



Public Health Departments Contracting with Community-based Organizations to Implement Community Health Worker Programs

TOOLKIT





Toolkit for Public Health Departments Contracting with Community Based Organizations to Implement Community Health Worker Programs

The COVID-19 pandemic highlighted a widespread lack of trust between people and the government agencies that are responsible for serving them. This distrust is particularly prevalent in marginalized communities, and governmental agencies, which illustrates the need for new ways of connecting with vulnerable community members. Community health workers’ (CHWs) effectiveness comes in large part from their trusted relationship with the community. The majority of CHWs are employed by community-based organizations (CBOs), which have years- or decades-long relationships and experience working in the community. Public health departments can leverage these trusted relationships by partnering and contracting with CBOs to hire CHWs and implement CHW programs. This creates a mutually beneficial relationship where CBOs can offer strong community relationships, cultural competency, and expertise in program design and implementation, and health departments can offer CBOs greater financial sustainability and access to critical resources.

By authentically partnering with and contracting with CBOs, health departments can help address [inequities and structural racism](#) often apparent in CBO funding. This toolkit serves as a resource for health department staff who are pursuing contracts with CBOs to implement CHW programs.¹ This toolkit, developed by the National Association of Community Health Workers (NACHW) in partnership with the Association of State and Territorial Health Officials (ASTHO), will provide tips for hiring, training, and building CHW career pathways through your contract. For more information on how to use the toolkit, please visit our accompanying [pre-recorded webinar here](#).

CONTENTS:

Hiring for “Boots on the Ground” Scope of Work.....	2
CHW Training	5
Policy Leadership and Training	7
Career Pathways and Capacity Building	8
Billing and Payment	9
Sustainability and Planning for the Future	10
Resources.....	11

¹ If you are looking for resources for directly hiring CHWs, please review [Advancing CHW Engagement in COVID-19 Response Strategies A Playbook for Local Health Department Strategies in the United States from the Community Based Workforce Alliance \(CBWA\)](#).

Hiring for “Boots on the Ground” Scope of Work

QUESTION

What do I need to include in terms of the geographic timeframe, and community engagement scope?

Answer

Define the geographic area where the CBO will be working.

Consider whether the CBO will be doing outreach to all community members in that area, community members who receive Medicaid, community members of a certain race or ethnicity, or some other sub-population.

Resources and Recommendations

Learn more about how to define this scope from the Aging and Disability Business Institute: [Basic Contracting Dos and Don'ts](#)

QUESTION

How do I begin to scope out the intervention or the program?

Answer

- Start with the goals of the project and how many community members the CHW(s) will be working with.
- Work with CBOs to create a realistic and manageable workload for the CHWs, which will allow for robust engagement and avoid burnout.
- Collaborate with CBOs on creating effective outreach plans and achievable goals. Most CBOs are experts in cultural competency and outreach, so allowing CBOs to co-design or deliver input on the outreach program will achieve the best results in terms of community response and building public trust.
- Allow CHWs to address broader social determinants of health beyond COVID-19 or other single-issue interventions. To build trust, CHWs need to help community members get their basic needs met before educating or navigating them through certain health interventions. (How can someone focus on getting a COVID-19 vaccine if they do not have food in their pantry?)
- Allow CHWs and CBOs to fulfill a broad arrange of job roles beyond outreach and education, as described in the [CHW Core Competency Project](#).
- Work with CBOs to create meaningful and manageable expectations around outreach. Think about the level of engagement you want a CHW to have with a community member, if they are doing a comprehensive social determinants of health assessment and COVID-19 navigation, it will not be realistic to expect a CHW to be interacting with hundreds of people each week.

Resources and Recommendations

Read the Center for Community Health Alignment's [CHW Model Best Practice Toolkits](#) for best practices for creating a CHW program, including:

- Preparing your team to implement CHW programs.
- Finding the right CHWs for population served.
- Recruiting, hiring, and onboarding CHWs.
- CHW training and continuing education.
- Developing new or revising existing workflows.
- Assessing individual and community needs and identifying populations that CHWs can serve.
- Establishing CHW caseloads.
- Documenting CHW activities.
- Establishing effective team communication and feedback loops.
- [The C3 Project also provides a checklist to help guide through roles and competencies.](#)

QUESTION

How do I figure out how many CHWs we need on the project?

Answer

Depending on how you create the contract/ are paying for services, you may or may not need to include a certain number of CHWs. If you are paying for hours, you may want to work with the CBO to decide on how many CHWs are assigned to the program, if you create a fee-for-service contract you may instead pay based on the number of engagements the CHWs have.

Factors to consider when developing an appropriate workload should include:

- Number of different screening tools and amount of training needed for each tool.
- Administrative or “desk” work, where CHWs will be following up.
- Service delivery team meetings.
- Develop referrals and follow-up.
- Facilitation of curriculum/support group facilitation
- Program evaluation.
- If this CHW will be serving families or individuals.
- The “depth” of service (are CHWs following-up each month, 3 months, or 6 months?)
- Clinical and programmatic supervision hours.

Resources and Recommendations

Trust CBOs in the hiring/assigning of CHWs to this contract. CBOs know who has trusted relationships with the community.

Do not make contract stipulations on who is defined as a CHW. Instead, focus on hiring people with established and trusting community relationships (versus screening for certain educational degrees). It can be beneficial to use the [APHA definition of CHWs](#) in your contract.

QUESTION

What data should we collect as part of the contract?

Answer

In your contract, you will want to include the data collection requirements for the project:

- What data do you want CHWs to be collecting on their outreach?

Throughout the COVID-19 pandemic CHWs and CBOs have found that helping to address social determinants of health improved community trust and willingness to accept other health interventions.

- Is there a specific way you want data collected (through a survey tool or other standardized recording)?

Data collection should be mapped to the community members and the type of intervention.

The data you want to collect should fall into two buckets. Firstly, data on the program or the intervention (number of clients, outputs, outreach etc.)

Secondly, collecting data on the workforce itself, the number of CHWs, job satisfaction, the roles, and competencies that CHWs perform.

Resources and Recommendations

- It is challenging for CHWs when they are required to collect data or screen for health-related social needs they cannot address, such as being required to ask about food security without there being available food resources.
- If aggregate CHW-led assessments reveal a systemic community need, consider whether your department has the capacity to address that issue and which potential partners (such as community organizations or other state governmental agencies) can help address that need. Consider, also, whether the data can be shared publicly so local CBOs can respond to those needs.

QUESTION

What should evaluation and reporting look like?

Answer

Include in the scope of work how the program will be evaluated and what reporting is necessary upfront so that the organizations can prepare. If the project is funded by a specific grant, be clear about what measures are required to be reported.

We encourage health departments to think beyond classic measurements to go beyond measuring how many people have been interacted with to evaluating the impact on the community. This can include data such as community perception, CHW job satisfaction, social determinants of health, and connection to social services.

Consider [co-creating](#) an evaluation process with CBOs and CHWs which involves the community in the evaluation and support multi-method approaches (e.g. focus groups of representative stakeholders, surveys, data collection activities etc.).

With the practice of [CBPR in each phase](#) (planning, outreach, development, results, follow-up) of the program evaluation, dissemination of results from evaluations and relevant reports should be shared in all platforms of department of public health and partners. Reporting should be accessible to all constituencies, be transparent, and should reflect community culture. Reporting can include storytelling and statistics that can easily be linked together. Along with CHWs, public health departments should hold open public forums/ presentations to share the findings with stakeholders. These forums should be democratically led with addressing shared concerns. Creating an environment where bidirectional dialogue is valued and supported is critical as well.

Resources and Recommendations

- The [CHW Common Indicators \(CI\) Project](#) is a resource that contributes to the integrity, sustainability, and viability of CHW programs through the collaborative development and adoption of a set of common process and outcome constructs and indicators for CHW practice.
- The Common indicators gives an introduction on how programs can evaluate both the program in terms of CHW sustainability and community participation. The project summarizes Process Constructs such as CHW job satisfactions and supervision, as well as outcome constructs such as participants physical health, social determinants of health and health outcomes. [See a full list here.](#)

CHW Training

QUESTION

Who should be training our CHWs?

Answer

Contract with CHW Networks and CBOs who already provide training to CHWs. NACHW has recommended that CHWs be the ones training other CHWs whenever possible.

Resources and Recommendations

NACHW can help identify if your state has a [CHW Network and/or a training center](#). Reach out to NACHW at info@nachw.org.

QUESTION

What should training include?

Answer

NACHW recognizes and affirms the purpose of the [Community Health Worker Core Consensus \(C3\) Project](#) — the C3 Project offers a [single set of CHW roles and competencies](#) for reference by those both inside and outside the field as they work to build greater support for and sustainability among CHWs in all settings.

For training that goes beyond Core Competencies, NACHW recommends finding CHW training which specializes in those areas, which can vary from diabetes control and prevention to maternal and child health. To find these trainings and trainers, we recommend reaching out to your local [CHW Network or Association](#).

Resources and Recommendations

Learn more about the [Community Health Worker Core Consensus \(C3\) Project](#) or watch the [NACHW Webinar on C3](#).

[The C3 Project also provides a checklist to help guide through roles and competencies.](#)

For background on developing a CHW training, read [Training Guide to Foundations for Community Health Workers](#)

There are some publicly available trainings on different topics such as: National Association of Community Health Workers, collaborated with CDC (Centers for Disease Control) to provide two trainings (one English, one Spanish) about how community health workers (CHWs) can contribute to the COVID-19 response.

[Click here](#) to see the webinar presented in Spanish.

[Click here](#) to see the webinar presented in English.

[American Diabetes Association Trainings](#)

[CDC Heart Disease and Stroke Prevention](#)

[SAMSA Mental Health First Aid](#) Trainings

QUESTION

How do you make sure training is culturally competent?

Answer

Contracting with CHW trainers who are familiar with the communities that your CHWs will be working with will help ensure that the training they receive is culturally competent. In addition, NACHW recommends offering training in multiple languages whenever possible.

Resources and Recommendations

NACHW can help identify if your state has a [CHW Network and/or a training center](#). Reach out to NACHW at: info@nachw.org.

QUESTION

How should training be evaluated?

Answer

When looking to evaluate your training program, familiarize yourself with the Common Indicators project.

The Common indicators gives an introduction on how programs can evaluate both the program in terms of CHW sustainability and community participation. The project summarizes Process Constructs such as CHW job satisfactions and supervision, as well as outcome constructs such as participants physical health, social determinants of health and health outcomes. [See a full list here.](#)

[Community-based participatory research \(CBPR\)](#) principles, like ‘Nothing about us, without us’ are recommended to apply through the duration of research & evaluation practices. CHWs contributions promote improvement in health and reduce inequities in process and outcome-based evaluations and research knowledge. Collaboration and CHW expertise in all phases of evaluation supports local CHW involvement and their stake in the role of CHW. CHWs as council in CBPR should be equitably compensated, representative of local communities, and be included in solution-oriented practices.

Resources and Recommendations

The [CHW Common Indicators \(CI\) Project](#) is a resource that contributes to the integrity, sustainability, and viability of CHW programs through the collaborative development and adoption of a set of common process and outcome constructs and indicators for CHW practice. The CI Project uses popular (people’s) education to promote participation, balance power and center CHW leadership.

QUESTION

Do CHWs need to be certified?

Answer

There is no single national CHW certification or training, nor do federal agencies like CDC or CMS require CHWs to be certified to practice or to be reimbursed for services delivered.

Certification program structures vary from state to state, as do the training requirements that go with it. Some states do require CHWs to complete a certification using the title “Certified CHW,” and some employers may require CHWs in their employ to be certified.

Resources and Recommendations

For information on certification, visit [NASHP’s State Community Health Worker Model.](#)

Learn more about the benefits and pitfalls of certification in NACHW’s webinar, [Certify or Not to Certify.](#)

Learn more about different states certification efforts in the article, [Insights from State Level CHW Certification Efforts.](#)

For information on state certification status, visit [ASTHO’s State Approaches to Community Health Worker Certification](#)

Policy Leadership and Training

QUESTION

How can I support CHW policy and advocacy?

Answer

Contract with CHW Networks. Many CHW networks and associations already support CHW policy and advocacy and contracting with them helps make this work sustainable.

Include Policy and Advocacy training in the core competency training and continuing education training of the CHWs.

Adopt the [NACHW Policy Platform](#).

Join the [APHA CHW Section](#).

Fund a policy position at your [state or local CHW Network or Association](#).

Make sure CHWs are leading CHW Policy and Legislation in your state and support the CHWs in your organization.

Resources and Recommendations

Learn more about the current CHW workforce by reviewing NACHW's report, [Assessing the CHW Workforce at the State and Local Level](#).

Learn more about CHW advocacy from your local or state CHW association by visiting the [NACHW website](#).

QUESTION

Why is supporting self-determination in CHW policy and advocacy beneficial?

Answer

CHWs are the experts in their profession and an expert in helping community members. CHWs know what policies they need to better serve community members or to advance or remain in the profession. For example, CHW leadership and self-determination in policy development is critical to ensure that policymakers do not inadvertently create barriers to entry into the profession. In addition, when CHWs have training in policy and advocacy, they can help educate community members and better advocate for their needs.

Resources and Recommendations

Learn more about how CHW self-determination is beneficial in the article, [Processes for Implementing CHW Workforce Development Initiatives](#).

Learn more about CHW Advocacy internationally by visiting [CHW Advocates Training Course](#).

CHWs can also be a powerful advocate when it comes to chronic disease, learn more from the [CDC's Chronic Disease Advocacy Toolkit](#).

QUESTION

How can I learn more about what policies CHW in my state want?

Answer

Contact your local or state CHW Network or Association to learn more about the policy issues that CHWs in your area are championing. For a general introduction to policy issues affecting CHWs, please see [NACHW's National Policy Platform](#).

Resources and Recommendations

Read more about what policies CHWs would like to see national read [NACHW's National Policy Platform](#).

Contact your local or state CHW Association by visiting the [NACHW website](#).

Career Pathways and Capacity Building

QUESTION

Is there a career path for CHWs?

Answer

Yes, being a CHW can be a career path. As CHWs gain work experience, education/training, and expertise, they can maintain the CHW title and move into supervisory positions or work as program designers, policy experts, researchers, and staff/leaders of CHW organizations.

Resources and Recommendations

Learn more about CHW Career Pathways through ASTHO's [Presentation on Reciprocity and Career Advancement for CHWs: South Carolina CHW Learning Community Presentation](#).

QUESTION

Can our contract help shift short-term, grant driven CHW jobs into becoming careers?

Answer

Yes, you can include in your program plan or contract opportunities for current CHWs to gain additional education or supervisory experience, which can help them progress in their careers.

Resources and Recommendations

N/A

Billing and Payment

QUESTION

How much should we pay CHWs?

Answer

Exactly how much you should pay the CHWs under your contract will vary by the cost of living where you are located and scope of work; however, NACHW recommends paying CHWs a thriving wage, which will usually consist of a baseline of \$25 an hour or higher.

Resources and Recommendations

Include in the contract thriving wages for all CHWs hired, often through a baseline of \$25 an hour or higher. [MIT has a living wage calculator to help determine what a living wage](#) is in your state or jurisdiction. (Note that living wages do not always mean thriving wages).

Avoid only paying CHWs minimum wage for your state, CHWs are usually trusted professionals with years of experience and expertise and deserve to be paid for that ability.

[Evidence for Increasing Community Health Worker Wages – Massachusetts Association of Community Health Workers \(machw.org\)](#)

QUESTION

Should we include an indirect rate for the CBOs we contract with?

Answer

When contracting with a CBO it is essential to include an indirect rate to support other things the organization needs to do to hire and pay CHWs. Beyond full-time equivalent (FTE) funding, CHWs need supplies, technology, and training to be effective. Include an indirect rate that would also cover personal protective equipment (PPE) or relevant outreach supplies (flyers, posters, incentives, etc.) in your contract.

Resources and Recommendations

Pay for CHWs services up-front, many CBOs do not have money to pay staff up-front and need some funding up-front, such as for administrative costs of executing contracts and staffing up.

Try to avoid only paying for the FTEs (Full-Time Equivalents) of CHWs or only including in the contract part-time roles for CHWs.

Do not only reimburse for CHW services, but CBOs also need funding to pay CHWs for their services and support their infrastructure.

Sustainability and Planning for the Future

QUESTION

How can we increase sustainability for the CHW profession?

Answer

NACHW recommends pursuing blended funding and establishing multiple revenue sources to fund CHW positions.

Blended funding can consist of things like traditional grants, Medicaid reimbursement, partnering with healthcare organizations, and more!

Resources and Recommendations

Learn more about blended funding and CHW sustainability in: Sustainable Financing of Community Health Workers Employment

[REPORT BRIEF](#) | [FULL REPORT](#) | [WEBINAR BY AUTHOR CARL RUSH](#)

QUESTION

How can we turn short-term COVID-19 funding into a long-term health equity movement?

Answer

Since the beginning of the pandemic, CHWs and public health have seen an unprecedented influx of short-term funding from the federal government. This funding has been integral to fighting the COVID-19 pandemic, but there are more long-term health equity issues which can benefit from this funding. By investing in CHWs and CHW organizations public health can create a robust, sustainable workforce to respond to the COVID-19 pandemic and help address other chronic health and health equity issues long-term.

Resources and Recommendations

N/A

Resources

American Public Health Association (APHA). "Recognition and Support for Community Health Workers' Contributions to Meeting our Nation's Health Care Needs." Available at: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/15/13/24/recognition-and-support-community-health-workers-contrib-to-meeting-our-nations-health-care-needs%C2%A0>. Accessed 5-12-2022.

APHA. "Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing." Available at: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/15/support-for-community-health-worker-leadership%C2%A0>. Accessed 5-12-2022.

APHA. "Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities." Available at: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/09/14/19/support-for-community-health-workers-to-increase-health-access-and-to-reduce-health-inequities%C2%A0>. Accessed 5-12-2022.

Barbero.C, Mason. T, Rush. C. "Processes for Implementing Community Health Worker Workforce Development Initiatives" Available at: <https://www.frontiersin.org/articles/10.3389/fpubh.2021.659017/full>. Accessed 6-10-22

Center for Community Health Alignment. "CHW Model Best Practice Toolkits." Available at: <https://communityhealthalignment.org/chw-toolkit/>. Accessed 6-3-22.

Centers for Disease Control (CDC). "Chronic Disease Toolkit." Available at: <https://chronicdiseasecoalition.org/wp-content/uploads/2020/10/CDC-Toolkit-interactivefinal-10.28.20.pdf>. Accessed 6-10-22

Center for the Study of Social Policy. "Integrating the Promotores Model to Strengthen Community Partnerships." Available at: <https://cssp.org/wp-content/uploads/2019/02/CSSP-Toolkit-4-RBA-Integrating-Promotores.pdf#:~:text=The%20Promotor%20Model%20referred%20to%20in%20this%20Best,community%20education%2C%20informal%20counseling%2C%20social%20support%2C%20and%20advocacy>. Accessed 5-12-2022.

Community-Based Workforce Alliance. "Advancing CHW Engagement in COVID-19 Response Strategies: A Playbook for Local Health Department Strategies in the United States." Available at: <https://nachw.org/wp-content/uploads/2021/01/CBWA-Advancing-CHW-Engagement-in-COVID-Updated-2021.pdf>. Accessed 5-12-2022.

Community Health Worker Core Consensus Project. Available at: <https://www.c3project.org/>. Accessed 5-12-2022.

De Guia S, Davis R, Savage-Sangwan K. "How Community Organizations and Health Departments Can Partner to Advance Health Justice." Oct. 13, 2021. *Harvard Law Petrie-Flom Center*. Available at: <https://blog.petrieflom.law.harvard.edu/2021/10/13/community-based-organizations-health-justice/>. Accessed 5-12-2022.

Health Begins. "The One-Stop Shop for Healthcare and Community Partnerships." Available at: <https://healthbegins.org/partnership-resources/>. Accessed 5-12-2022.

Jull, J., Giles, A. & Graham, I.D. Community-based participatory research and integrated knowledge translation: advancing the co-creation of knowledge. *Implementation Sci* 12, 150 (2017). <https://doi.org/10.1186/s13012-017-0696-3>

LACHON. "Training Guide to Foundations for Community Health Workers." Available at: https://www.lachon.org/_files/ugd/e6214c_405a38244b5944ae9e61af5e97d7ba3f.pdf. Accessed: 6-5-22.

MACHW. "Evidence for Increasing Community Health Worker Wages." August 21, 2020. Available at: <https://machw.org/2020/08/evidence-for-increasing-community-health-worker-wages/>. Accessed: 6-10-22.

Massachusetts Institute of Technology. "Living Wage Calculator." Available at: <https://livingwage.mit.edu/>. Accessed 5-12-2022.

McDavitt B, Bogart LM, Mutchler MG, Wagner GJ, Green HD Jr, Lawrence SJ, et al. Dissemination as Dialogue: Building Trust and Sharing Research Findings Through Community Engagement. *Prev Chronic Dis* 2016;13:150473. DOI: <http://dx.doi.org/10.5888/pcd13.150473>external icon

Michigan Community Health Worker Alliance. "Common Indicators Project." Available at: <https://www.michwa.org/news/common-indicators-project>. Accessed 5-12-2022.

National Association of Community Health Workers. "CHW National Policy Platform." Available at: <https://nachw.org/wp-content/uploads/2021/03/NACHW-National-Policy-Platform-2021.pdf>. Accessed 5-12-2022.

Vision y Compromiso. "Key Workforce Priorities for the Community Transformation Model." Available at: https://visionycompromiso.org/wp_new/wp-content/uploads/2017/03/workforce_report_web.pdf. Accessed 5-12-2022.

Wiggins, N., Maes, K., Palmisano, G., Rodriguez Avila, L., Rodela, K., Kieffer, E. (2021). A Community Participatory Approach to Identify Common Evaluation Indicators for Community Health Worker Practice. *Johns Hopkins University Press*. 15 (2), 217-224. <https://muse.jhu.edu/article/797368>