A GUIDE TO USING THE CHW COMMON INDICATORS

September 2023

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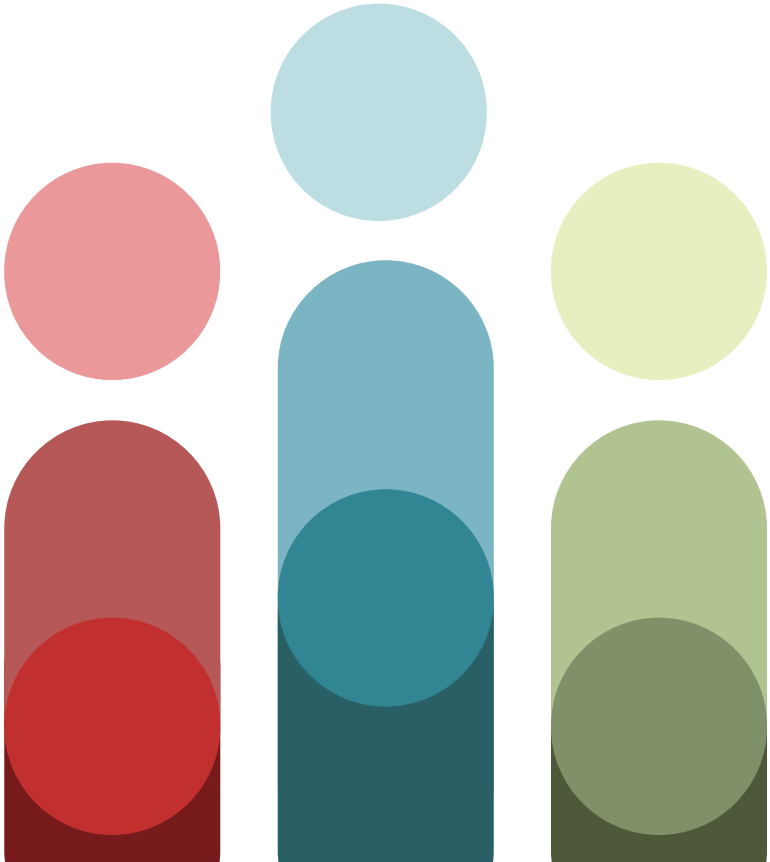


WHO ARE CHWS?

Community Health Workers (CHWs) are trusted community members who promote health in their own communities through a variety of strategies. Growing out of natural healing and helping systems, the CHW model was formalized in communities that had been systematically denied health care and the conditions necessary for health. Thus, CHWs have always been dedicated to health and social equity. (1) The emergence of the COVID-19 pandemic, increasing inequity and the climate crisis have underlined the domestic and global necessity for well-supported CHWs, who can conduct outreach, share health education, provide support for marginalized individuals and communities, and address the social and structural factors that put individuals and communities at increased risk for a range of health issues, from violence to chronic and communicable disease. (2)

WHAT IS THE GAP IN THE FIELD?

The body of peer-reviewed literature assessing outcomes of CHW programs in the US is substantial and growing. CHW interventions have been associated with significant improvements in health, prevention and management of chronic disease, (3-11) more favorable utilization of health services, and reduced cost. (12-14) Increasingly, CHWs are recognized for their contributions to addressing the social determinants of health (SDOH), both by connecting individuals to basic needs and by organizing communities to address the structural factors that result in inequitable social and economic conditions. (15)

Recent studies reporting contrasting results from programs employing CHWs (13-14) further demonstrate the need for common evaluation constructs and indicators for CHW practice that are thoughtfully developed and consistently applied through a process that directly engages those most affected.

Despite progress in documenting CHW outcomes...

- Lack of standardized measures to assess CHW practice has made it impossible to aggregate data across programs and regions, impeding commitment to sustainable, long-term financing of CHW programs. (16)
- Lack of easy-to-use indicators hinders the ability of many community-based programs to reliably report outcomes to funders and policymakers.
- Lack of attention to the processes by which CHWs achieve outcomes and the conditions they need to be successful has made it difficult to conclusively demonstrate the importance of particular CHW roles, skills, and qualities. (17-18)
- Lack of CHW involvement in all stages of research and evaluation has meant that CHW studies and evaluations have often lacked the crucial perspectives of those closest to and most informed about the work. (19)

WHAT IS THE CHW COMMON INDICATORS PROJECT?

Responding to this need, in 2015, CHWs and researcher allies from five states founded the National CHW Common Indicators (CI) Project. The purpose of the CI Project was to contribute to the integrity, sustainability, and viability of CHW programs through the collaborative development, adoption, and use of a set of common process and outcome constructs and indicators for evaluating CHW practice. In 2023, the CI Project embraced a broader mission, and became the CHW Center for Research and Evaluation (CHW-CRE). For more information, see our website at www.chwcre.org.

HOW WERE THE INDICATORS CHOSEN AND DEVELOPED?

Between 2019-2021, with funding from the Centers for Disease Control and Prevention (CDC), members of the CI Project Leadership Team and the CHW Workgroup at CDC chose 11 priority measurement concepts (also referred to as "constructs") from a pre-existing list of 20. The choices were vetted by participants at a pre-conference meeting at the American Public Health Association's 2019 Annual Conference.

To develop the indicators, CI team members first conducted a literature review to identify existing measurement approaches for each of the 11 constructs. (Because a decision was made to create indicators for policy and systems change at both the state and program levels, there are now 12 priority indicators.) Next, they developed detailed Performance Measures using a template provided by the CDC. Constituent feedback on the draft indicators was obtained through a combination of focus groups, individual interviews, and a virtual Summit. Proposed versions of the indicators were then piloted in multiple sites. Changes were made based on lessons learned, both during the initial development phase and also during the piloting phase.

The numbering system for the indicators is as follows:

- Indicator #1: CHW compensation, benefits, and advancement
- Indicator #2: CHW enactment of the 10 core roles (20-21)
- Indicator #3: CHW-facilitated referrals
- Indicator #4: CHW involvement in decision- and policy-making
- Indicator #5: CHW integration into teams
- Indicator #6: Participant self-reported health status
- Indicator #7: Participant health and social needs
- Indicator #8: Participant social support
- Indicator #9: Participant empowerment
- Indicator #10: Policy and systems change (program level)
- Indicator #11: Policy and systems change (state level)
- Indicator #12: Supportive and reflective supervision

Each indicator is made up of individual items or sub-indicators. The word "participant" refers to the community members with whom CHWs work. Indicators #1 and #12 have both a CHW-facing component and an employer-facing component.

A primary rationale for choosing these particular concepts is that they can be measured in any CHW program, no matter the setting or community in which the program is based. Collecting these indicators does not require a complicated data collection system; the indicators can be collected electronically or on paper. Collecting these indicators also does not require connection to an electronic health record or a Medicaid database.

WHY IS THIS IMPORTANT FOR CHWS?

We believe that collecting these particular indicators, which focus on the wellbeing of CHWs and communities, will accomplish three important goals. First, it will help to preserve the integrity of the CHW role, by demonstrating why it is important for CHWs to play a wide range of roles, including roles as advocates and organizers. Second, the indicators will validate the working conditions and environment that CHWs need to thrive, advance in their chosen profession, and make an optimal contribution to community health. Finally, by focusing on wellbeing outcomes that CHWs are uniquely able to achieve (as opposed to focusing only on economic outcomes that are important to health systems), they will provide additional evidence of the contributions CHWs can make to addressing the underlying determinants of health.

Adoption of some or all of these indicators for program monitoring and evaluation by state departments of health, community-based organizations, health systems, and other employers of CHWs, will contribute to the goal of building CHW infrastructure to sustain and finance the CHW workforce.

On-Going Learning and Validation

As mentioned above, face validity of the indicators has been assessed and changes made in the context of piloting in multiple sites. For the indicators or sub-indicators that are intended to function as scales (i.e., to measure an underlying construct), we will conduct statistical validation in Spring 2024 in the context of a national project. We encourage researchers to consider using these indicators in their work, to conduct further validation studies when appropriate, and to share your results with us. We are eager to work with you and learn from your experience!

For a complete listing of all the indicators with definitions, rationale for using, and recommendations for operationalization, please see CHW Common Indicators Grid, available at www.chwcre.org.

CI Advisory Group member Teresa Campos-Dominguez presenting at the 2022 Annual Meeting of the American Public Health Association (APHA)

A GUIDE TO USING THE CHW COMMON INDICATORS

Indicators collected from CHWs:

COMPENSATION, BENEFITS AND OPPORTUNITIES FOR ADVANCEMENT

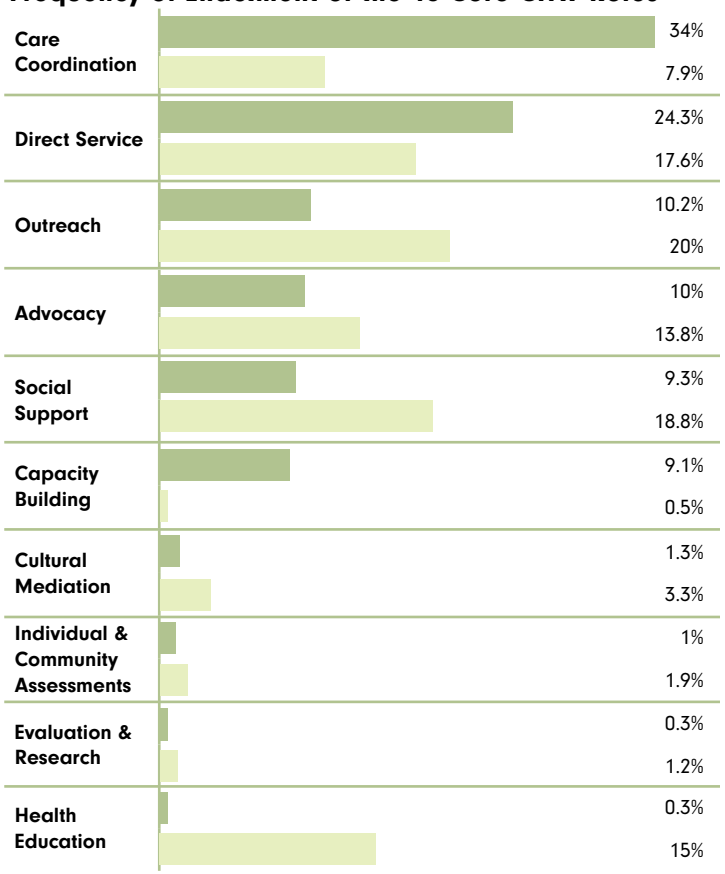
INDICATOR	QUESTION/ITEM WORDING	RESPONSE OPTIONS
Average rate or salary	What is your current hourly rate or annual salary?	US $ per hour or year
Average FTE	What is the FTE of your CHW position (or how many hours per week do you typically work)?	_____ FTE or _____ hours per week
Average # of benefits offered	Does your employer currently offer you the following benefits? (check all that apply)	List of options in 4 domains (insurance, paid leave/vacation, reimbursement for work-related expenses, and other benefits)
% responding "yes"	Are you eligible for promotions/step-ups with pay increases at your place of employment?	Yes/No
	Responses to 3 open-ended questions, when applicable.	Open-ended

Results from one pilot site revealed a difference between what CHWs understood about benefits and what supervisors understood.

CHW ENACTMENT OF THE 10 CORE ROLES

INDICATOR	QUESTION/ITEM WORDING	RESPONSE OPTIONS
% of total roles reported dedicated to each role, as defined by the CHW Core Consensus Project	What roles did you play in this encounter? (Check all that apply.) • Cultural Mediation • Health Education and Information • Care Coordination, Case Management, or System Navigation • Social Support • Advocacy • Capacity-Building • Direct Service • Assessments • Outreach • Evaluation and Research	Check boxes for roles played

Frequency of Enactment of the 10 Core CHW Roles



CHW FACILITATED REFERRALS

INDICATOR	QUESTION/ITEM WORDING	RESPONSE OPTIONS
% of completed referrals, combined with reasons for non-completion when appropriate	Did you make a referral?	Yes/No
	If the answer was "yes," what type of referral?	Context dependent list
	Did the participant receive what was needed?	Yes/No
	If the answer was "no," why?	Context dependent list or free response

CHW INVOLVEMENT IN DECISION- AND POLICY-MAKING

INDICATOR	QUESTION/ITEM WORDING	RESPONSE OPTIONS
Average score on a 6-item scale	1. As part of my job, I have identified the people or organizations that influence change in my community. 2. As part of my job, people who influence change in my community seek my opinion and participation. 3. As a part of my job, I am a member of one or more groups/organizations that make (i.e., develop and/or enact) policy for my community, city, county, state, or tribe. 4. My employer/supervisor supports my involvement in policy making on work time. 5. I am a member of one or more groups that influence policy in my employing organization. 6. I believe that as a CHW, I have influenced policy in my organization or community.	1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree Generate mean scores by taking the mean of non-missing items for a final range of 1.0 to 4.0.

Pilot Site #2: Percent of Successful Referrals by Type

Type of Referral*	Count	% of Successful Referrals
Mental Health	33	72.7%
Social Support	25	76.0%
Housing	21	66.7%
Food	20	80.0%
Immigration	18	66.7%
Medical Services	14	57.1%
Social Services	7	57.1%
Employment	2	100.0%

CI Leadership Team member Keara Rodela sharing with her colleagues during the 2022 CI Family Reunion

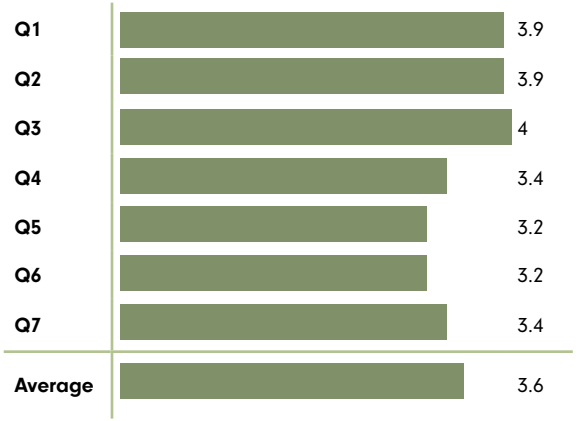
CHW INTEGRATION INTO TEAMS

INDICATOR	QUESTION/ITEM WORDING	RESPONSE OPTIONS
Average score on the adapted Relational Coordination Scale, See: References 22-24	The first 7 items in a validated scale, replacing the phrase "others on your team," with the phrase, "the other healthcare, social service, and/or education providers with whom you work," and replacing the term "patients" with the term "program participants."	1 = never 2 = rarely 3 = occasionally 4 = often 5 = constantly
% of CHWs having access	Do you have access to record information about your participants in your employers' main participant tracking form/system?	Yes/No
% of CHWs with adequate work space	Does your employer provide you with adequate, dedicated space where you can work (e.g., meet with participants, complete paperwork, make phone calls, access a computer, etc.)?	Yes/No
Thinking about other healthcare, social service, and/or education providers with whom you work, please indicate how much you agree or disagree with the following statements:		
Average score on the new 4-item "Influence of racism/ discrimination on integration" scale*	1. I feel isolated from them because of my race/ ethnicity or culture. 2. I feel like I have to be the only voice for my race/ethnicity or culture among them. 3. I feel dismissed or devalued by them because of my racial/ethnic or cultural background. 4. I feel that they make assumptions about me because of my race/ethnicity or culture.	1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree Generate mean scores by taking the mean of non-missing items for a final range of 1.0 to 4.0.
Average score on a 5-item scale	They understand my roles and what I do as a CHW.	Not at all (1) A little (2) Some (3) A lot (4) Completely (5) Generate mean scores by taking the mean of non-missing items for a final range of 1.0 to 5.0.
Average score on a 5-item scale	I feel comfortable going to the other healthcare, social service, and/or education providers with whom I work to talk about participants' needs.	

*Sanchez-Lloyd, C. (2020). Personal communication.

CHW Integration Into Teams

Pilot Site #1 FY 22 Relational Coordination Scale out of 5



CHW Integration into Team

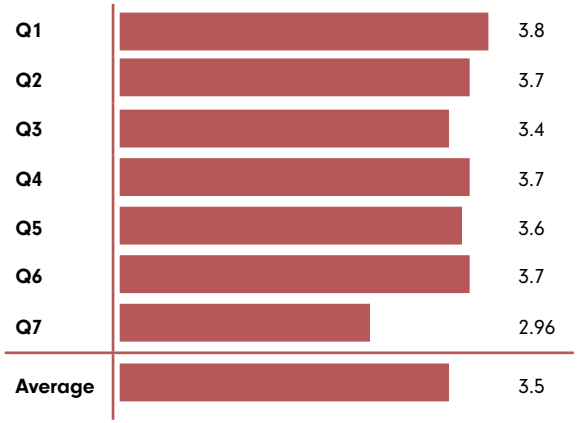
Pilot Site #1 FY 22 Working Conditions

SUPPORTIVE AND REFLECTIVE SUPERVISION

INDICATOR	QUESTION/ITEM WORDING	RESPONSE OPTIONS
# of Hours	How many **hours of individual (one-on-one) supervision** were provided to you in the last 30 days?	One-on-one: _____ hours Group: _____ hours
	How many **hours of group supervision (supervision conducted with more than 1 CHW)** were provided to you in the last 30 days?	
% of CHWs rating quality as good or excellent	Please rate the overall **quality of the individual supervision** you received within the last 30 days (including administrative and/or clinical supervision)	1 = poor 2 = fair 3 = good 4 = excellent
	Please rate the overall **quality of the group supervision** you received in the last 30 days (including administrative and/or clinical supervision).	
Thinking of the person you consider to be your primary supervisor over the past 30 days, please rate the following items:		
Average score on the 7-item "Quality of supervision" scale	1. My supervisor appreciates my role as a CHW. 2. My supervisor advocates for the role of CHWs with upper management (staff who rank above the supervisor). 3. My supervisor has participated in training about the CHW profession. 4. My supervisor encourages my professional growth (e.g., by regularly encouraging me and/or accepting my suggestions within supervision sessions to pursue training opportunities, attend conferences, develop leadership skills, etc.). 5. My supervisor understands the strengths and needs of the community/ies we serve. 6. My supervisor understands that improving health requires addressing racism and other forms of oppression. 7. In my organization, CHWs participate on hiring panels when CHW supervisors are selected.	1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree Generate mean scores by taking the mean of non-missing items for a final range of 1.0 to 4.0.

Supportive and Reflective Supervision Scale by Question

Pilot Site #1 FY 22 out of 4



A GUIDE TO USING THE CHW COMMON INDICATORS

Indicators collected from participants in CHW programs (community members):

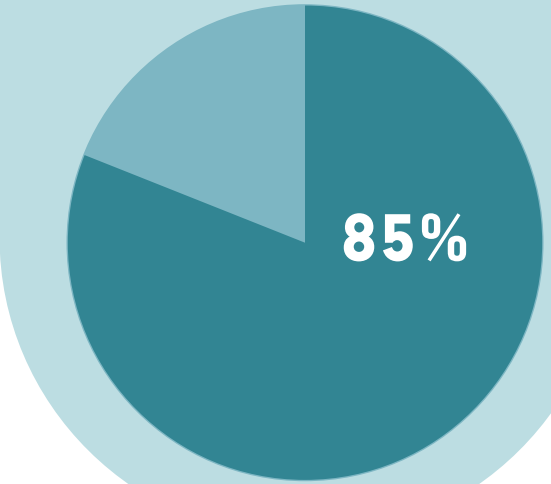
PARTICIPANT SELF-REPORTED MENTAL, PHYSICAL AND EMOTIONAL HEALTH CDC Healthy Days Survey (Ref. #25)

INDICATOR	QUESTION/ITEM WORDING	RESPONSE OPTIONS
% of participants reporting good to excellent health	Would you say that, in general, your health is excellent, very good, good, fair, or poor?	5 response options: Excellent, Very Good, Good, Fair, Poor
# of unhealthy days (physical health)	Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?	_____ days
# of unhealthy days (mental health)	Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?	_____ days
# of restricted days (physical or mental health)	During the past 30 days, approximately how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	_____ days

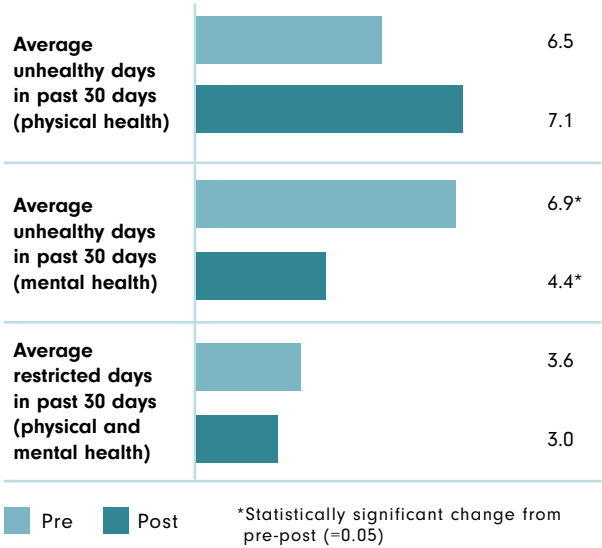
PARTICIPANT SOCIAL SUPPORT

INDICATOR	QUESTION/ITEM WORDING	RESPONSE OPTIONS
Average score on 6 items comprising the Emotional and Concrete Support sub-scales from the Protective Factors Survey See: Reference 26	1. I have others who will listen when I need to talk about my problems. 2. When I am lonely, I have several people I can talk to. 3. If there is a crisis, I have people I can talk to. 4. I would know where to go if my family needs food or housing. 5. I know where (or with whom) to go if I have financial difficulties. 6. I know where to go if I need help finding a job.	1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree Generate mean scores by taking the mean of non-missing items for a final range of 1.0 to 4.0.

Pilot Site #2: Percent of participants reporting same or improved health at 6-month follow-up



Pilot Site #2: Pre and Post Unhealthy/ Restricted Days

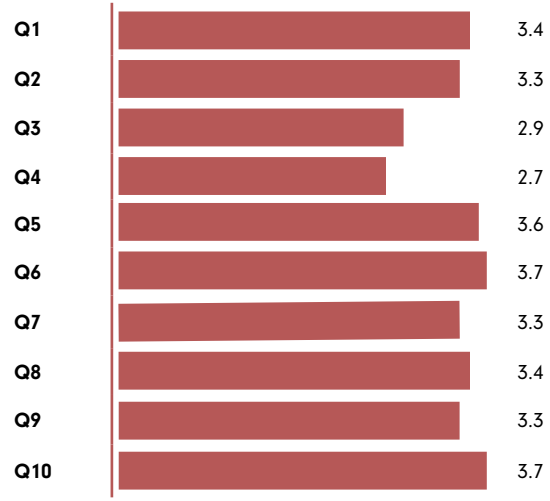


PARTICIPANT EMPOWERMENT (RETROSPECTIVE VERSION)

INDICATOR	QUESTION/ITEM WORDING	RESPONSE OPTIONS
Average score on a new 10 item retrospective scale conducted at least 60 days after starting to work with a CHW	1. I feel more self-confident since I started working with a CHW. 2. I have more control over my life since I started working with a CHW. 3. I feel more like I belong in my community since I started working with a CHW. 4. I can work more with my community to make change since I started working with a CHW. 5. I am more able to make choices about my life since I started working with a CHW. 6. I have more knowledge and skills for making choices since I started working with a CHW. 7. I understand more about how outside forces affect me since I started working with a CHW. 8. I feel more optimistic since I started working with a CHW. 9. I am more able to speak up for myself since I started working with a CHW. 10. I have more access to resources since I started working with a CHW.	1 = strongly disagree 2 = disagree 3 = agree 4 = strongly agree Generate mean scores by taking the mean of non-missing items for a final range of 1.0 to 4.0.

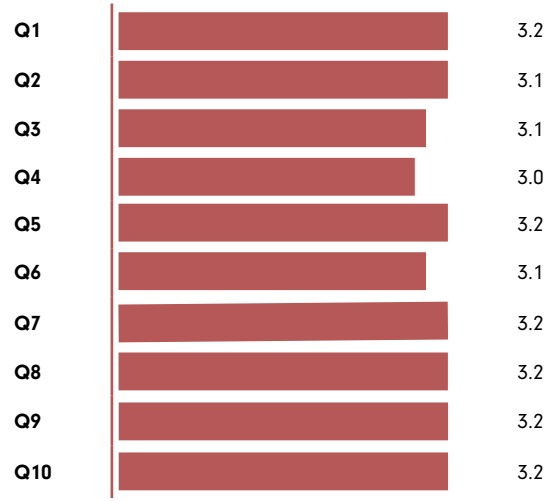
Pilot Site #1: Participant Retrospective Empowerment

Average Score (1 to 4) by Question



Pilot Site #3: Participant Retrospective Empowerment

Average Score (1 to 4) by Question



A GUIDE TO USING THE CHW COMMON INDICATORS

Indicators collected from Employers and/or Supervisors:

COMPENSATION, BENEFITS AND OPPORUNITIES FOR ADVANCEMENT

INDICATOR	QUESTION/ITEM WORDING	RESPONSE OPTIONS
# of paid CHWs	How many paid CHWs currently work for your organization?	_____ CHWs
# of volunteer CHWs	How many volunteer CHWs currently work for your organization?	_____ CHWs
% of CHWs at each salary level	Wage/salary levels at which CHWs are employed with number of CHWs at each level.	Table
# and type of benefits	Please indicate the benefits you currently provide to full-time CHWs. (Check all that apply.)	Context-dependent list
# and type of benefits	Please indicate the benefits you currently provide to part-time CHWs. (Check all that apply.)	Same list as above
% of CHWs eligible for pay increases	Are CHWs currently eligible for promotions/step-ups with pay increases?	Yes/No

Wages for PT and FT CHW by Yearly Salary

from Pilot Site #4 Employer Data

Job Status	Part-time	Full-time
# of CHWs	44	114
Mean	$21,186	$42,403
Median	$20,000	$40,000
Range (High)	$55,000	$87,550
Range (Low)	$6,000	$12,000
Standard Deviation	$3,062	$5,532
Confidence Interval*	$20,281-$22,091	$41,388-$43,419

*Alpha Value = 95%

SUPPORTIVE AND REFLECTIVE SUPERVISION

INDICATOR	QUESTION/ITEM WORDING	RESPONSE OPTIONS
% time dedicated to supervision	On average, over the past year what percentage of your FTE (time) is dedicated to CHW supervision?	_____% FTE
# of CHW FTE supervised	On average, over the past year what is the total FTE (time) of the CHWs you supervise?	_____ total FTE
% of supervisors with training	Have you participated in training about trauma-informed supervision?	Yes/No
% of supervisors with training	Have you participated in training about supportive or reflective supervision?	Yes/No
# of supervisors rating good or excellent	Please rate the quality of support you receive from your own supervisor to provide supervision for CHWs.	1 = poor 2 = fair 3 = good 4 = excellent
# of supervisors rating good or excellent	Please rate the quality of support you receive from your organization's culture to provide excellent supervision for CHWs.	

Employers in one pilot site reported spending a range of 10-35% of their FTE supervising CHWs with an average of 21% of FTE.

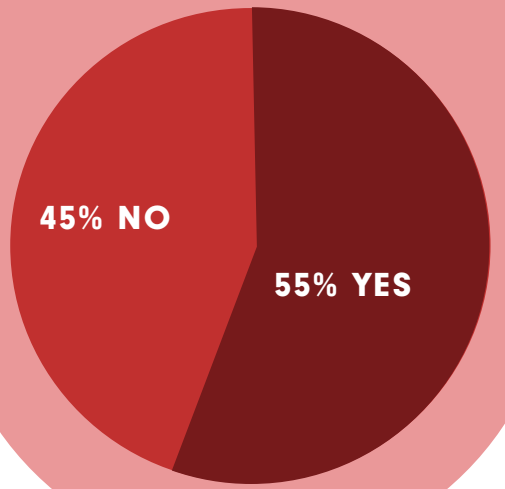
When accounting for the number of CHWs being supervised, the employers reported spending a range of 6-10% of their FTE per CHW they supervised with an average of 7.7%.

POLICY AND SYSTEMS CHANGE – PROGRAM LEVEL*

INDICATOR	QUESTION/ITEM WORDING	RESPONSE OPTIONS
Existence and type of definition	Does your organization have a written definition of a CHW? If NOT APHA, what affects organization's ability to use APHA or similar? (open-ended)	a. Verbatim or similar to APHA b. Definition not similar c. No definition
Inclusion of 10 core CHW roles in scopes of practice and/or job descriptions	Does your organization include each of the following 10 core roles in its CHW scope of work and/or job description? (Roles are listed, see Indicator #2.) • For each role: If NO, please briefly explain why the organization does not include this role, to the best of your knowledge. (open-ended)	a. Yes (included) b. No (not included) Explanation of each role is provided.
Requirement that CHWs hired have completed a core competency-based training	Does your organization require that CHWs you hire have completed a state- or CHW association/network-recognized CHW core competency-based training program, either before or after hire? • If NO, what affects your organization's ability to require that CHWs have completed a state- or CHW association/network-recognized CHW core competency-based training program (either before or after hire). (open-ended)	a. Yes b. No
Provision of or support for CHWs to complete core competency training	Does your organization provide or support your CHWs in completing a recognized CHW core competency-based training program? Follow-up open ended questions depending on answer.	Check all that apply (4 options)
Tracking of # and % of employed CHWs who have completed CHW certification	Does your organization keep track of the number and % of CHWs employed by your organization who have completed CHW certification? • If YES, provide # and explain how information is used. • If NO, explain what affects organization's ability to track number and % of CHWs completing CHW certification (open-ended)	a. Yes b. No

Does your organization require CHWs to complete a recognized CHW core competency training?

Research from Pilot Site #4



Options include:

- We provide core-competency-based training in-house.
- We pay the fees for core-competency-based training provided by another entity/organization.
- We allow CHWs to complete core-competency-based training provided by another entity/organization during paid work time.
- None of the above.

Staff members at one pilot site were encouraged to find that they were able to answer "yes" to most of the questions in the indicator

POLICY AND SYSTEMS CHANGE – PROGRAM LEVEL* CONTINUED		
INDICATOR	QUESTION/ITEM WORDING	RESPONSE OPTIONS
Requirement for supervisors to participate in training specific to CHW profession	Does your organization require that CHW supervisors participate in training about the CHW model/ profession and/or training specific to supervision of CHWs? • If NO, what affects organization's ability to adopt such a requirement? (open-ended)	a. Yes b. No
% of CHW program budget supported through sustainable mechanisms	What percentage of your organization's CHW program salary/benefit costs are supported through "sustainable" CHW payment mechanisms? (A list of sustainable payment mechanisms is provided.) Please briefly explain what your organization has done in the past year to increase the % of CHW salary/benefit costs covered by "sustainable" funding, including progress made, successes, barriers and challenges. (open-ended)	Instructions for calculating are provided.

*An indicator for policy and systems change at the state level also exists and has been piloted. It can be accessed here. Questions are vey similar to those in the Program Level indicator.

CI Leadership Team and CHW Council members at the 2022 CI Family Reunion

HOW FREQUENTLY SHOULD YOU COLLECT EACH INDICATOR?

Similar to other projects that have attempted to identify common indicators for CHW practice, we provide some general recommendations for the frequency and modality for collection of the indicators, **while recognizing that the indicators can be effectively operationalized in a variety of ways.**

Whenever possible, we recommend that indicators be operationalized in existing data collection and/or case management tools, to reduce the burden on CHWs and data management staff. We recommend that some indicators (specifically, Indicator #2 and #3) be collected in each substantive encounter between a CHW and community member. We recommend that participant-level pre-post indicators (#6-9) be collected when participants enter the program and at 6-month intervals thereafter, while the retrospective version of Indicator #9 can be collected 3 or 6 months after intake or when participants leave the program. Workforce indicators (Indicators 1, 2, 4, 5, and 10) can be collected bi-annually in CHW and/or (in the case of Indicators 1 and 10) employer surveys. Indicator #11 (State-Level Policy and Systems Change) can be collected as often as a state agency wishes to assess its status or progress in creating conditions that promote a thriving and successful CHW workforce. (27-28)

WHO SHOULD COLLECT EACH INDICATOR?

CHW Programs can collect and have collected the workforce indicators, but it is important to recognize that CHWs' willingness to respond to some items will depend on the existing level of trust within the program and CHWs' faith that they will not experience reprisals for their honest answers. Including these indicators in statewide surveys conducted by a state health department and/or a statewide CHW association can provide an additional level of comfort, though it will still be important to assure CHWs confidentiality, and only report results at levels that preserve this confidentiality. CHWs can effectively collect all the participant-level outcome measures, with the exception of the retrospective version of Indicator #9, which directly links the outcome to work with a CHW and should therefore be collected by an independent third party. States and programs can collect the data for Indicators #10 and #11 from themselves. Experience suggests that having a statewide coordinator to manage data collection from multiple agencies is essential for Indicator #11.

WHY THESE INDICATORS (AND NOT OTHERS)?

- We have developed quantitative indicators because they are easiest to collect and aggregate in a consistent and reliable way. We recommend that these indicators be used along with qualitative methods that are specific to the culture/community and setting.
- Assessing CHWs' contributions to improving population health (e.g., with community-level indicators) is crucial. However, it is beyond the scope of most CHW programs and appropriate population health indicators will vary from setting to setting.
- We acknowledge the importance of health care utilization and cost measures; however, our aim is to create indicators chosen by CHWs that can be used across all CHW programs. Not all programs have access to cost and utilization data.

How CHW-CRE Fits into the Ecosystem of CHW Support Organizations

The CHW Center for Research and Evaluation is part of a constellation of national organizations that share common principles and work together to advance the CHW workforce. These organizations include (but are not limited to):

NACHW

The National Association of Community Health Workers (NACHW) was founded in April 2019 after several years of planning and organizing by CHWs and allies across the United States. NACHW is a 501(c)(3) nonprofit membership-driven organization with a mission to unify CHWs across geography, ethnicity, sector, and experience to support communities to achieve health, equity and social justice.

CHW SECTION OF APHA

The CHW Section of APHA advocates for and promotes the voice and role of community health workers within public health, the community, and in healthcare settings, as well as contributing to the development of the CHW role (including Promotores de Salud, Community Health Representatives, Community Health Advisors, and other related titles) through policy development opportunities. It also provides a forum to share resources, activities, and strategies nationally.

C3 PROJECT

The Community Health Worker Core Consensus Project's primary aims are 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. The C3 Project offers a single set of CHW roles and competencies for reference by those both inside and outside the field as they work to build greater support for and sustainability among CHWs in all settings.

ENVISION EQUITY

Envision is a collaboration of Community Health Workers (CHWs) and Community Health Worker allies who work together with financial and administrative support from the Centers for Disease Control and Prevention (CDC) to elevate the role of CHWs. Developed for CHWs by CHWs, the project encompasses the whole CHW movement. Envision trains and supports CHWs, concentrating on capacity building and the sustainability of a strong, capable CHW workforce.

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