



August 29, 2017

Senate President Steve Yarbrough
Speaker of the House J.D. Mesnard
House Policy Adviser Rick Hazelton
Senate Policy Advisor Emily Mercado
1700 West Washington
Phoenix, AZ 85003

Dear President Yarbrough & Speaker Mesnard,

Pursuant to section 32-3105, Arizona Revised Statutes, the Arizona Community Health Worker Association (AzCHOW) hereby submits the attached report requesting voluntary certification and standardization of practice for the profession of Community Health Workers (CHWs).

CHWs build 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. Agencies use CHWs to serve communities in many ways including access to care, prenatal care, chronic disease self-management, long-term care, utilization of services and behavioral health.

A key component of the CHW scope of practice is that they are individuals who are imbedded in the community. CHW job responsibilities often require that they work outside the physical location of state-licensed facilities in the community and often in the homes of persons receiving services. This allows CHWs to build upon the trust they have with community members to overcome barriers related to their health. These barriers are often related to the social determinants of health, such as poverty, living conditions, and health literacy. Working in the field allows CHWs to effectively work with members of the community on various factors related to their health, but in order to do so they are often working independently rather than under direct supervision.

Community Health Workers are especially important for underserved and vulnerable populations such as pregnant women, the elderly, people with chronic disease, and families with children with special health care needs. CHWs are highly effective in prevention education and self-management of chronic diseases, like diabetes, high blood pressure and cancer and contribute to greater quality of life. CHWs contribute to reduced health care costs. Historically in Arizona, Federally Qualified Health Centers have been a major employer of community health workers to enhance the access and quality of care to their patient populations. Increasingly, hospitals, insurance plans and provider practice organizations are hiring CHWs to help them address gaps in the health of their patient population. Certification of the CHW workforce will assure both the quality of CHW services and benefits to the populations they serve.

This Proposal would request a modification to these statutes to:

- Establish voluntary certification among CHWs to allow for increased protection of patients and community members working with CHWs in their home or health care environments.
 - Implement a CHW certification board to review training program curricula that target CHW Core Competencies and encourage a uniformly educated CHW workforce.
- Certification will help to more adequately inform the community members and healthcare employers of CHWs profession status and skill set.

The proposed report is not requesting licensure of CHWs as the scope of practice for CHWs does not warrant a licensing Process. The Arizona Community Health Worker Association is continuing to collaborate with community and state health insurance stakeholders on this proposal with the intention of addressing questions, issues, and/or concerns prior to the introduction of legislation. We respectfully request a favorable review of this application.

Sincerely,

Floribella Redondo

Floribella Redondo, President
Arizona Community Health Workers Association

**OF, BY, & FOR
COMMUNITY HEALTH
WORKERS**

- Addiction Treatment Specialists
- Assister
- Advocates
- Behavioral Health Specialist/Promotora
- Border Health Specialist
- Case Worker
- Clinical Liaison
- Community Health Advisor
- Community Health Advocate
- Community Health Aide
- Community Health Educator
- Community Health Representative
- Community Health Specialist
- Community Health and Outreach Worker
- Developmental Disability Specialist
- Diabetes Educator /Counselor
- Eligibility Worker
- Family Support Worker
- Health Advisor
- Health Care Coordinator
- Health Aide
- Health Liaison
- Health Specialist
- Health Systems Navigator
- HIV/AIDS Educator
- HIV/STD Prevention Counselor
- Housing Aides
- Maternal/Child Health Specialist
- Mental Health Aide
- Mentor
- Migrant Health Specialist
- Navigator
- Nutrition Educator
- Peer Counselor
- Peer Educator
- Promotor/Promotora
- Public Health Advisor
- Public Health Aide
- Social Worker Assistant
- Substance Abuse Specialists
- Women's Health Specialist
- ... and many, many, more!

32-3105. Applicants for regulation; factors

Applicant groups for regulation shall explain each of the following factors to the extent requested by the legislative committees of reference:

1. A definition of the problem and why regulation is necessary including:

There is currently no way for health care providers and members of the community to verify that a CHW is proficient in the core competencies that have been shown to result in positive health outcomes for clients. We are asking that ADHS create and maintain a registry of CHWs that meet minimum standards including education, continuing education, training, experience and other qualifications that the department deems appropriate. A CHW registry will allow agencies hiring CHWs to have assurance of the core competencies and scope of practice that allow this workforce to manage population health as part of a medical team and/or in the community.

(a) The nature of the potential harm to the public if the health profession is not regulated and the extent to which there is a threat to public health and safety.

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an in depth understanding of the community served. This trusting relationship enables the CHW to serve as a liaison between health/social services and the community to facilitate access to services and improve the quality and cultural competency of service delivery.

CHWs work with vulnerable populations. Registration of CHWs meeting minimum standards is important for patient safety. Registration will assure that CHWs have a background check, follow HIPAA regulations, as well as safeguard against inappropriate actions and/or behaviors.

(b) The extent to which consumers need and will benefit from a method of regulation identifying competent practitioners and indicating typical employers, if any, of practitioners in the health profession.

CHWs fill an important gap within the health care system. As active members within the communities they serve, CHWs function as a bridge between licensed health care providers and their patients. CHWs improve health outcomes by getting at the root of health issues, and providing necessary information to licensed providers. Patients are often eager to work with CHWs as they are members of the same community, speak the same language, and come from the same ethnic or socioeconomic background. The established connection between patients and CHWs allows patients to feel more comfortable expressing personal health issues or concerns. Intimidation, embarrassment, or lack of health literacy may prevent this information from being communicated directly to the licensed provider. CHWs work with patients and providers to ensure that the patient's needs are being met, and the licensed provider is better able to establish an appropriate health care plan. CHWs have an important

role in addressing non-medical factors that may be hindering a patient from following provider recommendations and facilitating patient adherence with the medical protocol established by their provider.

Registration of competent individuals will assist employers in identifying and hiring CHWs who meet minimum guidelines for education, ongoing education, training and experience. Consumers will benefit from a registration CHWs because employers will be more likely to hire registered CHW because they will have had met a minimum training and practicing standard. Registration will also speak to a commitment to the profession and a commitment to ongoing continuing education to maintain it.

The impact of the Community Health Worker workforce includes improved health outcomes, increased access to and quality of care, and increased efficiency and effectiveness of service delivery resulting in health care savings. See Appendix 1 for more information on CHW scope of practice, health outcomes and return on investment.

(c) The extent of autonomy a practitioner has, as indicated by the following:

- (i) The extent to which the health profession calls for independent judgment and the extent of skill or experience required in making the independent judgment

Community Health Workers are largely autonomous and frequently utilize their independent judgment when promoting client health care plans. In particular, Community Health Workers use their substantial community knowledge in the areas of issue response, program design, and direct implementation of prevention education and care coordination

A strong knowledge of, and experiential history with the community served is essential to a Community Health Worker's success. Community Health Workers add value to clinical outreach and education and provide an alternative to more expensive clinical outreach, and are qualified to assist in client home visits.

The Arizona Community Health Outreach Workers Association and the Arizona Community Health Worker Workforce Coalition have adopted the National Community Health Advisor Study's Community Health Worker Core Competencies.

Community Health Worker Core Competencies are:

- Communication.
- Relationship-building
- Service Coordination
- Capacity-Building
- Advocacy
- Education and Facilitation
- Assessment
- Outreach

- Professional Conduct
- Evaluation and Research
- Knowledge Base
- Organizational Skills.

The CHW scope of practice includes for these competencies are:

1. Providing cultural mediation among individuals, communities, and health and social systems.
2. Culturally appropriate health education and information.
3. Providing care coordination, case coordination and system navigation.
4. Providing coaching and social support.
5. Advocating for individuals and communities.
6. Building individual and community capacity.
7. Providing direct services that are consistent with the education required of a community health worker.
8. Implementing individual environmental analyses and community needs assessments.
9. Conducting outreach
10. Participating in evaluation and research.

(ii) [The extent to which practitioners are supervised](#)

Qualified facility-based supervisors monitor CHWs, whether from the nearest primary care center or the district health office. Supervisors monitor the quality of services and training curriculum hours, provide technical support and refresher training, and collect information, forms, and other data.

Many Arizona agencies also utilize CHW peer supervision models. Peer supervision is focused on CHWs helping other CHWs learn new skills and assessing the quality of work performed by fellow CHWs. Examples of this approach are the following:

- Peers observe CHWs performing consultations and provide feedback
- High performance peers support less-experienced colleagues (e.g., through on-the-job training, mentorship and shadowing)
- Peers discuss issues and problem-solving with CHW
- Experienced CHW Peers are promoted to a more formal supervisory role

2. [The efforts made to address the problem including:](#)

(a) [Voluntary efforts, if any, by members of the health profession to either:](#)

i. [Establish a code of ethics](#)

The American Association of Community Health Workers outlines a CHW code of ethics and provides web-based model to encourage Community Health Workers at the state level to do the same. Model sections include: Responsibilities in the Delivery of Care, Promotion of Equitable Relationships, Interactions with Other

Service Providers, and Professional Rights and Responsibilities. CHW are also required to adhere to ethics referenced in the C3 competencies above.

ii. Help resolve disputes between health practitioners and consumers.

Without a registration body, there is no centralized place for consumers to file or receive information about complaints. Institutional care providers may have a process to receive patient complaints, but these are not consistent or reciprocal from one facility to another. A registering body would have the authority to deny or revoke registration to any community health worker who has engaged in unprofessional conduct or incompetence in the conduct of their practice.

(b) Recourse to and the extent of use of applicable law and whether it could be amended to control the problem.

No state law currently exists providing registration for Community Health Workers.

3. The alternatives considered including:

(a) Regulation of business employers or practitioners rather than employee practitioners.

CHWs' work in varied facilities (e.g. clinics, community health centers, community based organizations, etc.) which, given their structural differences, would make it difficult to uniformly regulate CHW practices. Registration can address these issues by providing uniform training mechanisms, fingerprinting, and a registration component to more accurately account for qualified CHWs employed within the State. Registration will be particularly beneficial for health care plans and health care providers who are seeking assurance of health outcomes based on standardization of practice among the CHWs they hire.

(b) Regulation of the program or service rather than the individual practitioners.

CHWs provide a wide variety of health care services making it difficult to regulate any one service. Programs hiring CHWs also vary, making it onerous to strictly regulate the programs available. Additionally registration of the individual CHW is more cost effective than certification through an organization or program. The voluntary nature of registration allows for flexibility based on the needs of the CHWs and the organizations employing CHWs.

(c) Registration of all practitioners.

Registration is the best form of regulation requiring minimum resources from the state. Registration under the auspices of ADHS would include minimum qualifications for education, continuing education, training and experience. Currently, CHWs are not incentivized to register so it is difficult to estimate the size and qualifications of the workforce. Registration of CHWs would encourage standardization of the workforce

including training, supervision and practice based on national CHW core competencies.

(d) Certification of all practitioners.

Voluntary certification is currently provided under the statewide trade organization, the Arizona Community Health Worker Outreach Association (AzCHOW). AzCHOW certifies training programs and CHWs to ensure that they are proficient in CHW core competencies established by national guidelines and state stakeholder groups

(e) Other alternatives.

At this time, there are no other feasible alternatives.

(f) Why the use of the alternatives specified in this paragraph would not be adequate to protect the public interest.

Registration is the best regulatory mechanism because it allows for government oversight, professional standardization, and assurance of practice with the least demand on government resources.

(g) Why licensing would serve to protect the public interest.

Licensing is not recommended. Licensing falls outside the scope of CHW practice because CHWs do not provide clinical care to patients. CHWs work with patients to provide support and guidance on the implementation of health care plans structured by medical professionals. Only health care professionals who are in a position to cause harm to patients within the scope of their clinical care require licensure. The role of a CHW is to serve in a mentoring or coaching capacity through direct contact with the patient's community and culture. Ensuring high quality of CHW services will ensure the continuum of health care is met. Any tasks that CHWs may occasionally perform that border on provisions of health care are tasks that a patient or consumer of care could reasonably perform themselves. These tasks could include monitoring blood pressure, or blood glucose. These actions, when performed by a CHW do not place an individual at risk for harm. Training, supervision, and an emphasis on when a patient should directly contact their health care provider provide clear boundaries for CHWs.

4. The benefit to the public if regulation is granted including:

(a) The extent to which the incidence of specific problems present in the unregulated health profession can reasonably be expected to be reduced by regulation.

The specific issues currently present in the unregulated CHW workforce that are addressed through this regulation include: ensuring public safety, uniform training standards, framework for registration.

- Implementation of a CHW registry will increase identification of CHW proficient in the core competencies designed to target negative health outcomes prevalent within the state and encourage a uniformly educated CHW workforce specifically trained to address various health issues and achieve specific health outcomes

- A CHW registry will adequately inform community members and employers of CHWs professional status and skill set.
- CHW registration would encourage recruitment, homogenize educational structures, and promote stable and budget-neutral funding sources.
- A CHW registry will allow for increased protection of community members working with CHWs in their home and community environments.
- CHW registry addresses the above issues while maintaining professional autonomy inherent to the CHW position.

(b) Whether the public can identify qualified practitioners.

A CHW registration database will allow community members, health care providers, and employers to easily identify CHWs that have undergone standardized training and meet minimum standards of education, continuing education, training and experience. This same database may be used to identify CHWs that no longer meet requirements for registration.

(c) The extent to which the public can be confident that qualified practitioners are competent including:

- i. Whether the proposed regulatory entity would be a board composed of members of the profession and public members or a state agency, or both, and, if appropriate, their respective responsibilities in administering the system of registration, certification or licensure, including the composition of the board and the number of public members, if any, the powers and duties of the board or state agency regarding examinations and for cause revocation, suspension and nonrenewal of registrations, certificates or licenses, the adoption of rules and canons of ethics, the conduct of inspections, the receipt of complaints and disciplinary action taken against practitioners and how fees would be levied and collected to pay for the expenses of administering and operating the regulatory system.

The Department of Health Services will regulate the conduct of all registered CHWs.

- ii. If there is a grandfather clause, whether grandfathered practitioners will be required to meet the prerequisite qualifications established by the regulatory entity at a later date.

All CHWs seeking registration will be required to adhere to the qualification criteria outlined by The Department of Health Services.

- iii. The nature of the standards proposed for registration, certification or licensure as compared with the standards of other jurisdictions.

This proposed CHW registration effort mirrors a national trend. As of March 2015, 15 states had established voluntary or mandatory CHW certification programs. Two states (North Dakota and Florida) had pending legislation.

iv. Whether the regulatory entity would be authorized to enter into reciprocity agreements with other jurisdictions.

No reciprocity agreements will exist with any other jurisdiction.

v. The nature and duration of any training including whether the training includes a substantial amount of supervised field experience, whether training programs exist in this state, if there will be an experience requirement, whether the experience must be acquired under a registered, certified or licensed practitioner, whether there are alternative routes of entry or methods of meeting the prerequisite qualifications, whether all applicants will be required to pass an examination, and if an examination is required, by whom it will be developed and how the costs of development will be met.

The nature and duration of CHW trainings will be determined by the Department of Health Services and will be based on national core competencies and stakeholder group input.

In order to meet the eligibility requirements and participate in the CHW registry, applicants must meet the following criteria:

- Individuals shall be at least 18 years of age, and have a high school diploma or equivalent, and 2 years of experience.
- Applicants may be required to be fingerprinted
- Applicants must be able to demonstrate proficiency of the CHW core competencies as delineated by completion of experience, curriculum or training approved by the statewide trade association, the Arizona Community Health Worker Association.
- Applicants must complete a 4-hour professional assessment conducted through the Arizona Community Health Worker Association.

There are no other means to meet the registration requirements.

Assurance of the public that practitioners have maintained their competence including:

vi. Whether the registration, certification or licensure will carry an expiration date.

In order to maintain a highly-trained workforce, registration will carry an expiration date of 2 years.

vii. Whether renewal will be based only on payment of a fee or whether renewal will involve reexamination, peer review or other enforcement.

The Department of Health Services may adopt a registration fee to cover the

costs of administering the CHW registry. Applicants seeking registration renewal will be required to disclose any new convictions. Registration renewal will require evidence of continued education hours determined by the Department of Health Services.

5. The extent to which regulation might harm the public including:
 - (a) The extent to which regulation will restrict entry into the health profession including:
 - i. Whether the proposed standards are more restrictive than necessary to ensure safe and effective performance.

The potential harm to the public of not providing CHW registration includes individuals self-titling themselves as CHWs may not be able to deliver services on the scope of practice as specifically defined by the CHW core competencies outlined in the Sunrise application. Without providing registration, patients and clients cannot be assured of improved quality of care they receive or health care outcomes as described in this document. Cost savings and efficiencies in health care services related to the use of CHWs may not be achieved. The safety of the public cannot be assured without a mechanism to safeguard against inappropriate or incompetent behavior of a CHW.

The proposed registration is the best form of regulation and is not more restrictive than necessary to ensure safe and effective CHW performance. Registration is voluntary and does not restrict individuals who elect not to register from practicing within a community as CHWs. The proposed registration does not restrict qualified CHWs from practicing due to a lack of formal educational attainments. Eligibility standards focus on field hours completed and training.

- ii. Whether the proposed legislation requires registered, certified or licensed practitioners in other jurisdictions who migrate to this state to qualify in the same manner as state applicants for registration, certification and licensure if the other jurisdiction has substantially equivalent requirements for registration, certification or licensure as those in this state.

Any individual wishing to register as a CHW in the State of Arizona must have the minimum requirements as determined by the Department of Health Services.

- (b) Whether there are professions similar to that of the applicant group which should be included in, or portions of the applicant group which should be excluded from, the proposed legislation.

No other professions should be included in this proposed legislation. Medical professions requiring licensure will not be influenced by this legislation.

6. The maintenance of standards including:
 - (a) Whether effective quality assurance standards exist in the health profession, such

as legal requirements associated with specific programs that define or enforce standards or a code of ethics.

No quality assurance standards exist regarding Community Health Workers. A voluntary national code of ethics exists for CHWs. The CHW board will implement a professional code of ethics that correspond with the ethics and professional conduct included in the C3 Competencies such as CHW Code of Ethics, Americans with Disabilities Act [ADA], and Health Insurance Portability and Accountability Act [HIPPA].

(b) How the proposed legislation will assure quality including:

i. The extent to which a code of ethics, if any, will be adopted.

Once established, the CHW registry will adopt the national professional code of ethics as established by the American Association of Community Health Workers. This code provides a national standard of ethics that can be implemented in Arizona.

ii. The grounds for suspension or revocation of registration, certification or licensure.

The Department of Health Services has the discretion to determine registration revocation on a case by case basis.

7. A description of the group proposed for regulation, including a list of associations, organizations and other groups representing the practitioners in this state, an estimate of the number of practitioners in each group and whether the groups represent different levels of practice.

The proposed standardizations will impact Community Health Workers (CHWs). A Community Health Worker is a frontline public health worker who is a trusted member of and/or has an in depth understanding of the community served. This trusting relationship enables the Community Health Worker to serve as a liaison between health/social services and the community to facilitate access to services and improve the quality and cultural competency of service delivery. A Community Health Worker also builds individual and community capacity by increasing health knowledge and self-sufficiently through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. Currently, Arizona's Community Health Workers fill a gap in health promotion and disease prevention by reaching communities that are isolated due to geography, language, culture, or a variety of other barriers. Agencies use Community Health Workers to serve communities in many ways including access to care, prenatal care, chronic disease self-management, long-term care, utilization of services and behavioral health.

Associations and organizations utilizing CHWs within Arizona:

- AHCCCS
- Apache County Public Health Service District

- Arizona Alliance for Community Health Centers
- Arizona Blue Cross Blue Shield
- Arizona Community Health Outreach Workers Association (AzCHOW)
- Arizona Department of Economic Security
- Arizona Department of Health Services
- Arizona Department of health, Health Start Program
- Arizona Living Well Institute
- Arizona Public Health Association
- Arizona State University
- Arizona Western College
- Arizonans for Prevention
- Asian Pacific Community in Action
- Bureau of Women's and Children's Health
- Campesinos Sin Fronteras
- Center for Excellence in Women's Health
- CHC Pediatric Clinic
- Cochise Health and Social Services
- Coconino County Public Health Services District
- El Rio Community Health Center
- Family Involvement Center
- Flagstaff Medical Center
- Greater Valley AHEC
- Health Services Advisory Group
- Hopi Tribe Health Services
- Indian Health Services
- Inter Area Agency on Aging
- La Frontera- Empact
- Maricopa County Department of Public Health
- Mariposa Community Health Center
- Mercy Maricopa
- Mohave County Department of Public Health
- Mountain Park Clinic
- Native American Community Health Center
- Native Health
- Navajo Nation Community Health Representative Program
- Navajo Nation Division of Health
- North Country Healthcare Center
- North Country Healthcare- Navajo County
- People of Color Network
- Phoenix Native Health
- Pima Community Access Program
- Pima County Community College

- Pima County Health Department
- Promotora Outreach Program
- Promotores HOPE Network
- Puente Promotores
- Regional Center for Border Health
- Rio Salado College
- Saguaro Evaluation Group
- Scottsdale Healthcare
- Scottsdale Lincoln Health
- Scottsdale Prevention Institute
- South Mountain Community College
- Southeastern Area Health Education Center (SEAHEC)
- Southwest Behavioral & Health Services
- St. Joseph Hospital
- State Office of Rural health and the Center for Rural Health
- Sunset Community Health Center
- Tempe Community Action Agency
- Tucson Interfaith HIV/AIDS Network
- University Family Care
- University of Arizona, Zuckerman College of Public Health
- Unlimited Potential
- Valle del Sol
- Verde Valley Medical Center
- Viridian Health Management
- Vitalyst Health Foundation
- WellWays Wellness Program
- Wesley Community Health Center
- Women's Health Coalition of Arizona
- Yavapai County Community Health Services
- Yuma County Public Health Services District

These organizations utilize and work with CHWs across Arizona. Without the use of a registration system, it is difficult to determine the precise number of CHWs that work within each organization and across the state. In 2007, a national workforce study documented approximately 944 CHWs working across the State (HRSA, 2007). However, we anticipate that this group has increased given the attention that CHWs have received in efforts to cut the costs of health care funding. The groups listed are not representative of different levels of CHW practice, rather they represent various populations. CHWs often work with unique populations such as women, Native Americans, and elderly. Practitioners operate under one level of practice, yet the population they work closest with determines area specific expertise.

8. [The expected costs of regulation including:](#)

(a) The impact registration, certification or licensure will have on the costs of the services to the public.

The Department of Health Services may adopt a fee to cover the cost of maintaining a registry. The cost of registration will be budget neutral for the state and will not increase the cost of medical services provided to the public.

(b) The cost to this state and to the general public of implementing the proposed legislation.

It is estimated that the cost of developing and maintaining a CHW registry is equivalent to a .25 FTE at the Department of Health Services. The CHW professional trade association, AzCHOW, has secured one year of funding for the establishment of the registry. The Department of Health Services may adopt a fee to ensure that registration remains budget neutral.

Appendix

Core Competencies and Scope of Practice

The Community Health Worker Workforce Coalition, a collaboration of community-based organizations, clinics, universities and government organizations, has adapted the 10 Core Competencies outlined in the Progress Report of the Community Health Worker Core Consensus (C3) Project in 2016 (Rosenthal, Rush & Allen, 2016). Table I outlines the 10 Core Competencies for a CHW in Arizona along with the associated skills.

Table I: Community Health Worker Core Competencies and skills for Arizona.

Core Competencies	Associated Skills
Communication	Use language confidently
	Use language in ways that engage and motivate
	Communicate using plain and clear language
	Communicate with empathy
	Listen actively
	Prepare written communication including electronic communication
	Document work
	Communicate with the community served
Relationship-Building	Provide coaching and social support
	Conduct self-management coaching
	Use interviewing techniques (e.g. motivational interviewing)
	Work as a team member
	Manage conflict
	Practice cultural humility
	Understand the culture of institutions
Service Coordination	Coordinate care (includes identifying and accessing resources and overcoming barriers)
	Make appropriate referrals
	Facilitate the development of an individual and/or group action plan and goal attainment
	Coordinate CHW activities with clinical and community services
	Follow-up and track care and referral outcomes
Capacity Building	Help others to identify goals and develop to their fullest potential
	Work in ways that increase individual and community empowerment
	Network, build community connections, and build coalitions
	Teach self-advocacy skills
	Conduct community organizing

Advocacy	Contribute to policy development
	Advocate for policy change
	Speak up for individuals and communities
Education and Facilitation	Use empowering and learner-centered teaching techniques
	Use a range of appropriate and effective educational techniques
	Facilitate group discussions and decision-making
	Plan and conduct classes and presentations for a variety of groups
	Seek out appropriate information and respond to questions about pertinent topics
	Find and share requested information
	Collaborate with other educators
	Collect and use information from and with community members
Assessment	Participate in individual assessment through observation and active inquiry
	Participate in community assessment through observation and active inquiry
Outreach	Conduct case-finding, recruitment and follow-up
	Prepare and disseminate materials
	Build and maintain a current resource inventory
Professional Conduct	Set goals and develop and follow a work plan
	Balance priorities and manage time
	Apply critical thinking techniques and problem-solving
	Use pertinent technology
	Pursue continued education and lifelong learning opportunities
	Maximize personal safety while working in community and/or clinical setting
	Observe ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act (ADA), Health Insurance Portability and Accountability Act (HIPAA))
	Identify situations for mandatory reporting and carry out reporting requirements
	Participate in professional development of peer CHWs and in CHW networking groups
	Set boundaries and practicing self-care
Knowledge Base <i>(Show understanding of these concepts)</i>	Social determinants of health and related disparities
	Pertinent health issues
	Healthy lifestyles and self-care
	Mental/behavioral health issues and their connection to physical health
	Health behavior theories
	Basic public health principles

	Community served
	United States health and social service systems

The Core Competencies outline the core skills and abilities that all Community Health Workers must have in order to effectively fulfill their roles. The core competencies will be complemented by other training, such as disease-specific management and care, which builds upon the core competencies of a CHW so that he or she can effectively fulfill his or her role in an organization or community.



AzCHOW
Arizona Community Health Workers Association



10 Core Roles of CHWs

What is a Community Health Worker (CHW)?

A frontline public health worker who is a trusted member of and/or has a deep understanding of the community served. They serve as liaisons between health/social services and community members.

- 1) Cultural mediation among individuals, communities, and health and social service systems
- 2) Provide culturally appropriate health education and information
- 3) Care coordination, case management, and system navigation
- 4) Provide coaching and social support
- 5) Advocate for individuals and communities
- 6) Build individual and community capacity
- 7) Provide direct service
- 8) Implement individual and community assessments
- 9) Conduct outreach
- 10) Participate in evaluation and research



CHWs have a great impact in our communities

Health Start CHWs saves us **\$4,000** for the prevention of every very low birth weight birth in Arizona

Diabetes patients significantly lowered their blood pressure and glucose levels (HbA1C)

CHWs helped community members improve their health behaviors to lower their body mass index, blood pressure and cholesterol



COST SAVINGS

\$2.92 cost savings for every dollar spent for managed health care coordination

\$4.01 cost savings on every dollar for childhood asthma management by reducing urgent visit and hospital costs

\$6.10 cost savings for every dollar of cost in providing self-management education and care coordination for diabetics

Join us and support a voluntary certification process for Arizona CHWs!

A standardized CHW workforce will benefit the health care system by ensuring the positive health outcomes associated with CHW services.

During 2015 in Arizona:

OVER 1,000 CHWs were employed throughout Arizona

CHWs served all **15 Counties** and **19 Tribes** in Arizona

A 2015 survey of 364 licensed Arizona health providers found:

90%

say CHWs have had a positive impact on patient care

70%

agree CHWs have contributed to preventing high risk or high health conditions

75%

would be more likely to utilize CHWs as part of the health care team if CHWs service were reimbursable by AHCCCS or third-party payers.

For more information or to join the Arizona Community Health Worker Coalition, please contact Monica Muñoz at mgmunoz@email.arizona.edu

CHW Cost-Effectiveness

Demonstrated cost-effectiveness across multiple target groups with varying needs

Program	Arkansas Community Connector Program [†]	Molina Healthcare New Mexico [‡]	Arizona Health Start [¶]
Population	Medicaid at risk for institutional long- term care	Medicaid high utilizers	High-risk pregnancies
Intervention	Connection to home & community-based long-term care	Coordination with providers for preventive care	Facilitate prenatal and postpartum care (2 yrs for child)
Outcome	Prevented 24% of three year costs	Reduction in ED, inpatient, total cost	Health Start 12% more likely to have normal weight baby
ROI	\$2.92	\$4.37	\$3.37

[†]Felix, H. C., Mays, G. P., Stewart, M. K., Cottoms, N., & Olson, M. (2011). Medicaid savings resulted when community health workers matched those with needs to home and community care. *Health Affairs*, 30(7), 1366-1374. [‡]Johnson, D., Saavedra, P., Sun, E., et al. (2012). Community health workers and medicaid managed care in New Mexico. *J Community Health*, 37(3), 563-571. [¶]Imputed from Hussaini, S. K., Holley, P., & Ritenour, D. (2011). Reducing low birth weight infancy: assessing the effectiveness of the health start program in Arizona. *Maternal and Child Health Journal*, 15, 67-76.