

CREATING CARE CONNECTIONS:

Strategies to Support Community Health Worker Training

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The Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) advocates for legal, regulatory, and policy reforms to improve the health of underserved populations, with a focus on the needs of low-income people living with chronic illnesses and disabilities. CHLPI works with consumers, advocates, community-based organizations, health and social services professionals, food providers and producers, government officials, and others to expand access to high-quality healthcare and nutritious, affordable food; to reduce health disparities; to develop community advocacy capacity; and to promote more equitable and effective healthcare and food systems. CHLPI is a clinical teaching program of Harvard Law School and mentors students to become skilled, innovative, and thoughtful practitioners as well as leaders in health, public health, and food law and policy.

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I. INTRODUCTION

Community Health Workers (CHWs) play a critical role in helping patients navigate the health care system to access necessary medical and social services. CHWs provide an essential link with health systems and are a powerful force for promoting healthy behaviors in resource-constrained settings. They help reduce the burden of disease from serious, readily preventable, or treatable conditions, and improve the health of the community. This issue brief is designed to assist Maryland health care providers who are interested in developing training programs to enhance the ability of local CHWs to help patients prevent or manage particular conditions. It explores strategies for designing effective CHW curricula and identifies broader systemic issues—such as funding and credentialing—that can promote or undermine the sustainability of CHW training programs. Finally, it provides a series of case studies on CHW training programs from around the country and recommendations on next steps that Maryland health care providers can take to create and sustain similar efforts in their communities.

II. WHAT ARE CHWS?

Defining CHWs

A variety of terms and definitions have historically been used to describe CHWs. In general, though, CHWs are defined by the role that they play in connecting specific communities to health care systems. The American Public Health Association (APHA) defines a CHW as follows:

A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.¹

Working with CHWs can help patients—especially those from vulnerable populations—to overcome barriers that interfere with their ability to prevent or manage acute and chronic health conditions. These include difficulty accessing care (especially in rural areas where providers may be far away and transit options are limited), distrust or trouble communicating with providers, language and other cultural barriers, unfamiliarity with various public programs, and other social factors that impact health.² CHWs help to overcome these barriers by connecting patients to support services that include and go beyond health care, like social services or housing assistance.³ While specific CHW services are varied, they can include tasks such as: visiting patients in their homes to assess challenges, attending doctors' appointments to provide moral support, and assisting clients to sign up for social or medical assistance programs, such as Medicaid or Temporary Assistance for Needy Families (TANF).⁴

The Impact of CHW Services

By providing these services, CHWs allow patients to better manage their health, resulting in improved health outcomes and reductions in health care costs.⁵ Studies have shown CHW services to be effective in helping patients to address a variety of conditions, including diabetes,⁶ ⁷ hypertension,⁸ and tobacco use.⁹ As a result, patients who receive CHW services often have less need to access high-cost services (e.g., Emergency Department visits, hospitalizations, and hospital readmissions), resulting in cost savings.¹⁰



CASE STUDY – BALTIMORE

In a study conducted in Baltimore, Maryland from 1991-94, 38 CHWs were trained in addressing chronic illnesses (with a focus on diabetes), resource identification, and case management. The trained CHWs were then given an initial caseload of one to two patients, eventually rising to a maximum of ten. The CHWs contacted these patients at least once per week, helped them sign up for Medicaid if they were eligible, linked them with appropriate primary and specialty care practitioners, monitored the patients to see whether they were taking medications, observed their diets, watched for signs of diabetic complications, and provided social support.

The CHW services involved in this study were associated with a 38% reduction in ER visits and a 27% reduction in Medicaid reimbursements.

Source: Donald Fedder, Ruyu Chang & Gloria Nichols, *THE EFFECTIVENESS OF A COMMUNITY HEALTH WORKER OUTREACH PROGRAM ON HEALTHCARE UTILIZATION OF WEST BALTIMORE CITY MEDICAID PATIENTS WITH DIABETES, WITH OR WITHOUT HYPERTENSION, ETHNICITY AND DISEASE* 22-27 (2003) <http://www.ishib.org/journal/ethn-13-01-22.pdf> (last visited Mar. 23, 2018).

III. DEVELOPING CHW TRAINING PROGRAMS

Types of CHW Training

Like many health care providers, CHWs often engage in two categories of training to develop the skills and knowledge they need to serve their communities: **(1) initial CHW training and (2) continuing education training.** Health care providers that are interested in developing CHW trainings will want to consider their program's capacity, funding, and goals, as well as what training programs are already available elsewhere in their community, when determining which type of training program to pursue.

- a. **Initial CHW training:** Initial CHW training programs teach participants all of the basic skills and core competencies they need to provide CHW services (e.g., outreach strategies, individual and community assessment, communication, system navigation, and patient education¹¹). These trainings may also include information about specific health topics. Providers interested in developing an initial CHW training program should note that a number of states have established CHW credentialing systems that set baseline requirements for what these trainings must look like and include in order to qualify participants to be credentialed as CHWs.
- b. **Continuing education training:** Continuing education training programs provide experienced CHWs with additional knowledge on specific topics, such as individual health conditions or skills. Continuing education trainings are typically shorter in duration than initial CHW training programs and therefore less resource-intensive to create and implement. As with initial CHW trainings, continuing education courses may be subject to legal and regulatory requirements in states with formal CHW credentialing systems. For more information on statewide CHW credentialing systems, see **Section IV** below.

Designing a CHW Training Curriculum

There are a number of factors that determine how well a training program will be received by the CHW community. In particular, health care providers that choose to develop a CHW training will want to consider: the needs of the local community, how to leverage a variety of effective teaching styles, and the appropriateness of the course content for a CHW audience. The National Community Health Worker Training Center at Texas A&M University has created a five-step process for developing each of its trainings that may be helpful to keep in mind as you proceed.

CASE STUDY – NATIONAL COMMUNITY HEALTH WORKER TRAINING CENTER (NCHWTC)

When the NCHWTC develops a new CHW training, it engages in the following five steps.

- 1. Assessing the Need for Community Education in Special Health Topics:** NCHWTC begins their process by examining what health care topics would be most relevant to their community. For example, if local CHWs report that lung cancer is particularly prevalent in the community, the Center may develop a training focused on that topic. In other cases, outside organizations will request that the Center develop a training on a particular topic in exchange for a grant or paid contract. If the requested topic is relevant and responsive to community needs, the NCHWTC agrees to produce the training materials as part of a funded project.
- 2. Consulting with Community Members and Community Liaisons about Existing Knowledge and Topics They Are Interested in Learning About:** After determining the training topic, NCHWTC will ask relevant stakeholders—such as CHWs, professional organizations, coalitions, and community members—for information on existing resources on the topic as well as for their own input on the content of the training.
- 3. Generating the Curriculum:** Based upon the community input that it receives, NCHWTC generates the curriculum content. The content includes both topics to be covered and the specific information, resources, and training tools to be provided.
- 4. Formatting Materials to Meet the Needs of the Audience:** After determining the general content of the curriculum, NCHWTC will format its materials to take into account the language, culture, and experience of its target trainees. This process includes determining the length of the training and the manner in which the information will be conveyed (e.g., role-plays, videos, discussions, etc.). Each training typically includes both background information on the health topic and a series of interactive activities. When designing the training, NCHWTC also considers how it can leverage the spectrum of adult learning strategies—motivation, reinforcement, retention, transference, and evaluation—to ensure that the curriculum is as widely effective as possible.
- 5. Submitting the Curriculum and Materials for Accreditation:** Finally, in order to meet Texas state requirements for certified CHW trainings, NCHWTC sends the completed draft curriculum to the Texas Department of State Health Services. The Department's CHW Training & Certification Program staff then evaluates and provides feedback on the various elements of the curriculum (e.g., lesson plan, slides, and handouts) to ensure that the content is accurate, appropriate, and within the competency of CHWs. Approved curricula are certified for use within Texas.

Source: Telephone interviews of Blanca Macareno, Operation Manager, NCHWTC, by Katie Garfield, Staff Attorney, CHLPI (July 11 & 14, 2017) (notes on file with the author).

IV. SYSTEMIC ISSUES IN SUSTAINING CHW TRAINING

The overall success and sustainability of any CHW training program will also depend upon two systemic issues that impact the demand for CHW trainings in any given state: **(1) state CHW credentialing programs** and **(2) CHW funding streams**. This section provides an overview of each these two issues and the progress that Maryland has made toward addressing them.

State CHW Credentialing Programs

Unlike other health professionals such as physicians or nurses, states have not historically had statewide credentialing programs for CHWs. However, a number of states are now working to implement such systems. These states are establishing policies that set up voluntary or mandatory CHW credentialing systems to better standardize the core competencies and skills of their CHW workforce. These programs are designed to make it easier to integrate CHWs into care teams and payment systems. However, it is worth noting that some CHWs have expressed concern that credentialing could create barriers to entry and/or take CHWs away from their community

connections by focusing on credentialed “skills” over community relationships.¹²

Credentialing systems often lay out specific training and continuing education requirements for all credentialed CHWs in the state. As a result, they play a crucial role in driving demand for CHW training and in shaping the content and structure of the trainings themselves. Health care providers who are interested in developing CHW training programs should therefore be sure to research and understand any CHW credentialing policies that exist in their states. These policies are generally enacted through legislation, regulation, and/or direct action by state agencies.¹³ As of January 2017, ten states had CHW training and certification programs in place and six others had enacted laws and/or regulations that establish CHW certification requirements.¹⁴

- a. Common Elements of Training and Credentialing Programs:** Each state has its own standards for credentialing CHWs, but many share common attributes. These include:
- **Core competency requirements** (such as communication skills and knowledge bases on certain health issues),
 - **Training hours in the classroom**, and
 - **Grandfathering provisions** (exempting people with a certain amount of recent experience from training requirements).¹⁵

While state credentialing programs are meant to integrate and elevate the role of CHWs in state health care systems, many elements of these systems also have the potential to erect barriers to entry that can prevent otherwise qualified CHWs from entering the workforce. For example, some states—such as New Mexico, Ohio, and Oregon—require CHWs to undergo background checks as part of the certification process.¹⁶ As a result, some states, such as Massachusetts have decided to implement a voluntary, rather than mandatory, credentialing program.¹⁷ Because decisions regarding credentialing can have such a far-reaching impact on CHWs within the state, it is also crucial for the CHW community to be directly involved in developing state credentialing standards.

CASE STUDY: TEXAS CREDENTIALING SYSTEM

Texas has a certification program that is required for all CHWs who are compensated for their services. To be certified, a CHW must complete:

- **160 hours of training:** Training must cover eight core competencies: communication skills; interpersonal skills; service coordination; capacity-building; advocacy; teaching; organizational skills; and knowledge based on specific health issues.
- **20 hours continuing education every two years**

Texas has a grandfathering provision that allows those who have provided 1,000 hours of CHW services in the past six years to be certified without completing the training program. The training programs are certified by the Department of State Health Services.

Sources: V.T.C.A., *Health & Safety Code* § 48.051 - 48.052; 25 *Tex. Admin. Code* §§ 146.4, 146.6

CHW Funding Streams

The existence of sustainable funding streams for CHW services can also play an important role in driving demand for CHW training. Historically, most CHW programs have relied on short-term government or charitable grants to pay for CHW services.¹⁸ These grants are often time-limited and narrowly categorized (e.g., tied to a specific disease) leading to uncertainty for CHW organizations, who struggle to make long-term plans without a clear idea of what their funding levels and sources will be. This uncertainty can prevent CHW organizations from expanding, or can lead to their demise altogether,¹⁹ limiting the CHW workforce and disincentivizing CHWs from investing in additional trainings.

To counter this uncertainty, states and health care payers are investigating strategies to establish more sustainable funding streams for CHW services. Such funding streams may come from sources such as: **(1) state Medicaid programs, (2) state budget appropriations, or (3) individual private organizations.**

- a. **State Medicaid Programs:** Although uptake has been slow, there are a variety of mechanisms that states can use to provide funding for CHW services in their Medicaid programs. An overview of some of these mechanisms is provided below.
 - i **State Plan Amendments (SPA):** A recent change to Medicaid regulations gives states the option to allow the reimbursement of CHWs who provide preventive services to Medicaid patients.²⁰ To do so, states must create an SPA defining both CHWs and the services they provide.²¹ Some states have also used other types of SPAs to fund CHW services. For example, Minnesota allows certified CHWs working under a qualified medical professional to be reimbursed through the state's Medicaid program when billed through an eligible provider.²² This means that CHWs cannot be reimbursed directly by Medicaid, but their services as part of a care team can be.
 - ii **State Medicaid Waivers:** States can also request a waiver from the Centers for Medicare & Medicaid Services (CMS) to establish sustainable funding streams for CHW services in their Medicaid programs. For example, New Mexico has been granted a Section 1115 Demonstration Waiver that mandates that its Managed Care Organizations (MCOs) conduct outreach to their beneficiaries using CHWs.²³ These MCOs can include CHWs in care coordination teams and pay them out of their capitation rate.²⁴
 - iii **Managed Care Contracts:** State Medicaid programs can also build requirements into managed care contracts that require them to provide CHW services to Medicaid patients. For example, Michigan requires its Medicaid MCOs to provide "Community Health Worker (CHW) or Peer-Support Specialist Services to Enrollees who have significant behavioral health issues and complex physical co-morbidities who will engage with and benefit from CHW or Peer-Support Specialist Services."²⁵ The MCO contracts require MCOs to have one CHW for every 20,000 enrollees, and for CHWs to have the following core competencies: role advocacy and outreach; navigating community resources; legal and ethical responsibilities; teaching and capacity-building; communication skills and cultural responsiveness; coordination, documentation and reporting; and healthy lifestyles.²⁶
 - iv **Administrative Costs:** Finally, Medicaid MCOs and providers can bill for CHW services as an administrative cost.²⁷
- b. **State Budget Appropriations:** Some states have also used funding line items at the state or local level to fund CHWs directly. One example of this is Kentucky Homeplace, a state-funded program by the University of Kentucky to combat disparities in rural areas.²⁸ Homeplace was established in 1994 as a demonstration project in 14 counties.²⁹ Its success led the Kentucky General Assembly to give special funding to the program.³⁰ The Homeplace program aims "to educate Kentuckians to identify risk factors and use preventative measures to become a healthier people with knowledge and skills to access the healthcare and social systems."³¹
- c. **Individual Private Organizations:** Some hospitals, MCOs, and businesses have allocated funding in their operating budgets to directly employ CHWs.³² The cost savings that accrue from integrating CHWs into care teams can exceed the amount spent on employing CHWs, making CHWs a wise investment for these organizations. One such program is found at the Christus Spohn Health System in Corpus Christi, Texas. Christus Spohn has employed CHWs since 2004,³³ using them to help uninsured patients navigate the health system.³⁴ As part of this program, Christus Spohn has used CHWs to assist patients with high ER utilization rates.³⁵ One case study estimated that the savings to the hospital per Emergency Department patient assigned to a CHW came to \$56,000 per year.³⁶

Status of CHW Funding and Credentialing in Maryland

Maryland has not yet set up widespread sustainable funding streams for CHW services. The state has, however, made some progress toward establishing a statewide training and credentialing system. Maryland passed legislation in 2014 resulting in the establishment of the Workgroup on Workforce Development for Community Health Workers (Workgroup), which was assigned the tasks of making recommendations regarding training, credentialing, and reimbursement and payment structures for CHWs.³⁷ The Workgroup advocated for the creation of a two-tier CHW certification process. Tier I, or the "pre-certified Community Health Worker" tier, would include 80 hours of training

and would “lay the framework for providing CHW services in the community.”³⁸ Tier 2, or the “Certified Community Health Worker” tier, would include a 160-hour training curriculum that would be a combination of classroom and experiential learning.³⁹

The Workgroup recommended that CHWs be trained in 11 core competencies:

- **Effective oral and written communication skills,**
- **Cultural competency,**
- **Knowledge of local resources and system navigation,**
- **Advocacy and community capacity building skills,**
- **Care coordination skills,**
- **Teaching skills to promote healthy behavior change,**
- **Outreach methods and strategies,**
- **Ability to bridge needs and identify resources,**
- **Understanding of public health concepts and health literacy,**
- **Understanding of ethics and confidentiality issues, and**
- **Ability to use and understand health information technology.**⁴⁰

The Workgroup also recommended creating an oversight board, made up of at least 50% CHWs, to approve training programs.⁴¹ Lastly, it recommended a two-year grandfathering period during which individuals who have 80 hours of training, have worked 4,000 hours, and meet certain competency standards could avoid going through a state-approved training program to achieve certification.⁴² The Workgroup declined to provide recommendations for reimbursement models and instead focused on promoting several sources of CHW payments.⁴³

Building off of the Workgroup’s proposals, a bill was passed by the Maryland legislature in the 2018 legislative session that will establish a State Community Health Worker Advisory Committee to advise the Maryland Department of



Health (MDH) regarding the certification and training of CHWs.⁴⁴ The bill will require MDH, working in collaboration with the Advisory Committee, to adopt regulations that will allow CHWs to pursue voluntary certification. To be certified, a CHW will either need to complete a training program accredited by MDH or qualify for exemption from training requirements. Unlike previous CHW certification bills proposed in the Maryland legislature,⁴⁵ this latest bill does not discuss specific curriculum or continuing education requirements. It does, however, give MDH the authority to develop regulations on these issues.⁴⁶ The bill passed the Senate 46-0 on April 2, 2018, passed the House 138 - 0 on April 9, 2018, and was signed by the Governor on May 8, 2018.⁴⁷

V. CHW TRAINING PROGRAMS: CASE STUDIES

Across the country, CHW training programs continue to be largely grant-funded. However, some organizations—especially those located at centers devoted to CHW training—are exploring alternative, more sustainable approaches to funding their services, including private contracts and direct student fees. This section presents example case studies from two such organizations: the Sinai Urban Health Institute in Chicago, Illinois and the National Community Health Worker Training Center of Texas A&M University.

Case Study #1: Sinai Urban Health Institute (Chicago, IL)

- **Program Description:** The Sinai Urban Health Institute (SUHI) sits within the Sinai Health System in Chicago, Illinois. Shortly after its founding in 2000, SUHI began hiring and training CHWs to assist patients in managing asthma in their home environments. SUHI has continued to train its own staff CHWs since that time and has more recently begun consulting with other medical centers and health care providers to train CHWs employed at those institutions. Additionally, SUHI has expanded its use of CHWs to diabetes, breast health, and HIV interventions. In recent years, SUHI has also developed and published information on best practices in developing and delivering effective CHW training programs.⁴⁸
- **Approach to Training:** SUHI's training program falls within the more comprehensive category of initial CHW training. The trainings are therefore more lengthy and complex to deliver than a continuing education program. Trainings are facilitated by an experienced CHW and a program manager/content expert. Specifically, SUHI provides a two-week training course, with one week devoted to core CHW skills and the second week devoted to disease-specific content and related issues (e.g., asthma, breast health, and diabetes). The Institute uses the same training process regardless of whether the trainees are being hired as SUHI staff or are employed by external organizations. The trainings involve a number of learning strategies, but emphasize discussion, activities, role-plays, repetition of key medical information, and question and answer sessions on how trainees would react to particular scenarios. SUHI sees the role-play activities, in particular, as critical to the CHW training process, as they allow the CHWs to become more comfortable with the types of situations and questions they may face in their work. Trainees are therefore also tested throughout the course via a series of role-play evaluations, with the number of these evaluations being dependent upon the type of intervention (i.e., asthma, breast health, or diabetes). After the two-week intensive program, for interventions involving home visits, SUHI also requires CHWs to shadow experienced CHWs so they can experience typical home visits, after which they are joined by a CHW supervisor for their first three to five visits to receive feedback on their work and ensure they are equipped to handle home visits on their own.

Notably, the weeklong CHW core skills curriculum also provides a foundation for CHWs who may not be implementing a disease-specific program. For example, SUHI staff recently trained a group of CHWs that would ultimately be completing social determinants of health screenings in the Emergency Department. Thus SUHI's core skills curriculum is appropriate for a variety of interventions that may not involve an additional week of disease-specific training.

- **Funding:** Like most CHW training programs, the bulk of SUHI's work is grant-funded. However, as SUHI has begun to train more CHWs for outside organizations, it has also entered into contracts in which they are paid to provide trainings or grant outside access to their protocols. As of 2017, SUHI had trained roughly 150-200 CHWs, and consulted with 5-10 outside organizations.

Source: Telephone interview of Julie Kuhn, Program Manager, SUHI by Katie Garfield, Staff Attorney, CHLPI (April 21, 2017) (notes on file with the author).

Case Study #2: National Community Health Worker Training Center (College Station, TX)

- **Program Description:** The National Community Health Worker Training Center (NCHWTC) is a program of Texas A&M University dedicated to training CHWs. The Center offers several training options, including 160-hour initial CHW and CHW Instructor certification courses and more than 50 certified continuing education modules. From July 2016 – August 2017 NCHWTC developed or adapted CHW training programs on the following range of topics:
 - o Mental health;
 - o Oral health;
 - o Cancer prevention, detection, treatment, survivorship, and navigation;
 - o Tobacco Cessation; and
 - o Diabetes
- **Approach to Training:** NCHWTC's approach to developing its trainings is described in detail in **Section III**. In general, the Center follows a five-step process that includes community assessment and outreach, development of multi-faceted, interactive training materials, and submission to the state for feedback and certification. To maximize access to its trainings, NCHWTC provides its courses in both English and Spanish and makes course available both online and in-person. The Center leverages technology platforms such as the Moodle online learning management system and Adobe Connect to provide online content. Through their online courses, NCHWTC has reached students across Texas and nationwide.
- **Funding:** Like many CHW training programs, NCHWTC began as a fully grant-funded organization. Over time, though, its sustainability plan has evolved, and it is now supported by a combination of grants, direct fees, and paid contracts. An increasing portion of the Center's funding comes from its initial CHW and CHW instructor programs. These programs charge a direct fee to students of \$320 to \$1200 per person depending upon the length and format of the course.⁴⁹

In contrast, NCHWTC's continuing education training programs are largely grant or contract-funded and provided to individual students free of charge. For example, the Center recently received a contract from the Department of State Health Services' Texas Comprehensive Cancer Control Program to develop and implement a cancer survivorship curriculum for CHWs. Under this contract, NCHWTC developed an online continuing education program for CHWs and online and in-person training programs to teach CHW Instructors to deliver cancer survivorship education to CHWs. The course fees that the NCHWTC would have charged to CHWs and instructors were instead supported via the grant. In a few limited cases, the Center has charged a direct student fee for continuing education training programs that are no longer supported by grant or contract funding. These courses typically cost students \$10 per continuing education credit hour. For example, the Center charges \$80 for its 8-hour continuing education program titled *Practical Tips for Getting it DONE: Diabetes, Obesity, Nutrition, Exercise*.

Sources: Telephone interviews of Blanca Macareno, Operation Manager, NCHWTC, by Katie Garfield, Staff Attorney, CHLPI (July 11 & 14, 2017) (notes on file with the author); Email communication from Blanca Macareno, Operation Manager, NCHWTC, to Katie Garfield, Staff Attorney, CHLPI (July 31, 2017) (on file with the author).

VI. RECOMMENDATIONS AND NEXT STEPS

There are a number of strategies that health care providers can implement to develop and support CHW training programs in the state of Maryland. This final section provides an overview of these strategies, with an eye to both the creation of individual CHW training programs and sustaining such programs in the long-term.

Creating Individual CHW Training Programs

- a. **Explore the existence of broader CHW training programs in your area:** By investigating what CHW training programs already exist in your area, you can make connections that will ultimately support the success of your program. Other CHW training programs may be able to indirectly support your work by providing advice on the content and format of your training or by advertising your training to their network.

Alternatively, existing CHW training programs could become direct partners in your work by finding ways to incorporate your priority topics into their current trainings; working with you to fund, develop, and deliver a training; or hosting your training on an existing platform. When beginning to research the training programs in your area, you may want to begin with organizations such as:

- **The Maryland Area Health Education Center (MAHEC) Community Health Worker Training Institute,**⁵⁰
- **Institute for Public Health Innovation,**⁵¹
- **Community College of Baltimore County**⁵² and similar educational institutions, and
- **Organizations whose members participated in the Workgroup on Workforce Development for Community Health Workers**⁵³

- b. Investigate online platforms:** Two key factors limiting the ability of medical providers to engage in CHW training are the cost and time involved in repeatedly delivering in-person trainings. Organizations such as NCHWTC have therefore chosen to offer many of their training programs in webinar and pre-recorded online formats. While your organization will still need to pay to host the trainings online, the costs of doing so may be less than those of holding in-person trainings. Additionally, online trainings have the added benefit of being available to individuals across the state without requiring any travel for trainees.
- c. Speak with state agencies / professional organizations interested in your desired training topic:** Grants and private contracts remain a key source of funding for CHW trainings. It may therefore be helpful to reach out to relevant state and local agencies and professional organizations to gauge their interest in supporting development of your program. While contracts and grants may not be able to sustain your program in the long-term, they can provide valuable upfront funding to cover the costs of developing your curriculum and materials. For example, if you are interested in developing a CHW training focused on cancer prevention and management, you might contact organizations such as the Maryland Comprehensive Cancer Control Program at the Maryland Department of Health.⁵⁴

Sustaining CHW Training Programs in the Long-Term

- a. Educate stakeholders on the passage and potential impact of the Maryland Community Health Workers Act:** As noted in **Section IV** of this resource, statewide CHW certification programs can be a key driver of demand for CHW training. The Maryland Community Health Workers Act, a bill recently passed by the Maryland legislature, will create a State Community Health Worker Advisory Committee and allow CHWs to pursue voluntary certification. To be certified, CHWs will need to complete a certified CHW training program or qualify for exemption from training requirements. This new law will have a significant impact on CHW training in the state. By educating your community partners and state leaders about the potential positive impacts of the Maryland Community Health Workers Act for your community, you can help to raise the profile of the new law and encourage interested organizations to become involved in shaping Maryland's CHW certification landscape as it develops.
- b. Support the creation of more sustainable funding streams for CHW services:** The long-term sustainability of CHW training programs also depends on the existence of a stable CHW workforce. As discussed in **Section IV**, the CHW workforce has historically lacked stability because of its dependence on time-limited grant funding. By supporting local efforts to create more dependable funding streams, such as efforts to promote inclusion of CHW services in Medicaid waivers and managed care contracts, you can help to ensure that Maryland continues to have both a robust CHW workforce and an ongoing need for CHW training.

ENDNOTES

- ¹ *Community Health Workers*, AM. PUB. HEALTH ASS'N, <https://www.apha.org/apha-communities/member-sections/community-health-workers> (last visited March 23, 2018).
- ² See, e.g., Martha Hostetter & Sarah Klein, *In Focus: Integrating Community Health Workers into Care Teams*, COMMONWEALTH FUND (December 17, 2015) <http://www.commonwealthfund.org/publications/newsletters/transforming-care/2015/december/in-focus> (last visited March 23, 2018); *Roles of Community Health Workers*, RURAL HEALTH INFO. HUB, [HTTPS://WWW.RURALHEALTH-INFO.ORG/COMMUNITY-HEALTH/COMMUNITY-HEALTH-WORKERS/1/ROLES](https://www.ruralhealthinfo.org/community-health/community-health-workers/1/roles) (last visited March 23, 2018).
- ³ Martha Hostetter & Sarah Klein, *In Focus: Integrating Community Health Workers into Care Teams*, COMMONWEALTH FUND (December 17, 2015) <http://www.commonwealthfund.org/publications/newsletters/transforming-care/2015/december/in-focus> (last visited March 23, 2018).
- ⁴ See *id.*
- ⁵ *Achieving the Triple Aim: Success with Community Health Workers*, MASSACHUSETTS DEP'T PUB. HEALTH, 3 (May 2015), <http://www.mass.gov/eohhs/docs/dph/com-health/com-health-workers/achieving-the-triple-aim.pdf>.
- ⁶ Michael S. Spencer et al., *Effectiveness of a Community Health Worker Intervention Among African American and Latino Adults With Type 2 Diabetes: A Randomized Controlled Trial*, 101 AM. J. PUB. HEALTH 2253, 2256 (2011).
- ⁷ Donald Fedder, Ruyu Chang & Gloria Nichols, *The Effectiveness Of A Community Health Worker Outreach Program On Healthcare Utilization Of West Baltimore City Medicaid Patients With Diabetes, With Or Without Hypertension*, ETHNICITY AND DISEASE **22**, **22** (2003).
- ⁸ J. Nell Brownstein et al., *Effectiveness of Community Health Workers in the Care of People with Hypertension*, 32 AM. J. OF PREVENTIVE MED. 435, 444 (2007).
- ⁹ Susan I. Woodruff, Jeanette I. Candelaria & John P. Elder, *Recruitment, Training Outcomes, Retention, and Performance of Community Health Advisors in Two Tobacco Control Interventions for Latinos*, 35 J. COMMUNITY HEALTH 124, 124 (2010).
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