

# Applying the C3 Framework to Advance CHW/P Capacity Building:

A case study series

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# Applying the C3 Framework to Advance CHW/P Capacity Building: A case study series

This case study series is designed for leaders of community health worker/promotora (CHW/P) organizations seeking practical, values-driven ways to strengthen CHW/P capacity. It highlights how the National C3 Council framework (C3 Framework) can serve as a flexible, adaptable guide for workforce development at multiple levels. Each case shows how the framework can be combined with other models to honor CHW/P values, lived experience, and community context.

Together, the series demonstrates how training and organizational strategies can advance empowerment, equity, and practice-based learning in the CHW/P field.

## Purpose of the Series

The C3 Framework recommends core CHW/Ps roles and competencies and has become a foundational reference for CHW/P workforce development nationwide<sup>1</sup>. Yet, applying the framework in line with the health equity heritage of the CHW/P movement requires more than curricular alignment. It also calls for integration with other CHW/P-related frameworks and responsiveness to diverse contexts<sup>2</sup>.

Whether building curriculum, developing learning tools, or strengthening institutional support, the case studies offer practical strategies for applying the C3 Framework in ways that center CHW/Ps as learners, leaders, and agents of change.

## Overview of the Case Studies

We present three case studies that demonstrate how the C3 Framework can support CHW/P capacity-building at different levels, with an emphasis on empowerment and positioning CHW/Ps as active participants in their own growth.





Case Study #1:

## **Blending C3 Competencies with Popular Education Principles in Curriculum Design**

This case explores how a CHW/P training program used the C3 Framework as the foundation for curriculum design while incorporating principles of popular education to advance cultural, linguistic, and experiential relevance<sup>3</sup>. It highlights how blending C3 with community-driven approaches creates more grounded and effective learning experiences.



Case Study #2:

## **Deepening CHW/P Practice Through Self-Directed Learning**

This case examines how a self-directed learning journey tool, grounded in C3 competencies, supported CHW/Ps in taking ownership of their professional development. Emphasizing reflection, adaptability, and goal-setting, the tool helped CHW/Ps progress from baseline competence toward mastery, with implications for both training design and workforce equity.



Case Study #3:

## **Fostering Organizational Integration of CHW/Ps**

This case describes the development and application of an organizational self-assessment tool to evaluate readiness for integrating CHW/Ps into systems. We discuss the C3 origins of a TA tool designed to help community-based organizations strengthen their CHW/P programs.

<sup>1</sup> Rosenthal, E. L., Rush, C. H., & Allen, C. G. (2016). Understanding scope and competencies: A contemporary look at the United States community health worker field: Progress report of the community health worker (CHW) core consensus (C3) project. University of Texas Health Science Center at Houston, School of Public Health, Institute for Health Policy.

<sup>2</sup> El Sol Neighborhood Educational Center. (2022). Preserving a transformative community health worker/promotor workforce: El Sol's CHW/P training center approach. [https://www.elsolnec.org/elsolchwapproach/wp-content/uploads/sites/7/2022/11/EISol\\_TC\\_PreservingCHW\\_Report\\_final.pdf](https://www.elsolnec.org/elsolchwapproach/wp-content/uploads/sites/7/2022/11/EISol_TC_PreservingCHW_Report_final.pdf)

<sup>3</sup> Wiggins, N. (2012). Popular education for health promotion and community empowerment: A review of the literature. *Health Promotion International*, 27(3), 356–371. <https://doi.org/10.1093/heapro/dar046>

## Case Study 1:

# Blending C3 Competencies with Popular Education Principles in Curriculum Design

## Why Blending C3 Competencies Matters

The National C3 Council framework (C3 Framework) defines a set of roles and skills that serve as national standards for CHW/P practice. By outlining core competencies and responsibilities, it provides a strong foundation for standardizing training efforts and aligning the workforce across diverse settings. Yet, to create training programs that are both consistent and responsive to community realities, C3 often needs to be blended with other program planning and adult education frameworks.

To advance its usefulness as a widely adopted tool, more case studies are needed to show how C3 can be adapted to local practice contexts and integrated with complementary approaches. This case study showcases how organizational partners built a CHW/P training curriculum on the C3 competencies, blending additional frameworks to meet program priorities.

## The Case Context

During the COVID-19 response, local public health departments partnered with CHW/Ps to advance community-rooted, resilient public health systems. In 2022, Sonoma County Public Health Department (SCPHD) collaborated with El Sol CHW/P Training Center (ESTC) to strengthen CHW/P capacity across multiple organizations within the county<sup>4</sup>.

To align training across Sonoma County, ESTC and SCPHD used the 11 core C3 competencies, alongside complementary tools, to guide curriculum development. This partnership aimed not only to implement a high-quality training program but also to build local capacity for sustaining CHW/P workforce development.

<sup>4</sup> County of Sonoma, Department of Health Services. (2022). Sonoma County framework for equitable Community Health Worker (CHW) employment. Prepared by Ponderosa Public Health Consulting. <https://sonomacounty.gov/health-and-human-services/health-services/divisions/public-health/community-health-workers-for-covid-response-and-resilient-communities/chw-framework-for-sonoma-county>

## Methods

The CHW/P curriculum was developed through an iterative, community-informed process grounded in three frameworks: C3 competencies, Popular Education, and participatory program planning principles. The El Sol team used the 11 C3 CHW competencies as the foundational framework, aligning curriculum sections with learning activities and experiences designed to advance learning in each competency.

Local context shaped curriculum design through community asset and needs assessments, while feedback from CHW/Ps—particularly from piloted modules—guided ongoing refinement. Although a systematic summative evaluation of CHW/P learning was not conducted for this case study, information from these feedback loops allows us to infer how curriculum designers and implementers adjusted content and activities in response to CHW input. Promising practices from prior training efforts were also incorporated.

The partnership between El Sol and Sonoma County strengthened the process by co-designing, delivering, and refining the program, while supporting the institutionalization of CHW/P workforce development. Shared planning, mentorship, and local facilitation enabled Sonoma County to continue training CHW/Ps beyond the initial launch.

Popular Education principles ensured the curriculum remained participatory and practical. CHW/Ps applied new skills in real-world settings such as health fairs, home visits, and community outreach, supported by mentor feedback and reflective guidance. Cultural competency content prepared CHW/Ps to serve diverse communities effectively. A multi-pronged evaluation approach, including pre- and post-training assessments, feedback loops, and process documentation, supported continuous improvement and strengthened local training systems.

## Key Findings from the CHW/P Training Curriculum Development Process

### Blending Frameworks for Depth and Relevance

The design team drew on community needs and asset assessments to align the curriculum with local priorities and build on community strengths. Popular education, integrated with C3, shaped a learner-centered approach that honored CHW/Ps' lived experiences.

CHW/Ps actively engaged with curriculum content by connecting it to their own experiences and co-creating learning activities. Fieldwork opportunities—such as home visits, health fairs, and outreach events—allowed CHW/Ps to apply skills immediately, reinforcing knowledge through practice. Mentorship and observation further supported skill application and professional growth.

### Enrichment Through Responsiveness and Adaptation

The curriculum evolved based on feedback from CHW/Ps, trainers, and stakeholders, ensuring relevance and cultural responsiveness.

Peer learning networks fostered collaboration, collective problem-solving, and knowledge exchange. Continuous adaptation enhanced alignment with C3 competencies while grounding the program in local realities, resulting in a more effective and inclusive training experience.

## Implications for the CHW Field

As more local health departments adopt C3 to define CHW roles and competencies, there is an opportunity to integrate complementary frameworks, such as popular education, into training efforts. While C3 outlines what CHW/Ps should know and do, frameworks like popular education guide how CHW/Ps learn best—through participatory, experience-based, and empowerment-driven methods.

### Elevating Popular Education Can Advance Health Equity and Workforce Effectiveness

Popular Education aligns with the CHW/P movement's roots in health equity and community empowerment but is often under-recognized in formal training. Its participatory, experiential approach mirrors the core practices of CHWs—building trust, listening, and fostering meaningful relationships within their communities.

Consistent with Popular Education, the curriculum modeled horizontal power relations, with teachers and learners collaborating as peers, demonstrating the participatory approach CHWs can replicate in their own practice settings. This is particularly important for recruiting and retaining CHW/Ps from historically marginalized communities.



### Naming Popular Education Strengthens CHW Training

Explicitly naming and valuing Popular Education legitimizes participatory learning and strengthens the CHW education ecosystem by providing clear guidance for trainers, supervisors, and program designers. Embedding these approaches helps create more equitable, effective, and sustainable CHW training systems that honor the community-rooted origins of the CHW/P model and support empowerment-focused practice.

## Case Study 2: **Deepening CHW/P Practice Through Self-Directed Learning**

Community Health Workers and Promotores (CHW/Ps) are well-positioned to facilitate community transformation because of their role as trusted frontline agents of change. Their work extends beyond providing services. They act as adaptive leaders and problem solvers who, in partnership with those most impacted by health inequities, assess situations, identify opportunities, and facilitate collective action grounded in community assets.

The National C3 Council framework (C3 Framework) defines the skills and competencies expected of CHW/Ps and serves as the foundation for many training programs. Yet, advancing community transformation requires more than basic proficiency. CHW/Ps must engage in deepening practice- continually strengthening and applying core skills flexibly in complex settings. This CHW/P practice environment necessitates training organizations to focus not only on initial skill attainment but also on reflection, self-directed learning, and ongoing development.

An empowerment-focused approach aligns closely with deepening practice. It treats CHW/Ps as active agents in shaping their own growth and community impact. Empowerment-based learning supports confidence, curiosity, and adaptability, allowing CHW/Ps to set learning goals, share experiential knowledge, and apply critical thinking to real-world challenges. Learning thus becomes a continuous process.

For training organizations, fostering self-directed learning means creating spaces for reflection, access to culturally relevant resources, and collaboration with peers and mentors. Facilitators guide CHW/Ps in connecting lived experience to broader concepts in health promotion, social justice, and community resilience. Digital tools, peer-led workshops, and community-based learning circles can all support this process. When CHW/Ps are trusted to direct their learning, they deepen ownership and agency, which strengthens both their individual capacity and community transformation.

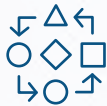
## The Case Focus and Context

Building on lessons from the Sonoma County Vaccination Project, El Sol CHW/P Training Center (ESTC) developed the Self-Directed Learning Journey (SDLJ) tool to advance the deepening CHW/Ps' practice related to the C3 Framework competencies. This case study explores how the tool was designed and implemented and how self-directed strategies can be integrated into CHW/P training programs to advance reflection, self-direction, and adaptive growth.

The Sonoma Vaccination Project, a collaboration with local health systems and community-based organizations, provided a testing ground for strategies to help CHW/Ps build advanced skills for addressing vaccine hesitancy, misinformation, and barriers to access. These challenges required CHW/Ps to deepen their practice beyond entry-level competency, equipping them with reflective and adaptive skills essential for evolving health equity work.

## SDLJ Tool Frameworks and Design

Three frameworks shaped the SDLJ tool:



The C3 Core Competencies



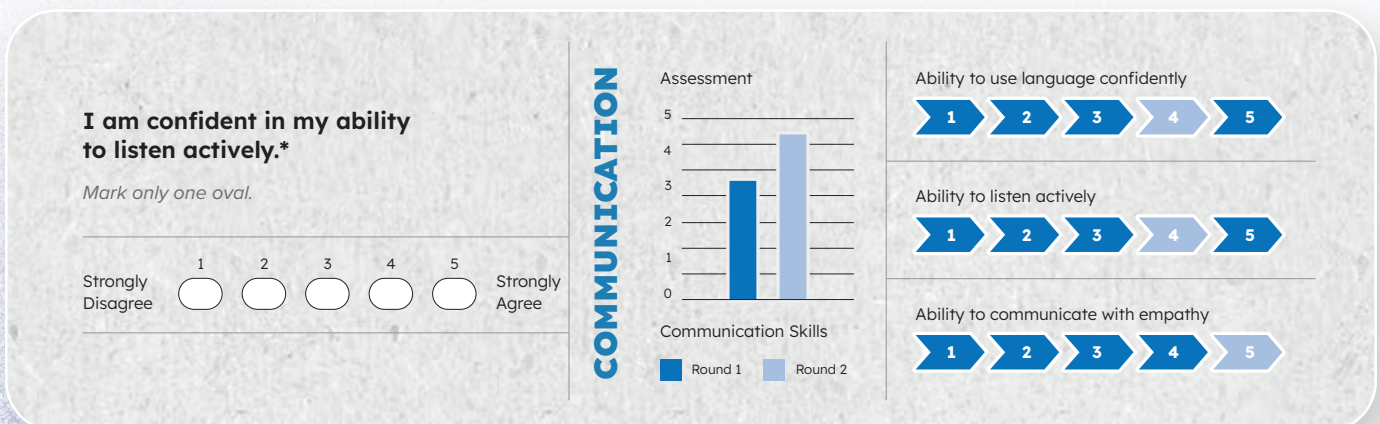
Empowerment Evaluation



Popular Education

Together, these provided structure and philosophy for the design. C3 competencies served as a roadmap, linking each domain of the SDLJ to nationally recognized standards. This gave CHW/Ps clarity on where to focus and ensured transferability across programs. Empowerment Evaluation contributed a strengths-based approach that emphasized growth and self-directed progress rather than comparison or compliance<sup>5</sup>. Popular Education grounded the tool in participatory learning, ensuring CHW/Ps could apply new insights to real-world challenges in their communities.

The SDLJ connected several learning experiences. CHW/Ps began with online self-assessments that encouraged reflection on their proficiency across the C3 standards. Results were paired with prompts for goal setting and action planning.



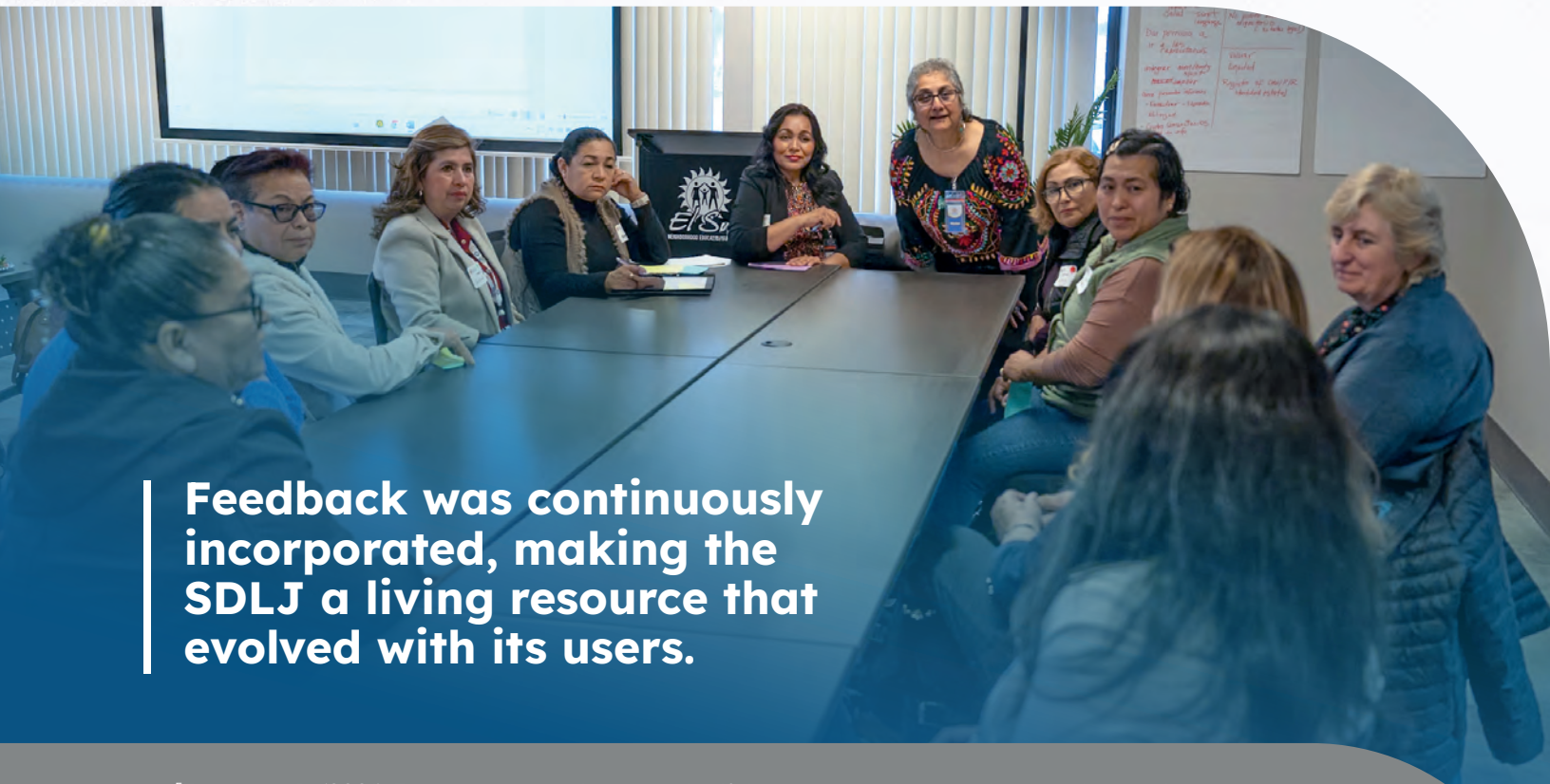
Digital resources—including learning modules, webinars, and forums—allowed participants to explore topics at their own pace, while a progress tracker helped monitor milestones and celebrate achievements. Reflective journaling ensured that new knowledge remained grounded in practice rather than abstract concepts.



## Implementation Context

The SDLJ tool was embedded within a broader learning ecosystem facilitated by ESTC. Peer learning circles created spaces to exchange experiences, troubleshoot challenges, and build accountability. As CHW/Ps applied skills in community contexts, experienced peers provided mentoring and guidance, reinforcing collaborative learning.

Evaluation methods captured both quantitative and qualitative outcomes. Pre- and post-assessments measured changes in confidence and perceived proficiency. Creative methods such as photovoice enriched understanding of how CHW/Ps engaged with the tool in practice.



**Feedback was continuously incorporated, making the SDLJ a living resource that evolved with its users.**

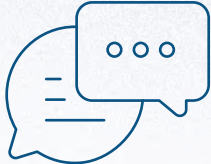
<sup>5</sup>Fetterman, D. (2001). Empowerment evaluation and self-determination: A practical approach toward program improvement and capacity building. In N. Schneiderman, M. A. Speers, J. M. Silva, H. Tomes, & J. H. Gentry (Eds.), *Integrating behavioral and social sciences with public health* (pp. 321–350). American Psychological Association. <https://doi.org/10.1037/10388-016>

# Key Findings

## Enhanced Confidence, Clarity, and Critical Thinking

Aligning personal goals with C3 competencies empowered CHW/Ps to take ownership of their learning. Participants reported greater clarity in their roles and increased confidence in applying core skills.

Reflective journaling, case-based prompts, and mentorship strengthened critical thinking and problem-solving, particularly around complex issues like vaccine hesitancy.



## Horizontal Mentorship and Capacity Building



Peer circles and informal support networks amplified the SDLJ’s impact by fostering collaborative learning. Experienced CHW/Ps mentored peers, creating horizontal pathways for skill-building and reinforcing a shared professional identity.

This collective approach not only improved learning outcomes but also cultivated leadership within the workforce, supporting long-term program sustainability.

## Built-in Adaptability

The SDLJ’s flexible design allowed CHW/Ps to tailor learning to their styles, lived experiences, and community contexts. Feedback loops ensured the tool evolved with participant input, making the process adaptive and inclusive. Importantly, pre- and post-assessments helped identify individual strengths and areas for growth.

Based on these results, CHW/Ps received targeted resource links and guidance to strengthen specific skills- so that no competency area was overlooked while maintaining a participant-led approach to mastery-based training.



## Implications for CHW Training Programs

Findings affirm that when CHW/Ps are supported to direct their own learning, they engage more deeply, develop greater confidence, and strengthen adaptive leadership. Self-directed learning frameworks recognize CHW/Ps as experts in their own growth rather than passive trainees—an approach with broad implications for empowerment, equity, and sustainability.



### Fostering CHW/P Autonomy by Design

The SDLJ offered structured processes such as goal setting and guided reflection, allowing CHW/Ps to identify personal learning needs, align them with core competencies, and adapt to real-time community challenges. Facilitators also helped CHW/Ps interpret reflection outcomes and link CHW/Ps to resources or strategies for improvement. Training programs can build on this approach by integrating tools that enable CHWs to define and pursue their own learning paths. Flexible frameworks that respect CHWs' judgment foster autonomy, ownership, and sustained engagement.

### Deepening Practice through Reflection

Reflection proved to be a core practice, not a supplemental activity. Through journaling, case-based problem-solving, and adaptation, CHW/Ps deepened their ability to navigate misinformation and hesitancy with situational awareness. Embedding reflection, dialogue, and adaptive learning into training cultivates critical thinking, emotional intelligence, and responsiveness to evolving community needs.



### Balancing Self-Directed Learning and Organizational Priorities

Supporting CHW/P self-directed learning while aligning with organizational priorities strengthens both individual growth and organizational impact. CHW/Ps work within organizations with goals, service targets, and quality standards.

Organizations may guide aspects of learning- through protocols, data systems, or initiatives. CHW/Ps align their learning with organizational needs, and see their development as meaningful both personally and professionally.

## Workforce Implications: Supporting Career Pathways for CHW/Ps

Building on self-directed, empowerment-focused learning, CHW/Ps benefit when their growth and contributions are recognized through structured yet flexible career pathways. As CHW/Ps grow in their practice, they become more skilled, adaptable, and confident as leaders.



This points to the need for advancement opportunities that place relevant experience and relational skill as key qualifications.

Flexible pathways allow progression within CHW roles or transitions into related sectors such as public health, social services, and policy, affirming professional identity and sustaining the workforce<sup>6</sup>.

Linking self-directed learning to meaningful career progression supports long-term growth, retention, and contribution to community transformation.



## Self-Directed Learning for Equity and Workforce Justice

The SDLJ's design reinforces the principle that CHW/P-led learning contributes not only to skill-building but also to equity and workforce justice. Trusting CHWs to guide their development affirms community knowledge, leadership, and experience while challenging traditional top-down training models. This approach advances voice, visibility, and agency within public health systems, demonstrating how training can contribute to long-term workforce justice.

<sup>6</sup>[https://www.elsolnec.org/wp-content/uploads/2022/04/el\\_sol\\_career\\_pathway\\_web.pdf](https://www.elsolnec.org/wp-content/uploads/2022/04/el_sol_career_pathway_web.pdf)

## Case Study 3:

# Organizational Technical Assistance Tools to Support CHW Integration

In 1978, the World Health Organization Alma-Ata Declaration recognized Community Health Workers (CHWs) as central to achieving “Health for All.” That recognition supported the advancement of global health systems partnering with CHWs to promote health equity. From then on, we have seen significant progress in the development of technical assistance (TA) tools, such as self-assessments and best practice guides, that have supported CHW integration into diverse organizational settings and contributed to improved health outcomes and equity.

California’s 2022 launch of CalAIM (California Advancing and Innovating Medi-Cal), which established reimbursement pathways for CHW/P services, has accelerated CHW/P integration across health and social service sectors. As more organizations enter this space, there is a growing need for TA that builds organizational capacity to support CHW/P empowerment while aligning with established frameworks like the National C3 Council Framework (C3).

While existing TA tools offer valuable guidance, few provide tailored support that helps organizations build organizational capacity to integrate CHW/Ps and advance CHW/P development in alignment with C3<sup>7</sup>. This case study highlights one such tool designed to fill that gap. We describe how the TA tool evolved from previous models and incorporated C3 competencies to promote intentional CHW/P program development. We present and discuss the lessons learned from using the TA tool in the context of an initiative to empower community based organizations to strengthen their CHW programs.

<sup>7</sup> Washington State Department of Health. *Community Health Worker Training Program Overview*. Retrieved from <https://doh.wa.gov>  
Health Resources and Services Administration (HRSA). *Public Health Training Centers Program Highlights*. Retrieved from <https://www.hrsa.gov>  
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Perry, H., et al. (2021). *Building a resilient health system: Lessons from Liberia’s Community Health Assistant program*. *American Journal of Public Health*, 111(S3), S184–S190.  
Gera, R., et al. (2020). *The role of Health Surveillance Assistants in Malawi’s routine immunization program: A case study*. *BMC Health Services Research*, 20(1), 1–9.

## TA Tool Iterations

As the CHW field continues to evolve and expand, TA tool designers have responded by developing responsive resources that support both new and expanding CHW/P programs through training, guidance, and assessment tools<sup>8</sup>. Below, we present the evolution of four CHW TA tools, each building on lessons learned to better meet the needs of CHW/P organizations.



### CHW Assessment and Improvement (AIM) Toolkit (2011)

*CHW Assessment and Improvement (AIM) Toolkit* (2011) was developed by USAID's Health Care Improvement Project. The AIM Toolkit guided group self-assessments to evaluate CHW program functionality across multiple domains and identify gaps in program design and implementation.



### The Individualized Management for Patient-Centered Targets (2014)

*The Individualized Management for Patient-Centered Targets* (IMPACT) model, developed by the Penn Center for Community Health Workers in 2014, provided TA tools with CHW/P-centered guidance on recruitment and hiring, training curricula, supervision frameworks, and multidisciplinary team-base workflow.



### CHW AIM Matrix (2018)

*CHW AIM Matrix* (2018) gleaned lessons learned from the AIM Toolkit by streamlining the assessment into 10 domains and incorporated emerging evidence on CHW effectiveness. It was widely used by NGOs and national health systems to assess core CHW program components.



## Advancing CHW Engagement in COVID-19 Response Strategies: A Playbook for Local Health Departments

*Advancing CHW Engagement in COVID-19 Response Strategies: A Playbook for Local Health Departments* was developed by the Community-Based Workforce Alliance (CBWA) in 2020<sup>9</sup> to guide Local Health Departments in effectively engaging CHWs during the pandemic. Building on the AIM Matrix and integrating the CHW Core Consensus (C3) Framework, the Playbook offered practical tools, best practices, and case studies centered on sustainability and equity. Implementers later identified opportunities to strengthen the tool with visual aids, scoring features, and adaptations for broader organizational use beyond health departments.

In 2021, the CHW Center for Research and Evaluation (formerly the Common Indicators Project) published evidence-based technical assistance tools — common process and outcome indicators — that enable organizations to integrate CHWs effectively, build capacity, and align their development efforts with standardized CHW workforce measures.



## Organizational Self-Assessment Tool (OSAT)

In 2023, El Sol Neighborhood Educational Center (El Sol) developed the *Organizational Self-Assessment Tool (OSAT)* to continue the progress towards an empowerment-focused tool.

The OSAT built on the strengths of the AIM Matrix and the Playbook and incorporated Popular Education principles as part of the self-assessment topics. For example, the CHW/P OSAT includes reflective prompts on CHW scope of practice/career advancement and ways that leaders can foster iterative learning and organization-wide empowerment. To generate assessment scores, El Sol adapted the format and domains of two tools developed by Management Sciences for Health - the Organizational Capacity Assessment Tool and the PROGRES (Program for Organizational Growth, Resilience, and Sustainability) tool<sup>10</sup>.

After piloting the tool in the context of a project in Marin County, El Sol further refined the CHW/P OSAT to strengthen alignment with the C3 Framework so that the organization's self-assessment score led towards action plans that aligned with C3 competency-specific resources.

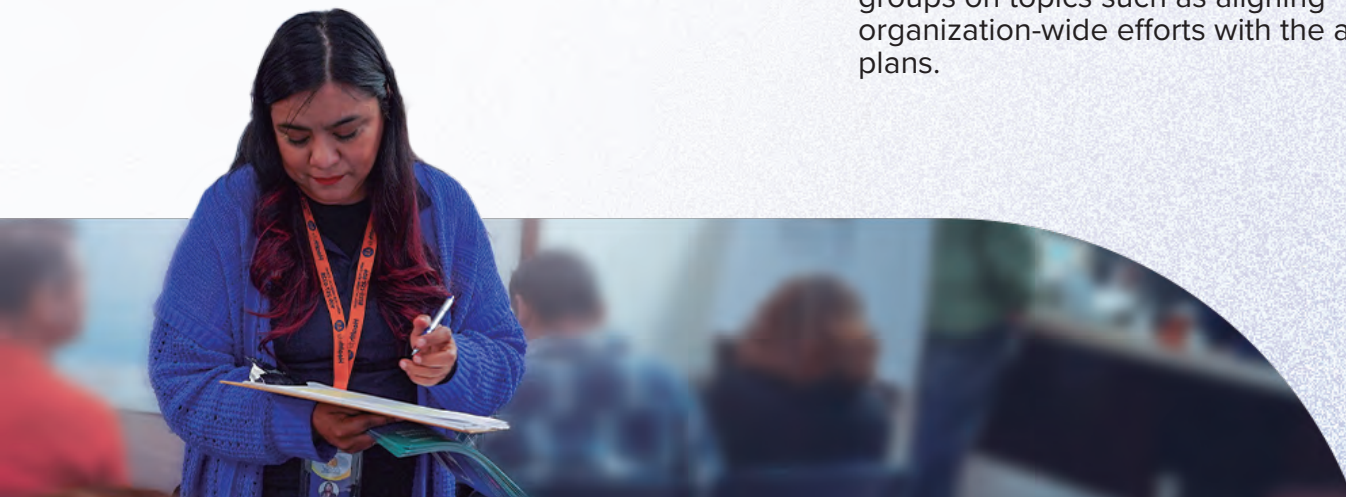
## The CHW/P OSAT in the Context of a CHW CBO Empowerment

As the CHW/P field expands rapidly into new roles and settings, it is essential that TA tools uphold the CHW/P movement's health equity roots by supporting sustainable and participatory program development. To contribute to this aim, El Sol piloted the CHW/P OSAT as part of the Community Health Champion Training and Technical Assistance (CHCTTA) Initiative, funded by the CDC's Health Equity Grant and sponsored by the City of Long Beach.

The CHCTTA initiative focused on strengthening CHW program implementation and evaluation within six community-based organizations (CBOs) serving the populations in Long Beach most impacted by COVID-19. Over the 9-month intervention, El Sol—alongside Latino Health Access and Loma Linda University—provided CHW/P training, supervisor-focused TA, and participatory evaluation support. For additional program details, please refer to the El Sol Long Beach Community Health Champion Training and Technical Assistance Initiative Report<sup>11</sup>.

The CHCTTA Program incorporated the CHW/P OSAT into the evaluation component of the Initiative to support the aim of empowering community based organizations to strengthen their CHW/P programs. The OSAT modeled a participatory approach to organizational assessment, with the goal to help agencies understand and incorporate C3, focusing on three domains: Organizational Management, Program Management, and Community Engagement- each scored from 0 to 3. All six CBOs completed a baseline OSAT, and five completed the endline assessment nine months later. To capture organization-wide perspectives, 2-3 staff, across different levels in each CBO's structure, completed the assessment. The scores of the 2-3 respondents were averaged to produce the scores for each CBO.

El Sol used these results to generate tailored reports provided to each CBO. The CBOs used the reports to set organizational goals and developed action plans and follow-up with El Sol's guidance. El Sol used the CHW/P OSAT scores to serve as discussion starters in focus groups on topics such as aligning organization-wide efforts with the action plans.



<sup>8</sup> U.S. Bureau of Labor Statistics. (2025). *Community Health Workers*. In *Occupational Outlook Handbook*. U.S. Department of Labor. <https://www.bls.gov/ooh/community-and-social-service/community-health-workers.htm>

<sup>9</sup> *The National Community-Based Workforce Alliance. Advancing CHW Engagement in COVID-19 Response Strategies: A Playbook for Local Health Department Strategies in the United States.* The National Community-Based Workforce Alliance, September 2020.

<sup>10</sup> Management Sciences for Health. *Organizational Capacity Assessment Tool: A Tool for Assessing and Building Capacity for High-Quality Health Programs*. 2010. Retrieved from <https://www.msh.org/resources/organizational-capacity-assessment-tool>

<sup>11</sup> El Sol Neighborhood Educational Center. (2024). *Promotoras / Community Health Champions Training & Technical Assistance Final Report*.

## Lessons Learned

### Improvements During the 9-month Intervention.

Four of five CBOs that completed both baseline and endline OSAT assessments reported improvements in at least one area, with one CBO showing gains in five of six focus areas.

### Advancing Self-Directed Learning

Aligned with the CHCTTA Initiative's empowerment goals, CBOs committed to work towards their self-directed action plan goals after the Initiative intervention period. Several CBOs expressed the intention to keep using the OSAT to track progress (and related TA resources) towards their action plan goals.

### Team Engagement and Horizontal Learning

The CHW/P OSAT process fostered a greater sense of shared ownership for the CHW/P program improvement goals - across the organizational hierarchies. By comparing self-assessment scores across staff levels, CBOs recognized the difference in how different staffing levels saw different topics. As one participant reflected,

“

**This [OSAT] experience underscored the value of engaging leadership, management, and frontline staff in a unified vision —strengthening communication and collaborative decision-making.**

”

Prior to the CHCTTA Initiative, some CBOs reported experiencing challenges engaging all levels of staff in a shared vision. In these cases, the CHW/P OSAT's participatory implementation process fostered organization-wide engagement. Moreover, the C3 framework alignment with the OSAT served as a common reference point to identify the support systems needed to achieve CHW/P competencies/skills.

### Limitations

Some CBOs noted that certain OSAT items were not applicable to their organization. For some CBOs, variation in respondent's knowledge of the CBOs history may have affected scoring. Additionally, staff turnover at one organization disrupted continuity of the baseline-endline evaluation design.

## Contributions

This case study traces the evolution and application of a technical assistance tool that integrates the C3 framework and Popular Education to strengthen CHW/P organizational capacity. The latest version of the CHW/P OSAT, developed by El Sol, helped participating CBOs set goals, improve communication across teams, and develop tailored action plans for sustained growth in the context of an initiative focused on strengthening CBO CHW/P program implementation and evaluation. Through the process of using the CHW/P OSAT, participating CBOs were able to enhance horizontal learning across different levels within their organization. The horizontal learning increased CBO-wide engagement in strengthening their CHW/P programs.

By integrating aspects of the C3 framework and Popular Education, CHW/P OSAT offered a structured, competency-based approach to self-assess organizational readiness in areas such as CHW/P roles clarification, systems for CHW/P recruitment, supervision, and training. Therefore, the CHW/P OSAT can be used by technical assistance providers in a wide variety of settings to offer customized, data-driven support and foster continuous learning. For evaluation tool developers, the application of the OSAT in the context of an initiative that aimed to empower CBOs to strengthen their CHW/P programs demonstrates how equity-focused evaluation tools can be aligned with initiative grounded in the history and values of CHW/P practice.



# Closing Reflections

## Centering Voices While Preserving Values

The three case studies in this series highlight a consistent theme: building CHW/P capacity requires more than technical training. It also means fostering the values, voice, and vision that define the field. While the C3 Framework has been critical in defining core roles and competencies, it was not designed to fully capture the philosophies and movement history that guide how CHW/Ps practice—or how they should be trained, supervised, and supported. These cases show the importance of pairing C3 with values-driven approaches that position CHW/Ps as leaders and co-creators of health, not simply as service providers.

Across the series, we see how C3 can be adapted and enriched when grounded in community-rooted frameworks such as popular education, self-directed learning, and shared power.

- **Case Study #1** demonstrated how blending C3 with popular education affirmed training spaces as sites of equity, cultural humility, and participatory learning.
- **Case Study #2** illustrated how self-directed learning recognized CHW/Ps as experts in their own growth, supporting reflection and sustainability as pathways to mastery.
- **Case Study #3** emphasized organizational transformation, where community-based organizations engaged in their own learning to foster horizontal power structures and cultivate conditions for CHW/P leadership.

**Together, these examples underscore how pairing C3 with community-driven approaches results in capacity-building that is both practical and transformative.**

## Call to Action

As the CHW/P workforce grows, the field faces an opportunity—and a responsibility—to ensure expansion remains rooted in community empowerment, health justice, and lived experience. Training programs, funders, public health agencies, and community-based organizations must intentionally name and integrate complementary frameworks such as popular education, cultural humility, and power-sharing. They must invest in tools that empower CHW/Ps as lifelong learners and reflective leaders. And they must commit to organizational practices that fully integrate and value CHW/Ps within public health systems. By designing capacity-building efforts with CHW/Ps, the field can create systems that are not only effective but also just.

**The future of CHW/P capacity-building lies not only in what is taught, but in how training and organizational structures reflect and preserve CHW/P values.**



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## CHWs/Promotores

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El Sol Neighborhood Educational Center's mission is to empower vulnerable communities to lead healthy lives by providing access to healthcare, safe and affordable housing, educational opportunities, and leadership skills to address disparities.

The community health worker (CHW) and promotor model focuses on peer-to-peer empowerment in education, prevention, and early intervention for social and health services.



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