



# Community Health Worker Training Program

## Academic Year 2022-2023

The Health Resources and Services Administration (HRSA) is the primary federal agency for improving health care to people who are geographically isolated or economically or medically vulnerable. HRSA programs help those in need of high-quality primary health care by supporting the training of health professionals and health support workers – focusing on the geographical distribution of providers to areas where they are needed most.

In Fiscal Year 2022, HRSA funded a three-year Community Health Worker and Health Support Worker Training Program (CHWTP). The CHWTP expands the public health workforce by training new and existing community health workers (CHWs) and other health support workers (hereafter CHWs).<sup>1</sup> CHWs are trusted members of the communities who play an important role connecting community members with health care and social services. They also coordinate care, conduct outreach, and advocate for community wellness.<sup>2</sup> Through didactic instruction and hands-on training via field placement and apprenticeships, individuals trained in the CHWTP develop the knowledge, skills, and expertise to support essential public health services in underserved communities and to increase access to care.

Following is a descriptive summary of the characteristics and accomplishments of CHWTP trainees during Academic Year (AY) 2022-2023.

### Key Findings

- Within the first year of Community Health Worker and Health Support Worker Training Program, 2,848 trainees participated in programs for new and existing community health workers (CHWs). 1,098 individuals completed their training programs, 78% of whom entered the workforce as newly trained CHWs.
- Half of trainees provided one or more of the following services to client community members as part of their training program: navigation of health and social service systems, outreach and enrollment, education, or direct health services.
- Among program completers who provided employment data, 63% were working in a medically underserved community and 62% were working in community-based settings.
- 87% of program completers reported serving in at least one CHW-related employment role. The most commonly reported CHW employment roles included addressing social determinants of health, conducting outreach, and connecting vulnerable populations to health care providers.

<sup>1</sup> CHWs and health support workers may have a variety of titles, including *promotores de salud* and community health representatives, among others. This report refers to all trainees as “CHWs” throughout.

<sup>2</sup> Bureau of Labor Statistics. (2023, September). *Occupational Outlook Handbook, Community Health Workers*. U.S. Department of Labor. <https://www.bls.gov/ooh/community-and-social-service/community-health-workers.htm>

## Who participated in CHWTP?

During AY 2022-2023, the CHWTP recruited 2,416 new CHW trainees to address the growing demand for CHWs, which is projected to reach over 67,000 full-time equivalents nationally by 2036.<sup>3</sup> The CHWTP also enhanced the skills of 432 existing CHWs, improving the quality of care they provide. Within the first year of CHWTP, 2,848 trainees participated in programs for new and existing CHWs. 1,098 individuals completed their training programs, 78% of whom entered the workforce as newly trained CHWs (Table 1).

**Table 1. Number of CHWTP Trainees and Program Completers, by Type, AY 2022-2023 (N=2,848)**

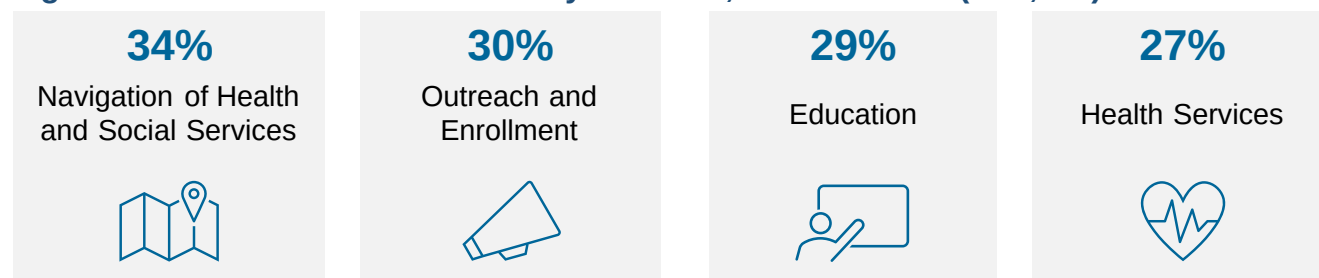
| Type               | Trainees     | Program Completers |
|--------------------|--------------|--------------------|
| Newly Trained CHWs | 2,416 (85%)  | 855 (78%)          |
| Existing CHWs      | 432 (15%)    | 243 (22%)          |
| <b>Total</b>       | <b>2,848</b> | <b>1,098</b>       |

CHWs are typically trusted members of the communities they serve, sharing backgrounds and experiences that enable them to provide culturally appropriate care. Seventy-four percent of CHWTP trainees self-identified as underrepresented minorities, 68% were from a disadvantaged background, and 24% were from a rural background.<sup>4</sup> CHWs play an important role in promoting health equity by connecting with a range of socioeconomically, culturally, and linguistically diverse communities.<sup>5</sup> To enhance their ability to connect with the communities they serve, 89% of trainees received training on health equity and social determinants of health.

## How did CHWTP trainees develop competencies and skills?

During their training programs, CHWTP trainees developed core competencies and skills that prepared them to serve as community liaisons and to connect with hard-to-reach populations. One method through which trainees developed competencies and skills was via hands-on experience providing direct client services. In AY 2022-2023, half of trainees provided one or more of the following services to client community members as part of their training program: navigation of health and social service systems, outreach and enrollment, education, or direct health services, such as first aid and blood pressure screening (Figure 1).

**Figure 1. Select Services Provided by Trainees, AY 2022-2023 (N=2,848)**



Note: Categories are not mutually exclusive and may sum to more than 100%.

<sup>3</sup> Health Resources and Services Administration. (2023, December 17). *Workforce projections* [Dashboard]. U.S. Department of Health and Human Services. Retrieved June 21, 2024, from <https://data.hrsa.gov/topics/health-workforce/workforce-projections>

<sup>4</sup> Definitions for underrepresented minority, disadvantaged background, and rural can be found in the glossary: <https://bhw.hrsa.gov/glossary>

<sup>5</sup> National Association of Community Health Workers. (2022). *Community Health Worker Advancing Diversity in Community Health*. [https://nachw.org/wp-content/uploads/2022/08/chw\\_diversity\\_2.pdf](https://nachw.org/wp-content/uploads/2022/08/chw_diversity_2.pdf)

CHWTP trainees also developed core skills by serving in communities with limited access to health care. The CHWTP awardees partnered with 422 health care delivery and other experiential training sites – 62% of which were in community-based settings<sup>6</sup> – to develop skills needed for trainees to work in medically underserved communities and to serve hard-to-reach populations. Collectively, trainees provided support through more than 100,000 client encounters and completed nearly 135,000 hours of experiential training in medically underserved communities, rural areas, and/or primary care settings.

### Registered Apprenticeship Programs

Some experiential training sites also served as locations for registered apprenticeship programs. Apprenticeships provide job placement opportunities, allowing participants to earn a wage while developing skills needed to successfully serve as CHWs.<sup>7</sup>

In AY 2022-2023, most awardee organizations were still developing their apprenticeship programs. Among awardees that launched a registered apprenticeship during this first year, 175 CHWTP trainees participated in an apprenticeship. Through hands-on training, apprentices develop key skills while serving clients in the community. Table 2 displays the top six skills apprenticeship trainees are developing in their programs.

**Table 2. Top Six Skills Apprenticeship Trainees are Developing, AY 2022-2023 (N=175)**

|     |                                                                               |
|-----|-------------------------------------------------------------------------------|
| 74% | Addressing social determinants of health                                      |
| 56% | Helping patients navigate health care and social service systems              |
| 50% | Conducting outreach                                                           |
| 40% | Creating connections between vulnerable populations and health care providers |
| 40% | Providing culturally appropriate health education                             |
| 38% | Managing client cases                                                         |

Note: Categories are not mutually exclusive and may sum to more than 100%.

### Where are program completers working after graduation, and what services are they providing?

During AY 2022-2023, 855 newly trained and 243 existing CHW trainees completed their programs. Overall, program completers felt highly prepared to:

- serve as advocates (73%),
- conduct community outreach and engagement (69%),
- promote healthy lifestyles (68%),
- communicate with clients and communities (65%), and/or
- incorporate cultural competency in their work (61%).

### Employment Settings and Roles

715 CHWTP program completers provided additional detail about their employment at the end of AY 2022-2023. Most were working in medically underserved communities, in community-based settings

<sup>6</sup> Community-based settings include community-based organizations, Federally Qualified Health Center or Look-Alikes, community health centers, community behavioral health/mental health centers, Certified Community Behavioral Health Clinics, critical access hospitals, and rural health clinics.

<sup>7</sup> Apprenticeship USA (n.d.) *Registered Apprenticeship Program*. U.S. Department of Labor (DOL) Office of Apprenticeship. <https://www.apprenticeship.gov/employers/registered-apprenticeship-program>.

such as Federally Qualified Health Centers, or both, indicating that program completers are working in underserved areas, reaching those in need (Figure 2).

**Figure 2. CHWTP Employment Settings, AY 2022-2023 (N=715)**



*Note.* Categories are not mutually exclusive and may sum to more than 100%.

Program completers also provided information on their roles and responsibilities at their employment settings. 87% of program completers reported serving in at least one CHW-related employment role. Among the top eight CHW employment roles, addressing social determinants of health was most reported, with 30% indicating it as a primary role and 37% indicating it as an additional role. 3% of program completers reported advocacy work as a primary role, but 41% reported spending time advocating as an additional role (Table 3).

**Table 3. Top Eight CHW Employment Roles, AY 2022-2023 (N=715)**

| Employment Role                                               | Primary Role | Additional Role(s) |
|---------------------------------------------------------------|--------------|--------------------|
| Address social determinants of health                         | 30%          | 37%                |
| Conduct outreach                                              | 10%          | 27%                |
| Connect vulnerable populations and health care providers      | 9%           | 29%                |
| Help patients navigate health care and social service systems | 8%           | 31%                |
| Provide culturally appropriate health education               | 6%           | 18%                |
| Manage client cases                                           | 5%           | 30%                |
| Manage care and care transitions for vulnerable populations   | 5%           | 16%                |
| Advocate for individuals and communities                      | 3%           | 41%                |

*Note:* CHWTP trainees select one primary role and then can select one or more additional roles. Additional roles are not mutually exclusive and may sum to more than 100%.

## Conclusion

Within the first year of the program, 855 newly trained CHWs entered the workforce, and 243 existing CHWs completed programs that enhanced their skills. The competencies and skills CHWTP program completers developed through their experiential training and apprenticeship programs prepared them to advocate for individuals and communities and led to roles in which they could address social determinants of health. Among those who provided employment data after program completion, most were working in underserved areas and serving in CHW-related roles. Awardees will continue to train new and existing CHWs, expanding the workforce and preparing trainees with the knowledge, skills, and expertise to support essential public health services, improve health equity for underserved communities, and increase access to care.

For more information, visit the website: [bhw.hrsa.gov](https://bhw.hrsa.gov)