

## News from the CDC: using web-based training to translate evidence on the value of community health workers into public health action

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Working on the front line of public health, community health workers (CHWs) are well-known change agents and health brokers, especially among disadvantaged populations [1]. CHWs can serve in multiple roles, as they can be cultural mediators between individuals and health-care providers, informal counselors and educators, facilitators to help people access health care, advocates for individuals and communities, and navigators of health-care systems [1]. Through these roles, CHWs help individuals to adopt and sustain behaviors that prevent and manage their chronic diseases, including asthma, cardiovascular disease, cancer, and depression and other forms of mental illness [1–3]. In addition, these workers can help individuals and families with important issues such as immunizations, maintaining child health, and the prevention and treatment of HIV/AIDS and tuberculosis [1]. In an era when *medical homes* and *accountable care organizations* are changing the face of primary care, CHWs can also help promote collaboration between public health entities and primary care practices and hospitals [4].

Increasingly, CHWs are being recognized as unique, complementary (to others on the team), and integral members of primary health-care teams [4]. Currently, several states are working with a variety of stakeholders to remove barriers to the employment of CHWs and integrate them into primary care teams. Justification for these state-level efforts can be found in two Institute of Medicine reports that have called for CHWs to be engaged within communities to support healthy living strategies and to be integrated into health-care teams to reduce disparities in community health [5, 6]. Additionally, the US Department of Health and Human Services' *National Prevention Strategy* recommends that programs and health agencies engage and support CHWs to reduce disparities in health status and it calls for coordination among health-care providers and CHWs in prevention efforts [7].

With increasing awareness of CHWs in the USA and the promotion of these workers in a variety of states, this is an opportune time to disseminate evidence-based guidance for CHWs and to describe promising practices in which they have engaged.

### Implications

**Practice:** This will provide insight into strategic areas for research.

**Policy:** This will provide training opportunities to learn about comprehensive policies need to support the CHW workforce.

**Research:** Policy makers will learn about comprehensive policies need to support the CHW workforce.

The Centers for Disease Control and Prevention's (CDC's) Division for Heart Disease and Stroke Prevention (DHDSPP) is committed to sharing this information as a means of advancing awareness of the CHW workforce and demonstrating its effectiveness. The DHDSPP has led, or partnered with, other chronic disease divisions within CDC to develop a variety of translation tools and other resources that should be helpful in promoting the use of CHWs. These have included systematic literature reviews [8, 9], publications highlighting state and local efforts [10, 11], CDC-published Science-in-Briefs (which concisely translate scientific papers for practitioners) [12], state and regional trainings, evidence-based *fotonovelas* (short features that tell stories through photos and words) [13, 14], and training materials, such as a *promotora* (health promoter) guide [15] and the CHW sourcebook [16], an instructional manual for training CHWs to work in the area of heart disease and stroke prevention and control, and a fact sheet [17].

The DHDSPP has also developed a self-paced, free e-learning course for CHWs, public health practitioners, providers of clinical services, administrators, third-party payors, and others interested in CHWs (see [http://www.cdc.gov/dhdsp/pubs/chw\\_elearning.htm](http://www.cdc.gov/dhdsp/pubs/chw_elearning.htm)). The curriculum provides basic knowledge about the roles and functions of CHWs and demonstrates how they can have a positive influence on the health behaviors of individuals they engage in the community. The course also describes state- and program-level strategies for

establishing and sustaining the CHW workforce and includes examples of state-level strategies that have been implemented. The curriculum's six 30–45-min sessions, which can be completed in any order, include (1) CHWs, official definitions, and their roles and functions; (2) current issues for the CHW workforce; (3) workforce development; (4) occupational regulation; (5) standards for research and evaluation; and (6) sustainable funding for CHW positions. The course also includes a glossary and a resources page.

A process evaluation of the course was conducted during its pilot phase to improve the training's content, utility, relevance, and functionality. All training participants were invited to participate in an anonymous survey about their professional background, satisfaction with the course, and knowledge gained. Examination of the 366 responses received for job classification indicated that 19 % of the respondents were state health department program managers and 18 % were CHWs. The remaining responses were spread across a wide variety of occupations/professions that ranged from various health-care providers, to policy analysts, to researchers. Separately, 24 persons who worked for a state or local government and had completed all six components of the training were recruited by CDC staff to participate in a 1-h telephone interview conducted by an evaluation specialist. The highest ratings in satisfaction with the course for both the telephone interviewees and the respondents to the written survey were for module 6, which highlighted successful implementation of CHW strategies at the state level. In addition, a majority of the interviewees indicated that the course motivated them to implement components of the training in their practices. These results and findings from the ongoing evaluation will inform future updates to the curriculum.

In conclusion, CDC's free e-learning course provides evidence-based information about CHWs and the role they can play in advancing the public's health. The course is open to all, and readers are invited to browse the six modules.

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