

Nebraska Community Health Workers: Improving Training and Workforce Preparation

Introduction:

The Community Health Worker (CHW) workforce in Nebraska is diverse and growing. The CHW has the potential to improve population health and equity, by assisting the hardest-to-reach and most disenfranchised communities to access and benefit from services to address health and social needs. CHW go by many different job titles. However, CHW share recognized core competencies as described by the American Public Health Association¹, the Public Health Association of Nebraska², and others:

Community Health Worker Core Competencies

- Communication Skills
- Interpersonal Skills
- Capacity Building
- Teaching Skills
- Client Assessment
- Advocacy Skills
- Organization Skills
- Service Coordination
- Outreach Methods and Strategies
- Community Assessment

In 2019, an assessment of Community Health Worker training in Nebraska studied the extent to which ten training programs deliver training on the established core competencies. Nineteen key informants from twelve organizations participated in the assessment. Fifteen key informants were staff and/or managers of CHW or CHW training programs; four key informants were CHW. Findings point to directions forward to improve CHW workforce preparation.

There is a limited understanding of the CHW role, accountable activities, scope of practice, and boundaries with other occupations. Common standards are lacking for curriculum, education, and practice. These are barriers for use of CHW. The movement of CHW across communities is inhibited, and portability of roles across settings is decreased.

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.

To provide structure for consistent and shared core competencies in the CHW Workforce, the 2019 Curriculum assessment project identifies four key considerations for trainers:

- **Common Framework:** Adopting a common conceptual framework for training CHW in core competencies in Nebraska will help ensure that common practices are more visible and consistent among CHW. Such a common conceptual framework would still allow the variation in training program duration seen in Nebraska.
- **Hands-On, Participatory Training:** Training programs for CHW that use participatory methods for teaching, with competency and skill attainment continuously evaluated for both knowledge as well as practice, provide CHW with a clearly recognizable list of skills and competencies they have demonstrated.
- **Minimum Standards:** Developing and adopting minimum standards that training programs can apply to assure depth and content of training experiences specific to core competencies will establish a recognizable skill set for CHW, while still allowing specialized skills to be added.
- **Development of a Recognizable and Portable Skill Set:** Well-regarded training programs validate their programs, assuring content and practicum experiences for all the core competencies for CHW are included. When linkages are clearly shown, the CHW basic skills are reinforced as both recognizable and portable.

Key Findings:

There are several **types of CHW training** programs in Nebraska:

- Community college programs offering academic credit, rigorous curricula, and more depth. Tuition and fees, and entry requirements apply.
- Employer-offered training programs focus on job requirements and expected duties. No fee, but entrance is restricted to employees.
- Community training programs offered to community members, not attached to specific employment, and free. Training is more generalized and not specific to a job.

Length of the ten training programs reviewed ranged from 29 hours to 203 hours.

Most programs address **CHW Core Competencies**. The four areas most commonly *missing* are:

- Leadership (Competency = Capacity Building)
- Teaching skills
- Advocating at different professional levels (Competency = Advocacy)
- Ability to manage a budget (Competency = Organizational Skills)

Basic programs address **documentation practices**, but leave methods, standards, and process to CHW employers. There is little consistency in actual documentation of CHW contributions to outcomes.

Many programs include some information related to **culture**, for example cultural practices and beliefs, cultural humility, cultural competence, and/or cultural diversity. However, few training programs use Culturally- and Linguistically-appropriate services (CLAS) standards, or evidence-based practices in health literate communication.

Few use **CHW as trainers**. Some include job shadowing with a CHW during training.

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

See the full report:
Hultquist, T.B. (2019) Nebraska Community Health Worker Training and Curricula Assessment: Rubric Development and Testing. <http://dhhs.ne.gov/Pages/MCASH-CHW.aspx>.

- 1) <https://www.apha.org/apha-communities/member-sections/community-health-workers/resources>
- 2) <https://phan.wildapricot.org/Community-Health-Worker>

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Recommendations to improve CHW workforce preparation:

1. **Equip CHW with a clear role description and examples of CHW contributions in all competency areas.** This will assure CHW are better able to articulate and demonstrate the value of the CHW in an organization.
2. **Establish documentation standards for CHW.** (Competency = Communication Skills.) CHW should track their own contributions and create their own narrative about their experiences with communities and health systems.
3. **Adopt Culturally- and Linguistically-appropriate Services (CLAS) standards, literacy standards, structural determinants of health and equity in populations, and culturally-congruent care in CHW practice.** CHW are expected to be experts in culturally competent care. The ability to articulate their role in the language of these standards and population health approaches will further reinforce the credibility and assets of the CHW role.
4. **Increase the use of CHW as trainers, in all aspects of the training process, from development to evaluation.** Demonstrate competent CHW behavior; share real life experiences; inspire role adoption.
5. **Equip CHW with the ability to report and evaluate in community settings.** (Competency = Organizational Skills.) By gathering and evaluating data, CHW can help their organizations better understand needs and CHW impact.
6. **Periodically evaluate CHW training programs** using a common conceptual framework, such as the rubric presented in the 2019 assessment. Hold programs accountable for verifying their content is at a minimum linked to the consensus core competencies.