



Using Community Health Workers in HIV and STI Prevention, Care and Treatment

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment

November 3, 2022

Brian Fitzsimmons

HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



Presentation Overview

- Following my overview of recent Health Resources Services Administration (HRSA), HIV/AIDS Bureau (HAB) projects on Community Health Workers (CHW), panel members will continue with presentations on their activities all of which address how these positions can support HIV and STI prevention, care, and treatment to improve health outcomes.
- Speakers will discuss the landscape for CHWs in clinics and care settings and will discuss various federal activities underway to fund and support CHWs.



Panel 3 Members

Caroline Brazeel

Association of State and Territorial Health Officials

Naomi Seiler

George Washington University

Karen Guillory

Unity Health

Tara Spencer

HRSA, Bureau of Health Workforce



Recent CHW Projects in HRSA HAB

- ***HRSA-16-185, Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care***
 - Cooperative Agreement
 - Project Period: September 1, 2016 through February 29, 2020
- ***HRSA-16-187, Ryan White HIV/AIDS Program Building Care and Prevention Capacity: Addressing the HIV Care Continuum in Southern Metropolitan Areas***
 - Cooperative Agreement
 - Project Period: September 1, 2016 through February 29, 2020

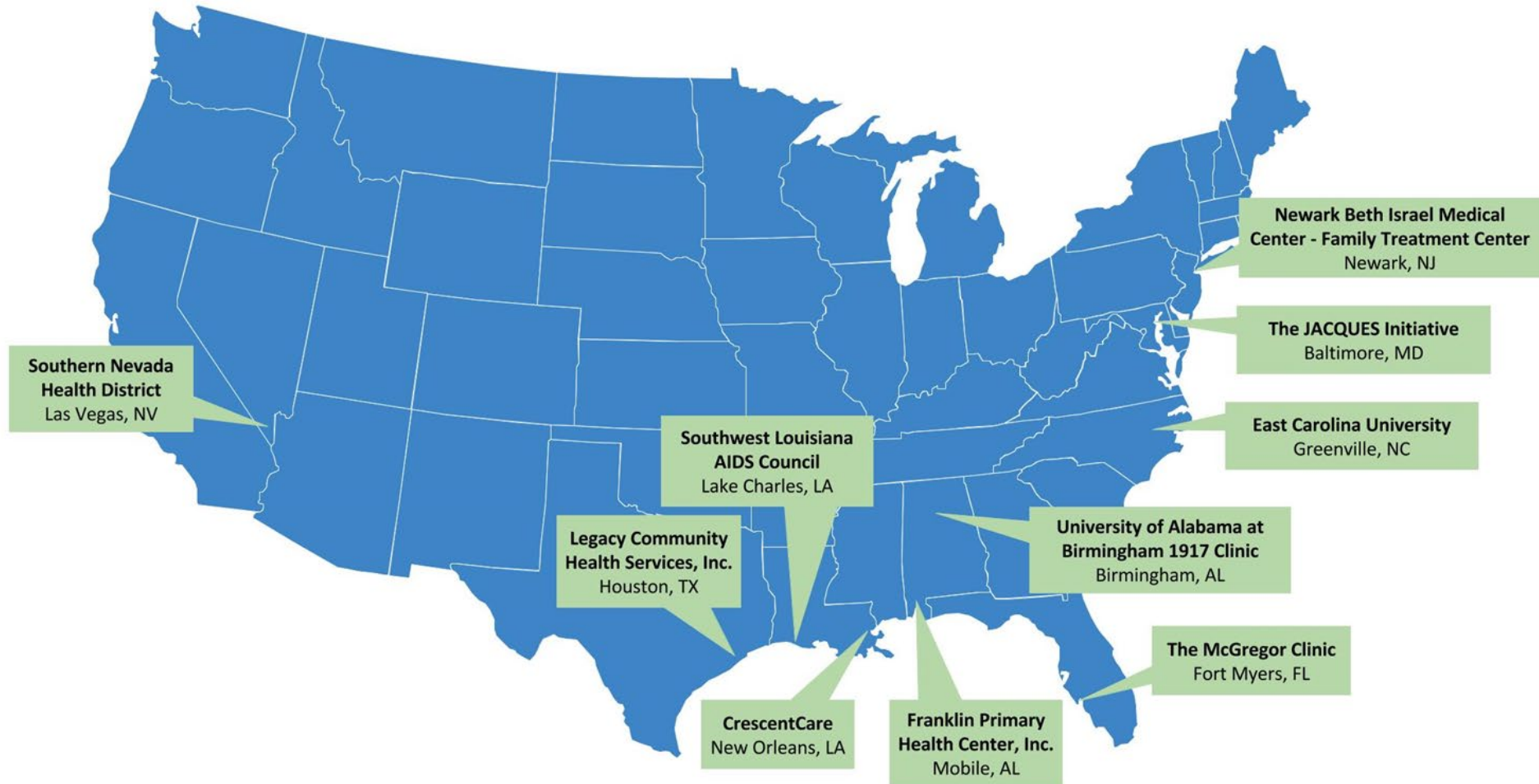


Using CHWs to Improve Linkage and Retention in HIV Care (HRSA-16-185)

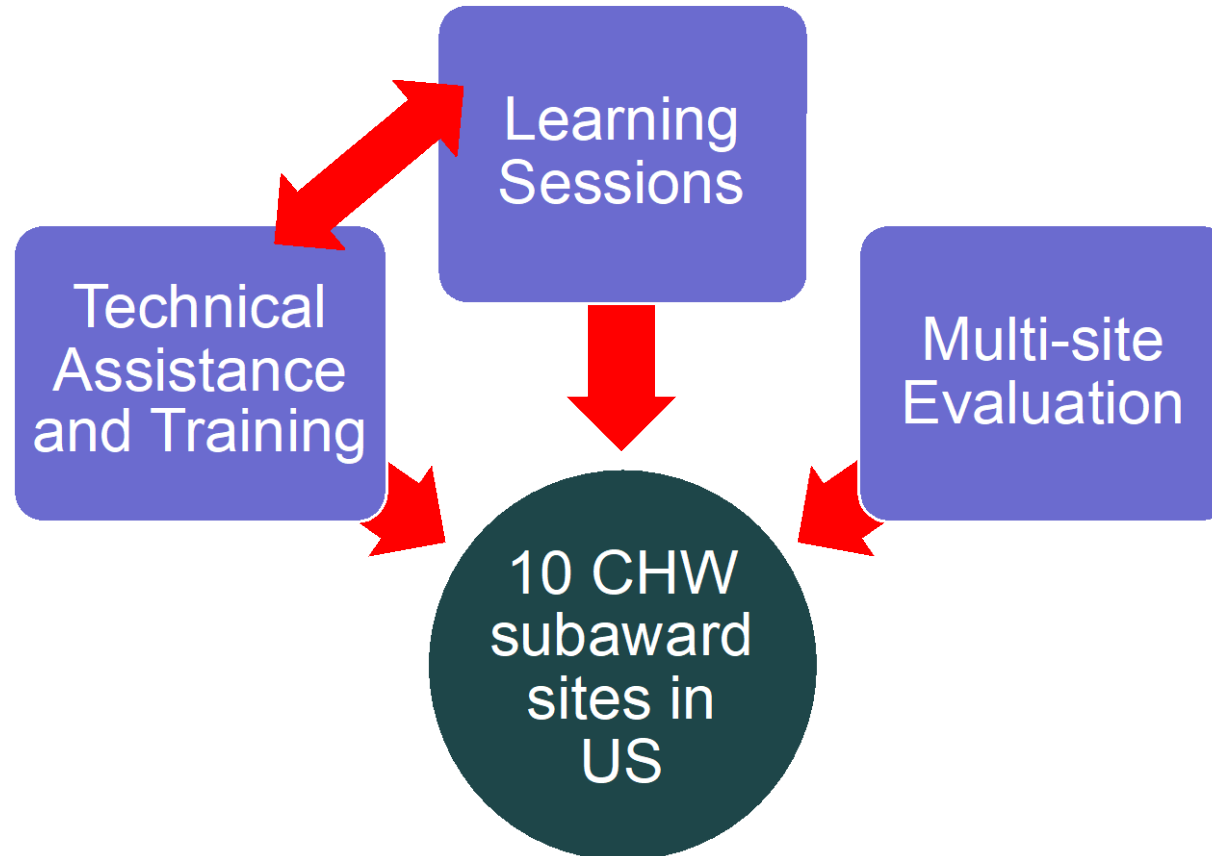
- Increase the utilization of CHWs to strengthen the health care workforce, improve access to health care and health outcomes for racial and ethnic minorities living with HIV
- Assist Ryan White HIV/AIDS Program-funded (RWHAP) medical provider sites with the support needed to integrate CHWs into an HIV multidisciplinary team model
- Develop tools, materials and resources to facilitate implementation and use of CHWs in HIV primary care teams
- Evaluate the effectiveness of CHWs on linkage and retention in care for people with HIV and assess the effectiveness of TA activities on the quality of CHW providers



CHW Linkage/Retention Implementation Sites



Project Implementation Model



Key Findings and Takeaways from HRSA-16-185

- Training and supervision needs of CHWs were underestimated
- Coaching sessions were an important bridge between the learning sessions and the day-to-day program management for first line supervisors of CHWs
- CHWs expressed a strong desire for both peer and professional support among colleagues
- Type of organization has little impact on how CHW services are provided to their client population and CHWs were utilized at every step of the HIV care continuum
- In certain regions and circumstances, clients may prefer that their CHW NOT be a peer or a familiar member in the community

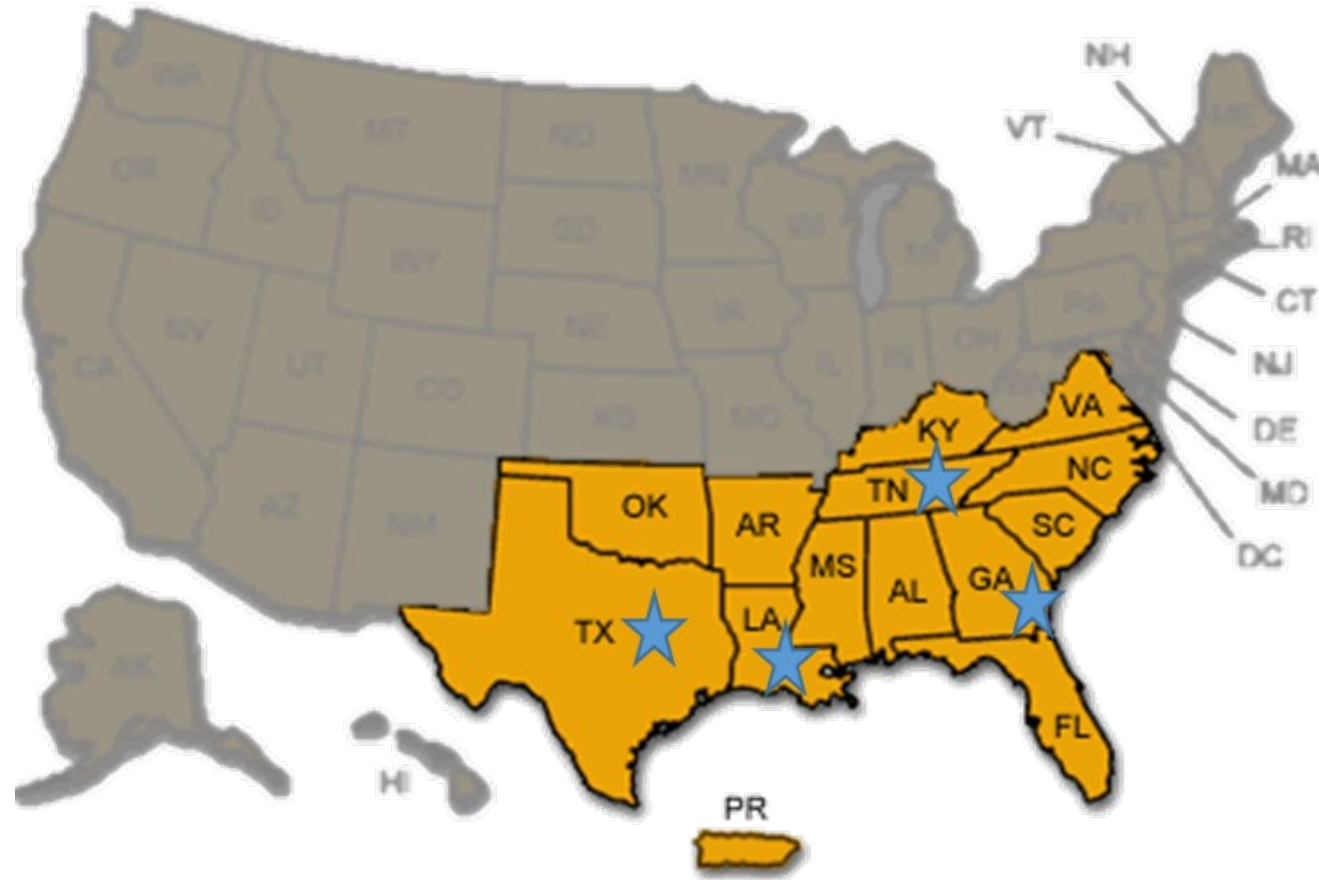


Goals of Southern Initiative (HRSA-16-187)

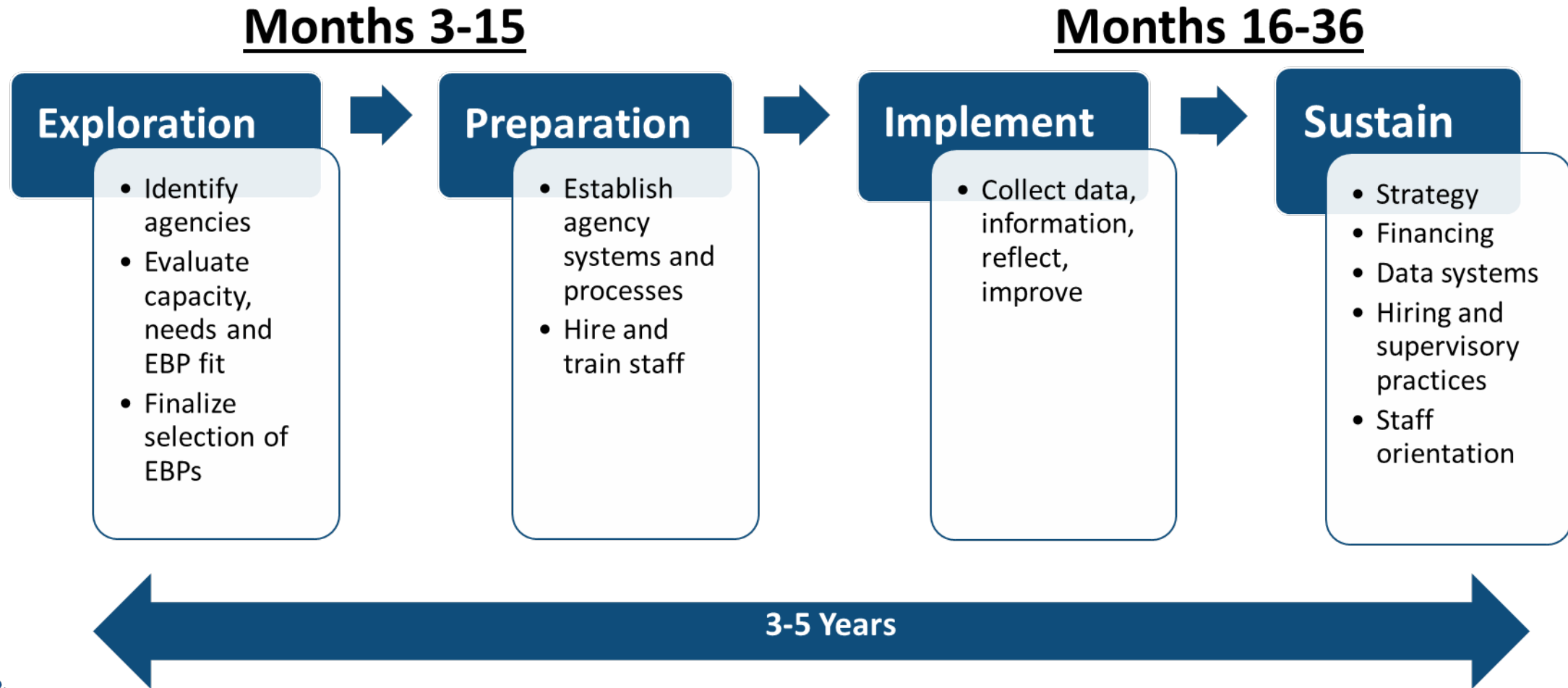
- A coordination and technical assistance center provided technical assistance and service delivery funding to one subrecipient in each of four RWHAP Part A jurisdictions located in southern metropolitan areas, serving minority populations, to improve outcomes along the HIV care continuum
- Support implementation of innovative models of service delivery that result in improvements in RWHAP Part A jurisdictions' HIV care continuum for minority populations
- Increase capacity to serve minority populations with a focus on MSM, youth, cisgender and transgender women, and people who inject drugs, resulting in improved health outcomes along the HIV care continuum



CHW Southern Initiative Implementation Sites



Project Implementation Model



Key Findings and Takeaways from HRSA-16-187

- It is important to have a welcoming health center culture and environment
 - Staff structure that reflects priority populations
 - Staff are trained in cultural humility
 - Use of gender-affirming pronouns and judgement-free culture
- Immediate (or early) warm handoff from testing or intake to the CHW
- Establish relationships with organizations that have a trusting relationship with your identified population
 - Ideally, some staff are active within these trusted institutions
 - Engage with influencers or popular opinion leaders
- The quality of support and encouragement of senior leadership within the organization made an impact on the success of the CHW program



Presenter Contact Information

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Pre & Post COVID-19: Supporting the State Health Agency CHW Workforce

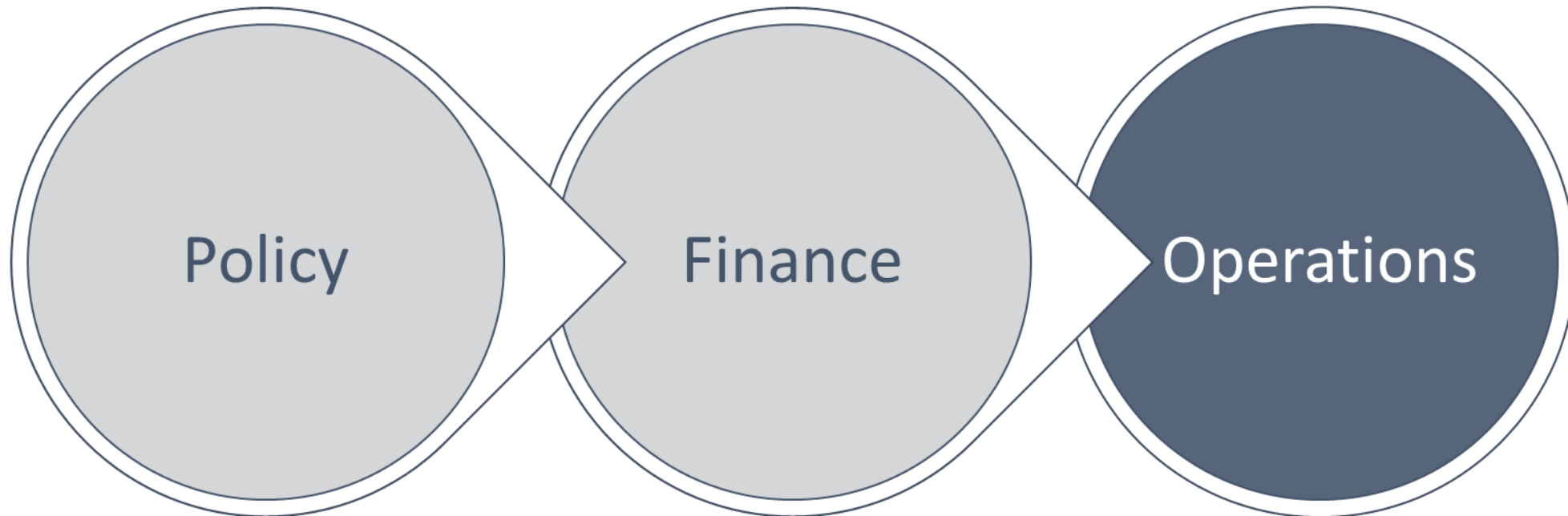
November 3, 2022 | Caroline Brazeel, Sr. Director Population Health

Agenda

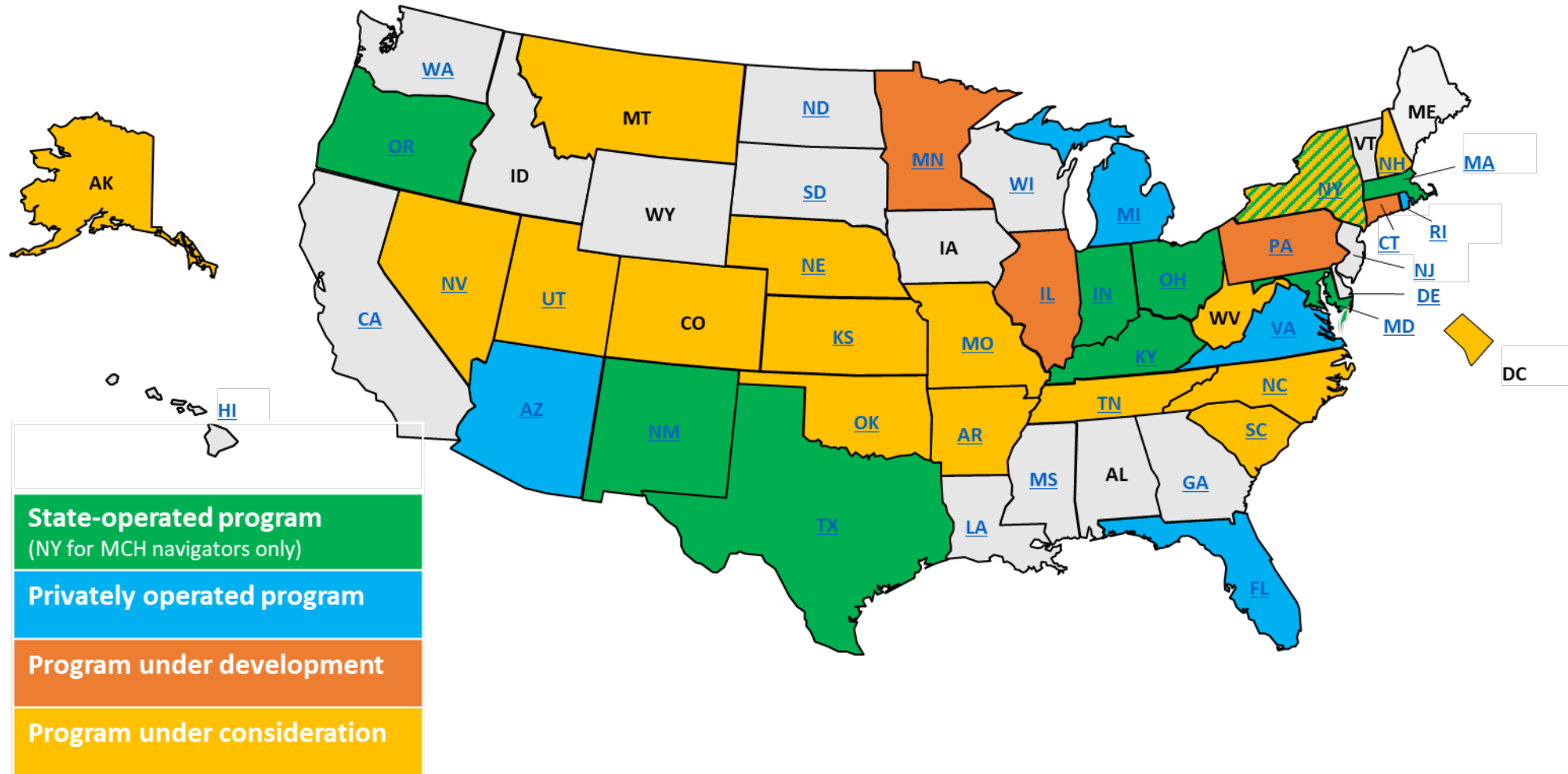
- Overview of SHA CHW Policy Pre-Post COVID
- CHW Financing Options
- COVID-19 Impact on S/THA Based CHW Workforce
- Next Steps: Supporting a Sustainable Public Health CHW Workforce

Driving Community Connection: Public Health CHWs

COVID-19 elevated the interest in and need for public health focused CHWs and opened a policy window for expansion of state-based certification of CHWs and federal financing of CHWs. However, operational barriers to sustainable and meaningful inclusion of CHWs in the public health workforce still exist.

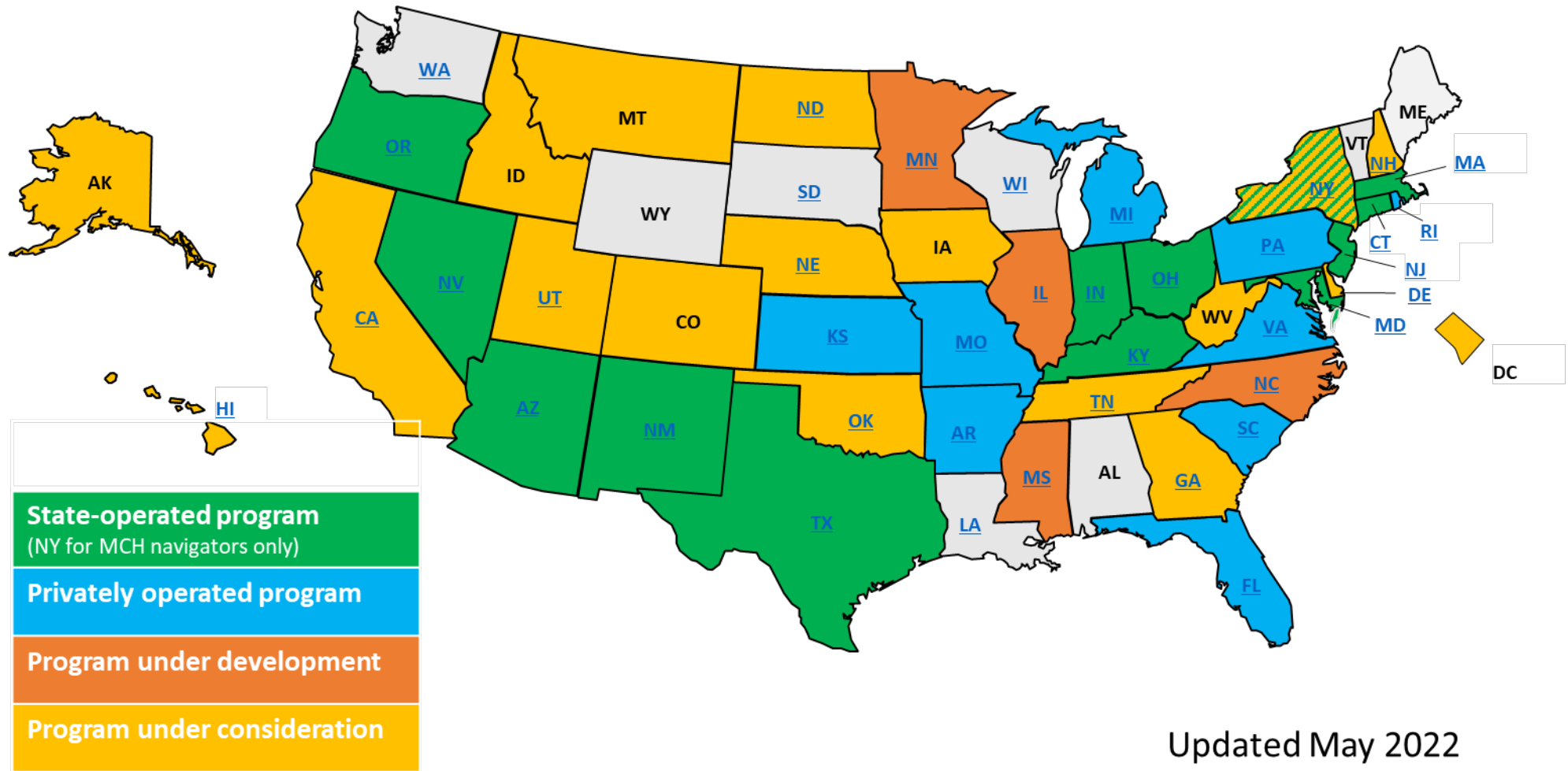


Pre-COVID CHWs in State Health Agencies



Updated Oct 2019

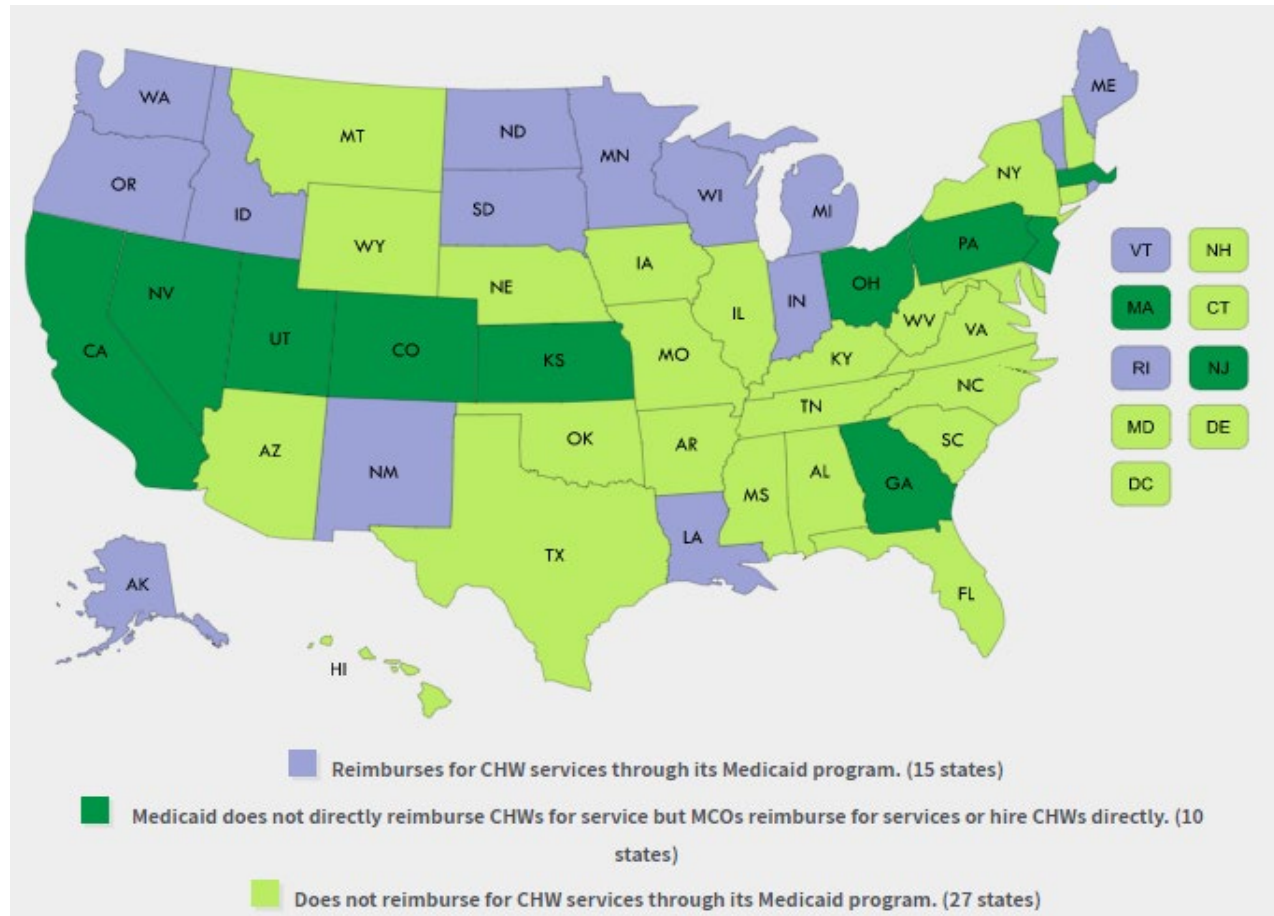
Current CHW Certification Landscape



Updated May 2022

CHW Financing Pathways

NASHP Map of State CHW Financing Models (Dec. 2021)



Summary of Major Financing Pathways:

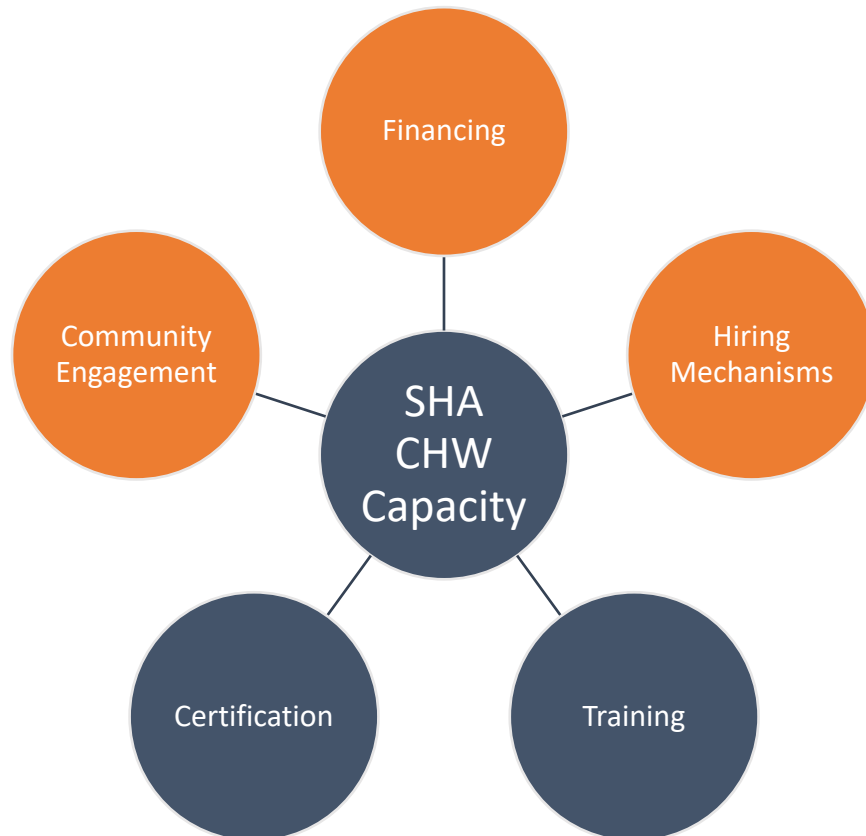
- Medicaid Based Financing
 - Medicaid Reimbursement for CHW Services (15 states)
 - MCO Reimbursement for CHW Services (10 states)
 - No reimbursement for CHW Services (27 States)
- ✓ Federal Funding Sources
 - ARPA funded CDC Public Health Workforce Initiatives (CDC 2103): 2.25 billion over two years
 - ARPA funded CDC CHWS for COVID Response (CDC 2109): 300 million + 32 million in TA over three years
 - HRSA funded Community Based Workforce COVID-19 Vaccine (HRSA 21-136): 125 million
 - ARPA funded HRSA to hire CBO Workforce (HRSA 21-140): 121 Million
- ✓ Private/Foundation Funding Sources
 - CDC Foundation & Partners Support to Increase COVID-19 Vaccinations: 30 million over 6 months

The Role of the Community Health Worker

A Community Health Worker (CHW) 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.

- American Public Health Association Definition

COVID-19 Impact on CHW Workforce



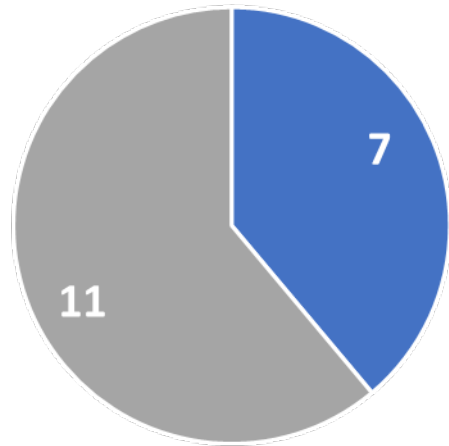
Themes of impact:

- Financing: expansion of HRSA and CDC funded flexible funding allowed hiring or expansion of subcontracts for CHW-led pandemic response activities
- Hiring: shift to direct FTE hires within SHAs and/or an expansion of CBO engagement for CHW services
- Community Engagement: broad recognition of CHWs as an essential component to successful response to the COVID-19 pandemic

Current State: SHA Reported CHW FTEs

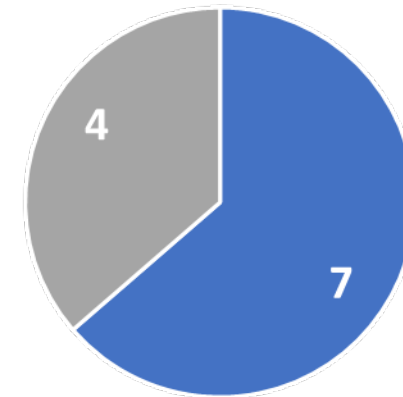
In the 2022 ASTHO Profile of State and Territorial Health Agencies, 18 states reported directly employing CHWs and 11 states reported contracting with a community-based organization (CBO) for CHW support.

SHA CHW FTEs



■ SHA & CBO ■ SHA only

SHA CBO Contracted CHW FTEs



■ SHA & CBO ■ CBO Only

SHA Hiring Mechanisms for CHWs

5 states are both directly hiring CHWs and collaborating with a CBO to expand their CHW workforce: **Arkansas, Delaware, Maryland, New Jersey, Washington.**

| Direct Hire | |
|-------------|-------------------------------------------|
| State | SHA CHW FTE as % of State Total FTE Count |

| | |
|-------------------|----|
| Delaware | 12 |
| Washington | 10 |
| Maryland | 10 |
| Nevada | 8 |
| Arkansas | 6 |
| Colorado | 6 |
| New Jersey | 5 |
| New York | 4 |
| Mississippi | 4 |
| Oklahoma | 3 |

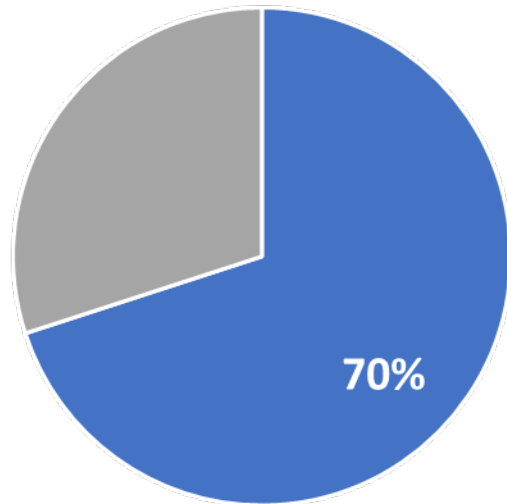
| Subcontracted through CBO | |
|---------------------------|------------------------------------------------------|
| State | SHA CHW FTE as % of State Total Contracted FTE Count |

| | |
|-------------------|----|
| South Dakota | 61 |
| Maryland | 28 |
| Louisiana | 25 |
| New Jersey | 21 |
| Delaware | 17 |
| Vermont | 14 |
| Washington | 10 |
| Arkansas | 5 |
| Wisconsin | 3 |
| Nebraska | 2 |

SHA CHW Support & Training

70% of survey respondents reported offering trainings for CHWs. Included in those respondents were 12 SHAs that neither directly hire nor contract with CHWs through a CBO.

SHA Offers Training for CHWs



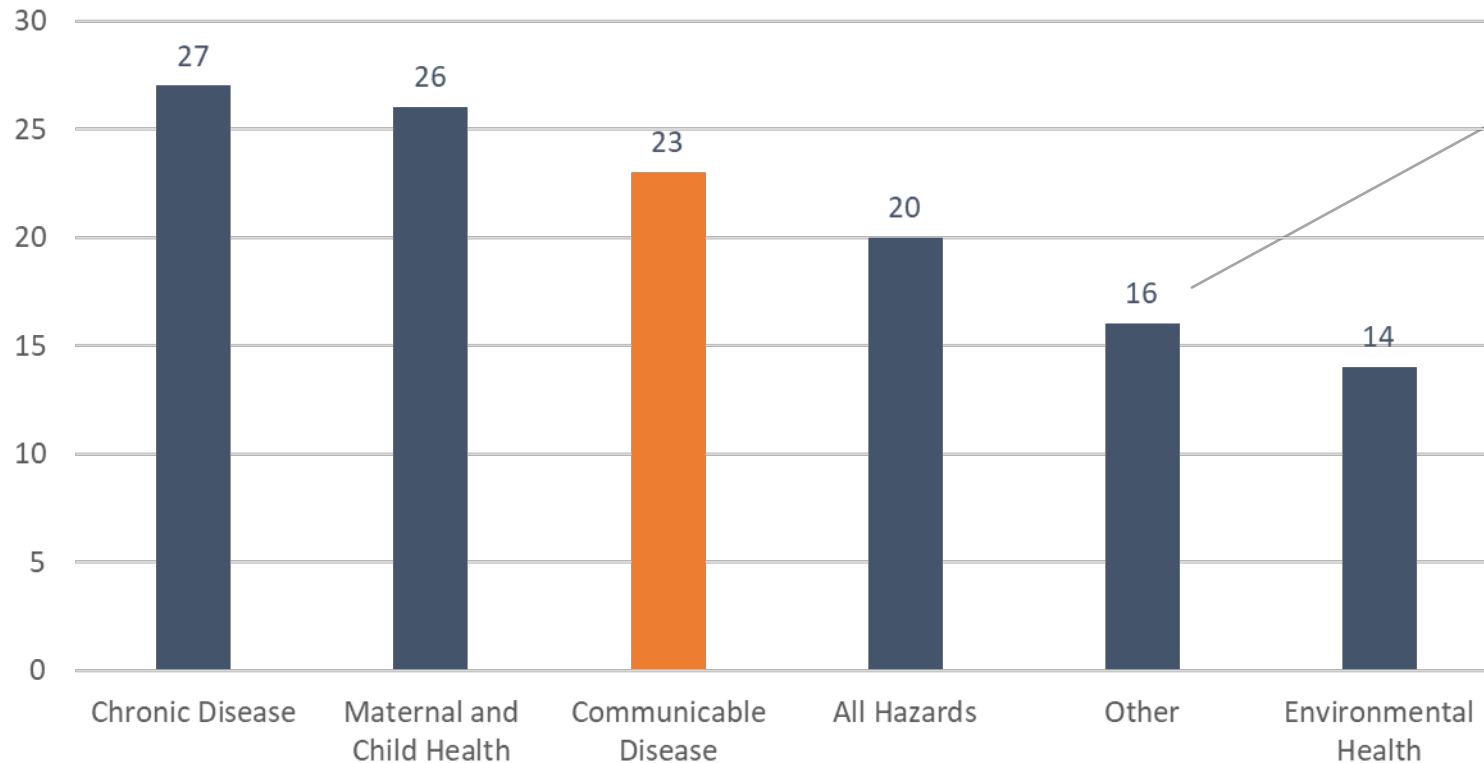
■ Yes ■ No

CHW Core Consensus Project – 10 Core CHW Roles



Distribution of SHA Programs Employing or Engaging with CHWs

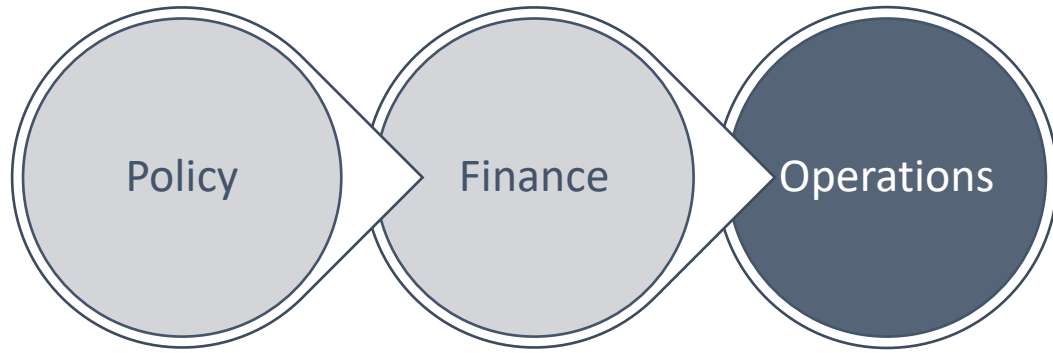
2022 ASTHO Profile of State and Territorial Health:
SHA Programs Directly Employing or Engaging CHWs



Other:

- Health Equity
- School Based Health
- Medicaid Outreach & Enrollment
- Border Health

Next Steps: Supporting Public Health CHWs



ASTHO Priority: establishing a strong foundation for replicable, sustainable, data-driven models of State Health Agency-led CHW initiatives

ASTHO's Key Activities



- Monitoring State CHW Certification Programs & Requirements
- Collecting Job Descriptions & Core Responsibilities of SHA employed or contracted CHWs
- Documenting & Training on Effective CHW Hiring Practices
- Partnership with the National Association of Community Health Workers

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STIs and Community Health Workers: Preliminary Findings and Considerations

Naomi Seiler, Katie Horton, Paige Organick-Lee, Alexis Osei,
Claire Heyison, Mekhi Washington and Amanda Spott

Project Overview

- Team from GWU School of Public Health
- Funded by CDC via the CDC Foundation
- Literature review
- 19 key informant interviews with 25 national and local CHW, DIS, and healthcare systems experts
- Full report to CDC late 2022, plus journal manuscript

Three main takeaways

1. Community health workers have skills and attributes that allow them to contribute to STI prevention and treatment and to sexual health broadly.
2. Medicaid payment can help support a sustainable CHW workforce, and state Medicaid agencies are looking at a variety of approaches for reimbursement.
3. With HD support, DIS and CHWs could use their complementary skills, training, and connections to support each other's work.

Overview of the CHW Workforce

APHA Definition

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.

A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as **outreach, community education, informal counseling, social support and advocacy**.

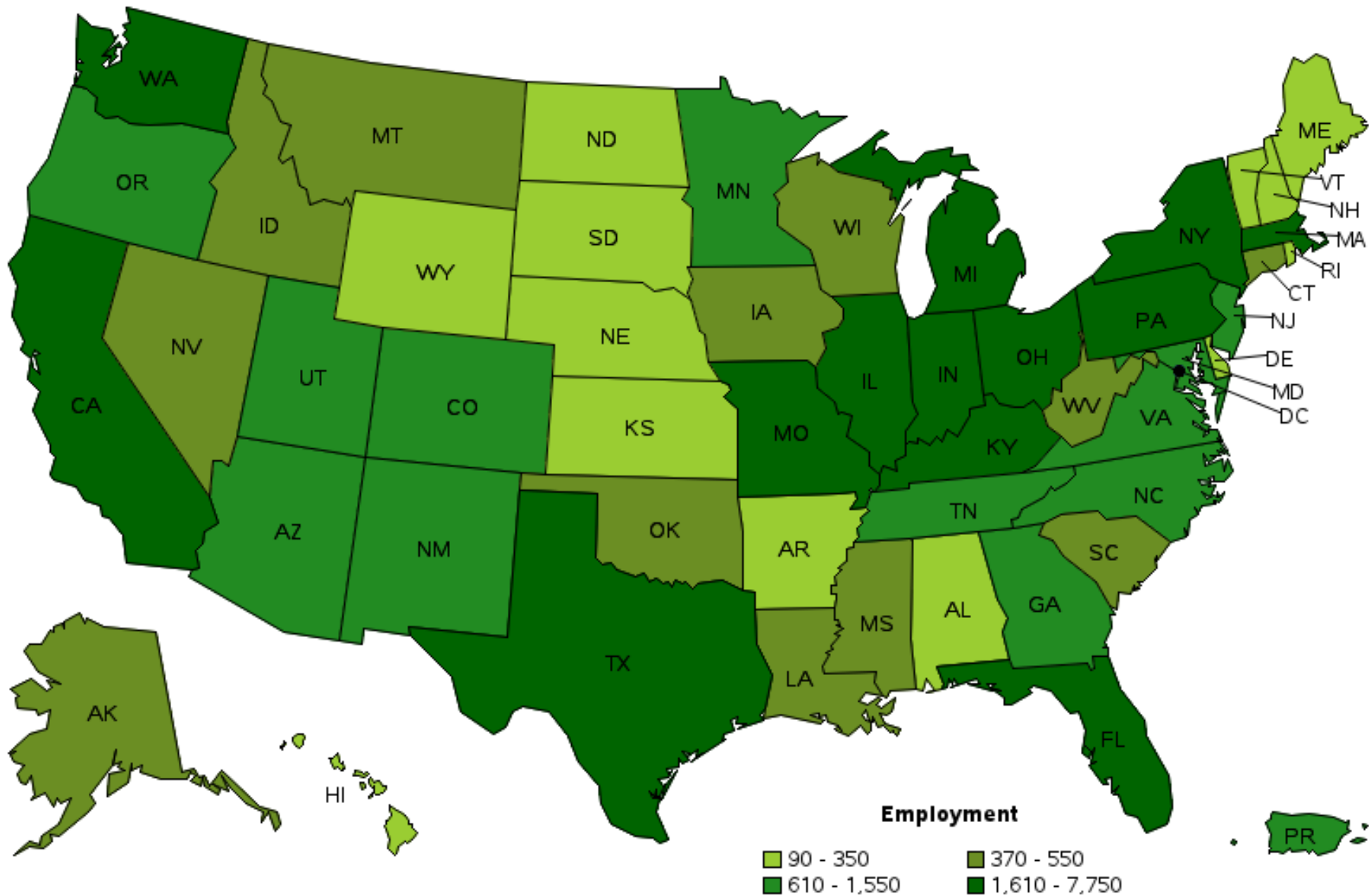
<https://www.apha.org/apha-communities/member-sections/community-health-workers>

CHWs Overview cont.

- BLS estimated 60,000+ CHWs in the US in 2021
- Work in a range of settings including healthcare clinics, CBOs, health departments
- Salary typically ranges from volunteer to \$71,000

Employment of community health workers, by state, May 2021

<https://www.bls.gov/oes/current/oes211094.htm>



Literature Review: CHWs Broadly

- CHW can be integrated into health care delivery teams (ultimately reducing costs)
- Many studies have found CHWs to be effective at improving health outcomes in low-income and minority populations

Literature Review: CHWs and HIV

- In the HIV field, studies have found CHWs to be effective in:
 - Community prevention, education, testing, linking to care, building trust and rapport, transportation, accompanying to appointments, ensuring regular care, navigating barriers to healthcare access
 - Providing support to historically marginalized PLWH and under-resourced communities through finding and developing cheap, targeted interventions
- Particularly after completing training curriculums, CHWs are effective at providing holistic care for PLWH

Literature Review: CHWs in Sexual and Reproductive Health

- CHWs are effective at providing information and screenings in communities with low rates of insurance
- Trust in CHWs enables them to provide sexual health information
- In healthcare clinics, patients working with CHWs are more likely to follow recommendations, maintain regular care, and self-manage disease

Project Findings

Interviews

- 19 interviews with 25 people
 - DIS Experts: 6 interviews, 7 people
 - CHW National Experts: 7 interviews, 10 people
 - CHW Local Program Experts: 4 interviews, 5 people
 - Healthcare systems experts: 2 interviews, 3 people

Thank you to interviewees:

- **Brianna Aldridge, MPH**, Health Equity and Social Justice Program Analyst, National Association of County and City Health Officials (NACCHO)
- **Stephanie Arnold Pang**, Senior Director of Policy and Government Relations, National Coalition of STD Directors (NCSD)
- **Anna Bartels, MS**, Director of Clinical to Community Connections, Association of State and Territorial Health Officials (ASTHO)
- **Allyson Baughman, MPH, PhD**, Project Director, The Center for Innovation in Social Work and Health (CISWH) at Boston University
- **Jacky Bickham, MPA**, Prevention Manager, Louisiana Department of Health (LADOH)
- **Michael Castro, MPH**, Director of Disease Investigations, Chicago Department of Public Health (CDPH)
- **Liza Gabriel-Austin**, Disease Intervention Specialist and HIV/STD Program Supervisor, SDOS, Erie County Department of Health
- **Janine Guerrier**, Community Health Worker, Morehouse School of Medicine

Thank you to interviewees:

- **Elinor Higgins, MPH**, Policy Associate, National Academy for State Health Policy (NASHP)
- **Kathy Hodges, MSW**, Community Development Specialist, North Carolina Department of Health and Human Services Office of Rural Health (NC DHHS)
- **Rebekah Horowitz, JD, MPH**, Senior Program Analyst, HIV, STI and Viral Hepatitis, National Association of County and City Health Officials (NACCHO)
- **Katharine London, MS**, Principal for Health Law & Policy Solutions, Commonwealth Medicine, University of Massachusetts Chan Medical School
- **Jenny Mahn**, Director of Clinical and Sexual Health, National Coalition of STD Directors (NCSD)
- **Fernando Mena-Carrasco MSW, MSN, RN**, Chief of the Center for HIV STI Integration and Capacity, Maryland Department of Health (MDH)
- **Amber Mullen, MPA**, Community Health Worker, Walmart Health
- **Serena Rajabiun, MA, MPH, PhD**, Assistant Professor, University of Massachusetts Lowell Department of Public Health and Adjunct Professor at Boston University School of Social Work

Thank you to interviewees:

- **Ashley Rodríguez**, Chair, Community Health Worker Special Interest Group, APHA
- **Carl Rush, MRP**, Policy Advisor and Former Board Member, National Association of Community Health Workers (NACHW)
- **Yanitza Soto, MPH**, Community Health Worker Program Manager, Arizona Department of Health Services Bureau of Tobacco & Chronic Disease
- **Scott Strobel**, Disease Intervention Specialist and Section Chief, STI/HIV Surveillance and Intervention, Kansas Department of Health and Environment (KDHE)
- **Chris Taylor**, Director of Emerging Infectious Disease, Association of State and Territorial Health Officials (ASTHO)
- **George Walton**, STD Program Manager, Iowa Department of Public Health, Board Chair, The National Coalition of STD Directors (NCSD)
- **Bianca Ward**, Associate Director of Healthcare Access, National Alliance of State & Territorial AIDS Directors (NASTAD)
- **Shannon Wood**, Lead Disease Intervention Specialist, Iowa Department of Public Health (IDPH)

Interview Findings: Three Key Areas

- The role (and potential role) of CHWs in the STI field
- Medicaid funding for CHWs
- Facilitating partnerships between CHWs and the existing DIS workforce

Interviewees on the role (and potential role) of CHWs in the STI field

The Role of CHWs in the STI Field

- CHWs are often trusted and well-regarded in the community, and could be particularly effective for STI work:

"Mistrust of healthcare institutions and stigma related to the condition and all of that are areas where CHWs are, that's their wheelhouse I mean ... that is exactly what you need [CHWs] for."

- Youth and historically marginalized groups may benefit the most from CHW services
- However, stigma can still prevent community members from talking to CHWs about sexual health, especially in small and rural communities

The Role of CHWs in the STI Field

- Interviewees noted multiple tasks CHWs do or could perform in the STI field:
 - Referrals to testing
 - Referrals to treatment
 - Community education
 - Aiding in STI prevention
 - Referring to testing
 - Addressing SDOH
 - Helping patients reenter and navigate care

CHWS in Clinical Settings

- Roles/benefits of CHWs in clinics can include:
 - connecting people to patient-centered medical homes,
 - Supporting and engaging people who are avoiding care because of medical mistrust,
 - being more responsive to patient needs,
 - being more culturally competent than medical providers,
 - helping improve clinic workflow
- However, employers should understand that CHWs need flexibility to do their jobs effectively

"[CHWs] have to be outside, you have to be in the streets, we have to be there at three o'clock in the morning...especially in HIV."

The Role of CHW Certification & Training

- Multiple interviewees noted that CHWs typically do not need any particular level of education (e.g., GED) – it is more important that they are representative members of the community
- CHWs often are not specialized in a specific disease. However, they should have the option to take such disease-specific training and may be eager to do so

The role of CHWs: Preliminary Considerations for the STI Field

- STI prevention programs in HDs could identify if CHWs are already providing sexual health-related services in the community and in what settings
- STI prevention programs could work with CBOs and clinics to identify unmet health and social needs related to sexual health that CHWs could potentially address.
- CHWs should be considered as key partners in efforts to address the syndemics of STIs, HIV, and substance use
- CDC or partners could consider developing an STI/Sexual health training module for CHWs that could be used in state certification training or CE requirements for CHWs

Interviewees on Medicaid Funding for CHWs

Why focus on Medicaid support for CHWs?

- Medicaid covers almost 81 million people
- Medicaid serves many youth and young adults; 52% of the total Medicaid population is age 26 or younger
- 59% of enrollees are non-White, creating opportunities to address inequities

Because 69% of Medicaid beneficiaries are enrolled in comprehensive managed care plans, it is important to consider both fee-for-service and managed care Medicaid

Challenges of Medicaid Reimbursement

- Challenges could arise if CHWs are only able to work with people with insurance
 - Especially in non-expansion states, uninsured populations will need help navigating the healthcare system
- Caution is needed to mitigate adverse impacts on CHWs' effectiveness or flexibility

"The fundamental value of CHWs is self-determination, so anything, and certainly Medicaid payment policies around CHW activity, can have a profound impact on their practice."

Medicaid Funding for CHWs: Preliminary Considerations for the STI Field

- Identify existing Medicaid payment models for CHWs in place or under consideration in the state
- Determine if CHWs working in the STI/HIV field are able to benefit from that model
- Ensure STIs providers/officials have a “seat at the table” in ongoing discussion of Medicaid payment models for CHWs
- Include CHWs as key stakeholders and decision makers when discussing Medicaid payment methodologies

Interviewees on CHWs and DIS

Figure 1. Public Health Professions: Community Health Workers compared with Disease Intervention Specialists

| | Community Health Workers (CHWs) | Disease Intervention Specialists (DIS) |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Education Requirements | Most CHWs have a high school diploma or associate degree | Most DIS have a bachelors or master's degree in public health or epidemiology |
| Training | Some states have voluntary or required CHW certification programs that are either state or privately operated | Passport to Partner Services; subsequent trainings requirements vary by region |
| Compensation | Volunteer; or \$42,000 to \$70,790 | \$59,069 |
| Site of Service | Department of health, hospitals, community-based organizations, and health clinics in rural areas and underserved minority communities | Department of health, Local health department |
| Defining features | <ul style="list-style-type: none"> • Are often members of the communities they serve • Multilingual • Culturally sensitive • Minority-focused | <ul style="list-style-type: none"> • Targeted disease outreach • Counseling • STI/STD focused • Conduct case investigations |

Differences between DIS and CHWs: Perceptions of the Workforce

- While all interviewees said that CHWs are highly connected to the communities they serve, interviewees reporting a range of community responses to DIS

"It becomes very, very difficult to locate individuals once they are identified as being [a DIS]. When they come around the community or the neighborhood or and they've already been identified, [patients] want to avoid that person versus 'hey you're my helper I can trust you'."

- Barriers to hiring DIS workers reflective of the community can include HD educational requirements, criminal record prohibitions, limitations on hiring based on protected categories

Facilitating Partnerships Between DIS and CHWs

- Multiple interviewees agreed there is currently limited interaction between DIS and CHWs

CHWs and DIS: Preliminary considerations for the STI field

- STI staff in HDs could convene DIS teams and CHWs doing work in the community to jointly identify opportunities for collaboration
- DIS teams could do CHW training to advance their skills in community knowledge and engagement
- HDs expanding their DIS workforce could actively recruit from among CHWs in order to build a representative workforce already experienced with community and individual relationship building
- HDs could consider hiring CHWs to do follow-up sexual health education and outreach in coordination with DIS
- CHWs in clinical settings could do partner services (ie DIS) work in coordination with HDs

Thank you!

Questions?

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Community Health Workers (CHW) in HIV and STI Prevention, Care, and Treatment

Recruitment, Training, and Retention



No Disclosures or Conflict of Interest

Agenda

- Community Health Workers at Unity
- Recruitment
- Training
- Retention
- Lessons Learned





Community Health Workers @ Unity

CHW's at Unity Health Care

- Have employed CHWs for approximately a decade
- Minimal turnover for this position
 - Grants ended; Illness and COVID
- Current CHWs
 - Infectious Disease Team (ID) TEAM
 - Medicated Assisted Treatment (MAT) Program
 - PrEP Team
- Developing CHW Positions
 - OB Team
 - Homeless Outreach Team

CHWs Integral Part of Unity Team

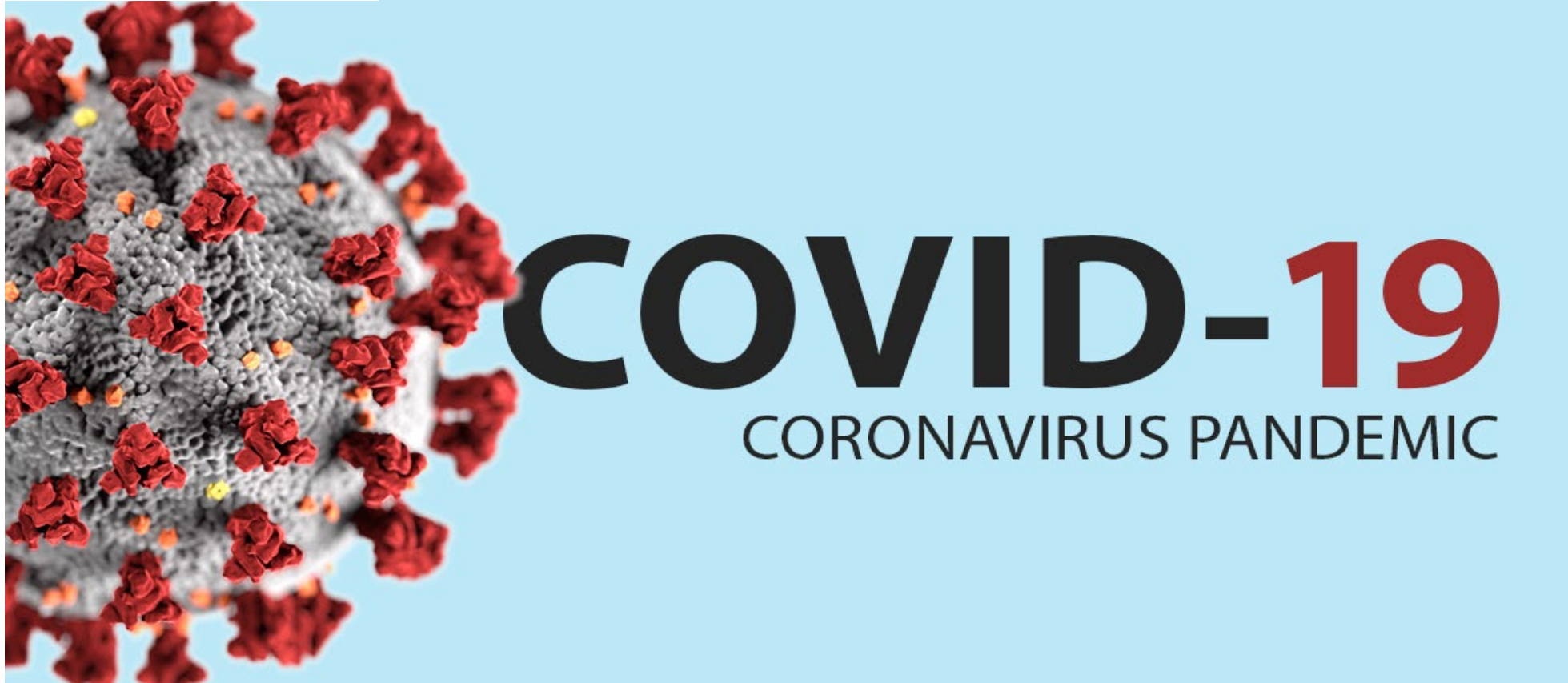
- Prevention, Intervention, and Treatment
- Recognize their special skill set
 - Can engage patients when others cannot
 - Valuable asset
 - especially with vulnerable communities
- Assist with bridging the gap in care, preventing loss to care, & assist with lost to care
- Overall patient support
- Support patients' right to self determination
- Empathy and understanding



Recruitment



Barrier to Hiring



Applicant Pool



Community
Experience

Knowledge
Needed for
Position

Various
Experience/Knowledge
No Community
Experience or
Knowledge needed for
position

Applicants



Community
Experience



Knowledge
Needed



Just right!
Or
Salary expectations
exceeded funds in
budget

Which is More Important?



knowledgeowl



Staff Hired & Feedback from CHWs

- Lots of knowledge and experience with PrEP and HIV, as well as MSM and LGBTQIA communities
- Knowledge and experience with vulnerable populations & health center experience – general knowledge about PrEP and HIV
- Administrative experience and more education, little knowledge or experience with vulnerable populations, health care center, PrEP or HIV



Training

Training

- Unity's Onboarding
- Social Services Training
- Additional Training
 - PrEP
 - HIV
 - Working with vulnerable populations in general
 - LGBTQIA, MSM, Implicit Bias
 - Home visiting*





Retention

Challenges to Retention

- Pay
- Funding
- Training
- Supervision
- Understanding of role and position
- Advancement opportunities
- Not feeling part of the team
- Visibility



Addressing Challenges

- Visibility and Voice
- Biweekly Social Services staff meetings
- Weekly supervision with PrEP staff
- Productivity standards
- Presentations to staff at all health centers about PrEP
- Discussions and guidance on community outreach and home visits
- Participation in webinars and training population specific





Lessons Learned

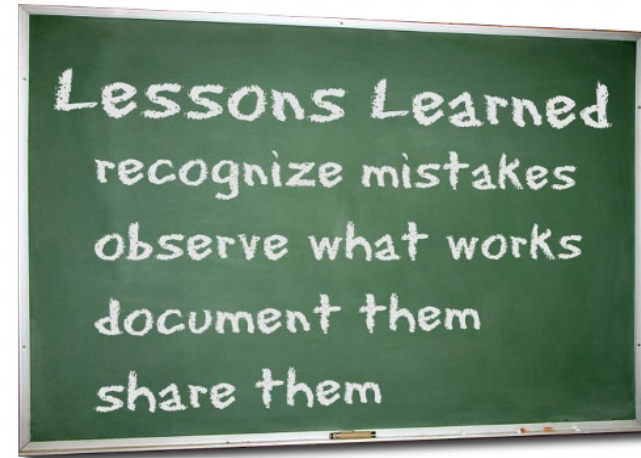
Lessons Learned

- More hands on training and guidance needed than anticipated
- Boundaries
- Clear definition of rolls
- Home visiting
- More structure
- Mix of staff skills and experience
 - Good
 - Frustrating
 - Different training needs



Lessons Learned

- Job Description
 - Clear and concrete
- Standard Interview Protocol*
 - Added more specific questions about home visiting and community outreach
 - Scenario questions
- What is most important?
 - Someone with background/experience working in communities
 - Someone with knowledge/education, but no community experience
 - What does outreach mean?



Thank You!

Karen Guillory, LICSW

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BHW Community Health Worker Training Program

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis
and STD Prevention and Treatment Meeting

November 3, 2022

Tara D. Spencer, MS, RN
Chief, Nursing Education and Practice Branch
Bureau of Health Workforce (BHW)

Vision: Healthy Communities, Healthy People



Agenda

- 1 BHW Overview
- 2 Program Overview
- 3 Program Activities
- 4 Summary of Funding
- 5 HIV/AIDS linkages



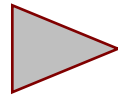
Bureau of Health Workforce (BHW)

MISSION Improves the health of underserved populations by

- ▶ strengthening the health workforce
- ▶ connecting skilled professionals to communities in need



EDUCATION



TRAINING



SERVICE



BHW Positioning to Better Serve Communities

EXTERNAL FORCES

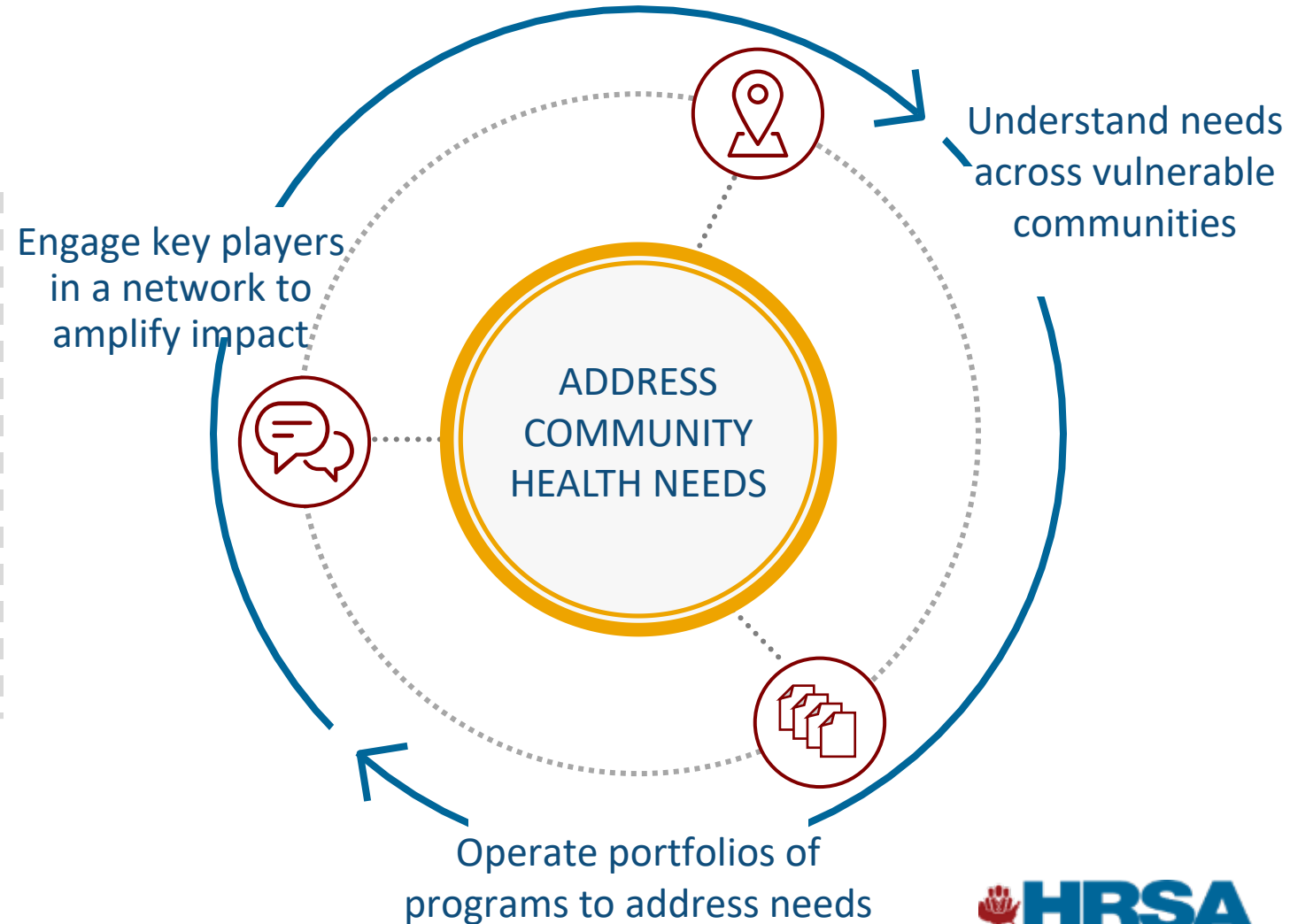


The **COVID-19** crisis disproportionately affects underserved communities.

Racial inequity exacerbates disparities in community health.



The **shifting healthcare landscape** emphasizes consumer-driven delivery and value-based care models.



Community Health Worker Training Program (CHWTP)

Legislative Authority:

42 U.S.C. § 295 (Section 765 of the Public Health Service Act) and Section 2501 of the American Rescue Plan Act of 2021 (Public Law 117-2).



Community Health Worker Training Program (CHWTP)

Purpose

- ▶ Expand the public health workforce by training new CHWs and health support workers
- ▶ Extend the knowledge and skills of current ones.

Goals

- ▶ Increase access to care;
- ▶ Improve public health emergency response; and
- ▶ Address the unmet public health needs of underserved communities.

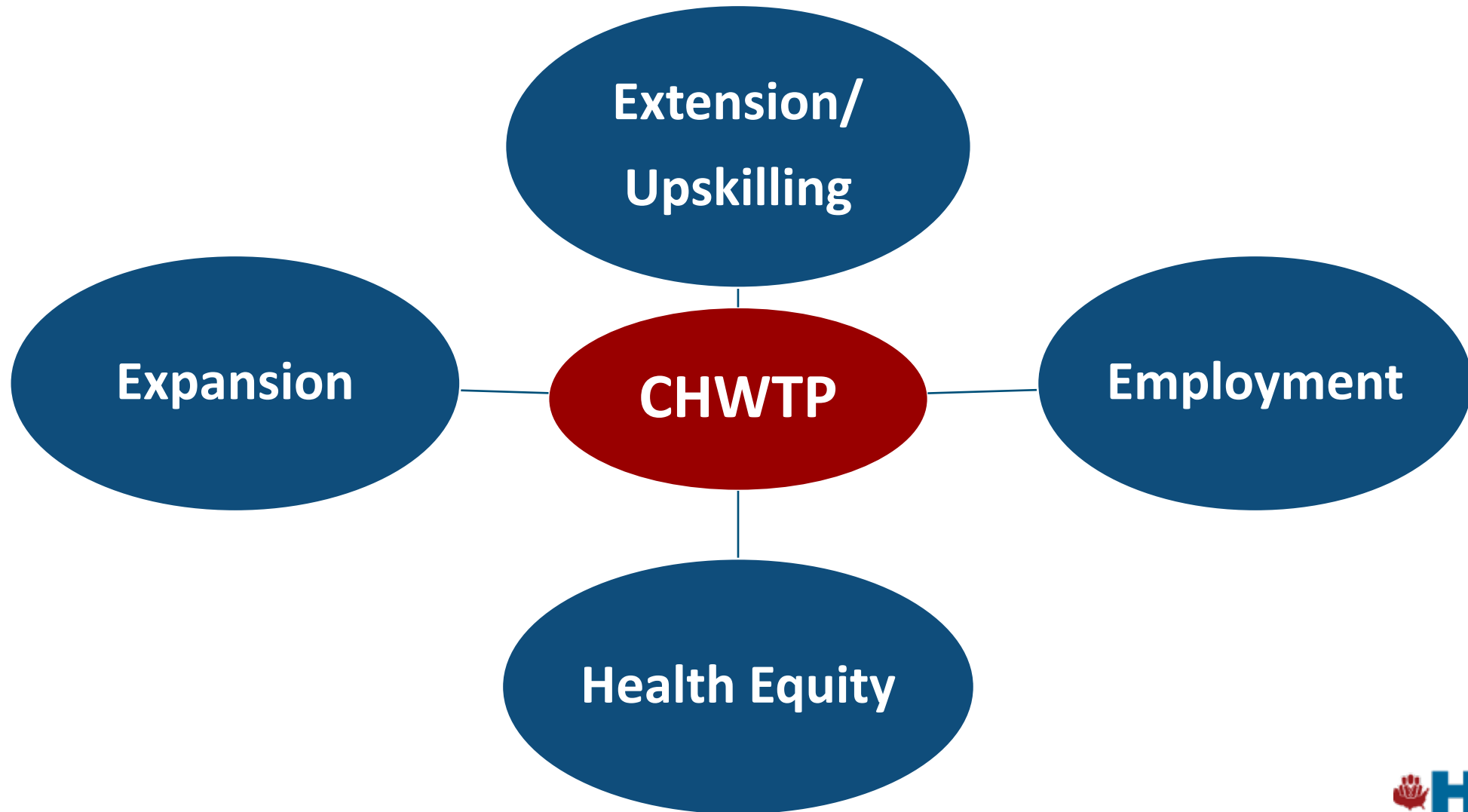


Eligible Entities/Applicants

- (A) Health professions schools, including accredited schools or programs of public health, health administration, preventive medicine, or dental public health or schools providing health management programs;
- (B) Academic health centers;
- (C) State or local governments including state, local and territorial public health departments; or
- (D) Any other appropriate public or private non-profit entity such as, but not limited to: community colleges, community health centers, Federally Qualified Health Centers (FQHCs), and community-based organizations, and tribal entities that train public and allied health workers.



Program Objectives



Community Health Worker Training Program (CHWTP)

Summary of Funding

**Project
Period**

September 15, 2022 to September 14, 2025

**Award
Amount**

Up to \$1,000,000 total cost per year

**Number of
Awards**

83 Awards

**Total Program
Funding**

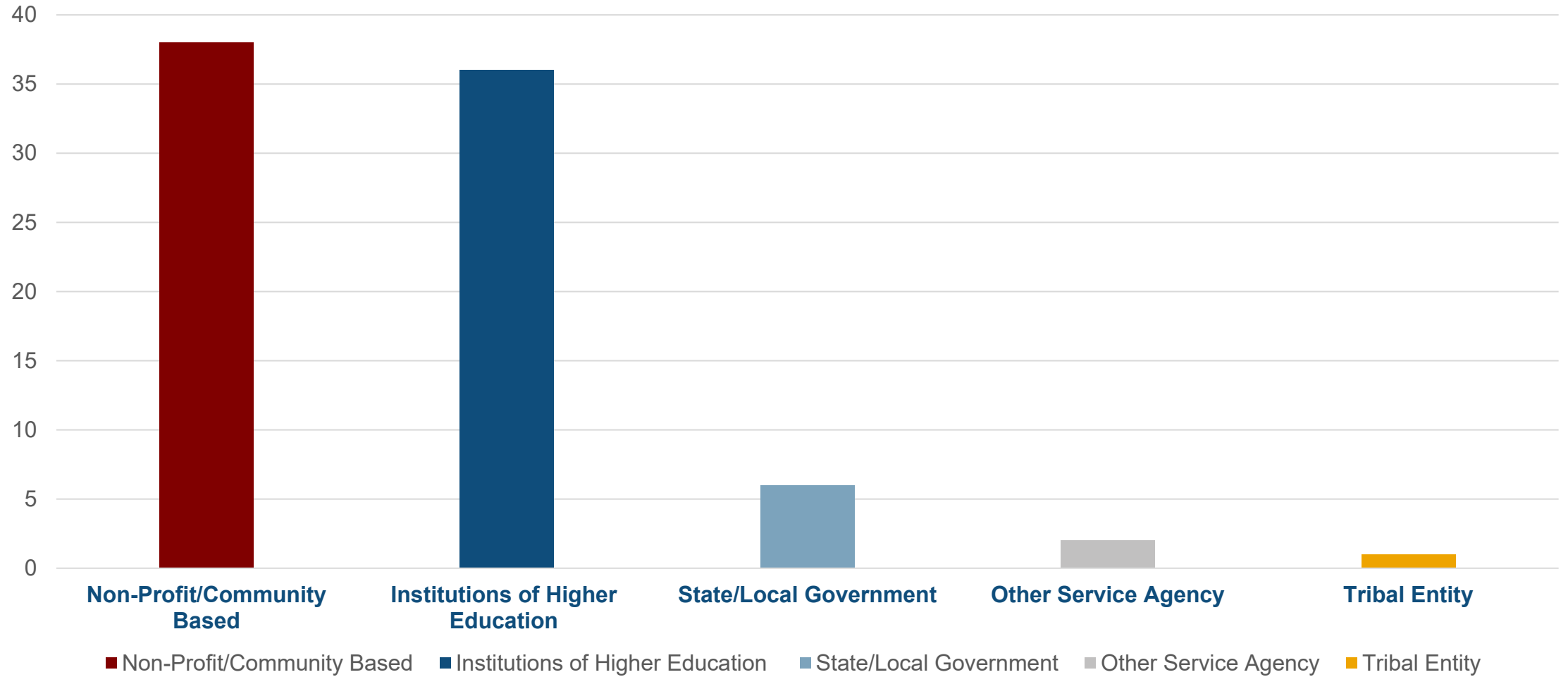
\$225,500,000



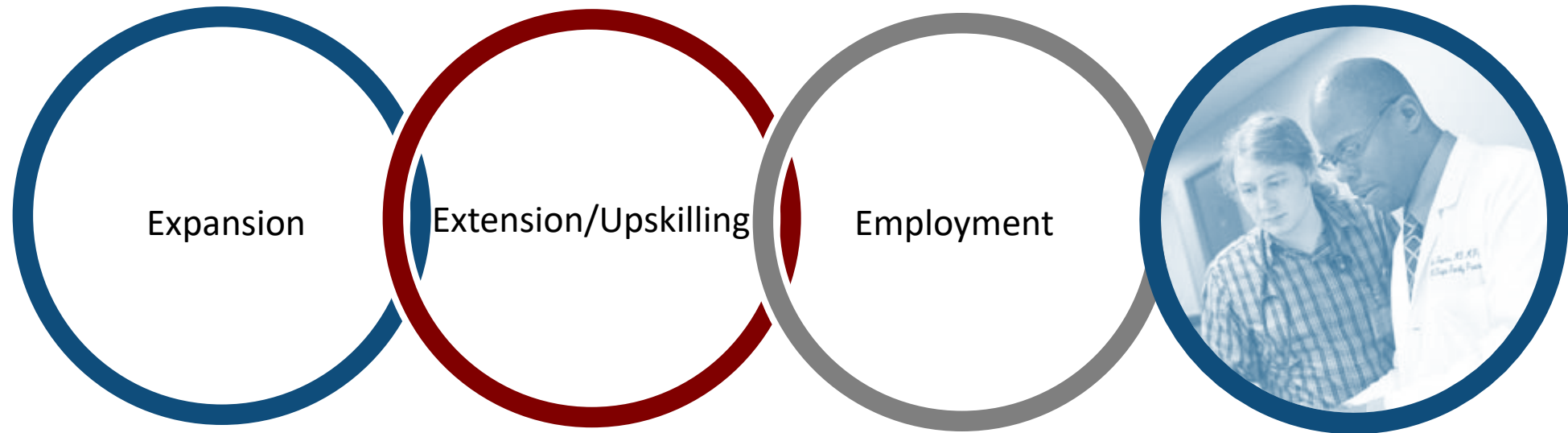
Community Health Worker Training Program (CHWTP) Award Geographic Distribution



Community Health Worker Training Program (CHWTP) Award Entity Type Distribution



CHWTP Tracks



CHWTP Expansion Activities

- Recruit and train new CHWs and health support workers with the use of core competencies for CHWs and Public Health
- Ensure that at least 75 percent of trainees are in the new CHW and other health support workers training program, and receive employment opportunity training through field placements.
- Implement training curriculum that include core competencies for CHWs and Public Health and follow state, local, or entity guidelines, support essential public health services
- Provide financial support
- Increase the diversity and distribution of the public health workforce
- Develop or enhance trainee curriculum around evidence-based core competences for public health
- Establish a network of partnerships by creating new or leveraging existing relationships
- Provide training on the use of technology and education to increase digital literacy



CHWTP Extension/Upskilling Activities

- Extension/upskilling for current CHWs and other health support workers
- Develop and/or enhance trainee curriculum around evidence-based core competencies for public health to include, but not limited to, emergency response education, prevention, treatment, and vaccine hesitancy research, used for the upskilling of current CHWs and health support workers;
- Provide certificate or continuing education documentation to confirm completion of training and upskilling of current CHWs and other health support worker trainees and;
- Establish a network of partnerships by creating new or leveraging existing relationships with entities such as: community colleges, public health departments, health care provider



CHWTP Employment Activities

- Implement an apprenticeship program that must be registered by the U.S. Department of Labor or a state/local organization;
- Establish a training curriculum that must include CHW core competencies, and follow state, local, or entity guidelines
- The apprenticeship program will provide didactic training related to health equity and SDOH among patients impacted by COVID-19 and other public health emergencies, and located in underserved communities
- Implement career development and employment readiness training that will prepare trainees to learn skills and expertise from collaborating partner programs;
- Provide wraparound support to help trainees overcome barriers to success
- Provide job placement services to assist trainees not enrolled in apprenticeship programs in obtaining employment;
- Implement strategies to support work environment practices (e.g. policies and procedures) that ensure the resiliency, safety, and well-being of trainees, practicing CHWs and Health Support Workers



HIV/AIDS Linkages



Registered
Apprenticeship
sites with CBOs

Providing access
to HIV/AIDS and
STD education,
screening testing
and treatment



Recruitment of
individuals with
HIV/AIDS to
become CHWs

Employment
training to work
with high-risk
individuals in
HIV/AIDS
prevention

Incorporation of
HIV/AIDS topics
into upskilling



Questions



Contact Us

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