

# Nebraska Community Health Worker Training and Curricula Assessment: Rubric Development and Testing



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November 2019

This publication/project was made possible by Grant Number B04MC31500 from the Maternal Child Health Bureau, U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS or the University of Nebraska Medical Center College of Nursing.

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## Executive Summary

As a trusted member of the community or as someone with a close understanding of the community they serve, Community Health Workers (CHW) play a key role in bridging health care and public health by building individual and community capacity through outreach to individuals/communities, serving as a trusted liaison, advocating and supporting individuals/communities, and facilitating access to a variety of services. However, there is a limited understanding of the CHW role, accountable activities, scope of practice, and boundaries with other occupations. In addition, common standards are lacking for curriculum, education, and practice which creates barriers for use, inhibits movement of CHW across communities, and decreases portability of roles across settings.

The primary objectives of this project were to:

1. create an objective rubric for assessing CHW training curricula based on CHW consensus competencies adopted by the Public Health Association of Nebraska (PHAN) Community Health Worker section;
2. perform a point-in-time environmental scan for sources of CHW curricula;
3. provide for engagement in the process by cross-sector partners including CHW; and
4. report findings, analysis, and recommendations.

Eighteen organizations were contacted to provide information about their experiences employing CHW and/or their CHW training programs, with 19 key informants in 12 organizations agreeing to participate in a structured interview session. Fifteen key informants were staff and/or managers of CHW or CHW training programs, and four were CHW.

A review of CHW literature, PHAN competencies, educational and evaluation theories and frameworks, and key informant interviews provided the context and content areas commonly used in training programs. A conceptual framework and evaluation rubric were developed with three levels to examine the context, structure and content related to CHW training programs including ***Environmental Frame Factors, CHW Training Program Frame Factors, and CHW Curriculum and Competency Frame Factors.***

Ten organizations had either a basic training program or did job specific training. The ***Environmental Frame Factors Measurement Criteria*** and ***CHW Training Program Frame Factors Measurement Criteria*** were completed with data gathered during the environmental scan of key information interviews. Of the 10 organizations who had a training program, seven organizations shared training program materials for review. The ***CHW Curriculum and Competency Frame Factors Measurement Criteria*** were used to evaluate the training program materials. Materials shared included a variety of items with varying levels of specificity, such as training program outlines, syllabi, training materials and CHW output and outcome measures.

Findings indicate that some elements of effective training exist within the training programs examined in the environmental scan, clear links to CHW roles and CHW core competencies listed by PHAN are not always listed, common benchmarks for depth and breadth of content and practicum experiences are lacking, and evaluative methods clearly demonstrating

participant skill are not consistently present. Based on these findings, the following recommendations were developed.

1. While included in some training programs, programs should consider including or enhancing content on the CHW role and providing examples of contributions CHW make to meeting program outcomes so that CHW are better able to articulate and demonstrate the value of the role in an organization.
2. Training programs should consider adding more depth to content and practice to further develop CHW ability to report and evaluate in community settings (part of the organizational skills section of the PHAN competencies). Having skill in tracking CHW contributions to both outputs and outcomes will provide CHW and organizations with important data to demonstrate the value of the CHW role.
3. Attention should be directed towards developing minimum standards that training programs could employ to provide guidance regarding the depth and breadth of content and practicum experiences.
4. Review of CLAS standards (or cultural awareness and culturally sensitive care), health literacy and documentation content should be undertaken to determine if these content areas should be included in training programs.
5. Training programs should be encouraged to validate that they include content and practicum experience for all PHAN-identified core competencies and clearly link content to these competencies, so CHW basic skills are more recognizable and portable.
6. Review of skills related to ability to apply leadership, teaching skills, advocating at different professional levels and ability to manage a budget should be undertaken to determine if these are basic skill sets desired for CHW roles. If so, these content areas should be added to training programs.
7. Training programs should consider using participatory methods for teaching, with competency and skill attainment evaluated both for didactic content as well as practice application (either in simulated or actual experiences) to provide CHW with a clear list of skills and competencies they have demonstrated.
8. Training program and curricula should be evaluated using a common conceptual framework such as the framework included in this report so that common practices can be encouraged for CHW training.

Limitations included that the sampling for the key informant interviews was participant- and venue-driven, and evaluation of training materials were not intended to be an exhaustive inventory of all CHW training programs in Nebraska.

Developing consensus regarding common training frameworks (depth/breadth), content, types of application experiences and evaluation of CHW skills and competencies will provide the CHW and employers with (1) a specific skill set translatable to other settings, (2) confidence in knowledge / ability to contribute to team and client/system outcomes, and (3) a contextualized framework in which to view of client/system needs and CHW team role.

## Introduction

Interprofessional community team-based care is an important component of the triple and now quadruple aim in healthcare – including enhancing patient/client experience, improving population health, reducing costs and improving the work life of health care providers (Bodenheimer & Sinsky, 2014; Massachusetts Department of Public Health, 2015). The United States Affordable Care Act mandated removal of barriers to individual/community access to affordable care where they live and work (The Tri-Council for Nursing, 2017), which can include health disparities and barriers such as cultural practices, race/ethnicity, literacy, income, or ability (Brooks, Davis, Frank-Lightfoot, Kulbok, Poree & Sgarlata, 2014, 2018). As a trusted member of the community or as someone with a close understanding of the community they serve, Community Health Workers (CHW) play a key role in bridging health care and public health, reducing health disparities, supporting cultural competence of healthcare workers and improving health equity for all individuals and populations (Allen, Barbero, Shantharam, & Moeti, 2019; American Public Health Association [APHA], 2009a & 2009b; Public Health Association of Nebraska [PHAN], 2014). The CHW role is gaining recognition and visibility in the United States with the creation of a US Department of Labor Standard Occupation Classification (21-094) in 2010 and inclusion as a health profession in the Patient Protection and Affordable Care Act; however, it is still not well understood and underutilized (Gutierrez Kapheim & Campbell, 2014; Sabo, Allen, Sutkowi, & Wennerstrom, 2017).

Community Health Workers build individual and community capacity by providing outreach to individuals/communities, serving as a trusted liaison, advocating and supporting individuals/communities, facilitating access to a variety of services (APHA, n.d., PHAN, 2014), partnering with researchers on research studies, and investigating appropriate health interventions (Allen et al., 2019; Ruiz, Matos, Kapadia, Islam, Cusack, Kwong, & Trink-Shevrin, 2012). These actions support a trusting environment for individuals/communities to engage in increasing their knowledge and self-sufficiency in managing and improving their health, wellness, disease prevention and chronic disease management efforts (APHA, n.d.; Balcazar & George, 2018; Nebraska Department of Health and Human Services [NDHHS], n.d.; PHAN, 2014; The Tri-Council for Nursing, 2017). In a survey completed by the Massachusetts Department of Health (2015), community health center leaders noted the greatest value of the CHW role was “supporting high-risk, high-cost patients” (pg. 3) by removing barriers to screening, treatment, care, and self-management activities.

Results from CHW programs also demonstrate positive financial and economic outcomes, important for sustainability of efforts. For example, Brooks et al. (2014, 2018) note that CHW programs have resulted in an average savings of \$2,245 per patient served and cited a Wilder Research Center (2012) cost-benefit analysis of CHW cancer outreach services that found that, for every dollar invested in CHW, society receives \$2.30 in return in benefits, a return of more than 200%. A Centers for Disease Control and Prevention (CDC) Community Guide Webinar (2017) reporting on a systematic review of 29 studies notes that a summary of the median CHW intervention costs for cardiovascular disease, diabetes prevention, and diabetes management was \$329, with several studies demonstrating specific interventions are cost-effective.

While there have been common CHW competencies developed by APHA (n.d.) and adopted by various groups such as PHAN (2014) in Nebraska (*see Appendix A*), there have also been inconsistencies in CHW work and roles in the community. Across the United States, there is a limited understanding of the CHW role, accountable activities, scope of practice, boundaries with other occupations, and common standards for education and practice (Brooks, et al., 2014, 2018; CDC, 2017). Community Health Worker roles consist of a variety of job titles, such as peer educators, promotores, community health representatives, outreach workers, community health educators, and navigators (CDC, 2017). Brooks et al. (2018) indicate that there is consensus that the minimum formal educational requirement for a CHW should be a high school diploma/GED. However, Brooks et al. (2014, 2018) noted that a 2007 Health Resources and Services Administration (HRSA) study found that 32 percent of organizations required CHW to hold a bachelors degree.

In addition, there is no common curriculum for CHW training across the nation (Gutierrez Kapheim & Campbell, 2014; The Tri-Council for Nursing, 2017), including in Nebraska, which creates barriers for use, inhibits movement of CHW across communities, and decreases portability of roles across settings. Gutierrez Kapheim & Campbell (2014) indicate that solid initial training and sufficient ongoing training is critical to successful training practices, CHW intervention quality and CHW effectiveness. The authors note that initial CHW training should be comprehensive, including relevant knowledge and skill-based teaching, a core competency curriculum, and cross-training on common conditions or situations within the population served (Gutierrez Kapheim & Campbell, 2014). The authors also recommend initial training be spread over an extended period of time (e.g., weeks or months) to allow for review, practice of skills, and potentially job shadowing, with ongoing training to keep knowledge and skills up-to-date (Gutierrez Kapheim & Campbell, 2014). Participatory, interactive, and hands-on training (e.g., case studies, role plays, skills practice, field work, discussion, interviewing, mentoring, and shadowing) is crucial to knowledge and skill development and long-term retention (Gutierrez Kapheim & Campbell, 2014). Competency and skills of the CHW should be evaluated throughout the training program (e.g., graded testing, projects, simulation activities, evaluated role plays, and evaluated client interactions) to ensure knowledge transfer and ability to implement the competencies and skills learned throughout the program (Gutierrez Kapheim & Campbell, 2014). Finally, the training program processes and outcomes should be regularly evaluated and quality improvement efforts should focus on any identified improvements necessary to provide a quality program (Gutierrez Kapheim & Campbell, 2014).

The primary objectives of this project were to:

1. create an objective rubric for assessing CHW training curricula based on CHW consensus competencies adopted by the Public Health Association of Nebraska (PHAN) Community Health Worker section (2014);
2. perform a point-in-time environmental scan for sources of CHW curricula;
3. provide for engagement in the process by cross-sector partners including CHW; and
4. report findings, analysis, and recommendations.

## Methods

### Environmental Scan

This project was designed to be participative in nature to provide the context for the project. Key informants invited to participate included CHW, organizational representatives who develop and providing CHW training, and organizational representatives who employ CHW. These individuals and groups were asked to participate in structured interviews to provide a venue for gathering and sharing the current state of CHW training and curricula. Since there is no central list of CHW or organizations that train and/or employ community health workers, an initial list of potential contacts was developed by NDHHS personnel. Next, snowball or respondent-driven and venue-based sampling were employed to further capture additional types of CHW roles and training programs (Issel, 2014).

A set of structured interview questions was developed based on the scope of the project, recommendations from the *Emerging Role of the Community Health Worker* project (Karsting, 2017), and the potential gaps in CHW role expectations and training found in the literature (*see Appendix B*). This set of questions was used with all interviews of key informants. Group interviews were done in cases where there was more than one key informant from an organization. Interviews were done in person or by using distance technology.

### Rubric Development

The process used to develop the objective rubric included an initial scan of the CHW literature to determine content areas commonly used in training programs, as well as review of the PHAN competencies. Educational and evaluation theories and frameworks were reviewed for applicability to CHW training programs to develop a conceptual framework to underpin an evaluation rubric. Key informant interview results also informed the rubric development.

Based on educational and evaluation theories and frameworks, a conceptual framework and evaluation rubrics were developed with three levels to examine the context, structure and content related to CHW training programs (Anderson, Krathwohl, Airasian, Cruikshank, Mayer, Pintrich, Raths, & Wittrock, 2001; Covert, Sherman, Miner, & Lichtveld, 2019; Keating, 2011) (*see Appendix C*). At the broadest or macro level, the conceptual framework centers on **Environmental Frame Factors** that influence curriculum development in the larger environment. These factors include areas that might influence the need for, and use of, CHW in various roles. For example, it would be critical to determine if organizations have CHW roles, if there are training programs available in the region, the output, outcomes, and impact from using CHW roles, and what funding sources are available that encourage CHW use. At the meso (middle) level, the conceptual framework centers on **CHW Training Program Frame Factors** that influence curriculum development in the training program. For example, what are the supports and barriers for entry into training programs, what interactive, participatory training modalities are used, do training programs contain both didactic content and practicum experiences, and are learner competencies assessed and evaluated? Finally, at the micro level,

the conceptual framework centers on ***CHW Curriculum and Competency Frame Factors*** which includes the content and competencies expected from the training program. For this project, the PHAN content areas and specific competencies were used in the rubric.

The objective rubric was developed using these three frames to create the items assessed within each frame based on current literature and evidence. See ***Appendix D*** for the ***Environmental Frame Factors Measurement Criteria***, ***Appendix E*** for the ***CHW Training Program Frame Factors Measurement Criteria***, and ***Appendix F*** for the ***CHW Curriculum and Competency Measurement Criteria***. The items match with the themes contained within the conceptual framework, and all three frames were then used with data gathered during the environmental scan.

## Results

### Environmental Scan Participants

Eighteen organizations were contacted to provide information about CHW working in their organizations and/or their CHW training programs. Of the 18 organizations, key informants in 12 organizations responded and were willing to meet for an interview session. Interview sessions were held separately with those 12 organizations, with 19 key informants participating. Fifteen key informants were staff and/or managers of CHW or CHW training programs, and four were CHW working in a CHW role. Interviews were held at the informant's organization, used video / audio distance technology, or used the telephone. Interviews lasted between 45 minutes and 90 minutes.

### Environmental Scan Using Rubric

#### ***Aggregate Environmental Frame Factors Results Themes***

Ten organizations had either a basic training program or did job specific training. All 10 shared information for most items within the top level of the framework, the ***Environmental Frame***. Key informant interview results were captured in aggregate and are shown on the Measurement Criteria Rubric for that frame (***see Appendix G***) and are summarized here.

- Most employed CHW for specific funded roles within an organization (family / parent navigators, home visitors, outreach and advocacy roles).
- High school diploma/GED or higher education and English speaking/writing required for employment in most instances and most employing CHW sought employees who were members of the community they would serve.
- Most CHW are part of interdisciplinary teams, either within their own organization or with other agencies / health care systems within the area. However, CHW and other respondents mentioned it can take some time to be integrated into the team and it can take a while for clients and the team to see the value of CHW contributions.

- Most roles included addressing both client’s social and health needs and targeted connections with resources and guidance (e.g., action plans) to increase client self-sufficiency.
- Most CHW are expected to use specialized assessment and documentation tools for the role.
- Most of the organizations track aggregate CHW outputs (e.g., number of clients served, number of referrals made, number of assessments completed).
- A few of the organizations track CHW or program outcomes (e.g. measuring increased client self-sufficiency or improvement in client health outcomes).

***Aggregate CHW Training Program Frame Factors Results Themes***

Ten organizations had either a basic training program or did job specific training. All 10 shared information for most items within the middle level of the framework, the ***CHW Training Program Frame***. Key informant interview results were captured in aggregate and are shown on the Measurement Criteria Rubric for this frame (*see Appendix H*) and are summarized here, with specific curriculum and competency measurement results included in the CHW curriculum and competency measurement frame results.

- About half focus on a specific role / job requirement and half provided basic training not specific to a job.
- High school diploma/GED or higher education and English speaking/writing required for the training program, some also require basic computer skills, some are only offered to employees.
- Two-thirds do not have a charge to participate; community colleges do charge tuition and fees.
- Most use some type of competency framework, either from a national organization, specific to an area of focus, or the PHAN competencies.
- Few use CHW in the training program, some do use CHW for job shadowing. Most CHW are working while completing a training program.
- There is a great deal of variability in the length of training programs, with an average of almost 80 hours of training (range from 29 to 203 hours). Most trainings are spread over a period of weeks and up to six months. Community college programs contained several courses leading to a certificate if all courses were completed.
- Few use CLAS standards within the curriculum, but about half had content promoting understanding of cultural practices and beliefs, cultural humility, cultural competence, and/or cultural diversity.
- Few clearly indicate if they provide content on health literacy, although some include information about understanding the client’s comprehension level or the client’s ability to use written resources. Several indicated that client resources are typically at a lower reading level (e.g., 5th grade).

- Basic programs do not include specific training on documentation or tools. Job specific training is more likely to provide documentation training.
- Few clearly indicate they aggregate participant outcomes, although those that have graded work have a minimum threshold to meet in order to “pass” or receive a certificate.
- Some programs regularly or occasionally review the content and delivery methods to make improvements in the program, although some are done at the national level.

***Aggregate CHW Curriculum and Competency Frame Factors Results Themes***

Seven organizations also shared training program materials for review. All seven shared some information for most items within the third level of the framework, the ***CHW Curriculum and Competency Frame***. While all key informants shared some materials, some indicated that more granular materials were not available for sharing, since some were part of national training programs that they paid for and used. Materials shared included a variety of items with varying levels of specificity, such as training program outlines, syllabi, training materials such as workbooks or handouts, online course sites and materials, and output and outcome measures used to demonstrate the impact of the CHW and other team member’s work for the population served. Key informant interview results were captured in aggregate and are shown on the Measurement Criteria Rubric for this frame (*see Appendix I*) and are summarized here.

- Most programs address the PHAN competencies, at least in their didactic content. The four areas most commonly missing include:
  - *“understanding of and ability to apply leadership”* (not clearly covered in four programs).
  - *teaching skills items* (not clearly covered in two programs with an additional two programs not clearly covering the sub-item “ability to lead classes or educational sessions”).
  - *“ability to advocate at different professional levels”* (not clearly covered in four programs).
  - *“ability to manage a budget”* (not clearly covered in five programs).
- About half of the programs clearly provided sufficient interactive, hands-on and participatory methods for teaching didactic content and theory (e.g., self-assessment questionnaires, journals, discussions / online discussion boards, hands-on activities such as workbooks, practice with using toolkits, videos and trainee presentations).
- Most had some competency-based written and/or oral assignments to measure comprehension of didactic content and theory (e.g., they had graded journals and/or discussions, worksheets or homework, completed documentation, trainee presentations, projects, quizzes, or tests).

- Most of the programs provided online or classroom simulated case studies to provide application experiences. A few programs also had a practicum activity done in the community (e.g., environmental survey, a home visit with documentation, capstone project to address an identified community need, or participating in a forum with current families being served to understand needs and resource utilization).
- For those that do have a clear link between practicum experiences and skills demonstration using some type of competency-based elements, trainees are graded on written work or interactions with clients or the community using some type of rubric or skills assessment (such as a home visit or the capstone project). It appears that while case studies are used for simulation experiences, rarely are they part of graded work.

## Discussion

Based on the environmental scan, most organizations employ CHW for a specific funded role in their organization. Since the CHW role is designed to be a person who is seen as a trusted member of the community or someone with a close understanding of the community they serve, these roles and the education expected of these employees are often defined within the context of the funding or job. Training is usually provided specific to those job duties even if a broader basic training is also encouraged and supported by the organization. Key informants mentioned it can take some time for CHW to be integrated into the team and be seen as a valued member who can contribute to the expected outputs and outcomes of the program, particularly if CHW are not clearly able to articulate what they can contribute. As noted by Brooks et al. (2014, 2018) and Sabo, et al. (2017), this lack of documentation of the CHW skills and contributions makes integration of CHW into current workplaces more difficult (e.g, how do they fit within existing team roles) and makes contributions less recognized, at least when the CHW role is new to an organization.

Most CHW roles discussed by the key informants included addressing both clients' social and health needs and targeted connections with resources and guidance (e.g., action plans) to increase client self-sufficiency. Most of the organizations track aggregate CHW outputs (e.g., number of clients served, number of referrals made, number of assessments completed), however few track CHW or program outcomes (e.g. measuring increased client self-sufficiency or improvement in client health outcomes). If CHW roles are to become a valued part of the team to meet client needs, attention should be given to identification of how CHW roles are implemented and how the role contributes to both program outputs and outcomes. Brooks et al. (2014, 2018) list several types of outcome measures that could be considered, such as reduced hospital admissions, decreased ER visits, improved health/functional status, with other examples of outcome measures including decreased preterm births or improvements in child development. As noted by Balcazar & George (2018), identifying what is needed from CHW

roles will bring viability and sustainability to the roles within systems of health and health care to meet the vital needs of the clients served by these programs.

Training programs varied greatly in length and amount of hours (weeks to months and an average almost 80 hours with a range of 29 to 203 hours), similar to the variability found in the literature (Gutierrez Kapheim & Campbell, 2014). Of those training programs reviewed, most do have didactic content, and some have practicum experiences that match PHAN competencies. However, the depth and breadth of content likely varies greatly due to the time allotted to training and practice. Attention should be directed toward developing baseline timelines that training programs could employ to provide more standardization for the depth and breadth of content and practicum experiences.

While not specifically part of the PHAN competencies, CLAS standards, health literacy and documentation content are not consistently addressed in training programs. However, it appears that these content areas are expected in CHW practice, to be culturally aware and provide culturally sensitive care, to understand the client's comprehension level or ability, and to document the activities they do in their jobs. Therefore, these skills might need to be further explicated and added to training programs so that basic skills can be taught and assessed.

While most training programs reviewed had content congruent with the PHAN competencies, they were not necessarily labeled or identified so they could be easily linked to the PHAN competencies. Therefore, it would be important for training programs to clearly identify the skills and competencies they are including in the program and compare them to a set of identified competencies and skills, such as the identified PHAN CHW competencies. If the training content was more clearly linked to the PHAN competencies and these were identified for the CHW, they would be better prepared to articulate their skill sets to future employers. Otherwise, portability of skills and competencies gained in the training and workplace are more difficult for the CHW to articulate to a potential employer when seeking a new job.

Gaps in most training programs scanned during this assessment included content and skill development for ability to apply leadership, teaching skills, advocating at different professional levels and ability to manage a budget. Given the difficulty mentioned in teams understanding the CHW role and skills, perhaps these skills are not expected in current CHW roles. It would be important to determine if these are basic skills, and if so, incorporate them into training programs so CHW acquired these skill sets.

About half of the programs clearly provided sufficient interactive, hands-on and participatory methods for teaching didactic content and theory. Competency-based written and/or oral assignments were used by most programs to measure comprehension of didactic content and theory. Most of the programs provided online or classroom simulated case studies to provide application experiences, but few programs also had a practicum activity done in the community. While case studies are used for simulation experiences, rarely are they part of graded work practicum experiences. However, some programs did use competency-based elements and skills demonstration to evaluate participants' application skills. In order to better

clarify CHW skills and competencies, training programs should consider including participatory methods for teaching and clear evaluative criteria for assessing CHW competency.

There is not a common framework for evaluating training programs and curricula across the nation (Covert et al., 2019; Karsting, 2017; The Tri-Council for Nursing, 2017). Therefore, each training program is developed based on either the specific job duties or on perceived basic competencies, but these can vary among programs. This lack of a common framework and basic principles also contributes to the lack of articulation and portability of CHW skills and competencies.

### **Recommendations**

1. While included in some training programs, programs should consider including or enhancing content on the CHW role and providing examples of contributions CHW make to meeting program outcomes so that CHW are better able to articulate and demonstrate the value of the role in an organization.
2. Training programs should consider adding more depth to content and practice to further develop the CHWs' ability to report and evaluate in community settings (part of the organizational skills section of the PHAN competencies). Having skill in tracking CHW contributions to both outputs and outcomes will provide CHW and organizations with important data to demonstrate the value of the CHW role.
3. Attention should be directed toward developing minimum standards that training programs could employ to provide guidance regarding the depth and breadth of content and practicum experiences.
4. Review of CLAS standards (or cultural awareness and culturally sensitive care), health literacy and documentation content should be undertaken to determine if these content areas should be included in training programs.
5. Training programs should be encouraged to validate that they include content and practicum experience for all PHAN-identified core competencies and clearly link content to these competencies, so CHW basic skills are more recognizable and portable.
6. Review of skills related to ability to apply leadership, teaching skills, advocating at different professional levels and ability to manage a budget should be undertaken to determine if these are basic skill sets desired for CHW roles. If so, these content areas should be added to training programs.
7. Training programs should consider using participatory methods for teaching, with competency and skill attainment evaluated both for didactic content as well as practice application (either in simulated or actual experiences) to provide CHW with a clear list of skills and competencies they have demonstrated.
8. Training program and curricula should be evaluated using a common conceptual framework, such as the framework included in this report, so that common practices can be encouraged for CHW training.

## **Limitations**

The sampling for the key informant interviews was participant- and venue-driven and primarily targeted organizations who employed and/or trained CHW. Therefore, barriers to hiring, training and funding CHW positions might not be fully articulated since only a few of the organizations not currently using CHW chose to participate in interviews.

Since there are no specific training requirements in Nebraska for CHW, and there are a variety of job descriptions within the umbrella of CHW, there remains great variability of CHW worker preparation which may be greater than demonstrated through the sample results. The training programs and curricula reviewed were designed to be an environmental scan of the current state of CHW training and were not intended to be an exhaustive inventory of all CHW training programs in Nebraska.

## **Conclusions**

Crossing a threshold for the quadruple aim will require organizations and systems to build the evidence of improved population social and health outcomes as well as system financial outcomes in order to demonstrate the value of CHWs in meeting the population needs in a cost-effective manner (Balcazar & George, 2018; The Tri-Council for Nursing, 2017). The foundation of CHW work is appropriate didactic and practicum core competency and job specific training that provides the CHW with the content and practice to develop skills and competencies that positively contribute to the team and client outcomes (Ruiz et al., 2012). While some elements of effective training exist within the training programs examined in the environmental scan, clear links to CHW roles and CHW core competencies listed by PHAN are not always listed, common benchmarks for depth and breadth of content and practicum experiences are lacking, and evaluative methods clearly demonstrating participant skill are not consistently present. Developing consensus regarding common training frameworks (depth and breadth), content, types of application experiences and evaluation of CHW skills and competencies will provide the CHW and employers with (1) a specific skill set that can be translated into other settings, (2) confidence in knowledge and ability to contribute to the team and client/system outcomes, and (3) a more contextualized framework and view of client and systems needs and their role in the team (Ruiz et al., 2012). This will, in turn, provide teams and systems with a CHW role that can positively contribute to meeting the program's outcomes and improve the health of the populations they serve.

## **Acknowledgements**

The author acknowledges the contributions of the key informants, both in sharing their expertise and perceptions of the environment and training programs as well as freely sharing their training materials when possible.

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This publication/project was made possible by Grant Number B04MC31500 from the Maternal Child Health Bureau, U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HHS or the University of Nebraska Medical Center College of Nursing.

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**Appendix A**  
**Public Health Association of Nebraska (PHAN) Community Health Worker (CHW)**  
**Section: CHW Skills / Competencies**

<b>Community Health Worker Competencies</b>	
<p>Communication Skills</p> <ul style="list-style-type: none"> <li>--ability to use active listening</li> <li>--ability to communicate in writing</li> <li>--ability to communicate verbally</li> </ul>	<p>CHW will communicate with varied populations, individuals, other community health workers, and professionals in a manner that is appropriate for the audience.</p> <p>Effective cross cultural communication is a central aspect of CHW activity in all areas. They must be able to use relevant languages, be respectful, and demonstrate knowledge of the cultural group(s) they are engaging. They must be able to convey their knowledge base of basic health and social concerns that are meaningful to the clients and families, especially when behavior patterns are deeply rooted in traditions. Sensitivity must be used when attempting to discuss options and reasons for change.</p> <p>CHW are required to write and prepare clear reports on their clients, activities, and assessments of individual and community needs. They will be expected to give presentations regarding the needs and concerns of their clients and communities. Competence in writing and technical skills is expected to increase with experience. CHW are encouraged to be able to read and write in English, but it may not be essential depending upon their area of focus.</p>
<p>Interpersonal Skills</p> <ul style="list-style-type: none"> <li>--ability to build relationships</li> <li>--ability to work as part of a team</li> <li>--ability to understand and work with cultural dynamics</li> </ul>	<p>CHW work with a diverse group of individuals including community members and professionals. They must be able to develop and maintain relationships at all levels. They must be able to work as part of a team, and consider, understand, and respect various perspectives to meet the needs of others.</p>
<p>Capacity Building</p> <ul style="list-style-type: none"> <li>--understanding of and ability to apply leadership</li> <li>--ability to develop additional skills</li> <li>--ability to develop and manage resources</li> <li>--ability to use planning skills</li> <li>--ability to produce complete, accurate reports</li> <li>--understanding of needs assessment</li> </ul>	<p>CHW will increase the capability of their community to be empowered to care for themselves. They will also work collectively with community members and stakeholders to develop plans to increase resources in the community and to expand public awareness of community needs.</p>

<b>Community Health Worker Competencies</b>	
<p><b>Teaching Skills</b>                      --ability to teach one-on-one and/or in group settings                      --ability and willingness to learn and be proficient with information being presented                      --ability to lead classes or educational sessions                      --recognize need to continue education                      --ability to adapt teaching style to audience needs</p>	<p>CHW teach and provide health and social service information and education to individuals they assist. They will effectively support and engage clients and their families in making behavioral changes, following treatment suggestions, and identifying barriers to change that are mutually acceptable and understood by the client, families, and community contact. They will have the ability to make appropriate referrals when needed.</p>
<p><b>Advocacy Skills</b>                      --ability to be assertive and respectful                      --ability to listen and ask questions                      --ability to advocate at different professional levels                      --ability to identify and manage risky situations                      --ability to strengthen social support networks</p>	<p>CHW must be able to advocate effectively with others so that the individuals they serve are able to receive the services they need. They provide information and support to others and teach them how to advocate for their own needs. They must have knowledge and tools for conflict resolution.</p>
<p><b>Organizational Skills</b>                      --ability to develop plans and set goals                      --ability to manage time and determine priorities                      --ability to manage a budget                      --ability to report and evaluate in community settings</p>	<p>CHW must have good organizational skills to help support the individuals and families they serve. They must be able to help and teach others to set and achieve goals. They help individuals and families set appointments, follow up with care plans and help address barriers, and complete reporting requirements.</p>
<p><b>Service Coordination</b>                      --ability to identify and access resources                      --ability to make appropriate referrals when needed                      --ability to network, form partnerships, and work with others in planning efforts</p>	<p>CHW help coordinate the care of their clients. They will be familiar with the agencies and professionals in the community they serve in order to assist clients and families to secure needed care. They understand the need for, and boundaries of, medical interpretation and ability to be a patient advocate. They are able to network, participate in community and agency planning and evaluation efforts directed at improving care, and bring needed services into the community.</p>
<p><b>Outreach Methods and Strategies</b>                      --ability to engage others                      --ability to foster collaborative relationships                      --ability to build trust within the community</p>	<p>CHW must be committed to outreach efforts that are directed at “meeting the people where they are.” Outreach means furnishing health-related information and services to a population that has not been served or is underserved. CHW use outreach strategies and methods in order to provide these services to populations or groups where they live, work, play, and congregate (such as churches, parks, grocery stores, community centers, etc.). They assist the community in finding, using, creating, and supporting resources among community members and systems of care.</p>

<b>Community Health Worker Competencies</b>	
<p>Client and Community Assessment                      --ability to understand basic surveys, interviews, and observational methods                      --ability to understand population health data</p>	<p>CHW must continue to identify community and individual needs, concerns, and assets. They will use standard knowledge of basic health and social indexes to clearly define the needs of the community they are serving. CHW will engage clients and their families in ongoing assessment of their needs and develop plans and strategies for clients, a targeted population, or community</p>

References:

Public Health Association of Nebraska (PHAN) Community Health Worker section. Note: The Nebraska CHW Coalition Steering committee approved the following CHW Core Competencies on April 29, 2014. <http://publichealthne.org/phan-sections/community-health-worker-section/core-competencies-for-community-health-workers-in-nebraska/>

Public Health Association of Nebraska (PHAN) Community Health Worker section (2015); also adopted by Douglas County (NE) Community Health Worker Section (2017). <http://publichealthne.org/phan-sections/community-health-worker-section>

## **Appendix B**

### **Key Informant Interview Questions**

1. Does your organization employ the CHW you train?
2. What are the entry criteria for your training program?
3. Please describe your training program for CHW.
  - Duration
  - Modalities
  - Do you use a competency framework in your program? If so, please share.
  - Is a sample syllabus available for your training program? If so, please share.
  - Do you use the CLAS standards in your training? If so, please share.
  - Do you include health literacy in your training? If so, please share .
4. If your organization employs CHW:
  - How are CHW workers used in your community/program/workplace?
  - What outcomes do you expect them to achieve?
  - Do CHW function in teams with health professionals, or is their work more independent and regular contact with an interdisciplinary team does not occur?
  - What individuals and populations are the CHW serving in your area?
  - Do CHW use the EHR or other documentation tools and systems?
5. If your organization trains but does not employ CHW:
  - What are your perceptions of the job market for CHW?
  - Do you train CHW to function in teams with health professionals, or is their work more independent and regular contact with an interdisciplinary team is not expected?
  - What communities or populations do you expect CHW to serve?
  - What outcomes do you expect them to achieve?
  - What individuals and populations are the CHW serving in your area?
  - Do you train CHW to use documentation tools or systems?
6. May I contact you again for more information?

## Appendix C

### Community Health Worker (CHW) Curriculum Evaluation Conceptual Framework

This model shows two levels of influence on development and implementation of a CHW curriculum:

#### Environmental Frame Factors:

*Influence curriculum development in the larger environment*

- Community need for CHW
- Training programs exist in the geographic area
- Organizations using CHW
- Recruitment/ retention criteria support diversity and prioritize trusted members of community
- CHW as part of interdisciplinary team
- Environmental and human factors (e.g. cultural expectations, social determinants of health)
- Community and client health needs
- Work setting specialization requirements
- Financial reimbursement /CHW pay
- Organization satisfaction w/ CHW training
- Organization satisfaction w/ role of CHW meeting mission
- Organization satisfaction w/ outcomes CHW help achieve
- State licensure/certification/regulation

#### CHW Training Program Frame Factors:

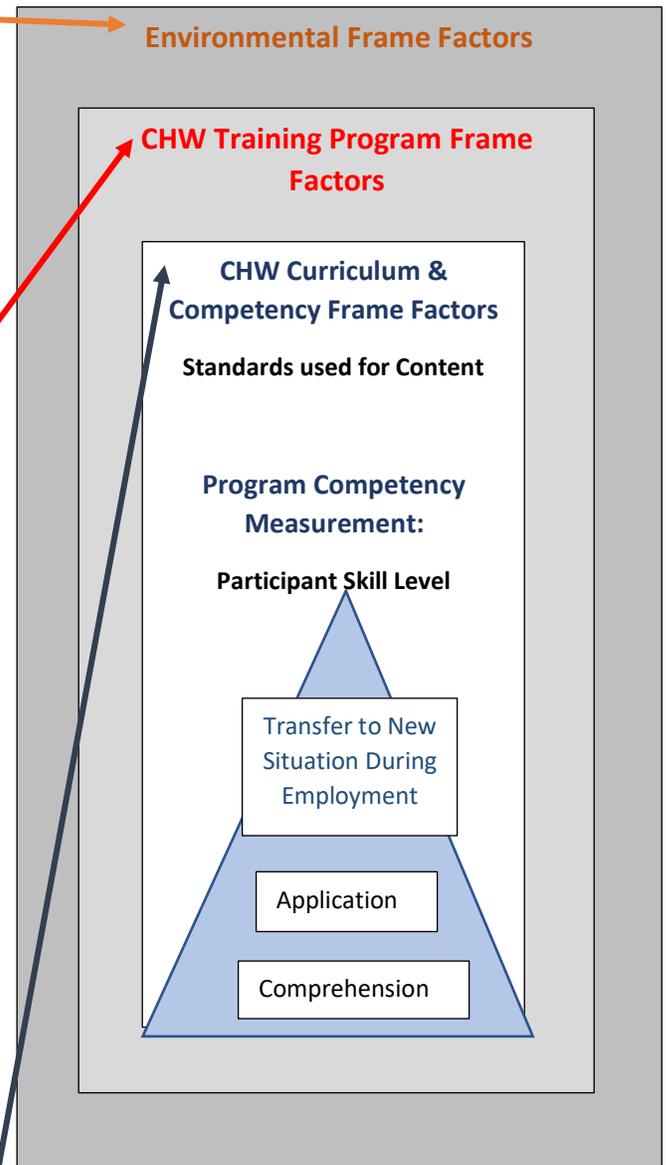
*Influence curriculum development in the training program*

- Trainee entry criteria for training program
- Program Charge for CHW
- CHW and Language(s) used in training
- Competency-based framework for training
- Incorporates PHAN competencies or specialized training
- Training occurs as an employee
- Length and depth of program
- Training modalities (e.g., online, in classroom, interactive, hands-on, participatory)
- Knowledge, skills and competency assessment tools
- Practicum experiences (length/timing)
- CLAS and health literacy content included in curriculum
- Assesses perceptions and satisfaction of learner
- Curricula and program regularly reviewed and updated w/ evidence-based literature and practice

#### CHW Curriculum and Competency Frame Factors:

*Content and competencies expected from the program*

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>-Communication skill/behavior</li> <li>-Interpersonal skill/behavior</li> <li>-Capacity building skill/behavior</li> <li>-Teaching skill/behavior</li> <li>-Advocacy skill/behavior</li> </ul> | <ul style="list-style-type: none"> <li>-Organizational skill/behavior</li> <li>-Service coordination skill/behavior</li> <li>-Outreach methods and strategies skill/behavior</li> <li>-Client assessment skill/behavior</li> <li>-Community assessment skill/behavior</li> </ul> |
|---|--|



Adapted from:

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**Appendix D**  
**Environmental Frame Factors Template**

<b>Environmental Frame Factors and Measurement Criteria</b>			
<b>Focus:</b> What is the environment in the community related to the CHW role and the focus of CHW roles?			
Comparison Criteria	Yes/No	Exemplars	Open Ended Responses
CHW are employed within the community/geographic area		Types of roles in the area	
There is a training program available within the community / geographic area		Type(s) of training programs	
This organization employs CHW		Examples of roles	
Recruitment and retention criteria support diversity and seek trusted members of the community they serve		Evidence of diversity and trusted member considerations in recruitment and retention efforts	
CHW are part of an interdisciplinary team within the organization		Examples of other team members	
CHW role targets filling an identified need related to environmental and human factors (e.g. cultural expectations, social determinants of health)		Examples of identified needs	
CHW role targets filling an identified need related to community and client health needs		Examples of identified needs	
Work setting has specialization requirements for CHW role		Examples of specialized role duties	
The organization has financial reimbursement for CHW positions		Types of funding sources	
The organization is satisfied with the training CHW receive		Examples of potential training needs not covered	
The organization is satisfied with the role of CHW in helping the organization fulfill its mission		Examples of how the role supports meeting organizational mission or needs	
The organization has outcomes the CHW role helps them achieve		Examples of outcomes that the role helps achieve	
The state has licensure, certification and/or regulations related to the CHW role		Examples of licensure, certification, and/or regulations	

**Appendix E**  
**CHW Training Program Frame Factors Template**

<b>CHW Training Program Frame Factors and Measurement Criteria</b>			
<b>Focus:</b> What are the parameters for the training program? Is there a competency-based framework and evidence-based teaching/learning practices that underpin the curriculum?			
Criteria	Yes/No	Exemplars	Open-Ended Responses
CHW training program has entry criteria for applicants		Types of entry criteria identified	
CHW training program charges the trainee		Examples of charges	
CHW training program uses a competency-based framework		Types of competency-based framework identified	
Training program uses CHW in training process		Examples of how CHW participate in delivering training	
Training offered in various languages		Examples of languages	
CHW training incorporates all PHAN identified basic CHW skills/competencies		Types of skills /competencies identified	
CHW training focuses on a specific role / job requirement		Types of skills /competencies identified	
CHW training occurs within an employer setting		Examples of settings	
During the time the CHW complete training, they are also working on the job		Examples of integrating training during employment	
CHW training program duration has sufficient length for skill development		Duration of training program (total hours and # of days/weeks)	
CHW training program content has sufficient depth for skill development		Amount of content/practice per competency (and/or # of hours per content area)	
CHW training program delivery method (online and/or in person sessions) meets trainee needs		Percent of training program that is online and percent of training program that is in person	
Training program provides sufficient interactive, hands-on, and participatory methods for teaching theory / didactic content (comprehension)		Examples of interactive, hands-on, participatory activities	

<b>CHW Training Program Frame Factors and Measurement Criteria</b>			
<b>Focus:</b> What are the parameters for the training program? Is there a competency-based framework and evidence-based teaching/learning practices that underpin the curriculum?			
<b>Criteria</b>	<b>Yes/No</b>	<b>Exemplars</b>	<b>Open-Ended Responses</b>
Training program has competency-based written and/or oral assignments to measure comprehension of theory / didactic content		Examples of written or oral assignments	
Training program has practicum / simulation experiences (application)		Examples of practicum / simulation experiences	
Training program provides sufficient interactive, hands-on, and participatory methods for practicum experiences (application)		Examples of interactive, hands-on, participatory activities	
Training program has competency-based elements to evaluate practicum demonstration (application)		Examples of skills demonstration in simulation and/or practice	
Training program incorporates CLAS standards within curriculum		Examples of content and/or application	
Training program incorporates health literacy within curriculum		Examples of content and/or application	
Training program incorporates content on documentation tools or systems within curriculum		Examples of content and/or application	
Training program has quality and effectiveness measures to demonstrate the impact of the training		Examples of quality and effectiveness measures used	
Training program personnel regularly evaluates trainee perceptions of and satisfaction w/ CHW training		Examples of methods used to gather trainee perceptions and satisfaction	
Training program personnel regularly evaluates aggregate trainee skills/competencies		Examples of methods used to ascertain trainees are acquiring skills (aggregating results)	
Training program personnel use quality improvement techniques to improve curricula and program elements deemed to need improvement		Examples of quality improvement activities	

**Appendix F**  
**CHW Curriculum and Competency Frame Factors Template**

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
Outcomes/Behaviors:	Not Present	Introduce in Theory (Didactic)	Practice Skills / Behaviors (Didactic)	Verification of Competency (Didactic)	Practice Skills / Behaviors (Practicum)	Verification of Competency (Practicum)
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Communication Skills:</b> Ability to use active listening						
<b>Communication Skills:</b> Ability to communicate in writing						
<b>Communication Skills:</b> Ability to communicate verbally						
<b>Interpersonal Skills:</b> Ability to build relationships						

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
<b>Outcomes/Behaviors:</b>	<b>Not Present</b>	<b>Introduce in Theory (Didactic)</b>	<b>Practice Skills / Behaviors (Didactic)</b>	<b>Verification of Competency (Didactic)</b>	<b>Practice Skills / Behaviors (Practicum)</b>	<b>Verification of Competency (Practicum)</b>
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Interpersonal Skills:</b> Ability to work as part of a team						
<b>Interpersonal Skills:</b> Ability to understand and work with cultural dynamics						
<b>Capacity Building:</b> Understanding of and ability to apply leadership						
<b>Capacity Building:</b> Ability to develop additional skills						
<b>Capacity Building:</b> Ability to develop and manage resources						

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
<b>Outcomes/Behaviors:</b>	<b>Not Present</b>	<b>Introduce in Theory (Didactic)</b>	<b>Practice Skills / Behaviors (Didactic)</b>	<b>Verification of Competency (Didactic)</b>	<b>Practice Skills / Behaviors (Practicum)</b>	<b>Verification of Competency (Practicum)</b>
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Capacity Building:</b> Ability to use planning skills						
<b>Capacity Building:</b> Ability to produce complete, accurate reports						
<b>Capacity Building:</b> Understanding of needs assessment						
<b>Teaching Skills:</b> Ability to teach one-on-one and/or in group settings						
<b>Teaching Skills:</b> Ability and willingness to learn and be proficient with information being presented						

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
<b>Outcomes/Behaviors:</b>	<b>Not Present</b>	<b>Introduce in Theory (Didactic)</b>	<b>Practice Skills / Behaviors (Didactic)</b>	<b>Verification of Competency (Didactic)</b>	<b>Practice Skills / Behaviors (Practicum)</b>	<b>Verification of Competency (Practicum)</b>
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Teaching Skills:</b> Ability to lead classes or educational sessions						
<b>Teaching Skills:</b> Recognize need to continue education						
<b>Teaching Skills:</b> Ability to adapt teaching style to audience needs						
<b>Advocacy Skills:</b> Ability to be assertive and respectful						
<b>Advocacy Skills:</b> Ability to listen and ask questions						
<b>Advocacy Skills:</b> Ability to advocate at different professional levels						

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
<b>Outcomes/Behaviors:</b>	<b>Not Present</b>	<b>Introduce in Theory (Didactic)</b>	<b>Practice Skills / Behaviors (Didactic)</b>	<b>Verification of Competency (Didactic)</b>	<b>Practice Skills / Behaviors (Practicum)</b>	<b>Verification of Competency (Practicum)</b>
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Advocacy Skills:</b> Ability to identify and manage risky situations						
<b>Advocacy Skills:</b> Ability to strengthen social support networks						
<b>Organizational Skills:</b> Ability to develop plans and set goals						
<b>Organizational Skills:</b> Ability to manage time and determine priorities						
<b>Organizational Skills:</b> Ability to manage a budget						
<b>Organizational Skills:</b> Ability to report and evaluate in community settings						

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
<b>Outcomes/Behaviors:</b>	<b>Not Present</b>	<b>Introduce in Theory (Didactic)</b>	<b>Practice Skills / Behaviors (Didactic)</b>	<b>Verification of Competency (Didactic)</b>	<b>Practice Skills / Behaviors (Practicum)</b>	<b>Verification of Competency (Practicum)</b>
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Service Coordination:</b> <b>Ability to identify and access resources</b>						
<b>Service Coordination:</b> <b>Ability to make appropriate referrals when needed</b>						
<b>Service Coordination:</b> <b>Ability to network, form partnerships, and work with others in planning efforts</b>						
<b>Outreach Methods and Strategies:</b> <b>Ability to engage others</b>						

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
<b>Outcomes/Behaviors:</b>	<b>Not Present</b>	<b>Introduce in Theory (Didactic)</b>	<b>Practice Skills / Behaviors (Didactic)</b>	<b>Verification of Competency (Didactic)</b>	<b>Practice Skills / Behaviors (Practicum)</b>	<b>Verification of Competency (Practicum)</b>
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Outreach Methods and Strategies:</b> Ability to foster collaborative relationships						
<b>Outreach Methods and Strategies:</b> Ability to build trust within the community						
<b>Client and Community Assessment:</b> Ability to understand basic surveys, interviews, and observational methods						
<b>Client and Community Assessment:</b> Ability to understand population health data						

## Appendix G Aggregate Environmental Frame Factors Results

<b>Environmental Frame Factors and Measurement Criteria</b>			
<b>Focus:</b> What is the environment in the community related to the CHW role and the focus of CHW roles?			
<b>Comparison Criteria</b>	<b>Yes/No</b>	<b>Exemplars</b>	<b>Open Ended Responses</b>
<b>CHW are employed within the community/geographic area</b>	10 Yes	<b>Types of roles in the area</b>	A variety of roles focused on outreach, connecting clients to services, some providing education on specific topics, development of collaborative plans to improve self-sufficiency and health
<b>There is a training program available within the community / geographic area</b>	10 Yes	<b>Type(s) of training programs</b>	5 focus on specific job roles, 5 have a broader focus
<b>This organization employs CHW</b>	8 Yes  2 No	<b>Examples of roles</b>	Health / family / parent navigators, Home visitors, Environmental health areas, Outreach and connection roles
<b>Recruitment and retention criteria support diversity and seek trusted members of the community they serve</b>	5 Meets role needs  5 Unsure	<b>Evidence of diversity and trusted member considerations in recruitment and retention efforts</b>	<p><b>Recruitment Criteria</b> 5 that focus on specific job roles usually have criteria that CHW have attributes similar to the clients and populations they serve, some desire CHW that can speak other languages, most who employ CHW have some type of entry level criteria such as a high school diploma/GED</p> <p><b>Retention Criteria</b> For most organizations, the retention criteria is that the employee can perform in the role, and that funding is available for the role</p>
<b>CHW are part of an interdisciplinary team within the organization</b>	8 Yes  2 NAs	<b>Examples of other team members</b>	If they are part of a team, the other team members most commonly mentioned are nurses, social workers and providers. CHW work with a variety of individuals and teams from other agencies and coalitions outside the employing organization to provide referrals and connections for clients and populations. CHW and other respondents mentioned it can take some time to be integrated into the team and

<b>Environmental Frame Factors and Measurement Criteria</b>			
<b>Focus:</b> What is the environment in the community related to the CHW role and the focus of CHW roles?			
			it can take a while before other team members understand the CHW role and the value they can provide to the client and the team.
<b>CHW role targets filling an identified need related to environmental and human factors (e.g. cultural expectations, social determinants of health)</b>	10 Yes	<b>Examples of identified needs</b>	All respondents mentioned that CHW roles they were familiar with focused heavily on client and population needs related to environmental and human factors such as cultural expectations, homelessness or shelter needs, food insecurity, family development needs, and promoting improved self-sufficiency
<b>CHW role targets filling an identified need related to community and client health needs</b>	10 Yes	<b>Examples of identified needs</b>	Respondents mentioned CHW roles included activities such as health screening and assessments using a variety of screening tools (e.g., child development, environmental issues, health conditions such as depression), health promotion efforts, attention to changing health behaviors, and health management concerns with chronic conditions
<b>Work setting has specialization requirements for CHW role</b>	8 Yes 2 NA	<b>Examples of specialized role duties</b>	Some agencies had specific assessment tools they used for screening, some had action planning activities, some had scripts for education in specific topics, some tracked outputs or outcomes over time
<b>The organization has financial reimbursement for CHW positions</b>	8 Yes 2 NA	<b>Types of funding sources</b>	Most respondents indicated the primary funding came from grants or public health funding
<b>The organization is satisfied with the training CHW receive</b>	8 Yes 2 NA	<b>Examples of potential training needs not covered</b>	Most respondents felt the job specific training provided the appropriate training for the role, some felt the basic training provided by other organizations was helpful but not specific enough for their needs

<b>Environmental Frame Factors and Measurement Criteria</b>			
<b>Focus:</b> What is the environment in the community related to the CHW role and the focus of CHW roles?			
<b>The organization is satisfied with the role of CHW in helping the organization fulfill its mission</b>	8 Yes 2 NA	<b>Examples of how the role supports meeting organizational mission or needs</b>	Respondents felt their mission spoke to outreach, or to helping people and communities become more self-sufficient through connections with other agencies, education, or goal setting to build client skills
<b>The organization has outcomes the CHW role helps them achieve</b>	4 Yes 3 had outputs rather than outcomes 3 NA	<b>Examples of outcomes that the role helps achieve</b>	Some respondents indicated they felt they tracked outputs (e.g. number of clients served, number of referrals made) rather than outcomes (e.g. measuring increased self-sufficiency or improvement in health outcomes). Some organizations were able to identify specific outcomes the CHW role helped to achieve (e.g., measures of increased self-sufficiency and/or improvements in health)
<b>The state has licensure, certification and/or regulations related to the CHW role</b>	No	<b>Examples of licensure, certification, and/or regulations</b>	Nebraska does not have any licensure, certification, or specific regulations related to the CHW role.

**Number of Respondents:**

There were ten training programs reviewed

**Interpretation of Responses:**

--**Yes:** criteria were met

--**Unclear:** there were not sufficient details or information to determine if the criteria were met

--**No:** criteria were not met

--**NA:** criteria were not applicable for an organization

--**Other information:** clarifying information is also provided for some criteria

**Appendix H**  
**Aggregate CHW Training Program Frame Factors Results**

<b>CHW Training Program Frame Factors and Measurement Criteria</b>			
<b>Focus:</b> What are the parameters for the training program? Is there a competency-based framework and evidence-based teaching/learning practices that underpin the curriculum?			
<b>Criteria</b>	<b>Yes/No</b>	<b>Exemplars</b>	<b>Open-Ended Responses</b>
<b>CHW training program has entry criteria for applicants</b>	9 Yes  1 No	<b>Types of entry criteria identified</b>	Six have high school diploma/GED requirements for entry, some require higher levels of education (those that are training their own employees), some programs are only for employees, all programs are taught only in English, some require basic computer skills (e.g. email, navigating websites, completing online forms, Word, Excel)
<b>CHW training program charges the trainee</b>	3 Yes  7 No	<b>Examples of charges</b>	For those that charge, two are for community college credits, and one has a charge to attend a conference
<b>CHW training program uses a competency-based framework</b>	8 Yes  2 Unclear	<b>Types of competency-based framework identified</b>	Most use frameworks and/or curricula from a national organization or from other states, two use PHAN competencies
<b>Training program uses CHW in training process</b>	2 Yes  8 No	<b>Examples of how CHW participate in delivering training</b>	One uses CHW in the training program sessions, other uses CHW for job shadowing
<b>Training offered in various languages</b>	10 No	<b>Examples of languages</b>	English is currently the only language used by the training programs reviewed, but some have considered offering the training in Spanish
<b>CHW training incorporates all PHAN identified basic CHW skills/competencies</b>	2 Yes  6 Most  2 Unclear	<b>Types of skills /competencies identified</b>	Most have competencies that match with most PHAN competencies, some have additional or job specific skills included. The four areas most commonly missing include a) “understanding of and ability to apply leadership” (not clearly covered in 4 programs), b) the teaching skills items (not clearly covered in 2 programs with an additional 2 programs not clearly covering the sub-item “ability to lead classes or educational sessions”), c) “ability to advocate at different professional levels” (not clearly covered in 4 programs, and d) “ability to manage a budget” (not clearly covered in 5 programs). Some programs also provided information and examples of how the CHW contributes to program outputs and outcomes.
<b>CHW training focuses on a specific role / job requirement</b>	5 Yes  5 No	<b>Types of skills /competencies identified</b>	Of those training for a specific role, most roles include skills and competencies similar to the PHAN competencies. Additional skills / competencies usually focused on specific client assessments,

<b>CHW Training Program Frame Factors and Measurement Criteria</b>			
<b>Focus:</b> What are the parameters for the training program? Is there a competency-based framework and evidence-based teaching/learning practices that underpin the curriculum?			
<b>Criteria</b>	<b>Yes/No</b>	<b>Exemplars</b>	<b>Open-Ended Responses</b>
			goal setting for specific needs, and health promotion activities.
<b>CHW training occurs within an employer setting</b>	6 Yes 4 No	<b>Examples of settings</b>	Of those occurring within an employer setting, several include home visitation, and most include a focus on family or child needs, particularly making connections with services
<b>During the time the CHW complete training, they are also working on the job</b>	5 Yes 2 Usually 3 Unknown	<b>Examples of integrating training during employment</b>	Of those that train their own employees, several provide job shadowing opportunities, orientation to the organization and role, and interactions with supervisors who review documentation and CHW-client interactions.
<b>CHW training program duration has sufficient length for skill development</b>	8 Yes 2 Unclear	<b>Duration of training program (total hours and # of days/weeks)</b>	For those that were reported outside of the two community college courses, training hours range from 29 to 203 hours, with an average of almost 80 hours of training. Most trainings are spread over a period of weeks and up to six months.
<b>CHW training program content has sufficient depth for skill development</b>	8 Yes 2 Unclear	<b>Amount of content/practice per competency (and/or # of hours per content area)</b>	Based on program outlines and/or training materials and websites, most training programs appear to have sufficient depth for didactic content review and application. However, few have depth of practicum experiences outside classroom discussions or simulations, with most only having one or two application items to complete during the training program (such as one home visit or visiting community agencies to develop knowledge about the services they provide).
<b>CHW training program delivery method (online and/or in person sessions) meets trainee needs</b>	10 Yes	<b>Percent of training program that is online and percent of training program that is in person</b>	Four programs offer the majority of information in the classroom or in-person sessions, two programs offer part online and part in-person (either 50-50 or 60-40 respectively) and three offer the training mostly online. Overall, key informants indicated the training seems to meet the needs of their participants and the organization.
<b>Training program provides sufficient interactive, hands-on, and participatory methods for teaching theory / didactic content (comprehension)</b>	5 Yes 1 Usually 4 Unclear	<b>Examples of interactive, hands-on, participatory activities</b>	For those training programs that clearly indicate teaching methods used, teaching methods include self-assessment questionnaires, journals, discussions / online discussion boards, hands-on activities such as workbooks, practice with using toolkits, videos and trainee presentations

<b>CHW Training Program Frame Factors and Measurement Criteria</b>			
<b>Focus:</b> What are the parameters for the training program? Is there a competency-based framework and evidence-based teaching/learning practices that underpin the curriculum?			
<b>Criteria</b>	<b>Yes/No</b>	<b>Exemplars</b>	<b>Open-Ended Responses</b>
<b>Training program has competency-based written and/or oral assignments to measure comprehension of theory / didactic content</b>	7 Yes 3 Unclear	<b>Examples of written or oral assignments</b>	For those training programs that had written and/or oral assignments, those assignments included grading of the following: a) journals and/or discussions, b) worksheets or homework, c) completed documentation, d) trainee presentations, e) projects, f) quizzes, or g) tests.
<b>Training program has practicum / simulation experiences (application)</b>	4 Yes 2 Few experiences 1 Yes (for Nurse Aide role) 1 No	<b>Examples of practicum / simulation experiences</b>	For most training programs, classroom simulation experiences such as case studies provide the majority of specific practicum experiences within the training program. Some programs have practicum activities built in, such as an environmental survey, a home visit with documentation, capstone project to address an identified community need, or participating in a forum with current families being served to understand needs and resource utilization
<b>Training program provides sufficient interactive, hands-on, and participatory methods for practicum experiences (application)</b>	<b>Inside Classroom/ Online:</b> 7 Yes 1 (for Nurse Aide role) 1 Intern 1 No <b>Outside Classroom:</b> 2 Yes 8 Not as part of the training program	<b>Examples of interactive, hands-on, participatory activities</b>	For classroom simulation experiences, key informants mentioned trainees worked individually or in teams to identify and address common situations encountered, such as mis-communication, meeting cultural needs, assisting with building client self-sufficiency, organizing the workload, coordinating services, developing referrals, outreach methods, providing advocacy, and evaluate the effectiveness of interventions. The Nurse Aide course does contain laboratory experiences for developing patient care skills which may not translate well into the CHW role.  Several key informants indicated the training program was supplemented with actual on-the-job experiences with supervisor oversight rather than those experiences being embedded in the training program itself.  For those programs that did include a practicum experience outside the classroom, examples of activities including trainees doing an environmental scan of a neighborhood, developing, implementing and evaluating a capstone project designed to meet an identified community needs, and listening to and interacting with client

<b>CHW Training Program Frame Factors and Measurement Criteria</b>			
<b>Focus:</b> What are the parameters for the training program? Is there a competency-based framework and evidence-based teaching/learning practices that underpin the curriculum?			
<b>Criteria</b>	<b>Yes/No</b>	<b>Exemplars</b>	<b>Open-Ended Responses</b>
			participants to discuss common needs and helpful services.
<b>Training program has competency-based elements to evaluate practicum demonstration (application)</b>	<p>For both Inside Classroom/ Online and Outside Classroom:</p> <p>3 Yes</p> <p>1 Yes (for Nurse Aide role)</p> <p>1 Intern</p> <p>4 Unclear</p> <p>1 No</p>	<b>Examples of skills demonstration in simulation and/or practice</b>	For those that do have a clear link between practicum experiences and skills demonstration using some type of competency-based elements, trainees are graded on written work or interactions with clients or the community using some type of rubric or skills assessment (such as a home visit or the capstone project). It appears that while case studies are used for simulation experiences, rarely are they part of graded work. The Nurse Aide content is followed by a state competency assessment but those skills do not necessarily fit with CHW skills.
<b>Training program incorporates CLAS standards within curriculum</b>	<p>2 Yes</p> <p>3 Some</p> <p>5 Not specifically or Unclear</p>	<b>Examples of content and/or application</b>	Some programs contain content to promote understanding of cultural practices and beliefs, cultural humility, cultural competence, and/or cultural diversity, but do most do not specifically indicate within the training program what their organization has done to incorporate the CLAS standards into their practice
<b>Training program incorporates health literacy within curriculum</b>	<p>1 Yes</p> <p>2 Some</p> <p>6 Unclear</p> <p>1 No</p>	<b>Examples of content and/or application</b>	Most training programs do not clearly indicate if they provide health literacy information, although some include information about understanding the client’s comprehension level or the client’s ability to use written resources. Several indicated that client resources are typically at a lower reading level (e.g., 5 <sup>th</sup> grade).
<b>Training program incorporates content on documentation tools or systems within curriculum</b>	<p>1 Yes</p> <p>3 Some</p> <p>5 Unclear</p> <p>1 No</p>	<b>Examples of content and/or application</b>	The training programs that are not job specific provide general information but do not provide specific training on systems or tools. For job-specific training programs, the documentation system and tools used are part of the training.
<b>Training program has quality and effectiveness measures to demonstrate the impact of the training</b>	<p>3 Yes</p> <p>7 Unclear</p>	<b>Examples of quality and effectiveness measures used</b>	For those that have graded work, a minimum threshold must be met to “pass” or receive a certificate. It is not clear that programs track outcomes such as completion or employment rates or

<b>CHW Training Program Frame Factors and Measurement Criteria</b>			
<b>Focus:</b> What are the parameters for the training program? Is there a competency-based framework and evidence-based teaching/learning practices that underpin the curriculum?			
<b>Criteria</b>	<b>Yes/No</b>	<b>Exemplars</b>	<b>Open-Ended Responses</b>
			other measures that might demonstrate the impact of the training.
<b>Training program personnel regularly evaluates trainee perceptions of and satisfaction w/ CHW training</b>	2 Yes 8 Unclear	<b>Examples of methods used to gather trainee perceptions and satisfaction</b>	For the two programs that do evaluate trainee perceptions and satisfaction, one uses an expectations chart throughout the program, and the other solicits participant feedback about the content and website. For the remaining programs, it is not clear if participant feedback about the training program is solicited.
<b>Training program personnel regularly evaluates aggregate trainee skills/competencies</b>	10 Unclear	<b>Examples of methods used to ascertain trainees are acquiring skills (aggregating results)</b>	It is not clear that programs aggregate and evaluate trainee skills / competency results. One program does keep a database of trainees and employers but does not regularly use the database.
<b>Training program personnel use quality improvement techniques to improve curricula and program elements deemed to need improvement</b>	3 Yes 2 Changes Done at National Level 5 Unclear	<b>Examples of quality improvement activities</b>	For programs that do use quality improvement processes, one uses participant perceptions and input as well as assessment of current evidence-based practices in the literature when program revisions are considered. Another reviews materials after each session, and another updates the training as organizational practice changes occur. For those that use national training materials, key informants indicated the national organization/group is the one that updates the materials.

**Number of Respondents:**

There were ten training programs reviewed

**Interpretation of Responses:**

--Yes: criteria were met

--Unclear: there were not sufficient details or information to determine if the criteria were met

--Intern: there is an internship course that trainees can take as part of the curriculum but individualized written goals, objectives and evaluation criteria are developed by the instructor and trainee

--Unknown: the training program does not track if trainees are working

--No: criteria were not met

--NA: criteria were not applicable for an organization

--Other Information: clarifying information is also provided for some criteria

## Appendix I

### Aggregate CHW Curriculum and Competency Frame Factors Results

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
Outcomes/Behaviors:	Not Present	Didactic			Practicum	
		Introduce in Theory	Practice Skills / Behaviors	Verification of Competency	Practice Skills / Behaviors	Verification of Competency
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Communication Skills: Ability to use active listening</b>		7 Yes	6 Yes 1 No	5 Yes 1 Unclear 1 No	3 Yes 2 Yes Only in Class 1 Intern 1 Unclear	2 Yes 1 Intern 2 Unclear 2 No
<b>Communication Skills: Ability to communicate in writing</b>		7 Yes	5 Yes 1 Unclear 1 No	4 Yes 1 Unclear 2 No	2 Yes 2 Yes Only in Class 1 Intern 2 Unclear	2 Yes 1 Intern 2 Unclear 2 No
<b>Communication Skills: Ability to communicate verbally</b>		7 Yes	6 Yes 1 No	4 Yes 1 Unclear 2 No	3 Yes 2 Yes Only in Class 1 Intern 1 Unclear	2 Yes 1 in Laboratory Setting (Nurse Aide) 1 Intern 2 Unclear 1 No

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
Outcomes/Behaviors:	Not Present	Didactic			Practicum	
		Introduce in Theory	Practice Skills / Behaviors	Verification of Competency	Practice Skills / Behaviors	Verification of Competency
	0 Is not covered in curriculum	1 Defines and provides knowledge and context for behavior	2 Uses a variety of active learning techniques to train for skill/behavior	3 Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	4 Provides targeted practical learning experiences to build skill/behavior	5 Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Interpersonal Skills:</b> Ability to build relationships		7 Yes	4 Yes 2 Unclear 1 No	3 Yes 2 Unclear 2 No	2 Yes 1 Yes Only in Class 1 Intern 3 Unclear	2 Yes 1 Intern 3 Unclear 1 No
<b>Interpersonal Skills:</b> Ability to work as part of a team		7 Yes	5 Yes 1 Unclear 1 No	4 Yes 2 Unclear 1 No	3 Yes 1 Yes Only in Class 1 Intern 2 Unclear	2 Yes 1 Intern 3 Unclear 1 No
<b>Interpersonal Skills:</b> Ability to understand and work with cultural dynamics		7 Yes	4 Yes 2 Unclear 1 No	4 Yes 2 Unclear 1 No	3 Yes 1 Yes Only in Class 1 Intern 2 Unclear	2 yes 1 Intern 3 Unclear 1 No
<b>Capacity Building:</b> Understanding of and ability to apply leadership	4 Unclear	3 Yes	2 Yes 1 No	1 Yes 1 Unclear 1 No	1 Yes 1 Yes Only in Class 1 Unclear	1 Yes 1 Unclear 1 No

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
Outcomes/Behaviors:	Not Present	Didactic			Practicum	
		Introduce in Theory	Practice Skills / Behaviors	Verification of Competency	Practice Skills / Behaviors	Verification of Competency
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Capacity Building:</b> Ability to develop additional skills		7 Yes	5 Yes 1 Unclear 1 No	4 Yes 1 Unclear 2 No	4 Yes 1 Yes Only in Class 1 Intern 1 Unclear	2 Yes 1 Intern 2 Unclear 2 No
<b>Capacity Building:</b> Ability to develop and manage resources		7 Yes	4 Yes 2 Unclear 1 No	4 Yes 2 Unclear 1 No	3 Yes 1 Yes Only in Class 1 Intern 2 Unclear	2 Yes 1 Intern 3 Unclear 1 No
<b>Capacity Building:</b> Ability to use planning skills		7 Yes	4 Yes 2 Unclear 1 No	4 Yes 2 Unclear 1 No	3 Yes 1 Yes Only in Class 1 Intern 1 Laboratory (Nurse Aide Skills) 1 Unclear	2 Yes 1 Intern 3 Unclear 1 No

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
Outcomes/Behaviors:	Not Present	Didactic			Practicum	
		Introduce in Theory	Practice Skills / Behaviors	Verification of Competency	Practice Skills / Behaviors	Verification of Competency
	0 Is not covered in curriculum	1 Defines and provides knowledge and context for behavior	2 Uses a variety of active learning techniques to train for skill/behavior	3 Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	4 Provides targeted practical learning experiences to build skill/behavior	5 Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Capacity Building:</b> Ability to produce complete, accurate reports		7 Yes	5 Yes 1 Unclear 1 No	5 Yes 1 Unclear 1 No	2 Yes 1 Yes Only in Class 1 Intern 3 Unclear	3 Yes 1 Intern 2 Unclear 1 No
<b>Capacity Building:</b> Understanding of needs assessment		7 Yes	4 Yes 2 Unclear 1 No	4 Yes 2 Unclear 1 No	2 Yes 1 Yes Only in Class 1 Intern 3 Unclear	2 Yes 1 Intern 3 Unclear 1 No
<b>Teaching Skills:</b> Ability to teach one-on-one and/or in group settings	2 Not Present	5 Yes	2 Yes 2 Unclear 1 No	1 Yes 2 Unclear 2 No	1 Yes 1 Yes Only in Class 3 Unclear	1 Yes 3 Unclear 1 No

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
Outcomes/Behaviors:	Not Present	Didactic			Practicum	
		Introduce in Theory	Practice Skills / Behaviors	Verification of Competency	Practice Skills / Behaviors	Verification of Competency
	0 Is not covered in curriculum	1 Defines and provides knowledge and context for behavior	2 Uses a variety of active learning techniques to train for skill/behavior	3 Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	4 Provides targeted practical learning experiences to build skill/behavior	5 Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Teaching Skills:</b> Ability and willingness to learn and be proficient with information being presented	2 Not Present	5 Yes	2 Yes 2 Unclear 1 No	3 Yes 1 Unclear 1 No	1 Yes 1 Yes Only in Class 3 Unclear	2 Yes 2 Unclear 1 No
<b>Teaching Skills:</b> Ability to lead classes or educational sessions	1 Not Present 3 Unclear	3 Yes	2 Yes 1 Unclear	1 Yes 1 Unclear 1 No	1 Yes 1 Yes Only in Class 1 Unclear	1 Yes 1 Unclear 1 No
<b>Teaching Skills:</b> Recognize need to continue education	2 Not Present	5 Yes	2 Yes 2 Unclear 1 No	1 Yes 3 Unclear 1 No	1 Yes 1 Yes Only in Class 3 Unclear	1 Yes 3 Unclear 1 No
<b>Teaching Skills:</b> Ability to adapt teaching style to audience needs	2 Not Present	5 Yes	2 Yes 2 Unclear 1 No	2 Yes 2 Unclear 1 No	1 Yes 1 Yes Only in Class 3 Unclear	1 Yes 3 Unclear 1 No

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
Outcomes/Behaviors:	Not Present	Didactic			Practicum	
		Introduce in Theory	Practice Skills / Behaviors	Verification of Competency	Practice Skills / Behaviors	Verification of Competency
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Advocacy Skills:</b> Ability to be assertive and respectful		7 Yes	4 Yes 2 Unclear 1 No	4 Yes 2 Unclear 1 No	2 Yes 1 Yes Only in Class 1 Intern 3 Unclear	2 Yes 1 Intern 3 Unclear 1 No
<b>Advocacy Skills:</b> Ability to listen and ask questions		7 Yes	5 Yes 1 Unclear 1 No	4 Yes 2 Unclear 1 No	3 Yes 1 Yes Only in Class 1 Intern 2 Unclear	2 Yes 1 Intern 3 Unclear 1 No
<b>Advocacy Skills:</b> Ability to advocate at different professional levels	4 Unclear	3 Yes	2 Yes 1 No	2 Unclear 1 No	1 Yes 1 Yes Only in Class 1 Unclear	1 Yes 1 Unclear 1 No

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
Outcomes/Behaviors:	Not Present	Didactic			Practicum	
		Introduce in Theory	Practice Skills / Behaviors	Verification of Competency	Practice Skills / Behaviors	Verification of Competency
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Advocacy Skills:</b> Ability to identify and manage risky situations		7 Yes	4 Yes 2 Unclear 1 No	3 Yes 3 Unclear 1 No	3 Yes 1 Yes Only in Class 1 Intern 2 Unclear	1 Yes 1 Intern 3 Unclear 2 No
<b>Advocacy Skills:</b> Ability to strengthen social support networks		7 Yes	4 Yes 2 Unclear 1 No	4 Yes 2 Unclear 1 No	2 Yes 1 Yes Only in Class 1 Intern 3 Unclear	1 Yes 1 Intern 3 Unclear 2 No
<b>Organizational Skills:</b> Ability to develop plans and set goals		7 Yes	4 Yes 2 Unclear 1 No	4 Yes 2 Unclear 1 No	2 Yes 1 Yes Only in Class 1 Intern 3 Unclear	2 Yes 1 Intern 3 Unclear 1 No

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
Outcomes/Behaviors:	Not Present	Didactic			Practicum	
		Introduce in Theory	Practice Skills / Behaviors	Verification of Competency	Practice Skills / Behaviors	Verification of Competency
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Organizational Skills:</b> Ability to manage time and determine priorities		<b>7 Yes</b>	<b>4 Yes</b> <b>2 Unclear</b> <b>1 No</b>	<b>4 Yes</b> <b>2 Unclear</b> <b>1 No</b>	<b>1 Yes</b> <b>1 Yes Only in Class</b> <b>3 Unclear</b> <b>2 No</b>	<b>1 Yes</b> <b>1 Intern</b> <b>3 Unclear</b> <b>2 No</b>
<b>Organizational Skills:</b> Ability to manage a budget	<b>2 Not Present</b> <b>3 Unclear</b>	<b>2 Yes</b>	<b>2 Yes</b>	<b>1 Yes</b> <b>1 No</b>	<b>1 Yes</b> <b>1 No</b>	<b>1 Yes</b> <b>1 No</b>
<b>Organizational Skills:</b> Ability to report and evaluate in community settings		<b>7 Yes</b>	<b>4 Yes</b> <b>2 Unclear</b> <b>1 No</b>	<b>5 Yes</b> <b>1 Unclear</b> <b>1 No</b>	<b>1 Yes</b> <b>1 Intern</b> <b>3 Unclear</b> <b>2 No</b>	<b>2 Yes</b> <b>1 Intern</b> <b>2 Unclear</b> <b>2 No</b>

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
Outcomes/Behaviors:	Not Present	Didactic			Practicum	
		Introduce in Theory	Practice Skills / Behaviors	Verification of Competency	Practice Skills / Behaviors	Verification of Competency
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Service Coordination:</b> Ability to identify and access resources		7 Yes	4 Yes 2 Unclear 1 No	4 Yes 2 Unclear 1 No	2 Yes 1 Yes Only in Class 1 Intern 3 Unclear	2 Yes 1 Intern 3 Unclear 1 No
<b>Service Coordination:</b> Ability to make appropriate referrals when needed		7 Yes	4 Yes 2 Unclear 1 No	4 Yes 2 Unclear 1 No	2 Yes 1 Yes Only in Class 1 Intern 3 Unclear	2 Yes 1 Intern 3 Unclear 1 No
<b>Service Coordination:</b> Ability to network, form partnerships, and work with others in planning efforts		7 Yes	4 Yes 2 Unclear 1 No	4 Yes 2 Unclear 1 No	2 Yes 1 Yes Only in Class 1 Intern 3 Unclear	2 Yes 1 Intern 3 Unclear 1 No

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)						
Outcomes/Behaviors:	Not Present	Didactic			Practicum	
		Introduce in Theory	Practice Skills / Behaviors	Verification of Competency	Practice Skills / Behaviors	Verification of Competency
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<i>Outreach Methods and Strategies:</i> Ability to engage others		7 Yes	5 Yes 1 Unclear 1 No	4 Yes 2 Unclear 1 No	4 Yes 1 Yes Only in Class 2 Unclear	2 Yes 1 Intern 3 Unclear 1 No
<i>Outreach Methods and Strategies:</i> Ability to foster collaborative relationships		7 Yes	4 Yes 2 Unclear 1 No	4 Yes 2 Unclear 1 No	3 Yes 1 Yes Only in Class 3 Unclear	2 Yes 1 Intern 3 Unclear 1 No
<i>Outreach Methods and Strategies:</i> Ability to build trust within the community		7 Yes	4 Yes 2 Unclear 1 No	3 Yes 3 Unclear 1 No	3 Yes 3 Unclear 1 No	1 Yes 1 Intern 3 Unclear 2 No

<b>CHW Curriculum and Competency Frame Factors and Measurement Criteria</b>						
<b>Please indicate the applicable areas for the training program based on the PHAN Competencies (PHAN, 2014)</b>						
<b>Outcomes/Behaviors:</b>	<b>Not Present</b>	<b>Didactic</b>			<b>Practicum</b>	
		<b>Introduce in Theory</b>	<b>Practice Skills / Behaviors</b>	<b>Verification of Competency</b>	<b>Practice Skills / Behaviors</b>	<b>Verification of Competency</b>
	<b>0</b> Is not covered in curriculum	<b>1</b> Defines and provides knowledge and context for behavior	<b>2</b> Uses a variety of active learning techniques to train for skill/behavior	<b>3</b> Didactic tests / projects / presentations / assessments w/ evaluation criteria for skill /behavior	<b>4</b> Provides targeted practical learning experiences to build skill/behavior	<b>5</b> Demonstration of skill / behavior in practice w/ evaluation criteria for skill /behavior
<b>Client and Community Assessment: Ability to understand basic surveys, interviews, and observational methods</b>		<b>7 Yes</b>	<b>5 Yes</b> <b>1 Unclear</b> <b>1 No</b>	<b>4 Yes</b> <b>2 Unclear</b> <b>1 No</b>	<b>3 Yes</b> <b>1 Intern</b> <b>3 Unclear</b>	<b>3 Yes</b> <b>1 Intern</b> <b>2 Unclear</b> <b>1 No</b>
<b>Client and Community Assessment: Ability to understand population health data</b>		<b>7 Yes</b>	<b>4 Yes</b> <b>2 Unclear</b> <b>1 No</b>	<b>4 Yes</b> <b>2 Unclear</b> <b>1 No</b>	<b>1 Yes</b> <b>1 Intern</b> <b>3 Unclear</b> <b>2 No</b>	<b>1 Yes</b> <b>1 Intern</b> <b>3 Unclear</b> <b>2 No</b>

**Number of Respondents:**

Of the ten training programs reviewed, seven had some or all available training program materials to share for evaluation

**Interpretation of Responses:**

--Green: indicates the majority of training programs met the criteria ("yes" responses)

--Orange: indicates the majority of training programs did not meet the criteria (less than 4 "yes" responses)

--Gray: indicates the item was not clearly covered in the curriculum for the majority of the training programs

--Yes: criteria were met

--Unclear: there was not sufficient detail or information to determine if the criteria were met

--Intern: there is an internship course that trainees can take as part of the curriculum but individualized written goals, objectives and evaluation criteria are developed by the instructor and trainee

--Laboratory: there is a nurse aide course included as part of the CHW certificate, and that course has laboratory practice experiences, primarily for patient care activities

--Unknown: the training program does not track if trainees are working

--No: criteria were not met

--NA: criteria were not applicable for an organization

--Other Information: clarifying information is also provided for some criteria