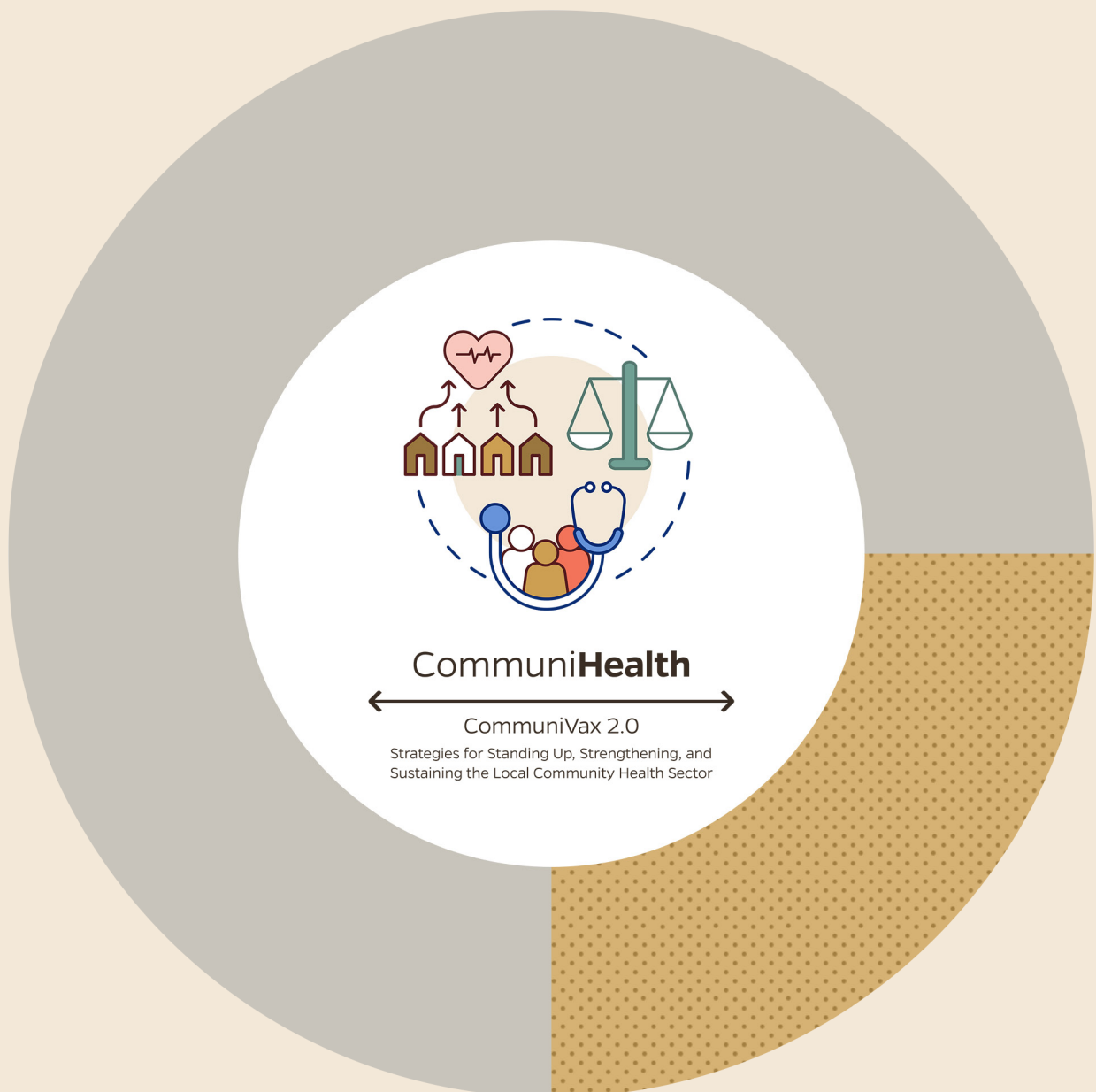# Guide for Effective Partnerships Between Academic Institutions and Community Health Workers/Promotores

November 2022



CommuniHealth

CommuniVax 2.0
Strategies for Standing Up, Strengthening, and
Sustaining the Local Community Health Sector

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| Abbreviation | Term |
| --- | --- |
| BIPOC | Black, Indigenous, people of color |
| CAB | Community Advisory Board |
| CBO | Community-Based Organization |
| CHW | Community Health Worker |
| CHWs/Ps | Community Health Workers and Promotores |
| COVID-19 | Coronavirus Disease 2019 |
| FBO | Faith-Based Organization |
| FQHC | Federally Qualified Health Centers |
| KI | Key Informant |
| P | Promotores/Promotoras |

# What You Will Find in This Guide

**1** | Introduction
- Who we are and why community health is important
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# 1. Introduction to the Guide

> **Our Mission**
> CommuniHealth represents the redoubling of efforts to accelerate the maturation of local community health systems in CommuniVax sites in Alabama, California, and Maryland. The coalescence of community health assets—including community health workers and community- and faith-based organizations—is key to advancing health equity and strengthening trust in public health as the country moves through and beyond the COVID-19 pandemic.

## About Us and Why Community Health is Important

Community health academic researchers and their partners aim to break down barriers and enhance systems to advance the health and quality of life of all residents. During the COVID-19 pandemic, it quickly became evident that Community Health Workers/Promotores (CHWs/Ps) were key players, working in various capacities (e.g., contact tracing, testing, treatment, vaccine uptake) as trusted members within communities. One community leader noted CHWs/Ps have been in the community for many years providing "service from the heart," but they were not recognized as "essential workers" until they were out in the community in large numbers. The CommuniHealth California (CA) team, based out of San Diego State University, values all the advances that the community has made with the CHW/P workforce. CHWs/Ps have made important contributions to community health efforts within many different sectors (see section on Contributions of CHWs/Ps). During the pandemic, the CHW/P workforce was, and remains, in high demand. Efforts to support this workforce should continue to be financially sustained, respected, and valued.

**This guide is designed to serve as a resource for academic researchers and community-oriented academic institutions interested in supporting community-based health promotion, particularly working with Community Health Workers/Promotores (CHWs/Ps).**

This guide provides practice-based and community-informed strategies so that academic researchers/institutions can:

- strategically leverage their neutral positions to access resources to advance health equity and propel the community health sector forward
- build trust and strengthen academic-community partnerships that integrate CHWs/Ps
- contribute to the sustainability of the CHW/P workforce
- help change systems that lead to health inequalities.

This guide was developed by the CommuniHealth CA team, located at San Diego State University (SDSU). The guide represents the culmination of the team's work with community leaders, the San Diego County Promotores Coalition (SDCPC), Visión y Compromiso, and individual CHWs/Ps to accelerate and strengthen the CHW/P workforce in Southern California.

The guide also draws from 18 key informant (KI) interviews conducted with researchers and staff at SDSU who have a strong history of working successfully with CHWs/Ps; researchers and staff from other universities in Idaho, Maryland, and Virginia who have taken similar steps in their own communities; community leaders from clinics and nonprofits (like the SDCPC and Visión y Compromiso); and CHWs/Ps themselves. These interviews provide additional insights into best practices and lessons learned for academic researcher/institutional support of community-based health promotion and health equity efforts.

# Community Health and CHWs/Ps

Historically underserved communities often lack access to affordable and effective health and social services. This leads to their exclusion from accessing prevention services, basic healthcare, and health information. Even when services are accessible, these communities can face barriers to care due to cultural differences/traditions, language, mistrust of the healthcare system (e.g., because of past negative experiences), and racism.

As a result, underserved communities are often more vulnerable to diseases like COVID-19 and cancer than other groups. It is in this context that the work of CHWs/Ps is fundamental—CHWs/Ps serve as a bridge between these communities and the healthcare/social services systems.

## What do CHWs/Ps do?

CHWs work in a variety of settings such as Federally Qualified Health Centers (FQHCs), community-based organizations (CBOs), health departments, and academic institutions.[1] Many studies and programs that have incorporated CHWs/Ps into their projects have seen their positive impact firsthand. When asked to share examples of how contributions from CHW/P involvement impacted their communities, multiple KIs identified key skills of CHWs:

- Effective communication
- Interpersonal and relationship building
- Service coordination and navigation skills
- Capacity building
- Advocacy
- Education and facilitation
- Individual and community assessment
- Outreach
- Professional skills and conduct
- Evaluation and research

CHWs/Ps are often specifically recruited to fill unique roles that only they can fulfill. They often display such immense passion for both health and community-building that, as one key informant stated, "their excitement is contagious."



*Source: Core CHW Qualities*

## CHWs and Promotora/es

While a variety of titles have been used over the years, from Community Health Advisors[2] to Lay Health Workers, the commonly preferred title—by organizations and workers themselves—is Community Health Worker (CHW). The Spanish term recognized by the Centers for Disease Control and Prevention (CDC) for CHWs is Promotores de Salud[3], though it is typically shortened to Promotores. As one community leader mentioned, "academic research studies, primarily among the Latino community, concluded that the community preferred the term Promotoras." While many believe there is a distinction, the titles are frequently used interchangeably.

Throughout KI interviews, some noted differences between the terms CHW and Promotores. CHW is often used to refer to individuals who have higher education (e.g., due to agency hiring requirements) and participate in more clinical/data-driven tasks. The CHW designation also is commonly used for workers who are predominantly English-speaking, though many speak other languages in addition to English. Promotores, on the other hand, often engage in the same scope of work but may not have formal education, often speak predominantly Spanish, and are valued for their ability to reach their community. One community leader noted that, during the COVID-19 pandemic, CHWs were recognized as essential frontline workers, but those who functioned under the term Promotores took a little longer to receive this recognition.

"Terminology has partly depended on the focus of the study and the context in which they're working with within the organization. Terms most typically used are Promotores, Promotoras and Community Health Workers, but we've also used the terms *Lideres [Leaders]* and Lay Health Advisers. Usually, the organizations I work with already have Promotoras, Promotores, Community Health Workers or *Lideres*, so I usually just go with what the organization has identified as their term.

We were very deliberate about using the term Community Health Worker because we needed a term that was perceived as more credible by the healthcare providers. … Promotores were perceived as people from the community trying to promote an herbal product or whatever."

**- Key informant: Researcher**

> **In this guide the terms Community Health Workers and Promotores (CHWs/Ps) are paired to note that these terms refer to the same workforce. In pairing theses terms, we advocate for the Promotores to be equally valued.**
>
> For more on the identity of CHW/P titles and functions, see El Sol's Career Pathway Initiative and Vision y Compromiso's Key Workforce Priorities for the Community Transformation Model.

## Brief History of CHWs/Ps

### 1920s

- CHWs/Ps begin to form and join prevention efforts as involvement of the community in public health interventions begins to be recognized as necessary.
- CHWs/Ps act as malaria assistants trained by health officers in South Africa.

### 1930s

- China trained farmers to record births and deaths, vaccinate against smallpox, and give health talks to their communities. These were known as Farmer Scholars and preceded the Barefoot Doctors, who were agricultural laborers trained to engage community members to take responsibility for their health.

### 1960-70s

- CHW/P programs are developed in countries in Latin America, Asia, and Africa. In the US, these programs were used to expand access to underserved communities.
- The American Public Health Association (APHA) created a CHW-led section, thus giving a voice to CHWs/Ps to promote their communities' needs.

### 1980-90s

- CHW/P programs became even more popular, especially in Africa and Latin America where governments launched larger-scale programs.
- Political and economic instability caused the loss of many of these programs.

### 2000s

- CHWs/Ps started to be seen as a cost-effective way to address health issues in underserved communities by insurers, the private sector, and the US government.
- The Patient Protection and Affordable Care Act (PPACA) recognized CHWs/Ps as important components of the healthcare workforce.

### 2020s

- CHWs/Ps become a core part of the San Diego County Public Health team, employed through the Office of Equitable Communities.
- Governor of California signed state legislation AB 2697, Community Health Workers/ Promotores (CHW/Ps): Improving Access to Culturally and Linguistically Responsive Care.

## CHW/P Involvement and Its Benefits

The Community Health Worker Core Consensus Project (C3) identifies common CHW/P roles as:

- Contributing to cultural mediation among individuals, communities, and health and social service systems
- Providing culturally appropriate health education and information
- Offering care coordination, case management, and system navigation

- Providing coaching and social support
- Advocating for individuals and communities
- Building individual and community capacity
- Providing direct service
- Implementing individual and community assessments
- Conducting outreach
- Participating in evaluation and research
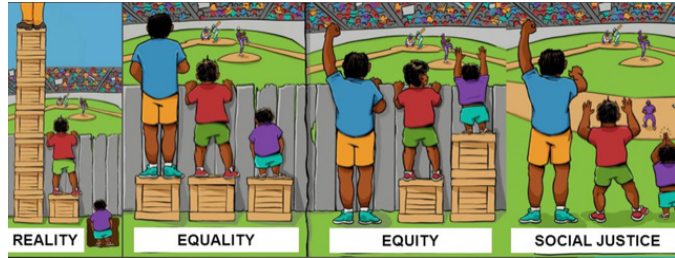


*"Interaction Institute for Social Change | Artist: Angus Maguire." interactioninstitute.org, madewithangus.com.*

CHW/P involvement has been known to radically advance a project's aims in a variety of ways, such as:

- Increasing health through education and outreach, contributing to early disease detection and prevention
- Improving access to healthcare
- Linking those at high risk for disease to needed services
- Facilitating appointment-keeping
- Increasing compliance with prescribed regimens/health recommendations
- Decreasing poor health outcomes, such as infant mortality and low birthweight

**Integral to projects** CHWs/Ps are uniquely positioned to promote health in their communities while at the same time providing a variety of social and economic benefits that advance health equity. Whether they are "embedded into the clinical health system" or work more closely with community members conducting health and education advocacy, CHWs/Ps play integral roles as "frontline public health professionals"[2] who form bridges between the healthcare system and communities. They are vital components of the public health field "because they are trusted community members who have an unusually close understanding of the community they serve and can be a link between healthcare providers and systems, social services, and the community"[2]

**Cost effective** In addition to social benefits, CHW/P programs are seen as cost-effective approaches to improve community health and well-being, which in turn can reduce the need for emergency room visits and other costly services. In this way, the inclusion of CHWs/Ps in the healthcare system results in cost decreases for organizations and government programs, representing a high return on investment (ROI). As an example of this, MHP Salud reports that an evaluation of their programs addressing various health topics, from improving chronic disease outcomes to screening, found that they yielded financial benefits with a positive ROI of $1.09-3.16 for every $1 invested. At the same time, by increasing access and promoting health in the community, CHWs/Ps are helping reduce the burden of disease.

# CHW/P Contributions

CHWs/Ps work in a wide variety of settings, such as FQHCs, CBOs, faith-based organizations (FBOs), health departments, and academic institutions.[1] Many studies and programs incorporating CHWs/Ps into their projects see their impact firsthand. When asked to share cases of how contributions from CHW/P involvement impacted their communities, multiple KIs touched on common results.

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|---|---|
| **Deeper Connections** | Because CHWs/Ps "share the same language, culture, ethnicity, status, and life experiences" as the target community, they are better equipped to relay information and provide resources in a way that will be more widely accepted by the community, thus reducing access barriers. Their ability to translate health system information into their community's value system and act as trusted messengers allows them to reach the otherwise unreachable. |
| **Improved Results** | The relationships and connections between CHWs/Ps and community members have been shown to improve not only retention, but KIs reported both higher fidelity and higher completion rates. KIs across the board commended CHWs/Ps for playing essential roles in collecting more accurate data from the community, such as when CHWs/Ps were able to further contact-tracing efforts during the onset of the COVID-19 pandemic due to the community feeling more comfortable disclosing information. |
| **Empowerment** | One of the great impacts that CHWs/Ps have is their capacity to undergo an evolution, starting as community members and then growing into an empowering leadership role, taking agency of their health and guiding the community to do the same. |
| **Improved Quality of Life** | CHWs/Ps and their communities experience increased health, education, and opportunities. CHWs/Ps gain more experience and career advancement while also increasing the accessibility of needed services. |
| **Lives Saved** | In addition to the lives saved due to COVID-19 testing and vaccination efforts, preventative education and advocacy encouraged life-saving changes. One KI shared anecdotes about people who underwent screening and testing after speaking with CHWs/Ps, leading to the identification of cancers they did not know they had. |
| **Continuing Education** | Many CHWs/Ps and their families were encouraged to attain higher education. For instance, a KI shared that CHWs/Ps involved in their project began to stress the importance of education with their children. With the guidance of some staff members, the children would go on unofficial tours of the SDSU campus, where they were able to ask questions and get an idea of the opportunities that were available to them. The same KI shared that two of their CHWs/Ps continued their education after being involved in the project and earned bachelor's degrees. Another KI told of a CHW/P who, having grown up in a high-crime neighborhood, went on to earn a doctorate degree. This pattern of broadening horizons and increasing opportunities may not provide immediate results in communities but undoubtedly contributes to reshaping its future generations in positive ways. |

| | |
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| **An Element of Humanity** | There were many stories shared about how communities came together to assist and provide for each other. One researcher saw it firsthand when, without being prompted, her CHWs/Ps began to organize food drives in their area. Both county staff and SDSU students began to donate food and funds that the CHWs/Ps would distribute throughout their communities. Instances such as these gave communities a sense of purpose and agency. |
| **Long-Lasting Impact** | Multiple cases of increased agency in the community were demonstrated. CHW/P involvement directly contributed to: reduced hospitalizations, enhanced quality of care, preventing and managing chronic diseases (e.g., type 2 diabetes), addressing social determinants of health, and improving community conditions, to name a few.[1] One KI shared about how CHWs/Ps were inspired by the project they were a part of. While testing the walkability of various parts of their neighborhoods, they noticed a park that was central to the community was unkempt, outdated, and unsafe. The promotores engaged their local Parks and Recreation leaders and then their City Council, forming new pathways of communication between their community and the city. Thanks to the newfound experience and confidence the promotores gained through project involvement paired with their driven efforts, they were able to secure funding toward park renovations. The promotores were then invited to be on the design and review committee, sharing valuable input through the entire renovation process. |
| **Sustainability** | Frequent concern was expressed by KIs surrounding barriers to sustainability (i.e., funding to pay CHWs/P), but the willingness of CHWs/Ps to continue was not one of them: they "serve from the heart" and often are inspired to not only continue but expand upon programs. While each region has its unique challenges and characteristics, CHWs/Ps hired from communities will always have an insider's knowledge of local culture, language, and resources, positioning them to be the most effective at "addressing emerging health challenges in any geographic location of any cultural make-up and across various age groups."[4] Their involvement greatly increased chances that the community would stay receptive and involved. Community members expressed gratitude toward CHWs/Ps for helping them in such meaningful ways. |

# 2. Building Academic-Community Partnerships

The idea of cultivating a CHW/P workforce to support research at academic institutions is rooted in fostering community partnerships. To have an established partnership with the community indicates the institution is assuming a responsibility to work together with the community toward common goals. This includes working with CHWs/Ps, as they are primarily members of the community who have taken on the role of supporting the community's health. Seeking partnerships with existing CBOs, trying to create a CHW/P workforce, or implementing a community project/intervention will involve community engagement in some form. This CHW/P workforce can be trained to engage in research, recruit community to research projects, and help engage and navigate patients in and through clinical trials.



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**The purpose of this section is to highlight some elements necessary to build community relationships, which include:**

- **Initiating community connections**

- **Identifying partner organizations**

- **Earning community buy-in**

- **Considering factors for long-lasting partnerships**

"[T]hose longstanding relationships that you build over decades [are] critical to doing any kind of community work, even if it's not seen externally. … [W]ithout their advice, I don't know how we would have done it. They've made everything better."

**- Key informant: Researcher**

The approach to community relationships can look different at each academic institution, but there are principles central to these partnerships that are specifically emphasized in this section. As a guiding reference to working with community, we also recommend reviewing the CommuniHealth Principles for Partnerships with Communities, contained in the document The CommuniHealth Playbook.

## Why are Community Connections so Important?

**First, it is critical to understand the ways connections between academic institutions and communities are fundamental to working with CHWs/Ps:**

Academic institutions and their staff are in a unique position to make positive impacts in their local communities. By leveraging resources and orienting research toward issues in the community, colleges and universities—and specifically researchers—can create opportunities to improve a community's welfare.

In the same way, local communities can enrich and support academic institutions by increasing enrollment in the university, providing a local workforce, and having community organizations to partner with for project development, service learning, educational internships, and civic engagement.

The reciprocity and respect that is woven between academic institutions and local communities is a driving force for a successful relationship that is mutually beneficial.

It is important to note that this is no easy endeavor. Having a strong connection with the community involves a process that is systematic, purposeful, respectful, and continuous.

# Initiating Community Connections

Knowing the community is a key first step to starting the process of partnering. By understanding the different characteristics and needs of the local community, there is a higher likelihood of creating partnerships that are both effective and equitable.

**Important community information to know includes:**

### Demographics and Geography

- Age
- Gender
- Racial and ethnic composition, including languages spoken and, for immigrant groups, countries of origin
- Socioeconomic makeup, including employment opportunities and rates of public assistance

### Unique Historical Events

- Descriptive data: date community was founded, types of existing or previously existing industries
- Issues of major conflict
- History of discrimination
- Episodes of economic turmoil
- Health disparities

### Community Resources

- Local churches
- Nonprofit and other organizations and services
- Local government agencies
- Grocery stores
- Tribal organizations
- Community advisory boards
- Schools and school programs

### Health Assets/Resources

- Private care systems
- Nonprofit care systems
- Clinics
- Community-based and/or low-cost healthcare providers
- Government services
- Health fairs

There are many ways to catalog information on the local community. One of these approaches is an environmental scan. By collecting both publicly available data from multiple sources and qualitative data from KI interviews, researchers can create an environmental scan document with current and relevant information about local communities that better informs their projects.

> Here is the environmental scan template from CommuniVax for community information. This template was originally developed to support COVID-19 vaccination efforts but can be tailored to any topic: Environmental Scan Template

# Identifying Partner Organization

Identifying potential partner organizations is possible after carefully gathering information about the local community and taking into consideration existing nonprofits, CBOs, and FBOs.

**Here are some ideas to consider:**

**Identify and partner with organizations that are trusted and serve the population that you want to involve in your projects and programs.**

Given their reputation within the community, it may be possible to mobilize a CHW/P workforce from trusted organizations.

**Example:**

- Reach out to CBOs, churches, or clinics that provide services specifically to certain populations.
- If looking to do interventions in low-income public housing, partner with public housing authorities to directly recruit public housing community members as CHWs/Ps for peer-led interventions

**Choose a partner that has a shared interest in the topic of your research/intervention.**

If looking to do a project to address childhood obesity, try partnering with CBOs, FQHCs, schools, early care and education centers, restaurants, parks and recs, and others to obtain a community-level approach.

**Seek out a community organization that can employ a CHW/P workforce.**

Currently, there is seldom a formal position for CHWs/Ps as academic institution employees, which can make funding and continuous employment challenging. In order to avoid employing CHWs/Ps as an expendable workforce, aim to subcontract, create partnerships with, or invest in organizations that can hire, train, and support them, such as CBOs, which have a long history of working with CHWs/Ps. [see Section 5 for more information on sustainable funding]

A common mistake that researchers make is to ask the community for their time and resources early in the partnership process. Instead, it is important for researchers to approach a new community partnership by offering resources first.

# Earning Community Buy-In

To successfully implement programs or conduct research studies with fidelity requires community support and commitment. Building a strong community partnership to foster the buy-in will be determined by how well the relationships between academic institutions and communities are maintained.

**Here are some tips to help community buy-in:**

| Assess the academic institution's reputation within the community | Avoid "helicopter research" | Make contributions | Bring together a Community Advisory Board |
|---|---|---|---|
| Having a good reputation can increase trust in the community when looking to involve them in research projects/programs. If there is room to further develop the academic institution's reputation, it may help to start by aligning your mission with the community and prioritizing focus on giving instead of receiving. | "Helicopter research" refers to the act of dropping into a community to complete a quick study and then leaving as if by helicopter. This approach prioritizes the research over the community and can result in mistrust, impacting the academic institution's reputation due to feelings of exploitation. This can be prevented by consistently being present at community meetings (and not just when the research is on the agenda), involving the community in the study development and design, recruiting project/program staff from the community, and sharing results. | The academic institution can support potential partner community organizations in various ways. Try to have resources available for community partners and, if possible, create access to these resources in a centralized location such as a webpage or PDF. These resources can include institutional access to online tools or having someone designated to help facilitate community partner meetings. | A community advisory board (CAB) can be a group of trusted members and leaders from the community. The CAB can serve as a direct connection to the community, provide feedback on different aspects of research, and help with the recruitment of CHWs/Ps. |

"I think it all falls back to 'does it align with our mission'? And if the project aligns with our mission, and if it's beneficial not only for the university but also for the community that we're serving and vice versa, … then that's how we determine [the project's value]."

**- Key informant: Community leader**

# Factors to Consider for Long-Lasting Partnerships

Here are some factors to consider while working to cultivate relationships with a community for a long-term collaboration:

Trust + Respect + Equity + Sustainability + Going the extra mile = Long-lasting Partnership
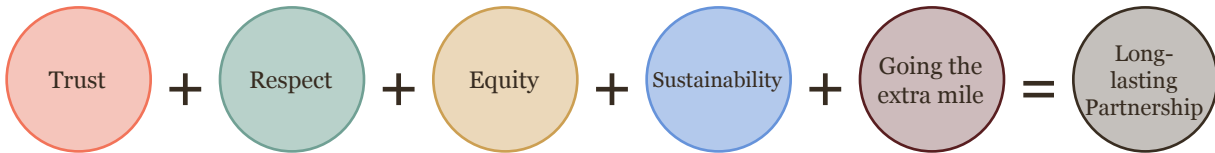
## Why are these factors important when working with community partners?

Working with the community to develop a long-lasting partnership requires building trust, showing respect, advancing equity, ensuring sustainability, and going beyond the minimum obligation as a partner. The interests and needs of the community must be the top priority, especially as they pertain to a project's goals. Along with respect and equitable treatment comes trust, which is of crucial importance in creating meaningful connections. A community-based project would not exist without the community, therefore the input of community members must be respected, valued, and compensated.

Community members know best their community's needs. Aim to create meaningful partnerships by upholding the factors above through practicing the key concepts outlined below and explained on the next page:

- Maintain Open Communication (Trust)
- Be Mindful of Power Dynamics (Trust, Respect)
- Set Realistic Expectations (Respect, Sustainability)
- Compensate Fairly (Sustainability, Equity) [See Section 5 for Fair and Equitable Compensation of CHWs/Ps]
- Invest Time (Equity)
- Create Opportunities (Equity)
- Help with Non-project Related Issues (Going the Extra Mile)

**Maintain open communication** about the project's desired accomplishments and outcomes, with partner organizations—so they can help relay messages—and with community members and CHWs/Ps. Ensure the entire community knows the project's intentions and who is conducting the work. Work with the community to better the project's goals. Make sure there are people on the research team who speak the language and prioritize communication in the language with which the CHWs/Ps feel the most comfortable. Listen to what CHWs/Ps have to say about their community's needs and what they think is the best approach to benefit the community.

**Be mindful of the power dynamics** that exist between researchers and CHWs/Ps and how this can potentially become a roadblock for creating meaningful connections. Demonstrate interest in the well being of CHWs/Ps and their community. Listen to what CHWs/Ps have to say and advocate for safe spaces for them where they are encouraged to speak up and have a voice. Acknowledge the insight they have as representatives of their community, locate places in your research where you can incorporate their input, and be flexible with some of the more rigid boundaries that might be in place.

**Set realistic expectations** for CHWs/Ps that pertain to project activities. Invite CHWs/Ps to review and evaluate study timelines based on the amount of time they estimate it will take for them to complete their corresponding tasks, especially if they have past experience working with academic projects, and adjust timelines accordingly.

**Invest the time** and energy to learn the language, culture, and values of the community. Understand the history of the land, attend community events, and participate in activities that community partners are passionate about.

**Create opportunities** for CHWs/Ps to learn and grow, within and beyond their current roles. Consider offering or pointing CHWs/Ps to existing training through guided sessions and/or workshops, especially on the utilization of technology; compensating fairly; and/or providing other opportunities to take on new tasks and acquire new skills. If the project is ending, work with other community engagement projects to determine available opportunities for CHWs/Ps.

**Help with non-project related issues** that the community, CBOs, or CHWs/Ps might be experiencing. It may be possible that while the focus of a project deals with a particular disparity, they are facing challenges in other areas as well. By approaching the community, CBOs, and CHWs/Ps in a holistic manner, the project's likelihood of success increases and could further cultivate partnerships.

# 3. Recruiting and Retaining CHWs/Ps



*SDSU-IBACH, Familias Sanas y Activas*



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CHWs/Ps are a valuable yet unique workforce that may require academic teams to utilize different strategies for recruitment and retention beyond the standard protocols used for hiring and supporting other research team personnel. Team leaders should consider the unique barriers that their CHW/P community may face, including language, transportation, and cultural differences. This section describes strategies that CHW/P projects have used to successfully select, onboard, and retain CHWs/Ps.

## How to Start Working With CHWs/Ps

**Drafting a job description:** To get started, think through 1) why CHWs/Ps should be included in this project (rather than other workforces), 2) what specific assets the CHW/P team will provide, and 3) the roles and requirements that align with community and institutional needs. [Job Description Sample, see Appendix A]

- **Personality traits:** Successful CHWs/Ps are often natural leaders who are passionate about helping others, concerned about their community, knowledgeable and sensitive to cultural concerns, and empathetic. They enjoy learning new information and sharing that information to empower others. Personality traits are often the most important characteristics of successful CHWs/Ps.

- **Education:** Keep in mind that highly competent CHWs/Ps may have different qualifications than those researchers typically seek when hiring.

**A note on language:** The research team will need someone who speaks the target language to:
- Create and post a job description
- Respond to application inquiries
- Conduct interviews with applicants
- Assist candidates in completing the hiring paperwork
- Provide work direction and feedback to employees after hiring

If there are no team members who speak the target language, the team will need to hire CHWs/Ps who are fluent in and demonstrate skills in both English and the target language. This could include hiring a professional to conduct another interview in the target language.

- Some may have formal education, degrees, or certifications from other countries
- Some may not have had the opportunity to pursue high school or higher education but are highly intelligent, motivated, and able to thrive in their role
- Consider removing or lowering educational requirements for the position, selecting instead for cultural capital, leadership skills, passion, and trainability.

- **Linguistic skills:** Highly skilled and effective CHWs/Ps may have limited written and/ or spoken English competency; depending on the linguistic abilities of the research team, it may be beneficial to hire CHWs/Ps who are monolingual in the target language.
  - Consider: *Does the team have staff that can provide work direction, guidance, and support in the target language?*
    » If yes, applicants can be monolingual in the target language.
    » If no, applicants should be bilingual in English and the target language.

- **Background in health services:** Depending on the type of project, candidate CHWs/ Ps might need to have or obtain medical or technical training to conduct blood draws, tests, etc. Keep in mind that marginalized communities may not have as much access to higher education as other groups, and it may be difficult to find individuals with this level of training in the community. If the team experiences challenges with recruitment, consider:
  - *How can the team be restructured? For example, sending people in pairs or teams, where one has the linguistic and cultural competency and the other can conduct or oversee the medical component.*
  - *Does the team need to hire CHWs/Ps with a certain amount/type of knowledge in this health domain or can training be provided?*

- **Cultural competency and cultural humility:**
  Project CHWs/Ps should be able to connect with and relate to the community they are intended to work with. Communities of a single ethnic or linguistic origin can be diverse, with cultural, religious, or other differences. Successful projects should be sensitive to these nuances and try to select CHWs/Ps who are able to understand, connect with, respect, and serve the project communities.

  > Note: While CHWs/Ps ideally are members of the target community, it can be considered discrimination to filter candidates for hire based on **ethnicity** or **identity** of the job applicant.
  >
  > However, it is both fair & legal to require **knowledge** of a culture and **fluency** in a language, or **experience** with a certain demographic group of people in order to do the job well.

  - First generation immigrant families are different than third or fourth generation individuals of the same national origin
  - Spanish speakers may be of various ethnic origin
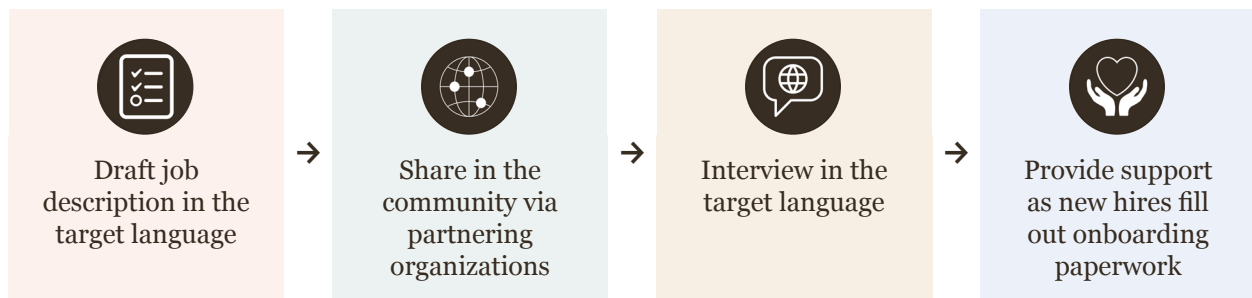  - Hispanic/Latino individuals speak Spanish and/or may be fluent in an indigenous language or dialect.

**Recruitment of candidates:** The process for recruiting CHWs/Ps may be a bit different than the standard process that academic institutions typically use. The following considerations may help to more successfully gather a pool of qualified candidates

- **Language**: Job descriptions and application materials should be available in the target language (instead of or in addition to having them available in English) [See other hiring documents in Appendix B]

- Keep terminology in lay language, avoiding academic jargon
- Provide clear information about benefits, compensation, and time commitment (evening/weekend requirements, etc.)

- **Recruitment sites:** Qualified candidates may not regularly access the same job forums as academics. To hire CHWs/Ps:
  - Work with community partners who can disseminate the position or make recommendations (see guidance to establish valuable partnerships)
  - Post physical copies of the job description in locations frequented by the project demographic; consider public spaces such as grocery stores, laundromats, and religious or cultural centers. Focus these efforts in regions or neighborhoods where the project community lives.

- **Application process:** Many academic institutions have complicated systems for applicants, which may present barriers for some CHWs/Ps, particularly for non-English speakers or those with little experience with online job application sites. Some considerations include:



*SDSU-IBACH Photo, Fe project*

  - Providing contact information on the job listing so applicants can ask questions
  - Allowing participants to apply in-person or via email rather than navigating complex digital applications
  - Replacing the need for a resume or curriculum vitae (CV) with an application of yes/no or short-answer questions to gain the same or similar information [see Appendix C]

- **Onboarding process:** In addition to complex application processes, many academic institutions also have digital systems for accepting an offer letter, completing hiring paperwork, and filling out tax documents. These documents can be intimidating and difficult to understand.
  - Set up a time to go over and assist new hires in completing paperwork
    - » If the hiring paperwork is only available in English, provide a bilingual representative available to assist

| Draft job description in the target language | → | Share in the community via partnering organizations | → | Interview in the target language | → | Provide support as new hires fill out onboarding paperwork |

# Ensuring Retention in CHWs/Ps

One challenge when working with CHWs/Ps is workforce retention. Like all workforces, employees are more likely to stay in positions where they are **fairly compensated, appreciated and respected**, and feel they are part of a **larger, meaningful mission**. In addition, the following considerations should be examined when attempting to minimize attrition among CHWs/Ps:

- **Consider flexibility in scheduling or workflows** that can help overcome barriers employees may have, such as lack of childcare, transportation, or other family commitments that make it difficult to complete certain job requirements.

- **Provide clear work direction and sufficient training to** ensure that CHW/P employees feel empowered to accomplish the tasks assigned to them.

  - Additional training may be necessary in areas of technology literacy and attention to detail when following protocols.
  - Standing meetings can help to provide positive feedback as well as highlight areas for improvement.

- **Work to minimize negative power dynamics** that may exist between academic leaders and CHWs/Ps. Build workflows based on trust, respect, and communication. Ensure that the voices and concerns of CHWs/Ps are listened to and acted on.

- **Make sure that CHWs/Ps feel appreciated, valued, and part of the team.** Often, CHWs/Ps are not integrated into the workflows of the full team, either for linguistic reasons or otherwise. Work to make sure they feel welcome in all spaces by:

  - inviting them to team celebrations and socials
  - showing appreciation for them in front of the team
  - making sure they know how their daily efforts are contributing to big-picture successes for the project and their community.

- **Provide mental and emotional health check-ins or training**, especially if the work is emotionally challenging or involves health topics (COVID-19, cancer, etc.) that feel heavy or involve loss.

  - The emotional labor involved in supporting their own community's battle with serious conditions can be overwhelming, and CHWs/Ps can burn out easily without proper support.



Diagram: **CHW/P Retention Strategies** — Fair compensation, Flexible scheduling, Sufficient training, Support & empowerment, Respect & communication, Appreciation

# 4. Team Workflow and Team Dynamics

## Integrating CHWs/Ps Into the Team

CHWs/Ps can engage in a variety of activities depending on the structure of a team and project needs. Regardless of their role, part of incorporating CHWs/Ps into a project is ensuring that their voices and perspectives are heard and considered. Integration of CHWs/Ps should be an ongoing and interactive process during project initiation, implementation, and dissemination. This section describes strategies that successful projects have taken to ensure appropriate and tailored integration of CHWs/Ps.

## Tailor Meeting Around the Needs of CHWs/Ps

- **Establish regular meetings to check-in with CHWs/Ps**
  - o Meeting frequency and topics should be discussed with CHWs/Ps and should consider the following:
    - » Project role and complexity of duties
    - » Previous experience/ expertise
    - » Personal preference and availability



*SDSU-IBACH, Fe*

- **Conduct individual or group meetings in the preferred format of CHWs/Ps, when appropriate**
  - o **Language**: If working with a multilingual team, meetings and materials should be in the preferred language of the CHWs/Ps (e.g., Spanish) with translation into English.
  - o **Modality**: Provide meetings in an accessible format for CHWs/Ps:
    - » Consider distance, time, and cost of in-person meetings.
    - » Consider technology needed and internet accessibility for remote meetings.

## Develop a Feedback-Based and Peer-Led Training Plan

- **Develop a straightforward and easy-to-use curriculum**
  - o Use publicly available resources as a starting point and modify based on feedback from CHWs/Ps.
    - » CDC Community Health Worker (CHW) Toolkit
    - » Toolkits for Rural Community Health
    - » Building a Community Health Worker Program

| **Interpersonal** | **Process Evaluation** | **Implementation** |
|---|---|---|
| Leading Group Activities | Data Collection | Motivational Interviews |
| Dispelling Myths | Data Tracking | Conducting a Home Visit |
| | Fidelity | Core Content Areas |

**Figure 1.** *Sample CHW/P Training Topics*

- **Ensure trainings are specific to project role**
  - Prioritize trainings for skills necessary for the completion of project roles. Invite CHWs/Ps to other trainings but ask for their input first to avoid information overload or burnout.
  - If CHWs/Ps need to collect data, ensure they get adequate training as well as emphasize **why** it's important to collect thorough and accurate data—often their skillset/interest is people-centered work, and they may need reinforcement sessions for data collection that requires detailed record keeping or following protocols.
  - Sample training topics are presented in Figure 1.
- **Invite CHWs/Ps to take an active role in developing and selecting trainings**
  - Consult CHWs/Ps about the training they believe they need based on the project description, previous experience, and interests.
    - » Training resources are readily available and can be adapted.
  - After each training, ask CHWs/Ps for their feedback as a group and individually.
    - » In cases where CHW/P recommendations are not feasible, be honest and explain why the project is unable to conduct a training.
  - Develop a peer-led training plan where CHWs/Ps are trained to lead trainings.
  - Add additional training sessions after CHWs/Ps are working in their role, both to reinforce topics from initial trainings and to introduce new content based on challenges that arise.
- **Assess proficiency in a simulated practice/ competency assessment**
  - When possible, test proficiency through applied practice. Develop checklists for assessing skills and providing feedback for improvement. For example:
    - » Leading a group/class
    - » Roleplaying
    - » Conducting a home visit
    - » Completing a competency assessment

"A lot of times we will get feedback [from CHWs/Ps] and say, 'Well, we can't actually make that change.' But [we started to] summarize all the feedback [every week]. We would talk about the changes we were planning to make. We would give them deadlines of when those changes were made, and we'd also talk about the things we weren't going to do and why we weren't going to do them. And that was super important. I think that was one of the most important things to making people feel like they had a voice. They are the experts. They are the ones in the field, and so they are the ones from whom we should be taking advice."

**- Key informant: Researcher**

## Provide Tailored and Individualized Support

CHW/P training should not focus solely on skills that ensure successful completion of project tasks. CHWs/Ps come directly from the community they serve, which may be low-income, underserved, or marginalized. Consequently, it is essential to provide "wraparound" support to CHWs/Ps that is holistic, culturally competent, and relevant.

- **Assistance with technology and paperwork.** Training should be up to date and consistent with technological advancements or hiring procedures, as CHWs/Ps may have access challenges, low digital literacy, or issues completing complex documents. Ensure that CHWs/Ps have a supervisor they can go to with questions about the technologies and protocols they are using in their day-to-day work.

- **Advocacy.** Provide support for advocacy efforts, whether it be in the feedback CHWs/Ps provide to project activities or in their efforts to promote health in their communities.

- **Active listening.** Take time to meet with CHWs/Ps and actively listen for signs of burnout or socioeconomic issues (e.g., transportation limitations) and get the full picture of what they need in terms of training or support. Active listening helps supervisors to be aware of barriers their workforce faces and helps to mitigate them to enhance the success of their employees and project.



- **Self-care.** Promote and share resources for self-care practices. Consider the burden and secondhand trauma that CHWs/Ps may experience through their encounters with community members who may be dealing with chronic conditions or serious circumstances. Consider adding this topic trainings and continuing to emphasize its importance throughout the project.

- **Career advancement.** Actively seek career and training opportunities that will directly benefit CHWs/Ps in their future endeavors.
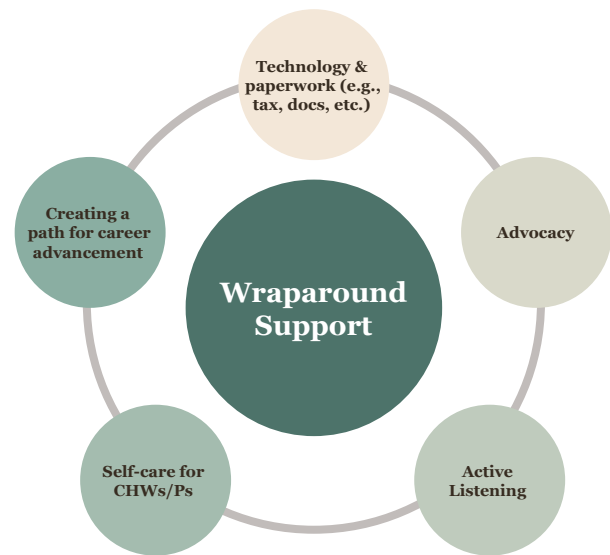
"I think the job that [CHWs/Ps] have is really tiring, very stressful. You know, in the beginning days of COVID, they were delivering really distressing news to people. They were dealing with a lot of secondhand trauma, not just from delivering positive [test] results to the participants, but then also people in their family had COVID [and] they were seeing their loved ones pass away. [Providing] time for them to process that while also working in this extremely busy, fast-paced environment with people who have very different working styles and come from different racial and ethnic communities. I think [it's important] to give them time for self-care."

**- Key informant: Researcher**

# 5. Funding and CHW/P Compensation

Academic researchers work hard to secure research-related funding. In 2022, they secured record amounts geared toward efforts such as combating COVID-19, improving human health, and health equity efforts.[5] Institutions like SDSU have departments/systems in place (e.g., SDSU Research Foundation, Division of Research and Innovation, Development Funding) to support these efforts. SDSU affiliates, too, have internal access to a repository of funded grant samples and upcoming grant opportunities; other universities may have counterparts to this resource as well. Obtaining funding and starting the research is not always easy, but the benefits of doing so go beyond economic impact. In some instances, researchers and partners are building relationships with communities that help save lives.

As was noted in the CommuniVax Implementation Toolkit, *"taking action is not possible without proper funding and equal partners to support change."* This was a reoccurring theme heard across all KIs.

## Funding and Collaborations: Tips from Researchers

### Institutional Level

- **Leverage the academic institution's resources:** Partner with different disciplines within the institution. For example, public health researchers can benefit from working with anthropology researchers, as the latter have a more holistic approach to a community that differs from public health. Assistance from a School of Business could help create "business cases" that can help sustain projects. Communications staff or graphic design departments can provide unique skills to help convey and interpret project findings so they can be used by the community and not stored away on a shelf. Academic research institutions/centers, like SDSU's HealthLINK Center, among other resources, can offer supportive infrastructures and junior researcher development/mentorship programs to improve the quality of research.

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**SDSU Division of Research and Innovation**

Our vision is to encourage university and community partners to push the limits of imagination and discovery, catalyzing innovative, equitable, and collaborative solutions to society's most pressing challenges.

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**SDSU HealthLINK**

**Mission Statement**

Our mission is to foster meaningful, high quality, transdisciplinary research that advances health equity. We accomplish this by supporting the development of research capacity, collaborations, and innovative investigations and solutions.

**Vision Statement**

Our vision is to inspire transformational and collaborative research that promotes health equity and well-being for all people and communities.

- **Find other academic institutions to partner with:**
  - **Leverage other institutions' resources.** "If you are a well-placed but under-resourced university, partner with a well-resourced university. And vice versa, if you are a highly prestigious, expensive university, partner with an under-resourced university that really serves the communities you are interested in. In these partnerships, the well-resourced university needs to work with the under-resourced university sincerely as partners and not as subordinates," according to a key informant.

## Community Level

- **Partnerships should be intentional, have common goals, and plan for sustainability from the start:** The researchers we spoke with expressed the importance of sustainability. Several key informants discussed the importance of looking beyond partnerships focused on research to projects focused on sustaining partnerships that can maintain a project's effectiveness. Partnerships should include organizations that intend to continue effective interventions beyond the end of studies and should strategize funding plans that go beyond research grants.

> "What is the point of being a scientist if you only want to see if something works but have no interest in sustainability? … We really need to think beyond [research]. Things are sustainable within organizations, not within a university context."
>
> **- Key informant: Researcher**

- **Make sure partners know what is available to support funding needs:** Researchers expressed a need to ensure CHWs/Ps do not lose their jobs because grant funding ends and to help create support mechanisms or inform partners of available infrastructure to support ongoing efforts.

# Considerations for Financially Sustaining the CHW/P Workforce

- **Awareness:** This guide can provide direction to sometimes obscure or hidden funding sources (see "Funding and Policy Resources" below and Appendix D).
- **Terminology:** When applying for funding, it is important to keep in mind that some funding sources may be specific to roles that have the title CHW (not promotora/es) and where the employees have a certain level of certification or degree. There is a need for advocating for legislative language and other funding organizations to combine the terms CHW/P so that promotores have equal access to funding opportunities that sometimes are available specifically to CHWs. Although this shift is beginning (e.g., CHW/P Bill AB 2697 and Vision y Compromiso's advocacy to ensure funding is directed to CBOs to enable them to hire CHWs/Ps), more work in this area is needed.

> "People writing grants are not in the community or out in the field and therefore they don't know what it takes to be in the field and are not realistic with their budgets and they hold the promotoras under a lot of pressure and stress because they are limited with their budget which is not considerate."
>
> **- Key informant: CHW/P**

- **Capacity of CBOs:** Some CBOs lack the staff and resource capacity to secure funding, yet securing funding is critical to successfully supporting CHWs/Ps who directly interface with communities. Each CBO faces unique

challenges and limitations. It is important that researchers understand that a one-size-fits-all approach might not work but providing capacity-building support and technical assistance is a good start. In this regard, partnerships with organizations like Vision y Compromiso are useful. Grants across state and federal sectors support such efforts from foundations, and grant programs like the BOOST pilot program from the California Strategic Growth Council can help CBOs and other grassroot organizations sustain their work.

- **Representation:** As we heard from our KIs, when working on grant proposal applications and budgets, invite community partners with strong historical leadership and CHWs/Ps to the table. One KI shared their experience of working with a program officer to redo the budget for CHWs/Ps after speaking with their clinic partner and realized they had not budgeted enough.

- **Funding requirements and timelines are problematic for some CBOs that do not have the financial or program capacity to support the time lag for reimbursement and reporting requirements:**

"We just didn't have the capacity, and if we didn't have the capacity to respond to this, then certainly smaller CBOs didn't. Also the reporting requirements can be a roadblock for many CBOs. The way [some federal agencies] do reimbursement, where you receive it in a month or two months, is fine for our university. We have the research foundation that basically fronts us the money and gets paid back, and I never have to deal with that. A small organization doesn't have the reserves to be able to do that. And so that payment process is something that we have talked a lot about … where people are struggling with the way that grants are paid."

**- Key informant: Researcher**

"There is always an existing mistrust, but what makes the job more challenging is lack of funding and long grant approval cycles where it may take a while until a grant is approved or denied, which creates tension. Time is spent on relationships with community members convincing them about the importance of a project but the probability it will be funded and the time it takes to know it can set people up for bad news."

**- Key informant: Researcher**

"University overhead costs limit the funds available for program and CHW/P support. [Our CBO] has long supported the reduction of university staff (for example, limiting the number of tenured positions on the grant in order to add those funds to the CHW/P position). Without this consideration, CHW/Ps are asked to do an insurmountable amount of work with limited funding. This inequity reflects poorly on CBOs and does not encourage future collaborations."

**- Key informant: Community Leader**

## Enriching Community Work

- **Develop a collective vision for health equity action**: Academic institutions bring strength and academic support to a collaboration that pairs with the practical wisdom of community organizations and practitioners.
  - Collaborative health equity applications can supply salaries for CHWs/Ps along with other community needs.
- **Braid services** with outcome measures and success metrics to help inform policy.
- **Look across sectors** for different types of funds to plan for sustainable work through successful proposals (e.g., federal, state, local, philanthropic, corporate)
- **Advocate for diverse funding** for CBOs and other partners that integrate the model in their work.

## Sustaining Funding Relationships

- **Develop a savvy political approach**—state and federal officials can become key allies.
- **Invite state and federal agency grant teams** and elected officials to visit local partners and community leaders—make a persuasive case for health equity.
- **Showcase health equity initiatives** for potential funders at quarterly briefings with the community's state and federal legislative delegations.
- **Ask local champions** to provide letters of support for state, federal, and philanthropic funding proposals.
- **Follow-up monthly** to keep projects on the front-burners of state and local officials.
- **Approach local banks and hospitals** regarding the availability of community development/benefit funds.
- **Use data and stories of project successes** to present work in a way that aligns with donors' specific missions or visions and engages their interest.

## Funding and Policy Resources

- A variety of funding resources and mechanisms are available to support the engagement of CHWs/Ps:
  - CommuniHealth Southern CA Funding Guide [see Appendix D]:
  - Equity Funding Strategy contained within the CommuniVax Implementation Toolkit
  - Regional Resilience Toolkit: 5 Steps to Build Large-Scale Resilience to Natural Disasters, US Environmental Protection Agency (EPA)
  - Federal Register (provides daily announcements of US government activities)
  - Grants.gov (central hub for federal funding opportunities)
  - National League of Cities & National Association of Counties

## Fair and Equitable Compensation for CHWs/Ps

Since the pandemic, interest has grown in CHWs/Ps as critical resources to help underserved and hard-to-reach communities. Now, efforts for new streams of sustainable funding sources are beginning to emerge and more communities are adopting the CHW/P model in their work, both nationally and internationally. Despite this increased value for the workforce, sustainable funding challenges and an underdeveloped direction for professional advancement remain. In other career fields, such as for researchers or doctors, individuals have defined career pathways that provide clear progression in income and benefits. The CHW/P workforce should be no different. In the past, it was common to recruit this workforce as volunteers, but it is time to move away from this mindset. CHWs/Ps go above and beyond for their communities and should be fairly compensated for their work, including full-time positions and benefits, when possible.

### Things to consider:

**How are CHWs/Ps compensated:**

- A May 2022 article published in the *American Journal of Public Health* concluded that wage disparities exist among CHWs in states with and without certification programs, and found gaps in wages between White and non-White CHWs and between men and women.[6]
    - This unequitable pay is concerning, given that this ultimately impacts the CHWs/Ps (predominately women) who can serve the communities that need them the most, communities of color.
- According to KIs, CHWs/Ps receive a broad range of pay:
    - Compensation ranges from volunteerism to stipends and from working part-time to full-time (with benefits)
    - For CHWs/Ps who were employed, the hourly wage in California ranged from minimum wage ($14-$15/hr) up to $25/hr, with the typical pay ranging between $18-$20/hr. A higher range was given for Lead CHWs/Ps, those with more experience, those who had experience as Medical Assistants, or CHWs/Ps with any type of medical experience.
    - Locally, for a project related to COVID-19, a CAB helped identify a pay rate, but sometimes that even needs to be revisited.
    - One community leader said that CHWs/Ps should receive pay and benefits that include retirement.

"Non-sustainable funding creates anxiety and instability for workers and does not allow for proper insurance coverage. How is that helping them or their communities?"

**- Key informant: Researcher**

"[CHWs/Ps] do not get paid enough and there is sometimes an attitudinal undercurrent of thinking that CHWs should volunteer. They deserve health insurance, a living wage, and opportunity to develop in directions that suit their own desires."

**- Key informant: Researcher**

"[The] underlying belief that CHWs/Ps should volunteer undermines funding efforts. They deserve more."

**- Key informant: Researcher**

# 6. Other Tips and Resources

## Special Considerations When Working With CHWs/Ps

CHWs/Ps live and interact within the community they help serve, meaning they face the same barriers. These challenges should be recognized and overcome.



*SDSU-UCSD, Partnership*

> "Promotores are members of the communities they serve, and that's to the benefit of everyone. It's to the benefit of the communities. It's to the benefit of the project. But recognize that as members of the communities they serve, they're dealing with the same barriers and challenges that those [in the] communities face."
>
> **- CommuniHealth project manager**

### Certification and Training:

- Certification requirements differ by state. CHWs/Ps accumulate numerous certificates on diverse topics from multiple CBOs. These should be acknowledged and valued.

- Many CBOs provide community education modules and certificates to enhance knowledge and skills on topics requested by communities, making the training more valuable and relevant.

- Tension around equity and professionalization.[7]

    o Some believe that standardized certification for CHWs/Ps would increase the value of the workforce, access to funding, and advancement opportunities. However, some states that have certification requirements found that CHWs/Ps continue to struggle to find sustainable employment as CHWs/Ps with equitable pay.

    o Certification requirements may pose a risk in excluding those who are best suited for a position because they do not have access to certification due to barriers surrounding language, education, cost, or documentation requirements.

    o CHWs/Ps and allied advocates should have open discussions to reach a consensus on the path forward, which may include decentering certification as a requirement and creating space for alternative solutions.

> "[CHWs/Ps would say to me,] 'I have these 20 certificates, where do I get a job?' And that to me was very impactful because, you know, their role, and the community health worker model, was not being acknowledged."
>
> **- Key informant: Community leader**

## Undocumented CHWs/Ps:

- Several KIs discussed a common theme of pay for CHWs/Ps who are undocumented. Undocumented individuals, who may be common in some communities, can be an invaluable resource of cultural and linguistic knowledge and have interpersonal skills and other abilities that make them valuable assets. When possible, talented individuals should not be excluded from CHW/P work solely based on their documentation status. However, some organization leaders were hesitant and afraid of the legal ramifications that hiring an undocumented worker might have not only on their organization but also on the workers themselves. The question then became: what is the career pathway for undocumented CHWs/Ps?

- Some KIs know of individuals who encouraged obtaining Individual Taxpayer Identification Numbers (ITINs), which are used in place of Social Security Numbers (SSNs) for federal income tax purposes only, for those who are undocumented. While this option does allow an ITIN holder to open a bank account, and thus receive direct deposit wages, a KI cautions organizations to ensure that applicants are aware of the responsibilities and potential repercussions that come with using an ITIN. Some CHWs/Ps who are using ITINs are unaware that using the number does not count toward work authorization and that they **are** required to file income taxes at the end of the fiscal year. For more information see: IRS, American Immigration Council, National Immigration Law Center.

- While more states are adopting policies that support undocumented workers[8], there remain challenges surrounding payment processing and, more specifically to CHWs/Ps, how to secure funding to allow an organization to pay undocumented CHWs/Ps.

- In many cases, undocumented CHWs/Ps work as volunteers or receive stipends. Importantly, this subgroup should not be exploited. Navigating how to include them equitably in the CHW/P workforce will look different in every community. Start locally by asking what experts in the community are saying or doing, then look to other community models for guidance.

- Open discussions and advocacy are needed surrounding the implementation of systems and pathways for organizations to receive the funding required to pay all CHWs/Ps, including those without documentation, in an equitable and lawful manner.

- In the meantime, when organizations are looking for CHWs/Ps who represent their communities, undocumented CHWs/Ps could provide important bridges to build fruitful relationships between communities and the organizations that wish to serve them. As of 2019, approximately 169,000 undocumented residents lived in San Diego, 70% of whom were from Mexico, according to the Migration Policy Institute (MPI). Of the more than 11 million undocumented US residents, nearly half (48%) are from Mexico.[9]

## Differences in Culture and Acculturation:

- The benefit of CHWs/Ps living within the communities they serve is they often share demographic and socioeconomic characteristics, making them more culturally attuned. In some instances, however, CHWs/Ps may come across community members who do not share the same characteristics, such as those from different cultures or those who are more or less acculturated than themselves.
    - When differences exist between CHWs/Ps and specific community members, remind CHWs/Ps they can reiterate to those members that they are working closely with a project to provide up-to-date and/or accurate information to the community.

- Depending on the purpose of the interactions, CHWs/Ps can engage specific community members to elicit new information and potentially create new information-sharing pathways.
- Some leaders have hosted casual conversations or CHW/P meetings to help teams stay updated with lessons learned, provide new tips and ideas, or host guest speakers to support broadening conversations, for example:
  » A Hispanic/Latino individual sharing tips with other community groups on best practices or things to consider when knocking on doors during a canvassing event.

> "We got more acculturated families to join that project and they were like, 'I don't want this person coming my house. Who are they?' Maybe … what they look like and who they are needs to be different for somebody who's more acculturated."
>
> **- Key informant: Researcher**


*Visión y Compromiso- "Día del Niño" (child fair)*

- Some researchers spoke of having issues with acculturation when promotores would come across families who have second to fourth generation members in the household. This speaks to the importance of matching CHWs/Ps as closely as possible to the community. When it is not possible, providing education and training can help prepare CHWs/Ps to handle situations surrounding how to communicate with community members who are more acculturated.

## Childcare

Individuals may feel stressed and dissatisfied due to a lack of services.

- Consider:
  - Providing daycare: access to affordable daycare will allow CHWs/Ps to continue with the program.
  - Budget: Remember that CHWs/Ps are working staff and should be paid for their work. Providing a livable wage or a stipend will allow individuals to pay for daycare


*SDSU-IBACH, Fe*

> "The minute that we start providing daycare, our enrollment just went off the roof because, you know, people were coming with their little babies and we provided daycare for them."
>
> **– Key informant: Community leader**

## Transportation:

- In some cases, CHWs/Ps may have to take different forms of transportation.

- Consider providing bus tokens or other transportation stipends, especially when offering trainings or capacity-building workshops. In some cases, ridesharing services may be an appropriate option.

- Hosting events/meetings in communities where people live can be powerfully beneficial to community health and help to overcome transportation challenges.

- Additionally, some people may be uncomfortable going to places outside of their community.

- While most projects will not reimburse bus transportation, consider transportation challenges and barriers during the grant-writing and budgeting processes

> "There was this woman who would have to take two buses with three little kids and one in a stroller… to the facility. It would take her an hour and a half each way, three hours round trip."
>
> **- Key informant: Community leader**

# Resources

The following resources can help teams looking to build successful CHW/P programs. The list includes resources on starting or strengthening CHW/P programs; training and consulting; organizations and networks that support the CHW/P workforce; and policies related to CHWs/Ps, which are useful for those who employ or are considering employing CHWs/Ps.

## Training and Consulting

- MHP Salud
  - [Starting a Community Health Worker Program](#)
  - [Training for Community Health Workers](#)
- Centers for Disease Control and Prevention (CDC)
  - [A Community Health Worker Training Resource](#)
  - [Community Health Worker Resources](#)
  - [States Implementing Community Health Worker Strategies](#): Technical Assistance Guide

## Certification

- San Diego City College
  - [Certificate of Performance in Community Health Work](#)

## CHW/P Organizations/Networks

- California Association of Community Health Workers
  - [Peer Reviewed Articles and Other Resources](#)
- Universidad Popular
  - [Programs](#)

- Visión y Compromiso
  - [Publications and Resources](#)
  - [Programs and Activities](#)
- San Diego County Promotores Coalition (SDCPC)
  - [Contact](#)
  - [Monthly Meetings](#)
- National Association of Community Health Workers (NACHW)
  - [General Information](#)
  - [Tons of Videos](#)
- California CHW Community of Practice
  - [General Information](#)
- Louisiana Community Health Outreach Network (LACHON)
  - [Resources and Materials](#)
  - [Training Program Approval](#)
- El Sol Community Health Worker and Promotores Training Center
  - [Preserving a Transformative Community Health Worker/Promotor Workforce: El Sol's CHW/P Training Center Approach](#)

## CHW/P Policies and Advocacy

- [Community Health Workers/Promotores Policy Coalition](#)
- American Public Health Association (APHA)
  - [Community Health Workers Section](#)
  - [Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing](#)
  - [Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities](#)
- National Association of Community Health Workers (NACHW)
  - [CHW Document Resource Center](#) (nation's largest searchable collection of documents on policies around CHWs)
- California Healthcare Foundation
  - [Resource Center](#)
  - [It's Time to Build New Opportunities for Community Health Workers and Promotores](#)
- [California Advancing and Innovating Medi-Cal (CalAIM)](#)
- Public Charge info
  - [BAILA](#) (Benefits Access for Immigrants Los Angeles) Network
  - [CA Protecting Immigrant Families (CA PIF)](#)
- Articles and Reports
  - [Health Communication in the Latino Community: Issues and Approaches](#)
  - [Agents of Change: Robert Wood Johnson Award Presentation by Dr. John Elder](#)

- Partner development praxis: The use of transformative communication spaces in a community-academic participatory action research effort in a Mexican ethnic enclave in Chicago
- Community Health Worker Leadership in Louisiana, During and After Hurricane Katrina
- Community Health Workers in the United States: Challenges in Identifying, Surveying, and Supporting the Workforce
- The Promotor Model: A Model for Building Healthy Communities
- Integrating the Promotores Model to Strengthen Community Partnerships
- Community Health Workers Advancing Child Health Equity

## San Diego County Health and Human Services Agency

- Department of Homeless Solutions and Equitable Communities
  - Office of Equitable Communities

# Appendix A. Sample Job Descriptions

**SAN DIEGO STATE UNIVERSITY**
**Research Foundation**

**COMMUNITIES FIGHTING COVID!**

**Job Title: Comm Fighting COVID**
**Classification: Community Health Worker I**
**Project/Department: IBACH**
**Immediate Supervisor: Maria Milla**
**Effective Date: January 2021**

### FUNCTION OF THE UNIT

The Communities Fighting COVID! Project funded by the National Institutes of Health as part of the Rapid Acceleration of Diagnostics Underserved Populations Initiative (RADx-UP) at San Diego State University School of Public Health is recruiting community health workers to work with our academic-community partnership committed to reducing COVID-19 disparities affecting our most vulnerable communities in San Diego County.

### PURPOSE OF THE POSITION

Community Health Workers (also known as Promotores) will support COVID-19 testing efforts in four San Diego County communities by administering COVID-19 tests to community members: Spanish-speaking, Arabic-speaking, Tagalog-speaking, and the African American community. Community Health Workers are able to demonstrate cultural competence and humility. The Community Health Worker will work as part of a mobile testing team in San Diego County to conduct COVID-19 testing at mobile testing sites in the community as well as in community members' homes. Community members will take their own nasal swabs, and Community Health Workers will process those swabs using different types of tests. Community Health Workers will work closely with nurses and study coordinators as part of mobile testing teams.

*This is an in-person position, and will require community-based work and potential risk for exposure to COVID-19. Personal Protective Equipment (PPE) will be provided by the project.*

### SPECIFIC DUTIES

*After initial training, Community Health Workers will be responsible for but not limited to:*

**COVID19 Testing Responsibilities (75%)**
- Communicating test results to participants and providing brief health education
- Obtaining informed consent for testing and collecting data in a brief interview
- Providing instruction and guiding participants as they collect their own nasal swab samples
- Using technical instruments to process COVID test samples
- Using protocols to package and process samples to send to outside labs for additional testing
- Using safety protocols (physical distancing, use of personal protective equipment such as masks and face shields) to safely interact with study participants
- Safely transporting COVID-19 test specimens and medical waste to collection sites
- Referring participants to basic resources, social support, and medical resources as needed to support participants

**Functional and Administrative Responsibilities (15%)**
- Gathering and reporting information using electronic forms on an Android tablet and/or laptop computer
- Keeping informed and updated by supervisors on COVID-19 developments
- Visiting community sites and residences throughout San Diego County
- Setting up and taking down mobile testing sites

**Trainings and Development (5%)**
- Attending workshops and trainings as assigned
- Attending regular meetings and booster training sessions with supervisors
- Providing input and feedback to supervisors to improve processes, materials, and resource needs, as appropriate

**Other Duties as Assigned: (5%)**
- Performing other duties as assigned

### QUALIFICATIONS AND SPECIAL SKILLS

**Knowledge and Abilities**
- Knowledge of and familiarity with tablets such as iPad / Android tablets
- Ability to handle sensitive and confidential data
- Ability to read and write English at a level appropriate to the position to support maintaining accurate records and reading medical terminology
- Ability to learn point of care laboratory testing methods and techniques; learn how to use basic medical terminology, handle instruments and equipment properly

- Ability to follow appropriate safety protocols while handling specimens and biohazardous waste
- Detail-oriented with good organizational skills
- Able to follow established protocols
- Ability to provide reliable transportation and provide a valid driver's license, proof of automobile insurance, current Motor Vehicle Record (mileage reimbursed) if driving own vehicle.
- Able to work evenings and weekends, as assigned
- Ability to establish and maintain cooperative working relationships with coworkers and interact effectively with a variety of people in a multidisciplinary team
- Ability to maintain harmonious relations and interact effectively, professionally, and diplomatically with faculty, colleagues, to carry out assignments independently without detailed instructions and within established deadlines
- Ability to relate well to others within the project environment
- Ability to be highly motivated self-starter, displaying strong interpersonal skills
- Ability to communicate effectively, both orally and in writing
- Ability to demonstrate a high level of cultural humility

**Experience/Education**
- High School Diploma or GED equivalency

## PREFERRED QUALIFICATIONS AND SPECIAL SKILLS

- Bilingual (Spanish, Arabic or Tagalog)
- Experience working in community health setting, laboratory, and/or medical field
- Medical/ clinical licensure as a nurse, medical assistant (MA), EMT/paramedic, etc.
- Previous work as Community Health Worker or Promotor(a)
- Experience in community health and/or applied research setting working with Latino/a, African American, Filipino, and/or Arabic-speaking populations
- Experience conducting interviews
- Previous work experience in research
- Experience handling confidential data

## ACTIVITY REPORT – *(CHW)*

Please respond to the following activities and factors.  N/A = not applicable

Check the appropriated box for each of the following items that most accurately describe the extent of the specific activity by this employee on a daily basis.

### PHYSICAL EFFORT

| | N/A | 1-2 | 3-4 | 5-6 | 7+ |
|---|---|---|---|---|---|
| Sitting | ☐ | ☐ | ☐ | ☒ | ☐ |
| Standing | ☐ | ☒ | ☐ | ☐ | ☐ |
| Walking | ☐ | ☒ | ☐ | ☐ | ☐ |
| Bending Over | ☐ | ☒ | ☐ | ☐ | ☐ |
| Crawling | ☒ | ☐ | ☐ | ☐ | ☐ |
| Climbing | ☒ | ☐ | ☐ | ☐ | ☐ |
| Reaching Overhead | ☒ | ☐ | ☐ | ☐ | ☐ |
| Crouching | ☒ | ☐ | ☐ | ☐ | ☐ |
| Kneeling | ☒ | ☐ | ☐ | ☐ | ☐ |
| Balancing | ☒ | ☐ | ☐ | ☐ | ☐ |
| Pushing or Pulling | ☒ | ☐ | ☐ | ☐ | ☐ |
| Lifting or Carrying: | | | | | |
| 10 lbs or less | ☐ | ☒ | ☐ | ☐ | ☐ |
| 11 to 25 lbs | ☐ | ☒ | ☐ | ☐ | ☐ |
| 26 to 50 lbs | ☒ | ☐ | ☐ | ☐ | ☐ |
| 51 to 75 lbs | ☒ | ☐ | ☐ | ☐ | ☐ |
| 76 to 100 lbs | ☒ | ☐ | ☐ | ☐ | ☐ |
| Over 100 lbs | ☒ | ☐ | ☐ | ☐ | ☐ |

Number of hours per day

# Faith in Action / Fe en Acción

**DESCRIPCIÓN DE TRABAJO**
**CARGO: Promotora / Compañero Especialista de Educación** (Medio tiempo)

**Favor de regresar a la Oficina Parroquial o por email a: olafuente@sdsu.edu**

RESPONDE A: Coordinador del Proyecto

**OBJETIVO DE LA POSICIÓN:**

Proveer información acerca de y dirigir esfuerzos para apoyar comportamientos preventivos de salud entre los adultos de su iglesia. Usted dirigirá clases de ejercicio para feligreses mayores de 18 años de Fe en Acción. Proporcionar instrucción en grupo y servicios de seguimiento por teléfono a las personas interesadas en participar en actividades de Fe en Acción.

**RESPONSABILIDADES Y OBLIGACIONES**

1. Reclutar personas a las clases de actividad física.

2. Dirigir clases de actividad física en grupo 2-3 veces por semana.

   o Caminata y/o;
   o Baile aeróbico y/o;
   o Entrenamiento de circuito (fuerzas)
3. Proporcionar educación sobre salud en combinación con clases de ejercicio en grupo.

Su iglesia está inscrita en un programa de ejercicios para mejorar la salud. Se le dará capacitación y apoyo para que cuente con las herramientas necesarias para formar un ministerio de salud para su iglesia y dirigir clases de ejercicio. A continuación encontrará información sobre las responsabilidades y obligaciones que requiere para el programa:

**También va a ser responsable por las siguientes obligaciones:**

* Prepararse para las sesiones de entrenamiento ( ej., completar tarea)
* Reclutar participantes para las clases de educación de salud mediante la divulgación (ejemplos: anuncios en las reuniones y eventos parroquiales, repartir volantes antes y después de la misa, poner anuncios en el boletín, publicar folletos en la oficina de la parroquia, visitar a las personas después de la misa, etc.).
* Preparar con anticipación las clases que va a impartir, seleccionar música adecuada, ejercicios, verificar que se cuenta con el equipo adecuado o estar preparada para modificar la clase en caso necesario.
* Organizar y mantener en buen estado el equipo, materiales, incentivos y papeleo necesario para las clases o actividades.
* Mantener una buena relación con los participantes de la sesión. Realizar llamadas telefónicas a participantes del estudio por lo menos 5 veces en dos años (20-30 minutos por llamada).
* Asistir a todas reuniones con la coordinadora del proyecto y a talleres, cursos, y conferencias asignadas por el coordinador del proyecto.

**EDUCACIÓN**

Diploma de la Preparatoria

**REQUISITOS**

*Requerido:*

Acudiendo actualmente a los servicios con planes de permanecer en la comunidad por 2 años. Capacidad para trabajar y motivar a otros; habilidades de hablar en público, habilidades de buena orientación y orientadas a los detalles. Disponible para trabajar un horario flexible, el cual podría incluir tarde y fines de semana.

*Preferido:*

Miembro registrado de la parroquia. Experiencia de liderazgo. Experiencia personal y/o interés en educación para la salud

COMPENSACIÓN

$15/hora

LA FUNDACIÓN DE INVESTIGACIÓN DE LA UNIVERSIDAD DE SAN DIEGO ES UNA EMPRESA CON IGUALDAD DE OPORTUNIDAD DE TRABAJO

**Preguntas?**

Contactar a Oliva Lafuente, (619) 947-2271
olafuente@mail.sdsu.edu

**SAN DIEGO STATE UNIVERSITY**
**Research Foundation**

# Appendix B. Other Hiring Documents Samples

## Job Announcement (English and Spanish)



San Diego State University invites you to participate in

### FAITH IN ACTION

Faith in Action is a **free** health and **exercise** program for **Latina women** in churches.

People who participated previously:

- Increased minutes of physical activity
- Were more likely to meet physical activity guidelines (150 minutes per week)
- Used more strategies to be active
- Had lower body mass index (BMI)

BELOVED, I HOPE YOU ARE PROSPERING IN EVERY RESPECT AND ARE IN GOOD HEALTH, JUST AS YOUR SOUL IS PROSPERING.
3 JOHN 1:2

### RIGHT NOW:

#### WE ARE HIRING

two women from your church to lead exercise classes, start a health ministry, and give presentations on health topics like nutrition & mental health. We will provide training & support. 10 hrs/week position.

#### REQUIREMENTS:

- Speak Spanish
- Have passion for health
- Love serving others
- Positive & encouraging
- Leadership experience of any kind

IF YOU ARE INTERSTED AND WOULD LIKE TO APPLY OR IF YOU WOULD LIKE MORE INFO
**CONTACT US**
ibach.faithinaction@sdsu.edu
ibach.faithinaction@sdsu.edu
Jennifer Schneider, jlbeckner@sdsu.edu
619-594-3059

### COMING SOON:

#### IN JANUARY/FEBRUARY:

- Church members sign up to attend **free exercise classes** at your church
- Fill out surveys to tell us about the program and receive gift cards!

" THIS PROGRAM HAS CHANGED MY LIFE IN ALL ASPECTS. THANK YOU FOR MAKING A DIFFERENCE IN THE HISPANIC COMMUNITY."

" I AM VERY THANKFUL TO GOD AND BLESSED TO HAVE BEEN GIVEN THIS OPPORTUNITY TO BE PART OF FE EN ACCION AT A DIFFICULT TIME IN MY LIFE. IT WAS LIKE A RAY OF LIGHT THAT I NEEDED TO CHANGE MY LIFE."



La Universidad Estatal de San Diego te invita a participar en

### FE EN ACCION

Fe en Accion es un programa gratuito de salud y ejercicio para mujeres latinas en iglesias

Las participantes anteriores

- Aumentaron los minutos de actividad física
- Tuvieron una probabilidad más alta de cumplir con las recomendaciones (150 minutos por semana)
- Utilizaron más estrategias para estar activas
- Tuvieron menor índice de masa corporal (IMC)

BELOVED, I HOPE YOU ARE PROSPERING IN EVERY RESPECT AND ARE IN GOOD HEALTH, JUST AS YOUR SOUL IS PROSPERING.
3 JOHN 1:2

### AHORA:

#### ESTAMOS CONTRATANDO

a dos mujeres de su iglesia para dirigir clases de ejercicios, iniciar un ministerio de salud y dar platicas sobre temas de salud como nutrición y salud mental. Brindaremos capacitación y apoyo. Trabajo de 10 hras/semana.

#### REQUISITOS:

- Hablar español
- Tener pasión por la salud/ejercicio
- Servir a los demás
- Positivo y alentador
- Experiencia de liderazgo

SI LE INTERSA ESTA POSICION Y LE GUSTARIA APLICAR, O POR MAS INFORMACION,
**CONTACTANOS.**
ibach.faithinaction@sdsu.edu
Jennifer Schneider, jlbeckner@sdsu.edu
619-594-3059

### PROXIMAMENTE:

#### EN ENERO/FEBRERO

- Miembros de la iglesia se inscriben para asistir a **clases gratuitas de ejercicios** en su iglesia
- Complete encuestas para informarnos sobre el programa y reciba tarjetas de regalo

" ESTE PROGRAMA HA CAMBIADO MI VIDA EN TODOS ASPECTOS. GRACIAS POR MARCAR LA DIFERENCIA EN LA COMUNIDAD HISPANA."

" ESTOY MUY AGRADECIDA CON DIOS Y BENDECIDA POR HABER TENIDO ESTA OPORTUNIDAD DE SER PARTE DE FE EN ACCIÓN EN UN MOMENTO DIFÍCIL DE MI VIDA. FUE COMO UN RAYO DE LUZ QUE NECESITABA PARA CAMBIAR MI VIDA".

# Application (Spanish Sample)

**SDSU**
San Diego State University

**PROMOTORA/ COMPAÑERA ESPECIALISTA DE ACTIVIDAD FÍSICA**
**APLICACIÓN DE TRABAJO**

*Faith in Action*
*Fe en Acción*

Nombre y Apellido(s): _____     Teléfono de casa: ( ___ ) _____

Dirección: _____ Apt. # _____     Celular: ( ___ ) _____

Ciudad y Código Postal: _____  Iglesia: _____     Correo electrónico: _____

1. ¿Usted está autorizada a trabajar en los Estados Unidos?     ☐ No     ☐ Sí

2. ¿Está actualmente empleada?     ☐ No     ☐ Sí     Empleador: _____

3. Favor de indicar su grado de fluidez, tanto hablado como escrito ( favor de poner una X indicando el nivel de fluidez):

   Inglés     HABLADO:  Bajo ① ② ③ ④ ⑤ Alto     ESCRITO:  Bajo ① ② ③ ④ ⑤ Alto

   Español   HABLADO:  Bajo ① ② ③ ④ ⑤ Alto     ESCRITO:  Bajo ① ② ③ ④ ⑤ Alto

4. ¿Cuánto tiempo ha asistido a la Iglesia?     _____ Meses     _____ Años

5. ¿Está usted actualmente involucrada en ministerios o grupos en su Iglesia?     ☐No     ☐ Sí     *Favor de marcar todos los que apliquen*

   ☐ Consejo Parroquial          ☐ Educación Religiosa          ☐ Sociedad de Altar          ☐ Formación de Fe para Adultos (RCIA)
   ☐ Personas de la tercera edad  ☐ Jóvenes/Adultos jóvenes      ☐ Música                     ☐ Asociación Guadalupana
   ☐ Ministerio Litúrgico         ☐ Ministerio de Hospital       ☐ Ministerio Social          ☐ Adoración del Santísimo Sacramento
   ☐ Estudio Bíblico              ☐ Legión de María              ☐ Oración Carismática        ☐ Otro: _____

6. ¿Ha servido como líder en cualquier de estos grupos o ministerios?     ☐ No     ☐ Sí     *Si es así, favor de mencionar el ministerio o grupo:* _____

7. Favor de marcar todos los horarios en que esté disponible para trabajar

| Día | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lunes | AM | 7 | 8 | 9 | 10 | 11 | PM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Martes | AM | 7 | 8 | 9 | 10 | 11 | PM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Miércoles | AM | 7 | 8 | 9 | 10 | 11 | PM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Jueves | AM | 7 | 8 | 9 | 10 | 11 | PM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Viernes | AM | 7 | 8 | 9 | 10 | 11 | PM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Sábado | AM | 7 | 8 | 9 | 10 | 11 | PM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Domingo | AM | 7 | 8 | 9 | 10 | 11 | PM | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

8. ¿Cuál es su nivel más alto de educación o último grado alcanzado? _____

9. ¿Realiza alguna de las siguientes actividades regularmente? (por lo menos una vez a la semana)     *Favor de marcar todas las que aplique.*

   ☐ Caminar     ☐ Correr     ☐ Ir al gimnasio     ☐ Asistir a clases o talleres de salud
   ☐ Bailar      ☐ Jugar deportes organizado     ☐ Planificar y preparar comidas saludables     ☐ Otro _____

10. ¿Tiene experiencia dando clases de ejercicio?     ☐ No     ☐ Sí     *Si es así, ¿qué clases?:* _____

11. Favor de proporcionar dos referencias (trabajo voluntario o pagado)

   1) Nombre: _____ Organización o Relación: _____ Teléfono: ( ___ ) _____

   2) Nombre: _____ Organización o Relación: _____ Teléfono: ( ___ ) _____

   Firma del Aplicante: _____     Fecha: _____

# Appendix C. Yes/No Application and Questionnaire in Lieu of a CV/Resume

**Nombre:**
**Correo electrónico:**

**Teléfono:**

**¿Habla usted inglés?** SI / NO / UN POCO

**¿Hablas español?** SI / NO / UN POCO

**¿Tienes experiencia dirigiendo clases de ejercicio?** SÍ / NO

       En caso afirmativo, ¿por cuántos años? _____

       En caso afirmativo, tipo de clases: _____

**¿Tiene algún título o certificación?** Enumere los títulos universitarios, las certificaciones de ejercicio, etc. (Nota: no son obligatorios, pero se prefieren)

**Enumere brevemente cualquier experiencia de liderazgo que tenga:**

- 
- 

**Enumere brevemente cualquier otro trabajo o experiencia de voluntariado relevante que tenga:**

- 
- 

**¿Tiene experiencia supervisando a otros?** SÍ / NO

**¿Tiene experiencia trabajando con promotores de salud?** SÍ / NO

**¿Tiene un automóvil y disposición para viajar a diferentes sitios?** SI / NO

**¿Puede trabajar por la noche y los fines de semana?** SI / NO

**Name:**

**Email:**

**Phone:**

**Do you speak English?** YES / NO / A LITTLE

**Do you speak Spanish?** YES / NO / A LITTLE

**Do you have experience leading exercise classes?** YES / NO

       If yes, for how many years? _____

       If yes, type of classes: _____

**Do you have any degrees or certifications?** Please list university degrees, exercise certifications, etc. (Note: these are not required, but preferred)

**Please <u>briefly</u> list any leadership experience you have:**

- 
- 

**Please <u>briefly</u> list any other relevant work or volunteer experience you have:**

- 
- 

**Do you have experience supervising others?** YES / NO

**Do you have experience working with promotores or community health workers?** YES / NO

**Do you have a car and willingness to commute to different sites?** (Mandatory) YES / NO

**Are you able to work evenings and weekends?** (Mandatory) YES / NO

# Appendix D. Community Funding Guide



## CommuniHealth: Southern California Community Funding Guide

**Setting the Stage for Sustainable Health Equity Resources**

The CommuniHealth Funding Guide is adapted from ongoing discussions among a national coalition of community advocates, health experts, social scientists, and public sector leaders working together to strengthen state and local health equity campaigns.

Acting for health equity is not possible without utilizing funding and equal partners as a means to support change. Rebalancing social and economic disparities is no longer an unfunded mandate: transformational federal support is available and can be leveraged to rebalance social inequity and facilitate long-term community recovery to improve the health and wellbeing of Black, Indigenous, and people of color (BIPOC) communities.

**Health Equity Funding Strategy: High Level Points**

- With BIPOC individuals in decision-making and budget-authorizing positions, the community's diversity can promote a healthy balance of power, co-production of health equity goals, and a larger and collective community recovery.

- Partner with allies in local nonprofits, higher education, the private sector, and multiple levels of government to develop and access social networks for funding measures, budget allocations, and health equity revenues.

- Establish a partner network among local and regional organizations pursuing equity action to showcase equity initiatives for state and federal agencies and potential funders at briefings with state and federal legislative delegations; secure their support for local grants and other funding options.

- Support ways to strategize funding searches for equitable, successful, and enduring resources. Encourage state and local entities on the path to partner with state and local elected officials and leaders of community- and faith-based organizations to accomplish community recovery and health equity work.

- Federal funding programs and funds are currently available for long-term social recovery and public health equity is within the reach of communities.

- Establishing a durable infrastructure—anchored in the local chief executive's office, shaped by the health department, and fastened to community-based organizations—to partner with BIPOC communities and foster trust is crucial to a heath-equitable future.

# Process Guidance: Building out the Financial Plan for a Sustainable and Enduring Funding Portfolio

## Federal Government

The federal government has a centralized website for all grant opportunities, called Grants.gov. It can be a bit challenging to navigate. Below are some pointers for staying abreast of the opportunities posted there.

- Navigating Grants.gov
    - First, make an account or sign into your account for faster access and to save searches
    - Search process pointers
        » Go to "Search grants"
        » Keyword search—try "community health workers," "Promotores," etc.—whatever fits your work
        » Can search by forecasted and posted grants
        » Select "All funding instruments"
        » Eligibility filter—pick what fits for you
        » Category—keep broad or "health"
        » Agency—keep all
    - Can subscribe to certain postings—you will get email updates with new posts

## State of California

Like the federal government's Grants.gov website, California recently created a centralized website for all grants across state agencies.

- Navigating https://www.grants.ca.gov/
    - You can subscribe to get grant updates in certain categories
    - This site is only a listing; you must apply on the specific agency's website

## Local Government

County government websites can be difficult to navigate to search for funding opportunities. Whenever possible, it is best to get in touch with someone at the county to stay abreast of upcoming and current grant opportunities.

- Contact information for San Diego County
    - Jennifer Bransford-Koons, Director, Office of Equitable Communities, County of San Diego, Health and Human Services Agency
    - The Department of Purchasing and Contracting posts all solicitations on BuyNet (https://buynet.sdcounty.ca.gov) for all procurements such as Requests for Quotes (RFQs); Requests for Bids (RFBs); and Requests for Proposals (RFPs). Occasionally, Requests for Statement of Qualifications (RFSQs) or Requests for Information (RFIs) may also be posted on BuyNet. Email notifications are automatically sent to all suppliers registered on BuyNet based upon the commodity or service code(s) selected by the supplier during registration.
        » Doing Business with the County (sandiegocounty.gov)
        » Welcome to BuyNet (https://buynet.sdcounty.ca.gov/)

## Philanthropic Funders at State and National levels

This is a brief list of funders who are active in funding initiatives in California and nationally. Focus areas range from health to economic justice and prosperity, community development, affordable housing, arts, and more.

- California Healthcare Foundation
  - [Current RFPs](#)
- CDC Foundation
  - [Current RFPs](#)
- Skoll Foundation
  - [About Skoll Awards](#)
- The William and Flora Hewlett Foundation
  - [A sample of their past grants](#)
  - No health specific grants, but they fund economy and society, gender equity
- The David and Lucile Packard Foundation
  - [Current RFPS](#)
  - Their Local Grantmaking Program supports an array of nonprofit organizations in geographic areas that are significant to the Packard Foundation. This includes organizations in San Mateo, Santa Clara, Santa Cruz, San Benito, and Monterey Counties in California. Also provide funding around children, families, and communities.
- The James Irvine Foundation
  - [About their granting process](#)
- The California Endowment
  - [About their granting process](#)
  - Proposals by invitation only; quite a bit of funding in SoCal, including grantees in San Diego
- Blue Shield of California Foundation
  - [About their granting process](#)
  - [Grants database](#)
- San Diego Foundation
  - [About their granting process](#)
- Chan Zuckerberg Initiative
  - [Grant database](#)
- California Community Foundation
  - [About their granting process](#)
  - Grant-making focused on health access in Los Angeles
- Multicultural Health Foundation
  - [About their granting process](#)

## California-Based Local Foundations

- The San Francisco Foundation
- The Eli and Edythe Broad Foundation
- The Asia Foundation
- Conrad N. Hilton Foundation
- The James Irvine Foundation
- The Annenberg Foundation
- The Energy Foundation
- Orange County Community Foundation
- Jewish Community Foundation of Los Angeles
- William K. Bowes, Jr. Foundation
- The Trust for Public Land
- The Sierra Club Foundation
- W. M. Keck Foundation
- Entertainment Industry Foundation
- Marin Community Foundation
- The Ahmanson Foundation
- Jim Joseph Foundation
- The Safeway Foundation
- The San Diego Foundation
- The Marisla Foundation
- The Roberts Foundation
- The David Geffen Foundation
- The Academy of Motion Picture Arts and Sciences
- Weingart Foundation
- Blue Shield of California Foundation
- Wayne and Gladys Valley Foundation
- Sobrato Family Foundation
- Koret Foundation
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