

# Vermont Community Health Worker Environmental Scan

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<b>ENVIRONMENTAL SCAN OVERVIEW</b> .....	<b>3</b>
ENVIRONMENTAL SCAN QUESTIONS .....	4
METHODS .....	5
<b>FINDINGS</b> .....	<b>7</b>
WHAT ARE THE CORE ROLES AND RESPONSIBILITIES FOR CHWs IN VERMONT CURRENTLY AND HOW DOES THIS RELATE TO CORE COMPETENCIES NEEDED BY THE WORKFORCE? .....	7
<i>Skills important for Vermont CHWs</i> .....	9
<i>CHW interaction with health system and health providers</i> .....	10
WHAT TYPES OF TRAINING (CORE, CONTINUAL, SPECIALIZED) AND CERTIFICATION IS IMPORTANT FOR VERMONT CHWs AND WHAT IS ALREADY AVAILABLE? .....	14
<i>Core Training</i> .....	14
<i>Specialized Training</i> .....	14
<i>Continual Training</i> .....	15
<i>On the Job</i> .....	15
<i>Training needed</i> .....	15
<i>The topics CHWs identified for additional training access:</i> .....	15
<b>RECOMMENDATIONS FROM THE ENVIRONMENTAL SCAN FOR STEERING COMMITTEE DISCUSSION</b> .....	<b>16</b>
1. <i>Develop statewide core competencies adopted by CHWs</i> .....	16
2. <i>Develop a statewide professional community of CHWs</i> .....	16
3. <i>Create a virtual calendar and information hub on training and     professional events</i> .....	16
4. <i>Host continued state level meetings for CHWs</i> .....	17
5. <i>Identification of CHW leaders to support the profession at the state     level</i> .....	17
6. <i>Promote the CHW definition and CHW value</i> .....	17

**Appendix A: Interview Guide**

**Appendix B: Environmental Scan Interviewee Participation by City**

**Appendix C: Steering Committee Membership**

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## Acknowledgements

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This project was guided and reviewed by the Vermont CHW Steering Committee established in December 2018. The support of the Steering Committee was critical for forming the approach to the Environmental Scan and identifying strong candidate organizations and individuals to participate in the environmental scan interviews. Thank you to all of the CHWs and their supervisors who participated in the interview process and to all of the CHW Steering Committee members. The Steering Committee membership included CHWs, health provider organizations employing CHWs, Vermont Department of Health, and other interested stakeholders. The membership of the Steering Committee is listed in Appendix C.

## Environmental Scan Overview

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The purpose of the environmental scan is to provide additional information to the Vermont Community Health Worker (CHW) Steering Committee to guide and inform further development of the CHW workforce in the state of Vermont. The questions guiding the environmental scan are based on the priorities of the Steering Committee discussed in their first two meetings in December 2018 and January 2019. The environmental scan plan was finalized with the input and feedback of the Steering Committee in February 2019. The Steering Committee membership included CHWs, health provider organizations employing CHWs, Vermont Department of Health, and other interested stakeholders. The membership of the Steering Committee is listed in Appendix C.

Parallel to the Environmental Scan process the Steering Committee worked with broader stakeholder community to develop consensus on a definition of CHWs for the State of Vermont. The following definition was adopted by the Steering Committee in June 2019.

*“A Community Health Worker (CHW) is a frontline public health professional who is a trusted member of or has a close understanding of the community being served. A CHW uses a person-centered approach to build trusting relationships that enable the CHW to serve as a liaison between health and social services and the community to facilitate access to services and improve the quality and cultural and linguistic competence of service delivery. In addition, a CHW increases self-sufficiency, wellbeing and positive health outcomes through a range of activities such as outreach, community education, supportive guidance, self-management, coaching, and the provision of social support and advocacy.”*

### Environmental Scan Questions

The environmental scan was set up to address three primary questions, with related sub-questions for each. The questions were directed to CHW and individuals who hire and supervise CHWs.

1. What are the core roles and responsibilities for CHWs in Vermont currently and how does this relate to core competencies needed by the workforce?

2. What is the landscape and payment mechanisms for hiring CHWs to support community health as opposed to other health professionals?
3. What types of training (core, continual, specialized) and certification is important for Vermont CHWs and what is already available?

## Methods

Interviews were conducted of CHWs and CHW program managers and supervisors in April and May 2019. These interviews were conducted by phone. Interviewees were identified from participants in the Vermont CHW Stakeholder March 2019 meeting, recommendations from the Vermont CHW Steering Committee, and recommendations from the Vermont Department of Health. In total 19 individuals were interviewed (12 CHWs, and 7 CHW Supervisors) from a range of organizations (Table 1). CHWs who work with this population participated in stakeholder meeting in June and provided input at that time on the CHW definition and comments on the environmental scan findings, including workplan development for Vermont's CHW work going forward. The questions included in the environmental scan are in Appendix A, and regions of the state represented by programs is in Appendix B.

**Table 1: Vermont Organizations with CHWs and the populations they serve**

Organizations Interviewed	Population	Setting	Health and Social Determinant (SDOH) Goals each is working on
NVRH- Community Connections Northern Counties Health Care Copley Hospital	General Community  Complex Social or Physical Health Needs	Clinical	<ul style="list-style-type: none"> <li>• Healthy eating, lifestyle, and exercise</li> <li>• Range of SDOH needs (food assistance, fuel assistance, weatherization, insurance)</li> </ul>
SASH Northeast Kingdom Council on Aging	Older Adults	Community	<ul style="list-style-type: none"> <li>• Healthy aging</li> <li>• Reducing risk of falls</li> <li>• Social isolation</li> </ul>
Rutland Regional Medical Center UVM Health Home and Hospice NVRH-Community Connections and Northern Counties Health Care	Specialized Medical -Asthma -Complex Chronically Ill -Heart Disease	Clinical	<ul style="list-style-type: none"> <li>• Healthy home environment</li> <li>• Supporting caregivers</li> <li>• Reinforcing care plan and health education of nurse</li> </ul>
Pride Vermont	LGBTQ	Community	<ul style="list-style-type: none"> <li>• Safe sex</li> <li>• Sexually transmitted disease education</li> </ul>
Recovery Vermont	Substance Use Recovery	Community and Clinical	<ul style="list-style-type: none"> <li>• Employment</li> <li>• Transportation</li> <li>• Family connections</li> </ul>
Pathways Vermont	Homeless and Mental Health Condition Recovery	Community	<ul style="list-style-type: none"> <li>• Housing</li> <li>• Employment</li> <li>• Improved relationships</li> <li>• Health</li> </ul>
UVM Extension: Migrant Health Program	Migrant Farmworkers	Community	<ul style="list-style-type: none"> <li>• Addressing range of barriers to accessing care (transportation, language, trust)</li> </ul>
Good Beginnings	Parents and Young Families	Clinical	<ul style="list-style-type: none"> <li>• Postnatal depression risks</li> <li>• Social isolation</li> </ul>

# Findings

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## What are the core roles and responsibilities for CHWs in Vermont currently and how does this relate to core competencies needed by the workforce?

The population and day to day work of Vermont CHWs vary in every position interviewed, however the following are the core roles that were evident across all the CHWs and CHW supervisors interviewed. There was consistency between CHW supervisors and CHWs in their understanding of core CHW roles.

**1. Building relationships with the community- both individuals and organizations:** Relationship building among CHWs is central to their role, and they are often the connector to not only a name and phone number, but also details on what that person/organization can provide, the best time to reach them, and more. The referrals CHWs make are based on experience and knowledge of resources in the community that goes beyond a list of names and phone numbers. Relationship building with the individuals they are working with is also a key part of their role and the ability to create trusting relationships is what CHWs identify as the skill that enables them to support individuals.

**2. Listening to individual needs and providing a person-centered response:** The core skill of deep listening, emphatic listening, listening from a perspective to learn; are the various ways CHWs and their supervisors described the role of the CHW. That listening skill goes hand in hand with the objective of CHWs to provide a tailored and person-centered response to the needs they hear.

**3. Health education:** The health education CHWs provide varies depending on the type of population they are working with and covers a wide range of topics. For example for those with chronic disease a CHW may provide education on everything from healthy eating to financial literacy. In comparison, Support and Services at Home (SASH) coordinators working with older adults provide education on advance directives and developing healthy living plans. For some positions such as SASH and primary care based CHWs this also includes promoting health education events in the community like diabetes prevention education. Pride VT CHWs educate on safe sex, prevention of sexually transmitted infections, and HIV testing.



### Titles of CHWs In Vermont:

CHW

Care coordinator

SASH coordinator

Recovery coach

Service coordinator

Community resource coordinator

Benefits specialist

Cultural Broker

4. **Coaching:** The coaching role differs among CHWs, but this is the role where the CHW may support an individual towards any number of goals: improved housing, healthy living and health behaviors, or managing chronic disease.

5. **Connecting individuals with resources:** CHWs are connecting individuals to resources, but this role also blends into coaching as CHWs are often working on collaborative problem solving with individuals to find solutions to challenges in their health and wellness. For instance, in the Housing First program by Pathways Vermont, the CHWs play a primary role in connecting people to both housing and employment. At Recovery Vermont, they describe their role very simply as “we provide deep listening and connection to resources.”

6. **Outreach to engage individuals in care:** The outreach role of CHWs in Vermont spans those that may sit in a primary care, a housing facility, hospital, or a community based organization. The CHW will connect with the broader community than those directly served by their employer to let them know about other resources that could support them in health and accessing health care. CHWs were asked how much time they spend on outreach and this really varies by position. For CHWs working in Migrant Health and Pride VT the majority of their time is spent on outreach and connecting with individuals in non-health care settings. For other positions, such as CHWs in primary care settings, they spend proportionally much less time in the community but may dedicate a few hours a month to conduct outreach to be a bridge to primary care for more vulnerable populations. Examples of outreach for CHWs working in primary care include connecting with the local housing coalitions team on homeless prevention, and regular visits to the local shelter to connect with women who have experienced domestic violence to ensure they have primary care.

There are other important CHW roles/responsibilities that do not cross over to all positions interviewed. These include:

- **Fostering social connections:** Different from community outreach, some CHWs include as part their role addressing social isolation of individuals they are working with by connecting them to others in the community, making them aware of community events, and helping them understand how social connection can improve their health. For SASH CHWs this includes sending out community newsletters and posting volunteer opportunities. Building social connection is also part

“At Recovery Vermont we describe our role as deep listening and connecting people to resources.”



of the Pride VT CHW role, and their evidenced based model of prevention incorporates building social networks through hosting events.

- **Organizations:** SASH, Pride Vermont
- **Financial coaching:** Several of the CHWs in primary care settings as well as those working with older adults have received specific training from Green Mountain United Way to support individuals with their budgets and resources through financial coaching.
  - **Organizations:** Northern Counties Healthcare, NVRH, Northeast Council on Aging
- **Home visits and assessment:** Home assessment of safety and risks to health are core parts for the role of the SASH CHW and Asthma specialist CHW at Rutland Regional Hospital. For CHWs based in primary care settings, there is some home visiting, but the home is not the typical setting for interaction.
  - **Organizations:** SASH, Rutland Regional Hospital, Northeast Council on Aging
- **Medication Review:** Northeast Kingdom on Aging is piloting a new evidenced based program called “Home Meds” that engages the CHW to help individuals document their current medications and share it with providers.
  - **Organizations:** Northeast Kingdom Council on Aging
- **Grants management:** Since many programs are grant funded, several CHWs have a dual role in working with the community and are either entirely managing or contributing to grants management to support the CHW program. Individuals in this dual role typically are very experienced CHWs and have moved into grants management by necessity and/or interest in developing new skills and progressing their careers.
  - **Organizations:** Migrant Health, Rutland Regional Medical Center, Pride Vermont

### Skills important for Vermont CHWs

In addition to discussing their role, CHWS talked about the skills required to be successful in their position. The following are the common skills identified across the 19 interviewees.

1. Assertive outreach
2. Openness to learning
3. Ability to prioritize work and set boundaries

### What roles do CHWs play?

“At UVM Home Health and Hospice, CHWs support home monitoring. CHWs are specially trained to set up the equipment, test it, and provide patient education on how to use it.”

4. Comfortable communicating with providers and facilitating conversations across organizations
5. Comfortable visiting individuals' homes
6. An orienting context to be person centered: motivational interviewing/person centered communication
7. Persistence and creativity to help individual's problem solve

### CHW interaction with health system and health providers

All of the CHWs interviewed interact with the larger health system in some way but the variation of type of linkage ranges from supporting an individual in their own advocacy to sitting directly in the exam room as part of the provider team. For instance, in the Migrant Health program the CHW works with individuals to support them in making an appointment or navigating a referral for themselves whenever possible. In other programs such as SASH and Northeast Kingdom Council on Aging the CHW plays the role of liaison to flag concerns for providers. For instance if a CHW discovers food insecurity, or patient lack of understanding of how to appropriately take medications, the CHW will share this with the provider team, often the nurse care manager, or directly with the physician in some cases. CHWs have introduced themselves to providers in some organizations through presenting their role at office meetings (in the case of primary care), and in broader community health planning meetings. CHWs interviewed noted a general positive reception by providers to having a CHW resource to them and the community.

Here are some of the various ways CHWs interact with health providers.

- **Conveners:** CHWs in some communities play the role of convening health providers and social service providers at a community level to discuss priority concerns in the community, new resources or gaps in resources, and problem solve. Among the CHWs interviewed, having CHWs in this role was welcomed by the participating community partners.

**Linking through nurses and nurse care managers:** In many cases, CHWs have the support of working directly with a nurse with whom they bring any specific medical concerns forward. The nurse then plays the role of connecting to the provider, making medical referrals, and providing additional health education as needed. This is true of the SASH program, the UVM Health and Home Hospice, and Rutland Regional Medical Center. Additionally, in primary care settings, CHWs work with a nurse care manager.

**What supports successful clinical integration of CHWs?**  
 “Ability of the CHW to communicate with healthcare providers.”

“CHWs taking on the role to ensure clients/patients are following provider language; and supporting the patient in helping him/her to communicate with the provider.”

**Team based care with providers:** In the case of SASH, providers may call CHWs directly (with patient permission) to discuss needs and how the SASH CHW and provider can work together to help. At Morrisville Primary Care, the CHW is beginning to participate in selected primary care visits with the clinician to be working in real time collaboratively to meet patient needs. The UVM Health and Home Hospice CHW documents her work directly in the medical record for easy communication with providers. The CHWs value the opportunity to work directly with providers and find that after the relationship is established, the clinicians really value having them as part of the team.

- **Referrals:** CHWs in some cases may be a coach to help a person identify and call a health provider, and more often the CHW is supporting them in this rather than doing it on their behalf. This is the case of the Migrant Health and Good Beginnings program.

**For CHWs that work in an interdisciplinary health team, they were asked how their role was different than other members of the team.** The answer to this question was the CHW was specifically responsible for supporting individuals by addressing the non-health concerns and barriers that impact their health such as access to insurance, housing, and language. If a nurse is on the team, the CHW will reinforce health education messages provided by the nurse and check for understanding. In some teams, where a social worker is also available, the CHW role is to identify the needs and the social work will provide assistance with the connecting the person to a resource. But in most organizations a case manager is not on the team so the CHW is helping the person problem solve to resolve the need or barrier, and if necessary stepping in to help coordinate and facilitate a referral.

### **What is the landscape and what are the payment mechanisms for hiring CHWs to support community health as opposed to other health professionals?**

The current CHW workforce is funded through a range of mechanisms, and many programs have more than one funding stream. A summary of the type of funding among the interviewed programs is in Table 3. Grant funding remains a staple funding stream, however other mechanisms which provide ongoing support are The Blueprint for Health, OneCare for the complex chronically ill, and Medicaid for those with serious mental illness.

The CHW workforce is a group with passionate dedication to the communities they serve, and the salary for the position is relatively low when compared the health professionals with whom they work in partnership. With the exception of the Good Beginnings program, all CHWs positions interviewed are paid. In some cases, they are part time only, as in the Migrant Health program because of the small population size they are working with in remote areas of the state. In addition, CHWs may be part time in the CHW role, and part time in another position to enable full time work covered by different funding streams. The Good Beginnings program is all volunteer with the exception of the executive director and part time program manager.

The flexibility to hire CHWs was discussed with supervisors, and the majority noted that they were in fact hiring CHWs because of the flexibility they offered compared to other integrated health team positions, and they have had the opportunity to hire CHWs because their funding sources have not required licensed professionals. This is true of SASH, Housing First, and Northeast Kingdom Council on Aging.

Because CHWs are not licensed professionals there is more flexibility in their role and CHWs are able to fill the gaps that are difficult to fill with other professionals. For instance, CHWs can provide transportation, and accompany someone on a medical appointment. As one supervisor noted, not being bound by regulations of Medicare and Medicaid allows the CHW to fill these gaps. In the case of the Migrant Health program, the position of CHW is shared with an educational role funded by a different grant, so individuals have flexibility to provide both services. Neither position is funded as a full FTE so the CHW is flexible to fill both positions. In the case of Northeast Council on Aging the CHW is not carrying a full committed “case load” that is associated with productivity requirements so she is able to be immediately responsive and flexible in meeting patient needs. This is important because when needs are met quickly there is less risk of escalation and challenges becoming more complicated.

CHW supervisors discussed the challenges of being able to grow their programs or increase salaries to accommodate annual cost of living increases without growth in grant funding. In cases where a program has been able to grow, as in the Pride Vermont program, they have received grants in new areas of health promotion to support health education on topics such as tobacco cessation and breast and cervical cancer screening.

### **What differentiates the CHW role from others on the team?**

“At Northeast Kingdom Council on Aging, the case management role is less nimble- with a CHW- we can get a call and immediately provide a helpline to support an individual with rent if their landlord is harassing them. If we are not there dealing with it immediately, it continues to escalate at higher rate. Flexibility is the key to the role.”

Supervisors were asked if there were other challenges beyond funding that limit the growth of CHWs as part of the delivery system. One comment was that it is important to differentiate the CHW role from other services and not replicate other roles. Beyond role differentiation, the prevailing comment was that the primary barrier to growth is in fact funding. One interviewee noted that moving away from fee- for –service payment was a positive step to support further growth of her program.

The growth opportunity many individuals mentioned is increasing the access to CHWs in more communities. In every community CHWs noted there is a role they can play the role as a liaison between health care and other social service agencies and ensure individuals are not simply referred but connected to the resources they need. As there is greater recognition of the importance of supporting patients on social determinants of health, the CHW role is important because CHWs can specialize and focus on meeting this need. A specific opportunity for growth one interviewee identified, was that she felt that Vermont has done a lot of work to develop programs with CHWs to meet the needs of older adults, but there is more work to make similar CHW services available to children and families.

**Table 2. Funding Mechanisms for CHWs**

Primary Funding Mechanism	Organizations Interviewed
Organizational funded: blend of grant, payer, and organizational resources	NVRH-Community Connections Northeast Kingdom Council on Aging SASH Copley Hospital
Grants	Rutland Regional Medical Center Pride Vermont Migrant Health Good Beginnings
OneCare	UVM Health Home and Hospice
Medicaid	Pathways Vermont
The Blueprint for Health	Morrisville Primary Care

## What types of training (core, continual, specialized) and certification is important for Vermont CHWs and what is already available?

The training individuals receive for their position varies considerably based on the hiring organization. CHWs were asked “As you consider the CHW workforce of the future, what topics are important for skills building, competency development and training?” Interviewees discussed the training they received that was important to have at the start of their position, and what additional training, which they have not accessed, would be helpful. The type of training CHWs identified as important as they start their position is classified here as “Core.” Additional training was described as important for working with a specialized population is classified as “Specialized”, topics that CHWs described as part of ongoing training is classified as “Continual”, and training that is more often acquired while working in the CHW role through shadowing or learning while doing, rather than through a structured training, is classified “On the job”. This list and classification of “Core” versus “Specialized” was refined based on feedback from the June stakeholder meeting. The list of type of training in each of these categories represents the input and experience of those CHWs and organizations interviewed.

### Core Training

- Person centered communication
- HIPPA
- Ethics and professional boundaries
- Social isolation and You Matter suicide prevention
- Motivational interviewing
- Bridges out of Poverty
- 3SquaresVT

### Specialized Training

- Advance directives
- Insurance and disability benefits
- Trauma informed care
- Harm reduction
- Non-abusive physical and psychological intervention
- Chronic disease health coaching
- Financial coaching
- Substance use (opioids and methadone)
- Pathways to recovery

## Continual Training

This is training based on emerging needs such as substance use (opioids and methadone) and program and policy changes that impact access to services.

## On the Job

On the job training typically includes learning the electronic documentation systems of the organization, information on local resources, and some job shadowing if another person in the organization is employed in the same role.

There are several organizations in Vermont that provide training on these topics that have the potential to benefit others. Some of the specific training resources that were spoken highly of as potential resources are the following:

- Motivational Interviewing and how to engage with individuals through person centered communication- SASH
- Trauma informed care- Pathways Vermont
- Cultural sensitivity to LGBTQ health need- Pride Vermont

## Training needed

As CHWs reflected on the critical training for their profession, they also identified topics that would be helpful to add to their training opportunities in the future. The topics CHWs identified for new training that they have not accessed before include:

- Social emotional support for dealing with loss of client (SASH)
- Substance use and harm reduction, specifically methadone use (LGBTQ and primary care CHWs)
- Home safety training for those that do home visiting

## CHW Career Development

In terms of professional development, CHWs were asked if they were looking for a more defined career ladder, and if so what it would look like. Among those interviewed, CHWs viewed their CHW role as the position they wanted to continue in, and were not looking at is a transitional position or a way to advance their career. Many came to the position after other careers and felt this was their opportunity to apply their community knowledge and really support their communities in a meaningful way.

# Recommendations from the Environmental Scan for Steering Committee Discussion

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The following are recommendations for infrastructure support of CHWs based on the feedback and interviews from CHWs and stakeholders through the environmental scan.

## 1. Develop statewide core competencies adopted by CHWs

The spring 2019 process to develop a statewide definition of CHWs for the state of Vermont was the first stage of developing a common professional identity and created a process for adoption of core competencies. The environmental scan documented here provides additional information on the skills Vermont CHWs find important for their work. As a next step, the development of core competencies lays the groundwork for creation of standardized training curriculum aligned with the workforce needs identified for Vermont. There has been work in other states to adopt core competencies including in neighboring states (Maine, Massachusetts) to learn from and borrow language. The Vermont environmental scan provides information on the core skills important from the perspective of CHWs and their supervisors. The structure and process of adoption of the common CHW definition could be continued and utilized for creation of the core competencies.

## 2. Develop a statewide professional community of CHWs

Community Health Workers interviewed are universally in support of having stronger professional ties with peers working for other organizations, with different populations, and those not in their immediate region. The benefits of the professional connection include sharing information on emerging community concerns and approaches to addressing community needs; having a forum to discuss, inform, and advocate for changes in state policy and programs that impact their work and the communities they serve; and sharing best practices with one another.

## 3. Create a virtual calendar and information hub on training and professional events

There are a number of trainings that already exist in the state that support CHW in building Core, Specialized and Continual skills. While some CHWs are well informed on these through their employer, others work for an



organization that employ only one or two CHWs and do not have easy access to this information. The development of an email distribution to start, and eventually an online community calendar of CHW related trainings, would broaden awareness and access to all CHWs of what is available.

#### **4. Host continued state level meetings for CHWs**

CHWs identified the value of in person networking and professional development with colleagues. An annual meeting that brings together CHWs and others interested in supporting them will support continued awareness of the profession, further development of the workforce, and broader understanding of the impact CHWs have on their communities.

#### **5. Identification of CHW leaders to support the profession at the state level**

The continued infrastructure building efforts will further be supported with the identification of CHW leaders who are committed to being at the table and have a voice for the profession. This is important for ensuring that efforts are aligned with CHW perspective and priorities, and provide the energy and accountability for sustaining the work to create a professional community.

#### **6. Promote the CHW definition and CHW value**

Vermont has CHWs working in a wide variety of settings with a range of populations to support communities. With the adoption of a CHW definition, there is an opportunity to link the CHW roles that exist across the state and develop broader understanding of the reach of CHWs today. Promotion of CHW impact and success today will also help create a vision of how they can continue to play an integral role in community health in the future. This is particularly important given that many CHW positions at this point in time remain grant funded. The environmental scan provides a snapshot of the range of CHW activities happening in the state. Building from this work, development of case studies which tell the stories of the impact could broaden understanding and buy-in for continued financing for CHWs.

## Appendix A

### Vermont CHW Environmental Scan Spring 2019

#### Key Informant Interview Guide

##### Questions for Community Health Workers

1. What is your title at the organization? Has this changed? How long have you had your current title?
2. Are you familiar with the title CHW? (Note formal definition still in development in Vermont, based on modifying the APHA definition) Do you consider yourself to be a CHW? Do you consider yourself a community health worker? Why or why not?
3. What organization do you work for? What type of organization is this (ie. Health care, community organization, health plan)
4. What setting do you do your work in? Clinical? Community? Both? (hospital setting, non-hospital clinical setting, patient home, other community location)
5. How would you describe your role as connected with the health system? (ie. Directly hired, formal partnership, informal partnership, referrals, no relationship)
6. What populations do you work with?
7. What are the health goals you are working on with those populations? What are the social determinant goals you are working on with those populations?
8. What are the skills and competencies important for your role?

*Skill: The ability, coming from one's knowledge, practice, and aptitude, to do something well.  
A core role or a task that must be performed may be supported by multiple skills.*

*A competency example might be: "outreach methods and strategies", and the skills that contribute to that competency could be: initiate trusting relationships, develop and implement and outreach plan, maintain cooperative relationships with organizations*

9. What are the skills and competencies of a CHW that are unique and distinct from other roles and other providers in the health system?
10. Can you describe how outreach is part of your role? On average week portion of your time is spent on outreach?
11. Can you describe to what degree education is part of your role? What type of education do you provide? On average week portion of your time is spent on education?
12. How do you communicate with other providers about your role?
13. How do you communicate with other providers about the individuals/patients you work with?

14. Did you receive training for your role? Who provided this training? What topics did it cover? Can you provide approximate length of the training? What training is currently available in Vermont related to CHW core competencies you mentioned?
15. Service Integration:
  - a. If you work in a clinical setting, what do you see as important to enable successful integration of CHWs into the clinical setting?
  - b. If you work in a community based organization, what do you see as important to enable successful integration of CHWs into the organization?
  - c. If you work in a community setting, what do you see as important to connect your community services with clinical services?
16. As you consider development of the CHW workforce in the future, what topics are important for CHW skills building, competency development and training?
17. What are the current opportunities for career growth of CHWs? What do you see as an appropriate career matrix or career path for CHWs?

Questions for CHW Stakeholders (including Program directors, CHW Managers, organizations that hire or collaborate with CHWs)

1. What is your title at the organization?
2. What organization do you work for? What type of organization is this (ie. Health care, community organization, health plan)
3. What setting do CHWs work in with your organization? Clinical? Community? Both? (hospital setting, non-hospital clinical setting, patient home, other community location)
4. How would you describe CHWs as connected with the health system? (ie. Directly hired, formal partnership, informal partnership, no relationship)
5. What populations do CHWs work with?
6. How do you view the CHW role as distinct from other roles at your organization?
7. What are the health and social determinant goals you are working on with those populations?
8. What are the skills and competencies important for CHWs at your organization?
9. What level of training and certification is important and required for program managers and CHWs?
10. What training is currently available in Vermont related to CHW core competencies you mentioned?
11. Are CHWs contracted or hired?
12. What is your current funding model? What is the flexibility to hire CHWs?
13. What is the flexibility to use non-licensed providers under current funding streams?
14. What are the current payment rates for CHWs and how do they compare to other care coordination, outreach, and navigator roles?
15. What do you see as the barriers, gaps, in expanding the use of CHWs beyond payment?
16. As you consider development of the CHW workforce in the future, what topics are important for CHW skills building and training?
17. What are the current opportunities for career growth of CHWs? What do you see as an appropriate career matrix or career path for CHWs

## Appendix B

Regions of the state covered by interviewees:	
Barre	1
Bennington	1
Burlington	3
Middlebury	2
Morrisville	2
Rutland	2
Springfield	1
St. Albans	1
St. Johnsbury	4

## Appendix C Steering Committee Membership

Blue Cross Blue Shield VT

Good Beginnings

Northeastern Counties Health Care

OneCare VT

Support and Services at Home (SASH)

The Blueprint for Health

UVM Health and Home Hospice

Vermont Department of Health