care, establishing and maintaining healthy boundaries, and handling second-hand trauma
- Cultural awareness, diversity, and bilingualism
- Advocacy and self-advocacy – how to make your case and identify processes for resolution

Theme—Employer Support:

- Community Health Worker trainings should be connected to or sponsored by community health worker employers
- Supervisors need access to trainings to better understand community health worker models and support them in their workplaces
- Employers should work together with community health workers to determine training and education needs.

Theme—Community Health Worker Training and Education Infrastructure:

- Need for childcare during trainings
- Need for transportation to trainings
- Need for free or fully funded trainings
- Need for community health workers to be paid livable wages (more than just stipends and gift cards)
- Need for a one-stop website for community health workers and community members seeking community health worker; and
- Community health worker training should be connected to job opportunities

Findings from community conversations were used throughout the task force meetings, and in particular were reviewed as part of discussions about community health worker skills and abilities, methodology, employer support and community health worker training and education infrastructure.

The table below includes the main themes from four community conversations with community health workers that occurred in December 2018 and January 2019. Community conversations were held in partnership with local community health worker and promotora networks and took place in Quincy, Spokane, Longview, and Everett. Notes were collected at each of the community conversations. The notes were then compiled and analyzed by a department staff member.

Community conversation questions were more specifically focused on community health worker training style, content, and resources. As a result, there were not many comments explicitly about suggestions for improved infrastructure support or employer support, though sometimes feedback was related to these topics.

Check marks indicate a specific topic was raised in the community conversation for that location and related comments are summarized.

Administrative / Infrastructure Support	**Quincy**	**Longview**	**Spokane**	**Everett**
Need for funding of CHW work	✓ "Need for funding for CHW work, beyond stipends and gift cards. Need salaries."	✓ "$$$$!!!!" "Livable wages" "Funding $$$$$"		
Need a CHW online resource: registry or database of other CHWs – this would establish credibility for CHWs as well as provide a place for community members to find/contact them; events; resources	✓ "Would appreciate a registry or database of local CHWs. Possible CHW ID card or # Integrate database into local 211 community resource database"	✓ "Internet marketing and access – one stop shop for events and resources"		✓ "No central database for trainings now to share opportunities" "Website to ask questions" "Keep info on a website so we can benefit from it"
Connect trainings to job opportunities		✓		
Do not charge for CHW trainings / Fund trainings with community support/funding		✓ "Agencies like Salvation Army, Red Cross, offer supplies/incentives/resources/in-kind donations" "Grants and funding to support training" "People willing to offer free / low cost CHW trainings" "Lack of funding / system buy-in" "Don't charge us for required education"		✓ "Existing trainings cost too much. Employer might not pay and then you have to pay and you cannot afford it." "FREE trainings – need these"

Administrative / Infrastructure Support	Quincy	Longview	Spokane	Everett
Do not require testing to pass CHW training		✓		
Increase CHW representation at policy level		✓		
Provide college scholarships for community health tracks		✓ "Grants and funding to support training"		
CHW accreditation with degrees or certificates		✓		
Do NOT require registration or certification		✓ "Don't require us to certify/register because it prevents us from doing the work"		
Transportation/childcare		✓	✓ "Access to child care for events"	✓ "Childcare, transportation" "childcare support (online and in-person) "childcare will be needed"
Provide Credit for Prior Learning (CPL)		✓ "We want the credit for what we already know"		
Would like ROI data		✓ "Lack of ROI data!!!"		
Ongoing communication			✓	
Feedback from community			✓ "Personal survey of yourself – community"	

Administrative / Infrastructure Support	Quincy	Longview	Spokane	Everett
			"more consistent feedback (positive/negative) – SHA, SRHD = how are we doing?"	
Need structure/guide to help organize and prioritize trainings for different work (i.e. community-based work vs. medical focused work)				✓
Training flexibility				✓ "How about a class schedule or allow request for classes" "Time of class? Make it available at a time when community can take class" "Should not be a class always; offer it all the time, allow for solo class takers"

Appendix D: Task Force Goals, Objectives, and Key Considerations

The 2018-2019 CHW Task Force established goals and objectives to provide additional clarification to the legislative proviso, as well as to identify shared priorities of task force members. Task force members then further built on this work by developing key considerations for how the goals and objectives will be achieved through the task force. The full list of goals and objectives and key considerations is below.

Goal (Consolidated): To develop community health worker training and education guidelines for Washington state.

Priority considerations:

- Community health workers need to drive the development of guidelines for their work
- Guidelines must be supportive of community health worker roles
- Community health worker training should be financially accessible for people of all income levels and taught in styles and languages that allow individuals to participate fully
- The perspectives of the community must be heard and their needs met
- Goals and objectives established by the guidelines must be measurable
- Potential unintended consequences of the task force's recommendations must be identified, considered, and addressed
- Guidelines must support paths for professional growth opportunities for community health workers
- The expertise and capacity of the existing community health worker workforce must be recognized when developing recommendations
- Task force recommendations must build on the work of the 2015-2016 Community Health Worker Task Force

Goal (Long): Building on the work of the past task force to develop training and education guidelines that provide employers and health systems payers the specificity needed to understand the skills they are hiring for and provides the flexibility and nimbleness core to the CHW's ability to provide community rooted, culturally specific support. This is particularly important because community health workers work in multiple sectors, from those that focus on individual patient care, to those concerned with population health, to those focused on community development.

Priority considerations:

- To develop training and education guidelines that are:
    - Informed by national core competencies, regional Health Equity Councils, the Association of State and Territorial Health Officials, national expert groups, and health outreach partners
    - Supported by the Department of Health

    - Informed by the necessity for employers to have the support to employ community health workers in a meaningful and flexible way
- To build upon the work of the 2015-2016 CHW Task Force

CHW Task Force Proviso Objectives:

1. Develop guidelines to ensure an inclusive, equitable, culturally appropriate process for sharing information and making decisions
2. Build relationships among task force members with an emphasis on cross-stakeholder connections
3. Develop actionable guidelines for implementing training and education recommendations, including:
    a. Essential components of what should be taught in a core training
    b. How various styles should be incorporated into community health worker training and education
    c. Key organizational investments to train, integrate and retain community health workers (such as organizational infrastructure, community health worker coaching, and administrative support)

Priority considerations:

- Community health worker training and education guidelines should be flexible to avoid forcing employers into unsustainable situations
- Make training of supervisors and organizational readiness available to support community health workers
- Develop information and support for employers and health systems payers to supervise community health workers
- Make continued education opportunities available to community health workers after initial training

Appendix E: Recommendations for Community Health Worker Abilities

The recommendations below reflect essential abilities that all community health workers should have upon completing a core training program. These abilities were identified by task force members and refined through member review and stakeholder input. The abilities are organized by 10 specific skill areas. Community health worker skills were recommended by the 2015-2016 CHW Task Force.

There were some skills that had significant overlap in identified abilities. These skills were combined for the purpose of developing recommendations. The task force created a separate skill area for cultural humility/cultural responsiveness.

Abilities were organized by skill areas. Some skill areas were recommended by consensus; when consensus could not be reached, recommendations were selected by majority vote.

The 2018-2019 CHW Task Force recommends that a quality community health worker training program should produce community health workers who have these skills and related abilities:

Communication and Interpersonal and Relationship Building	Means to communicate in culturally and linguistically appropriate ways, using an interpreter when appropriate, translated materials when available, and plain and clear language; communicating in ways that engage individuals and communities, translating professional terminology and jargon into plain language, listening actively and communicating with empathy, documenting work in various formats, including written, oral, and electronic tools, and identifying and using equity language.
Related Abilities	• Establish and sustain trusting relationships with a range of individuals from a variety of cultures, breaking down barriers to trust and establishing an environment of respect and empathy. • Interact with individuals, families, and communities in a way that is mindful of their physical, motivational, and spiritual state of being. • Respond non-judgmentally, using language that conveys caring and is open-minded. • Know the culture of the community, creating deep, community-based referral networks and bringing knowledge back to the community. • Listen carefully and actively, always confirming two-way communication. Use speech and body language to relay and receive messages, respond without judging, validate feelings, and verify understanding (e.g., repeating, teach back, etc.).

	• Use an individual's goals to motivate and encourage desired behavior changes, also known as motivational interviewing.

Cultural Humility/Cultural Responsiveness	Means recognizing that no one can know everything about another person's culture. This skill area is the ability to learn from others, while equally celebrating one's own cultural experience alongside those they engage with.
Related Abilities	• Respect people's experiences, their abilities to learn, and their ability to use personal, cultural, and communication resources. • Be mindful of power dynamics and bias, and self-aware of implicit bias. • Bring knowledge and information to the community in a culturally appropriate way.

Outreach	Means building trust, organizing events, and conducting community outreach, recruitment, and follow-up with individuals, as well as gathering or preparing appropriate resources and materials and disseminating them effectively.
Related Abilities	• Interact with people on their own terms, building relationships based on listening, trust, and respect. • Use a variety of outreach methods, such as phone calls, in-person conversations, group presentations, distribution of print and electronic information, and social media. • Follow up on health and social service encounters with individuals, families, and community groups and help address any barriers. • Develop outreach plans and collaborate with community members and partners.

Education and Facilitation	Means seeking out appropriate information and responding to questions about pertinent topics, planning and conducting classes and presentations for a variety of individuals and groups, using a range of appropriate and effective active learning techniques with individuals and groups, facilitating group decision making and discussions, and collaborating with other educators and content experts.
Related Abilities	• Apply multiple techniques, including but not limited to, verbal and visual techniques, to deliver information clearly and accurately to help people understand and feel empowered to address health risks for themselves, their family members, or their communities. • Educate providers and service organizations to understand coalitions that community health workers are a part of, and cultural practices to improve effectiveness. • Tailor communication strategies to the group or person, explaining terms and concepts in ways that individuals, family members, community members, and professional colleagues can understand.

Individual and Community Assessment and Direct Services	Means participating in individual assessment through observation and active inquiry in order to inform conclusions or actions, providing appropriate health screening and education, participating in community assessment through observation and active inquiry to inform conclusions or actions, using a community's wisdom and input to identify community needs and serve vulnerable individuals, and providing and using information and data.
Related Abilities	• Collaborate in the collection, synthesis, and use of information to help understand the needs, strengths, and resources of the individuals and communities that community health workers serve. • Identify and assist in meeting the basic needs of individuals, families, and communities (e.g., social determinants of health, mental and physical health, and insurance). • Refer and link to preventive services during health screenings and in health care information. • Assess patients/client's understanding of their illnesses and potential barriers to health, and how discrimination and personal experiences can affect their health. • Use community and client assessments. • Provide individual social and health care support.

Service Coordination and Navigation	Means navigating and coordinating care, including identifying and accessing resources and overcoming barriers, for individuals and families in collaboration with multiple systems, appropriately connecting clients to resources without duplicating services, facilitating development of an individual or group action plan and goal attainment, and following up and documenting care and referral outcomes.
Related Abilities	• Navigate the systems, benefits and partners to find, create, and connect individuals, families, and communities to the resources they need. • Encourage continuity of care and cohesiveness between health professionals, caregivers, families, and support systems. • Inform health and social service systems about the resource needs of the individuals and communities the community health worker serves (e.g., legal, medical, social service, and other resources).

Advocacy and Capacity Building	Means teaching self-advocacy skills, speaking up for individuals and communities, collecting or using information from and with community members, being community-led and driven or contributing to policy development at the program, organizational, system and legislative levels, advocating for social change, bridging perspectives for policy change, and supporting and championing social and racial equity.
Related Abilities	• Promote, build, and maintain individual and collective empowerment through education, skill development, networking, organizing, strategic planning, and health equity. • Motivate, teach, and empower individuals and communities to advocate for themselves. • Support individuals to reach their goals, building on their strengths and current abilities, supporting their desired behavior change. • Help people to feel empowered to overcome barriers and address health risks for themselves, their family members, or their communities. • Know the culture of the community, understand gaps in systems, translate information from the field back to partners and employer, creating deep, community-based referral networks and bringing knowledge back to the community.

	• Communicate with providers and service organizations to help them understand community and individual conditions, culture, and the resource needs of the individuals and communities they serve.

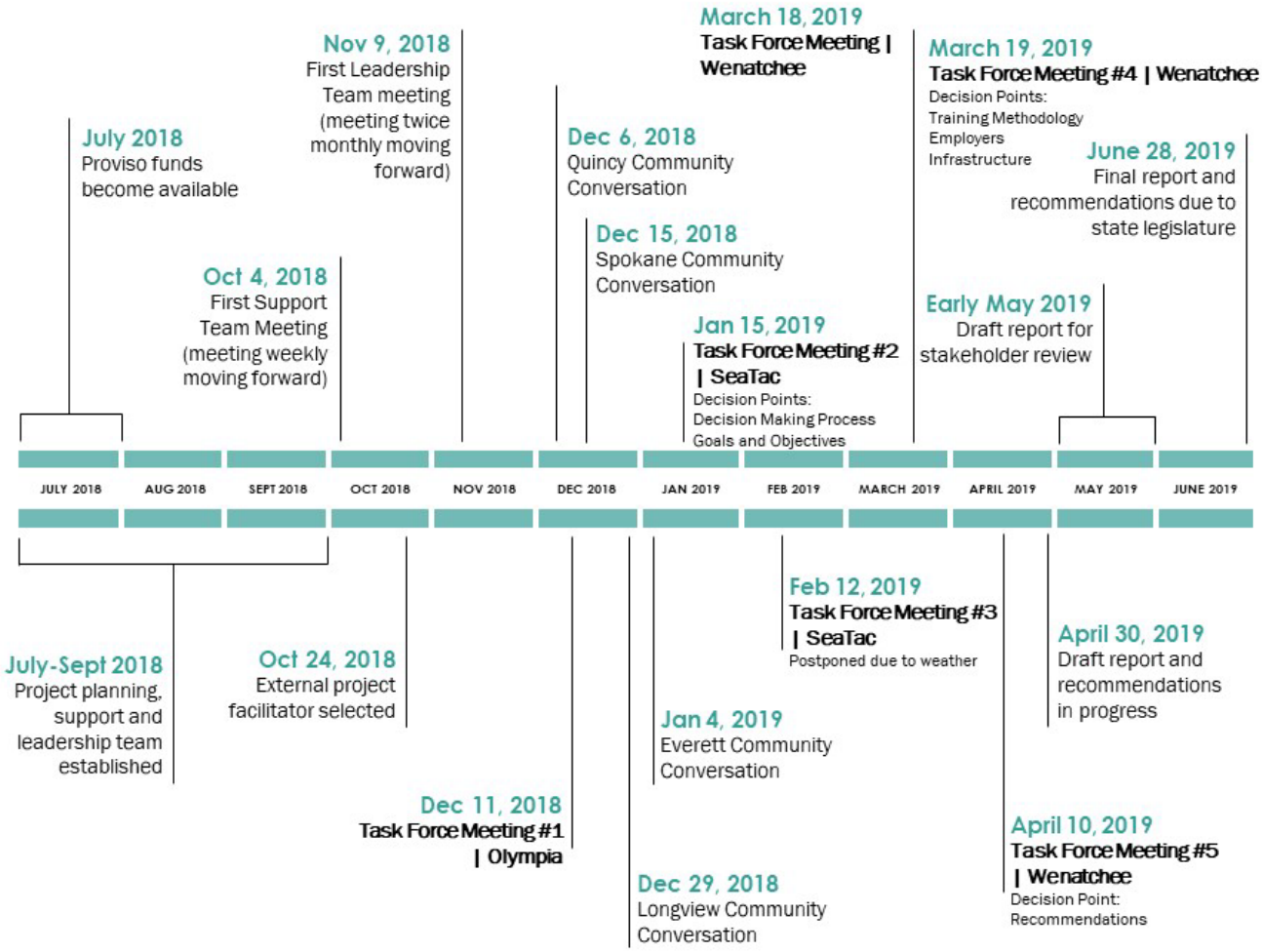
Experience and Knowledge Base	Means gaining knowledge about pertinent health issues, healthy lifestyles, trauma-informed care, self-care, whole-person care (integration of mental/behavioral and physical health care), and basic public health principles; means knowing the needs of the community served, how health is affected by the conditions in which people live, learn, work and play, and being aware of local, state, regional and national resources, systems and their cultural context, and race, equity, and social justice issues; discerning reliable, evidence-based answers to solve problems and think critically.
Related Abilities	• Knowledge of the community in which the community health worker works. • Define and incorporate best practices, promising practices, and evidence-based practices, while recognizing practice-based evidence tied to a community health worker's learned and cultural experience. • Innate commitment to and passion for the work. • Time management, relaxation, and trauma-informed practice (recognizing the importance of self-care and understanding the impact of trauma on the lives of those being served).

Professional Skills and Conduct	Means setting goals, developing and following a work plan, and knowing where to go for help, balancing priorities and managing time, identifying and responding effectively to emergencies, using pertinent technology applicable to the setting; pursuing continuous training and/or education, working safely in community and/or clinical settings, observing ethical and legal standards, following organizational, research and/or grant policies and procedures, participating in professional development and networking among community health worker groups, setting boundaries and practicing self-care, and working independently, while using organizational and supervisory support as appropriate.

Related Abilities	• Maintain boundaries that balance professional and personal relationships, recognizing dual roles, observe the scope and boundaries of the community health worker role, and establish appropriate power relationships. • Comply with reporting, recordkeeping, and documentation requirements in one's work. • Use and advocate as necessary for supervision, training, continuing education, networking, and other development.

Evaluation and Research	Means performing with appropriate training and supervision, including the ability to synthesize information from multiple resources, prioritizing and summarizing information, conducting surveys and leading focus groups or interviews, and keeping information confidential as appropriate.
Related Abilities	• Participate in the collection, synthesis, and use of information to help understand the needs, strengths, and resources of the individuals and communities community health workers serve. • Explain what data is being collected and how the information will be used with community participants. • Share results with the community where information was gathered.

Appendix F: Timeline



Appendix G: Topics for Future Discussion

In the area of employer support, task force participants identified the following items as important for future discussion:

- Ongoing identification and development of sustainable and equitable payment models, this includes creating a sustainable path and system for payment of community health workers.
- Research accreditation models and what accreditation means for community health worker training programs and employers that hire them.
- Can employer support recommendations be voluntary for community health worker hiring organizations?
- Implementing community health worker training programs in a way that reflects best practices and stakeholder recommendations.
- Identifying and highlighting ongoing collaboration opportunities across the state for community health worker staff and employers.
- Look at community health worker and promotores(as) leadership models with focus on respect, equity, and social justice.
- Build on existing successful training programs for community health worker employer organizations that already exist (e.g. Vision y Compromiso).
- What are the steps to developing a community health worker leadership group to inform community health worker workforce needs at a state level?
- How to honor or "grandmother-in" existing work by current community health workers to limit the need for seasoned community health workers to participate in foundational training.
- Make sure individuals aren't screened out who have the potential to be effective community health workers based on lived experience, such as a history of incarceration (Certified Peer Counselors).
- Explore how to build trust in the community health worker training provided by community-based agencies in partnership with the Department of Health.
- Consider situations where waivers or other exceptions might be appropriate as part of researching community health worker standards.
- Create training opportunities to support a career ladder for community health workers.
- Are recommendations on hiring owned by community health workers or systems?
- Remember that if you are training people, they need sustainability/funding sources.
- Encourage employers to hire people who have had the courage to heal – one mistake should not eliminate someone from the workforce.
- Lift up these people.
- Look into the role and limitations of the state and potential federal restrictions related to past lived experiences.

In the area of methodology, task force participants identified the following items as important for future discussion:

- The Department of Health Community Health Worker training program has provided an excellent standard. It can be used as a foundation to build on for the development of training programs.
- The community health worker curriculum should incorporate task force recommended foundational competencies and abilities.
- Balancing the requirement of any recommended guidelines with the ability for hiring organizations to implement them.
- Would methodologies be mandatory or voluntary for training organizations?
- Should training participants receive certificates?
- Incorporation of agreed upon measures into community health worker trainings for evaluation purposes.
- Need for recertification or refresher process for established community health workers.
- Continued discussion on how an official statewide definition of community health workers would affect training methodology.
- How do we ensure diverse community voices in the development and presentation of content?
- Financial support is often required for community health workers to participate in trainings. Examples include transportation subsidies and child care support.
- What are the implications of having a standardized curriculum?
- Think broadly about affordability; is training paid by the employer? Cost is relative.

In the area of Infrastructure, areas for future discussion included:

- Understand and build on the expertise of existing networks within Washington state.
- Understand infrastructure in other states, such as California, that are not held by a state agency or education system.
- Within the infrastructure model:
    - The role of state organizations.
    - Who is the best fit to be the backbone organization?
    - What role the funder will play in addition to providing financial support.
    - Determine the level of formality and the roles of this group.

Appendix H: 2016 Task Force Training & Education Recommendations

The 2016 Task Force training and education recommendations included:

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. The 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 teams in settings appropriate to the communities served. 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 communities, 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.)