

# The Role of State and Territorial Health Agencies in Supporting and Hiring Community Health Workers

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As communities across the United States continue to face barriers to accessing care—whether due to geographic constraints, an overburdened clinical workforce, or social and economic barriers—community health workers (CHWs) can establish trusting relationships and create bridges that help clients navigate and access services. CHWs can also facilitate the identification of community needs and improve community capacity to self-advocate within the service delivery system.\*

As entry points to accessing care continue to shrink, partnering with community-based public health workforces such as CHWs, who bring an extensively well-documented record of improving health outcomes and equity, can be a natural next step for public health agencies.<sup>1-3</sup> The Association of State and Territorial Health Officials (ASTHO) identifies the public health interventions, partnerships, and policies that governmental public health agencies in states, territories, and freely associated states can pursue to promote the CHW workforce. State and territorial health agencies (S/THAs) can tap into their roles as employer, service provider, and convener to expand financing for CHW positions and to grow the CHW workforce. ASTHO also recognizes the importance of public health officials upholding the principle of “self-determination,” meaning allowing the CHW workforce to define their own professional identity, needs, and direction.<sup>4</sup>

ASTHO provides a tactical set of recommendations to the public health community to enact new practices or build upon existing successes to further develop successful activities. ASTHO’s technical packages offer ready-to-use evidence-based practices, partner-supported recommendations, and promising interventions. This is not an exhaustive list of successful interventions but a proactive resource intended to guide S/THAs as they prioritize pressing public health issues (Table).

## Adopt Hiring Practices to Promote Integrating CHWs Into the State/Territorial Public Health Agency

When public health departments hire CHWs directly, it is important to consider and proactively mitigate the potential barriers applicants may face when they are applying and interviewing for a position. S/THAs can learn directly from CHWs about the specific hiring challenges that exist within their community and applicant pool and collectively create strategies to mitigate barriers.<sup>5-7</sup>

S/THA Human Resources (HR) departments can also engage local, state, or national CHW network organizations—defined as associations and coalitions that are led or coled by CHWs and whose mission and activities focus on CHW membership, networking, policy, advocacy, and workforce development.<sup>8</sup> CHW network organizations can help determine job functions and activities at the S/THA that are aligned with core CHW roles and competencies.<sup>9</sup> CHWs have a long and rich history of determining their own identities and connection to the communities they serve. Historically, CHW employers have developed many different job titles that may already exist at the S/THAs, including but not limited to community health educator, outreach educator, enrollment worker, health advocate, community health representative, and peer advocate. By partnering with CHW network organizations before hiring CHWs, S/THAs can collaborate to identify the areas and job titles that align most closely with their communities’ CHWs.<sup>10</sup>

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The authors declare no conflicts of interest.

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DOI: 10.1097/PHH.0000000000001832

\*The American Public Health Association defines CHWs as “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.”

**TABLE**  
**ASTHO Technical Package on Community Health Workers**

Objective	Potential Indicators	Mechanisms	Levels of Influence
Adopt hiring practices to promote integrating CHWs into the state/territorial public health agency	<ul style="list-style-type: none"> <li>• Number of CHWs hired by S/THAs and local health departments directly or through contracts with CBOs</li> <li>• Clearly developed recruitment strategies to hire CHWs that include the expertise of local CHW network organizations and/or CBOs</li> </ul>	<ul style="list-style-type: none"> <li>• Identify systematic barriers for CHW hiring and mitigate with enabling factors identified earlier</li> <li>• Require CHW hiring decisions be made after approval of peer CHWs or CBOs that work in the community to ensure the diversity reflected in the community matches the CHW candidate</li> <li>• Focus recruitment efforts at community events and conduct group hiring events</li> <li>• Partner with CHW network organizations to determine which S/THA job titles/career categories align best with nationally recognized CHW roles and competencies</li> </ul>	<ul style="list-style-type: none"> <li>• S/THA HR departments</li> <li>• S/THA programmatic agency staff</li> <li>• CBOs</li> <li>• CHW network organizations</li> </ul>
Pursue models for financial sustainability of CHW positions	<ul style="list-style-type: none"> <li>• Increased funding of CHW programs and/or salaries</li> <li>• Increased number of states with Medicaid reimbursement for CHW services</li> <li>• Increased number of states that require or incentivize Medicaid managed care organizations to offer CHW-delivered services</li> <li>• Increased amounts of grant funding</li> </ul>	<ul style="list-style-type: none"> <li>• Work with legislative partners to include CHW funding in state legislation (budget proviso/budget amendment)</li> <li>• Partner with CHW network organizations and Medicaid agencies to secure Medicaid reimbursement for CHW services</li> <li>• Work with CHW partners to identify and apply for federal and state grants</li> </ul>	<ul style="list-style-type: none"> <li>• State policy makers and budget offices</li> <li>• State legislators</li> <li>• State Medicaid directors/agencies</li> <li>• Federal grant opportunities</li> </ul>
Support infrastructure for CHW workforce development and training	<ul style="list-style-type: none"> <li>• Contracts with CBOs to expand hiring of CHWs</li> <li>• Local and state CHW network organizations working with S/THAs to create and implement workforce development strategies</li> <li>• CHW network organizations receiving funding from the state, with paid staff, with an established relationship with the health department</li> <li>• Number of training programs made available to the CHW workforce</li> <li>• Percentage of training programs and curriculums that are created or co-created by CHWs</li> </ul>	<ul style="list-style-type: none"> <li>• Contract with CHWs in the community or hire CHWs into the S/THA to help develop training/certification programs</li> <li>• Contract with local and state CHW network organizations to support workforce development strategies</li> <li>• Contract or partner with experienced CHW training centers (eg, those housed in university settings) to create a suite of resources aimed at retaining CHWs in the profession and help them grow through CHW career pathways</li> <li>• Contract with local and state CHW network organizations to support expanding and deepening their network and influence</li> </ul>	<ul style="list-style-type: none"> <li>• State policy makers</li> <li>• State and private universities with CHW expertise</li> <li>• CBOs</li> </ul>
Advocate for including CHW voices in policy development	<ul style="list-style-type: none"> <li>• Number or percentage of state advisory boards relating to CHW policies with at least 50% CHW membership</li> </ul>	<ul style="list-style-type: none"> <li>• Use a collaborative approach to developing and implementing CHW policies</li> <li>• Follow recommended APHA guidelines of including at minimum 50% of CHW membership on all S/THA-led CHW committees or work groups</li> </ul>	<ul style="list-style-type: none"> <li>• Federal policy makers</li> <li>• State policy makers</li> <li>• S/THA committees, workgroups, and task forces</li> </ul>

Abbreviations: APHA, American Public Health Association; CBO, community-based organization; CHW, community health worker; HR, Human Resources; S/THA, state and territorial health agency.

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### Potential Barriers to Hiring

- Education requirements (high school or secondary education degrees).
- Policies that exclude those with criminal records from being considered for employment.
- Requirements that the applicants must have a driver's license and their own car for transportation.
- English fluency requirements.
- Immigration status requirements.
- In-state certification requirements, barriers include expensive certification fees, certification courses/examinations only taught in English, and lack of certification reciprocity across states.
- Need for a consistent national professional identity (ie, alignment of common definition, roles, and competences).

### Strategies to Support Inclusive CHW Hiring

- Use a whole-person approach that takes community ties and community support into consideration when evaluating candidates.
- Eliminate or loosen education requirements, such as those for higher education degrees.
- Explore employee policies that can eliminate or reduce transportation challenges, such as carpooling policies or public transportation vouchers.
- Eliminate language requirements and assessments when possible.
- Clearly communicate roles and responsibilities, requirements, professional development opportunities, required travel, and benefits in job descriptions and interviews.
- Write job descriptions that reflect the full range of roles and activities CHWs can perform, rather than using those that are narrowly focused.

When preparing to hire CHWs, S/THAs should assess their current levels of engagement with the CHW workforce through the lens of 5 engagement focuses. These include role definition, recruitment, training and professional development, compensation, and career investment.<sup>5</sup> To properly address role definition, S/THAs can provide the necessary environment to support CHW work through setting clear expectations to non-CHW S/THA employees on the roles and competencies identified through the C3 Project<sup>†</sup> on nationally recognized, consensus-based CHW roles and competencies CHW staff members are expected to execute.<sup>9</sup> In addition, S/THAs can enact strategies that promote including peer CHWs or community-based organizations (CBOs) when making final hiring decisions to ensure the diversity and needs of the community are being represented through the CHW candidate. S/THAs should consider recruiting at community events, conducting group hiring events, and developing contracts or informal partnerships with CHW network organizations and community leaders so that highly qualified candidates from the community apply for state and territorial government-based CHW positions. When hiring CHWs, it is important to work with the community to make sure that the CHWs hired to work within the community directly reflect the rich backgrounds of the populations they serve.

### Pursue Models for Financial Sustainability of CHW Positions

Because many CHWs are employed through short-term grants or may be unpaid as volunteers, they may not be guaranteed a livable wage or long-term employment. To expand financial resources geared toward stable CHW employment, states can use state general funds to support CHW programs or salaries, pursue Medicaid reimbursement for specific CHW-delivered services such as through a Medicaid state plan amendment or waiver, encourage or require Medicaid managed care organizations to hire CHWs, or contract directly with CBOs to support and sustain current CHW programs or staffing.<sup>11-13</sup>

With each of these funding mechanisms, S/THAs will need to discuss benefits and drawbacks with the appropriate partners. For example, to build a trusting relationship with the community, a CHW must move within the community and outside of clinic walls. However, those relationship-building and community outreach activities would typically not be reimbursable through a fee-for-service health insurance or Medicaid program. Thus, pursuing a health insurance-based financing strategy alone may impact CHWs' ability to spend time in community settings. Furthermore, public health officials' oversight over or ability to influence a Medicaid program will depend on the structure of their jurisdiction's health and human services agencies, and how S/THAs direct funding to local health departments to hire or facilitate hiring CHWs will depend on that jurisdiction's public health governance structure. Therefore, S/THAs, in coordination with CHW network organizations, will likely need to pursue a multifaceted approach that simultaneously pursues multiple, feasible funding models that support CHW employment across public health, health care, and social service sectors.

<sup>†</sup>The Community Health Worker Core Consensus Project provides collaboratively agreed upon competences and roles for CHWs. The project goals were to “expand cohesion in the field and to contribute to the visibility and greater understanding of the full potential of Community Health Workers (CHWs) to improve health, community development, and access to systems of care.”

## Support Infrastructure for CHW Workforce Development and Training

As the public health and health care communities increasingly recognize the value of CHW contributions in improving access to care and health equity, CHW allies and potential employers must consider how to create a career pipeline for new CHWs while providing the necessary training and opportunities for career advancement among experienced CHWs. S/THAs can partner with CHW network organizations to determine whether CHW certification or standardized CHW training programs are conducive to the professional development of CHWs in their state. Certification can serve as a powerful tool to define a clear scope of practice and competencies within the CHW workforce, create a simplified path to recruitment, and develop a shared vision for integrating CHWs into health care teams. A certification program may also chart a path to a more defined and stable career ladder for CHWs. However, certification is not the only path to support the CHW workforce. In lieu of certification, state health departments (such as Louisiana and Wisconsin) have worked with their state's CHW network organizations to develop training programs that build and strengthen CHW core competencies and leadership development.<sup>14</sup>

## Advocate for Including CHW Voices in Policy Development

Because of the CHW workforce's unique role within their own communities and the structure of public health and clinical health services, partnerships that proactively include CHWs are necessary to creating policies and interventions that best serve the community and the CHW workforce. Any policy impacting the CHW workforce must be developed and shaped with leadership of state/local CHW network organizations and individual CHWs in decision-making roles. For example, when developing CHW-related policies in their jurisdiction, S/THAs should follow American Public Health Association guidelines and establish work groups/governing boards that are composed of at minimum 50% of self-identified CHWs.<sup>15</sup> The National Association of Community Health Workers (NACHW) has also reinforced that an inclusive approach is paramount when establishing partnership with CHWs.<sup>16</sup>

## Conclusion

CHWs are proven to be effective in improving health and social outcomes, reducing health care costs, and closing health disparities and are a critical partner in

advancing S/THAs' population health goals.<sup>1,3</sup> The 5 approaches in this ASTHO technical package emphasize the tactical, actionable, and evidence-informed strategies that S/THAs can consider and potentially implement in partnership with CHW network organizations to jointly pursue workforce development and financial sustainability of CHWs. S/THAs can be a proactive partner with CHWs in their jurisdictions—and further strengthen the community-based public health workforce—by pursuing new financing models for CHW positions and services, building CHW training and leadership opportunities, and partnering with CHWs in developing policy that is based in best practices and informed by CHWs' own experiences.

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