

Community Health Worker Toolkit for

Public Health and Community-Based Organizations



MONTANA
PUBLIC HEALTH INSTITUTE

CONTENTS

| | |
|--|----|
| ACKNOWLEDGEMENTS..... | 3 |
| EXECUTIVE SUMMARY..... | 4 |
| HOW TO USE THIS TOOLKIT | 5 |
| INTRODUCTION | 6 |
| HISTORY OF CHWS | 6 |
| NATIONAL SUPPORT | 7 |
| COMMUNITY HEALTH WORKER/COMMUNITY HEALTH REPRESENTATIVE | 8 |
| CHW ALLY..... | 9 |
| CHW SUPPORTER..... | 9 |
| OTHER NAMES AND SPECIFICATIONS FOR CHWS..... | 9 |
| THE MONTANA LANDSCAPE | 10 |
| PRACTICAL IMPLEMENTATION | 11 |
| JOB RESPONSIBILITIES OF A CHW..... | 11 |
| FUNDING AND SUSTAINING A CHW POSITION..... | 14 |
| TALKING TO DECISION MAKERS..... | 16 |
| RECRUITING FOR A CHW | 19 |
| USING AN EXISTING STAFF MEMBER TO FILL ROLE..... | 22 |
| HAVING A SUCCESSFUL INTERVIEW PROCESS | 24 |
| ORIENTING AND TRAINING A NEW CHW | 26 |
| MANAGING A CHW | 28 |
| WORK HOURS FOR A CHW | 29 |
| CHW CONNECTION TO TEAM..... | 32 |
| INTRODUCING CHW TO THE COMMUNITY | 33 |
| RESOURCES..... | 36 |
| REFERENCES..... | 37 |
| STORIES FROM THE FIELD | 38 |
| CASE STUDY: EXPANDING WORKFORCE OPTIONS TO IMPROVE ASTHMA CARE IN LEWIS AND CLARK COUNTY | 38 |
| CASE STUDY: BUILDING A COMMUNITY HEALTH WORKER PROGRAM TO REACH SPANISH-SPEAKING FAMILIES IN GALLATIN COUNTY..... | 40 |
| CASE STUDY: MEETING BEHAVIORAL HEALTH NEEDS THROUGH A COMMUNITY HEALTH WORKER IN FALLON COUNTY | 43 |
| APPENDICES..... | 46 |
| SAMPLE JOB DESCRIPTIONS..... | 46 |
| SAMPLE INTERVIEW QUESTIONS | 50 |

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EXECUTIVE SUMMARY

In recent years, there has been a growing national effort to strengthen the public health workforce by leveraging the unique skills of Community Health Workers (CHWs). CHWs play a vital role in bridging the gap between the populations who directly benefit from public health programs and the organizations that provide these services.

A dedicated and qualified public health workforce is essential to sustaining the protections and supports that local and tribal health departments and community-based organizations deliver every day. However, in many communities, individuals with formal public health training or experience are scarce, and key positions often remain vacant for extended periods of time.

CHWs can help address this challenge. Because they often come from the very communities they serve—or have personally benefited from public health services—CHWs bring lived experience, cultural understanding, and trusted relationships that are critical for effective public health outreach and service delivery. They help bridge the gap between specialized public health certifications or clinical licensure and a community's need for capable, connected, and committed public health professionals.

To fully integrate CHWs into the public health workforce, new approaches to recruitment, hiring, training, supervision, and career development may be necessary. Clear career pathways and supportive structures can make it easier for individuals to pursue this work and for organizations to successfully hire and retain CHWs.

The goal of this toolkit is to provide practical strategies, examples, and tools to help organizations effectively incorporate Community Health Workers into their workforce—ultimately strengthening public health systems and the communities they serve.

HOW TO USE THIS TOOLKIT

This toolkit is intended for local and tribal health departments and community-based organizations who may have heard about CHWs, but are not sure where to start in terms of incorporating a CHW into their workforce.

The goal of this toolkit is to provide organizations with specific ideas, considerations, and firsthand testimonials about how other organizations have recruited, hired, supervised and integrated a CHW into their staff. The organizations that we spoke with in the development on this toolkit have all seen tangible benefits of the unique skills and perspectives that a CHW can bring to an organization.

This toolkit is just one resource, and there is a growing community of voices to support CHWs through associations, policy work, universities, training centers, and other professional networks and opportunities. We encourage you to seek out the voices of CHWs, and the organizations who support them. These people are the ones who are doing impactful and important work to benefit public health today.



INTRODUCTION

CHWs are frontline public health workers. They are trusted members of the communities they serve. Community Health Work is a profession and not just a set of job duties. CHWs have lived experience, which enables them to build trust, empathy, and mutual respect with the people they serve. Centering this lived experience is one of the biggest assets of a CHW, and where organizations can see some of the biggest programmatic benefits based on this connection with patients, clients, and community members.

HISTORY OF CHWS

The role of CHW has a long history that spans geographies and cultures. In America, the CHW emerged as a profession in the 1960s and 70s under health support workforce names like Community Health Representative in tribal communities, and Promotores de Salud in Hispanic and Latinx immigrant communities. The Indian Health Services Community Health Representatives program is the oldest federally funded community health worker workforce in the country. CHRs are part of the U.S. Bureau of Labor recognized workforce known as Community Health Workers (CHWs).

In 1970 the American Public Health Association (APHA) established a Special Primary Interest Group on Community Health Workers and first developed the definition of a CHW that the National Association of Community Health Workers uses today. The APHA's interest group became an official section of the APHA in 2009. Sections at the APHA are affinity and special interest groups of its members who share expertise and support research and policy efforts in specific areas.

In 2010, the US Bureau of Labor Statistics formally recognized Community Health Workers as an occupation, which was a huge step towards validating this profession.

Since the 2010s the momentum for CHWs has continued to grow, in part due to the increased accountability for improving health outcomes through the Affordable Care Act (ACA).

CHWs' contributions were notable during the Covid-19 pandemic. Funds that were made available during the pandemic helped communities create CHW positions to assist with disease surveillance, community education, and support for people with Covid-19.

In the wake of the pandemic, the momentum surrounding this workforce continues with evaluation and results from the work during the pandemic showing the effectiveness of this workforce. Montana has risen to meet the needs of the growing CHW workforce through the creation of the Montana CHW Association (MTCHWA), through both University of Montana and Montana State University offering CHW trainings, and legislative efforts in hopes of creating certification standards for CHWs and pathways for CHWs to be able to bill for services..

NATIONAL SUPPORT

The central national resource for the CHW scope of work is the National Council on CHW Core Consensus Standards, or the National C3 Council (formerly the C3 Project). The Council has developed and refined core roles and competencies for CHWs. These roles and competencies are intended to be used and referenced inside and outside of the CHW field in order to continue to build and sustain support for the profession.

It is important to recognize that one of the foundations around efforts to advocate and support CHWs is “nothing about us without us.” This principle highlights that any policy-related decisions or statewide efforts need to include CHWs. “Nothing about us without us,” aims to continue to empower those who may not have many of the traditionally recognized credentials and backgrounds of people who are in policy development spaces.

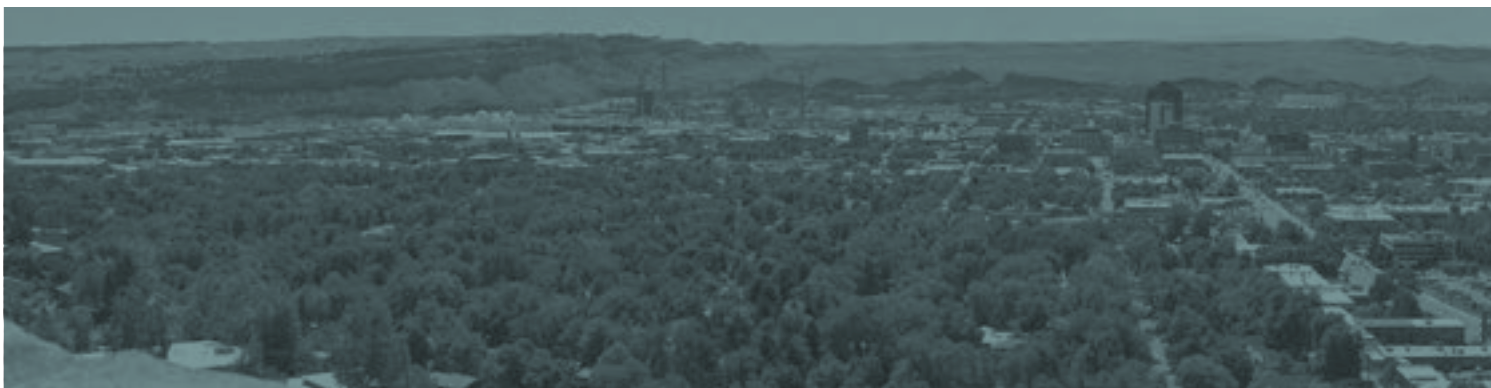
To this point, the National Association of Community Health Workers is an organization that promotes the collective interests of CHWs, and had identified three important categories of stakeholders, all of whom are important to continue to promote and support this work. The MTCHWA recognizes these NACHW categories and their three membership options of CHW, CHW Ally, and CHW Supporter.

COMMUNITY HEALTH WORKER/ COMMUNITY HEALTH REPRESENTATIVE

A Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/ intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

Community Health Representatives are a highly trained workforce serving the medical and social needs of American Indian and Alaska Native (AI/AN) communities across the country. CHRs are a Tribally operated and directed program funded by Indian Health Service (IHS) and are a trusted and vital bridge between communities and health and social systems. In alignment with the broader Community Health Worker workforce standards, CHRs have a comprehensive scope of practice that enhances effectiveness and improves the outcomes of team-based preventive care. Community Health Representative | Indian Health Service (IHS) For ways to integrate CHRs into tribally run health services, Northern Arizona University has published toolkits and research that have been conducted in collaboration with tribal nations. [Community Health Workers | Center for Community Health and Engaged Research](#)

CHWs and CHRs are typically viewed as the same, with the CHR training being based on CHW core competencies from the National C3 Council and the scope of work being very similar. Many states have adopted interoperability between CHW/ CHR within licensure and Medicaid reimbursement.



CHW ALLY

A health or public health professional, researcher or other individual who support the CHW workforce but who do not meet the CHW definition themselves.

CHW SUPPORTER

An organization that promotes, partners with, and/or employs CHWs, such as other professional associations, policy and advocacy organizations, disease-specific advocacy or research groups, health care providers, public health providers, pharmaceutical companies, medical suppliers, philanthropies, higher education institutions, etc.

OTHER NAMES AND SPECIFICATIONS FOR CHWS

Community Health Worker is not just a job title, it's a profession. Professions have a scope of work/practice, code of ethics and workforce standards. The titles referenced in this section are job titles that could encompass the CHW profession.

Some of the confusion around CHWs is due to the fact that their work is varied. Other job titles that may indicate CHW or CHW-adjacent work include: Promotores de Salud, Peer Health Educators, Patient Navigators, Health Educators, Outreach Workers, Health Coaches, Health Advocates, Care Coordinators, and more.

We are specifically focusing on CHW in this toolkit- not to minimize the work of these other job titles, but in an effort to amplify this profession and the specific benefits of a CHW and its associated supports.



THE MONTANA LANDSCAPE

In large part due to the support of APHA, NACHW, and others, CHWs are continuing to gain national support. However, how CHWs are certified, and if and how their services are reimbursable through health coverage are predominantly under state control. The National Academy for State Health Policy (NASHP) [tracks how states are defining, training, certifying, and reimbursing for CHW services](#). Montana has made significant progress in recent years, and it is illustrated in the work of many key partners- from training programs at both state university systems, to legislative action to attempt to establish an optional certification and regulatory framework for CHWs, to the development of a state-based CHW association, and more. The foundational work that is being done through associations and organizations are involved in will support the sustainability of the profession in Montana.

Below are a few key resources and training courses that are available across the state:

- [The CHW Financial Toolkit](#) from the University of Montana Center for Children, Families and Workforce Development explains currently available financing methods for CHW programs.
- [Montana CHW Association](#) engages and promotes a professional network for Montana's CHWs.
- CHW Core Trainings:
 - [Community Health Worker Training | University of Montana](#)
 - [Montana Community Health Worker \(CHW\) Training - Montana Office of Rural Health and Area Health Education Center | Montana State University](#)
 - [CHR Training and Education | Community Health Representative](#)
- Other CHW Trainings:
 - [Montana Primary Care Association](#) CHW Training Series, an 8-week course, provided annually fall-winter.



PRACTICAL IMPLEMENTATION

This section provides practical advice and guidance on how to establish, allocate funding, and manage a CHW position in a public health and Community-Based Organization (CBO) setting.



If you can find somebody who can connect, who wants to be there, who has passion for that population, that is the best place to start.

Amie Gatterdam
Program Director, WIC

JOB RESPONSIBILITIES OF A CHW

One of the biggest challenges in establishing a CHW role in a public health and CBO setting is figuring out exactly what they should be doing. The good news is that it doesn't have to be that different from the work your team is already doing. The difference is that CHWs use their community relationships and lived experience to bring that work to life in deeper, more culturally responsive ways. Their value lies in their ability to reach people who are often missed, build trust, and ensure efforts are grounded in needs.

Start with a Clear Priority Area

Avoid the pitfall of creating a general role with no clear focus. Instead, align the position with a defined priority area, such as:

- Community Health Improvement Plan (CHIP) implementation
- Public Health Emergency Preparedness (PHEP), especially access and functional needs planning
- Immunization promotion or vaccine confidence
- Chronic disease prevention
- Behavioral health navigation or stigma reduction
- Youth engagement or elder support
- Maternal child health and home visiting programs

Naming a focus area helps give structure to the work and creates clarity for the CHW, your team, and your partners.

Integrate Grant or Program Requirements

If the CHW role is supported by grant funding or part of a specific program, identify any required activities and build those into the foundation of the job. Examples may include:

- Required trainings or ongoing meetings
- Tracking and grant reporting
- Participation in specific coalitions or initiatives
- Ask permission from the agency awarding the grant to substitute a CHW for other staff whose salary is included in the grant budget.

Being upfront about these expectations ensures transparency and helps avoid misalignment later.

Co-Design the Role Based on Community Gaps

Once the foundation is clear, bring the CHW into the co-design process. Ask:

- Where are we currently missing people or not getting good follow-through?
- What barriers do you see in this program from a community perspective?
- How do you think people would best engage with this work?
- What times and places do people naturally gather, and how can we show up there?

Let the CHW's insight shape the structure, strategy, and rhythm of the work. The more they feel ownership over the role, the more effective and sustainable it will be.



We have a lot of collaborations in the community. Those collaborations are built on the relationships we have with them, and the best part of having our CHW in this position is that she has been able to build those relationships with community providers.

I mentioned how it was more cost-effective to hire a CHW in that position, and that's not because I want to pay anyone less. But I can't serve as many people if I have a nurse that I have to spend so much money on. I can't serve as many people, so we've got to think about what are the services we are providing. And who do we have available that can really do these jobs, you know, our CHW is not doing medical work with their asthma families. She's educating on proper use, and helping them mitigate triggers, and, you know, she's connecting people to resources.

We just have to have some flexibility in our brains to rethink what's best for the community.

Mary Sparks
Child and Family Health Supervisor
Lewis & Clark County

Embrace Field-Based, Flexible Work

Resist the urge to schedule every hour of the CHW's day like a traditional office role. Much of their value lies in being in the field, at events, on porches, in neighborhoods, and in casual conversations. This work may require longer client interactions, which helps build on the trust and engage with harder to reach clients.

Some of this community-based work may also include:

- Attending neighborhood or coalition meetings
- Following up on community referrals
- Visiting homes or community hubs
- Participating in health fairs, cultural events, or faith-based gatherings

Plan their role to allow the flexibility to do these pieces. Trust that presence is a strategy, not a lack of structure.

Schedule Time to Revisit Responsibilities

The CHW position is not one that should remain rigid. As the CHW builds relationships, identifies gaps, and learns more about community needs, their role will naturally shift. From the beginning, set the expectation that the job description or your layout of their role is a living document and will change as the CHW's knowledge and the community's feedback.

Make it a practice to check in regularly to reflect on:

- What's working well?
- What's no longer needed or realistic?
- What new needs or opportunities have emerged?
- Are there community asks the CHW is hearing that aren't being met?
- Are there ways to redistribute tasks so the CHW can focus more on where they're most effective?

This can be a conversation between the CHW and their supervisor, but could also include insights from community partners, program staff, or even community members when appropriate.

FUNDING AND SUSTAINING A CHW POSITION

Funding a CHW position in Montana can be challenging, but it is possible and can lead to long-term benefits for your organization and the communities you serve, as there are currently limited billing options for CHWs in Montana, organizations must take a creative, flexible approach to identifying funding streams. For more information on this topic, please see [The CHW Financial Toolkit](#) from the University of Montana Center for Children, Families and Workforce Development.

Start with What You Have

Begin by assessing your current funding landscape. Your organization may already receive funds that can support CHW work, even if not labeled as such.

- Are there existing local or tribal general funds that support community-facing work?
- Do your grants include outreach, education, or navigation activities a CHW could lead? For example, in public health this may be the maternal and child health, immunizations, cancer screening, or tobacco prevention.
- Are there grants that include equity, community engagement, or care coordination language? Those may be a match for CHW roles.

Combine and Braid Funding Sources

Rather than relying on a single funding source, consider spreading the CHW's responsibilities across multiple programs. For example, maybe a CHW may help with emergency preparedness outreach to vulnerable populations and also support home visiting of families.



Fill a Vacancy

If your organization has existing vacancies, consider converting one into a CHW position. CHWs can be powerful assets in the following program areas:

- Public Health Emergency Preparedness (PHEP): Outreach to access and functional needs populations, education, and resource mapping.
- WIC: Connecting participants to broader services, conducting follow-up, and providing culturally relevant support.
- Home Visiting: Acting as a support or extender role, especially for hard-to-reach families.
- Maternal and Child Health (MCH): Partnering on perinatal health, transportation, and access initiatives.

Partner to Share the Position

If your budget can't support a full-time position, explore shared staffing models. For example:

- Splitting a position with your local hospital or FQHC to jointly support Community Health Improvement Plan (CHIP) activities.
- Co-funding a role with a school, behavioral health provider, or social service agency where both organizations benefit from community engagement.
- Contracting through a nonprofit that has more flexible funding.
- Partnering with an organization that can bill Medicaid for similar services such as behavioral health peer support specialists and tenancy support specialists.

Align with Community Priorities and Partners: CHWs often work at the intersection of public health, social services, and behavioral health. Consider your community coalitions or collaboratives, where does a CHW fit in? Examples include:

- A behavioral health coalition might fund a CHW to facilitate navigation and peer support.
- A food security or housing/tenancy support agency may have flexible funds that could support a CHW's outreach or case management support.
- A tribal council initiative focused on youth wellness or elder care may be a natural fit for a CHW or CHR role.
- Your local hospital may have initiatives that align with your work, and could support funding a CHW through their community benefit fund.

TALKING TO DECISION MAKERS

Before hiring a CHW, you may need to secure buy-in from decision-makers within your organization. These stakeholders could include boards of health, nonprofit boards, elected officials, commissioners, Tribal councils, or department/organizational leadership.

When presenting the idea, be prepared to clearly and concisely make the case for why CHW is a valuable and necessary investment. Here are several strategies to support that conversation:

Keep It Local

A CHW's strength is in their deep connection to the community. Emphasize that this position is about listening—to residents, to underserved voices, and to the needs that often go unmet by traditional programs. This is about increasing access, trust, and relevance.

Align with Your Community's Priorities

Connect the CHW role to the specific goals and initiatives already in place. This might include:

- Community Health Improvement Plan or strategic plan priorities like access to behavioral health services, food security, transportation, or housing navigation
- Access goals to reach underserved populations
- Public health accreditation standards related to community engagement or cross-sector partnerships
- Emergency preparedness efforts to reach populations with access and functional needs



I think as a community health worker, you have to be creative in ways that you get your clients to participate and to be involved and to come back to you. And, you know, one thing might work for one individual, but it's not going to work for the other, so you really have to be creative and just not willing to say no. You find a solution.

Cass
CHW- Fallon County

The key is to show that the CHW is not just one more position, but instead they are a tool to help meet the goals your community has already committed to.

Identify Programs that may be a good fit

Public health-related programs and services that require outreach and engagement with special populations are worth exploring for CHW positions. Hiring a CHW with shared lived experiences is particularly relevant when engaging different communities within these programs (i.e., in recovery, justice-involved background, immigrant/refugee, living with disabilities, experience using the program). Align these program areas with the priority areas that you identified through the priority area(s) you identified in the previous section. For public health, these program areas may include:

- Maternal child health and home visitation programs
- Disease Intervention
- Montana Asthma Home Visiting
- Chronic disease prevention and management
- Behavioral health navigation

Demonstrate Effectiveness

Due to the nature of the work, measuring success and effectiveness may vary based on the areas and populations being served by a CHW. Organizational leadership always wants to know how to measure the effectiveness of their workforce, and a Return On Investment (ROI) calculation is often used as one metric. It can be especially challenging to calculate ROI for CHWs due to the variable nature of work. Below are some other ways to highlight the value of their work. The Association for State and Tribal Health Officials and the National Association of Community Health Workers has some example of evidence across states ([Community Health Workers: Evidence of Their Effectiveness](#)). Specifically, you might cite:

- Stronger coordination with social services
- Higher trust and satisfaction among underserved populations
- Higher community engagement in programs
- Success stories from other organizations similar to yours

Then, explain how you'll track your CHW's impact locally through:

- Referrals made
- People served
- Stories of client success
- Improved partner collaboration
- Recommend focusing on deliverables, case studies, and outcomes for measuring success of this role.

Keep It Simple and Clear

Avoid jargon. Use plain language. Prepare a 1–2 minute elevator speech. One example may be:

- Imagine a family in our community struggling to manage asthma, housing challenges, and transportation issues all at once. They're bouncing between appointments, missing school or work, and falling through the cracks. Now imagine someone whose entire role is to bridge those gaps: a trusted, local resource who knows the community, understands its challenges, and helps people navigate health and social service systems. That's what a Community Health Worker does.
- Hiring a CHW can expand a program's reach and impact, but it can also be a strategic, cost-effective choice. While nurses and other clinicians are essential for providing medical care, CHWs bring a different skillset that focuses on prevention, engagement, and addressing social drivers of health. By having CHWs handle outreach, education, and follow-up, clinical staff can focus on the care only they can provide, thereby maximizing everyone's time and resources.
- This isn't about replacing clinicians; it's about building a stronger, more balanced team. A CHW helps ensure that no one falls through the cracks and that programs are meeting people where they are, literally and figuratively.
- By investing in a CHW, you're not just adding a position. You're strengthening your workforce, improving health outcomes, and making every dollar work harder for your community.

Share the Practical Details

Be ready to answer common operational questions, such as:

- Who will supervise the CHW?
- How will the CHW stay connected to the team if they're in the field?
- What hours will they work?
- Are there safety or liability issues?
- What funding will be used?

Some testimonials that highlight how some of these operational details have been applied to programs that have employed CHWs. Please also reference the case studies at the end of this toolkit for real-world examples of how organizations have leveraged CHWs in their work.

RECRUITING FOR A CHW

Recruiting for a CHW position may not look like your typical hiring process. Unlike most positions, you aren't just looking for a set of credentials or specific job experience. You're looking for someone who already has strong relationships in the community, is trusted, and knows how to navigate informal networks. This means that lived experience, communication skills, and trust are far more important than education level or formal training. It can also be a promotion or reclassification and professional development opportunity for someone in your organization or a former client.

Start by Partnering with HR

Before posting the job, spend time talking with your HR team to explain what a CHW is and why the hiring process needs to be different. This step is essential if your HR system typically emphasizes degrees or specific qualifications.

Help HR understand:

- That this is a relationship-based role rooted in trust and life experience.
- That candidates may come from nontraditional backgrounds.
- If the job duties require interfacing with community that speaks a language other than English, consider a job posting in that language.
- Candidates may have been involved in the criminal justice system. Depending on role and job duties, it may be beneficial to hire someone who has successfully re-entered the community after incarceration.
- That the job description should invite in people who don't see themselves in typical position postings.

Be prepared to negotiate flexibility in qualifications, job classification, and even interview questions. The more HR understands the value of this approach, the more they can support a successful hire.

The [National C3 Council](#) has developed list of ten roles and eleven skills recommended for program review, development, and evaluation. These roles and competencies can also be used in the development of job descriptions.

The qualities of an ideal CHW candidate will vary based on the position and programmatic work that has been identified for a role. Some qualities that have been endorsed by the work of the C3 Council include:

- Connection to the community served
- Motivated
- Persistent
- Dependable
- Respectful
- Patient
- Friendly
- Dedicated
- Flexible
- Honest
- Self-directed
- Open-minded
- Compassionate

Write a Job Description That Reflects Your Values

Use plain, welcoming language that prioritizes life experience and community knowledge.

Example language to include:

“We are seeking someone who is deeply connected to the community and passionate about helping others. No formal degree is required. We value lived experience, strong communication skills, and a commitment to trust-building.”

You might also include:

- Familiarity with local organizations, neighborhoods, or cultures
- Personal or family experience navigating public systems (e.g., housing, WIC, Medicaid)
- Multilingual or bicultural skills as an asset (but not a requirement)

Please see pages 46 and 48 in the appendix for two examples of CHW job descriptions.

Think Beyond the Job Boards

To reach the right candidates, go where they already are. Post in community-facing spaces like:

- Food pantries or food distribution sites
- Tribal health centers or community halls
- Faith communities and church bulletins
- Public libraries, laundromats, or bulletin boards at grocery stores
- Local Facebook groups or community newsletters
- If your area has a community health coalition or mutual aid group, they can be great partners in spreading the word

Rely on Word of Mouth

Personal recommendations go a long way in finding someone who is already trusted. Ask your staff, community partners, and residents:

- Who do you go to when you need help or have questions about local resources?
- Who in your neighborhood do people trust?

If the same name comes up more than once, reach out. Let them know they'd be a great fit and encourage them to apply even if they've never worked at an organization like yours. You may need to nurture confidence in someone who hasn't seen themselves in this type of role before. A personal invitation to apply can be a powerful motivator.

Conversely, hiring a CHW has the potential to help build bridges and trust between public health organizations and the communities they serve. Employing a trusted community member can have the added benefit of being a first line approach to combat disinformation around public health topics.

USING AN EXISTING STAFF MEMBER TO FILL ROLE

The truth is, in many organizations, especially small ones, a new position may simply not be financially or logistically feasible. But that doesn't mean you can't implement a CHW model.

One of the strengths of the CHW approach is its flexibility. You may be able to integrate CHW responsibilities into an existing role, especially if you have staff who are already community-facing and trusted.

Some job titles that could be considered for reclassification to CHW may include:

- Program assistant
- Health education/promotion specialist
- Outreach specialist
- Case manager/care coordinator
- Patient navigator
- Promotores/as
- Peer health educators

Identify the Right Staff Member

The core of the CHW role is trust, connection, and a deep understanding of community needs. When considering whether someone on your team could step into this space, ask:

- Do they already serve the community directly?
- Do they have lived experience similar to the population served by the program?
- Are they recognized and trusted by the people we aim to reach?
- Do they demonstrate strong listening, communication, and follow-up skills?
- Are they open to shifting or rebalancing their responsibilities?
- Would this change leave gaps in their current work—and how could those be addressed?

If the answers are mostly yes, you may already have someone well positioned to begin CHW work.

Assess the Role and Coordinate with HR

If you decide to shift a staff member into a CHW-aligned role, take time to assess whether their official job description needs to be updated. This ensures alignment with responsibilities, performance expectations, and appropriate classification.

Be sure to:

- Talk with HR early to explain the purpose of the shift and the unique nature of CHW work.
- Work together to revise the job description, if needed, to reflect new competencies such as community engagement, health navigation, and cross-sector coordination.
- Consider how this may impact pay structure and supervision. Consider how pay may be adjusted with the completion of a CHW certification.
 - Supervision may change if an organization is just starting a program and reclassifying an employee to a CHW to ensure that the supervisor is trained as a CHW supervisor.

Support Them with Training and Exposure

Even if a staff member already does CHW-like work, it's important to provide training and growth opportunities that help them step fully into the role.

Training Resources to Explore in Montana

CHW training programs prepare individuals to serve as trusted connectors between communities and health systems. These programs focus on building core skills such as communication, cultural humility, health education, outreach, advocacy, and resource navigation.

- [Community Health Worker Training](#) - Center for Children, Families and Workforce Development | University of Montana
- [Montana Community Health Worker Training](#) - Montana Office of Rural Health and Area Health Education Center | Montana State University

Also consider:

- Organizing a peer visit or shadowing experience at another organization with CHWs.
- Encouraging participation in the Montana CHW association, and the annual Montana CHW Summit.

Career Advancement Opportunities

Think strategically about the ways in which CHWs can continue to grow in their professions. Doing so will strengthen your staff and the ongoing relationships with the communities your organization is serving. Some ways to support CHWs in their career journey may include:

- Continued educational opportunities in areas such as MCH, chronic disease management, or behavioral health.
- CHW supervisor, or other supervisory or managerial roles within organizations.
- Pursuing degrees in complementary work such as social work, public health, or clinical care.

HAVING A SUCCESSFUL INTERVIEW PROCESS

The interview process is critical to identifying a Community Health Worker who has the passion, community insight, and systems navigation ability needed to succeed in the role. Traditional hiring interviews often focus on education and job history—but for CHWs, your process should center on communication, empathy, cultural humility, and local trust.

Ask the Right Questions

To assess whether a candidate is the right fit, adapt your interview questions to focus on real-life scenarios, relationships, and adaptability.

- Scenario-Based Questions:
 - “Imagine a person in the community tells you they’ve been denied services multiple times and are frustrated. How would you respond?”
 - “You learn that someone doesn’t have transportation to a key appointment. What would you do?”
 - “If a community member told you they didn’t trust the health department, how would you approach that conversation?”
- Community Relationships and Trust-Building:
 - “How are you currently involved in your community?”
 - “What are some strengths you see in the people or neighborhoods you’re connected to?”
 - “Who do people go to in your community when they need help—and are you one of those people?”

- Input and Listening:
 - “If we asked you to learn what the community needs around mental health access, how would you go about it?”
 - “What’s one way you’ve gathered feedback or built consensus in the past?”
- Growth and Learning:
 - “What are you curious to learn more about in this role?”
 - “Have you ever taken on a new role or responsibility before? What helped you be successful?”

The goal is not to assess technical perfection, but to understand how the person shows up in community, handles real-world complexity, and approaches challenges with curiosity and care.

Please see page 50 in the appendix for additional example interview questions.

Build a Community-Centered Interview Team

Interview teams and organizational team should understand who CHWs are and their impact/value to they can bring if hired to the community and organization. Additionally, Because CHWs are meant to be “of and for” the community, it’s powerful to reflect that in your hiring process.

Consider inviting:

- A staff member from a partner organization (e.g., behavioral health, housing, or school system).
- A community advisory board member or local coalition representative.
- A peer CHW or someone who has lived experience relevant to the population you’re trying to reach.

Not only does this bring in diverse perspectives but it also sends a clear message that the community voice is valued in decision-making.

If a full panel interview doesn’t feel appropriate, informal input opportunities (like a second round “community meet-and-greet” or feedback form) can also be effective.



It depends on how the CHW leverages their position. I have one CHW who does community connections work but doesn’t go to people’s houses. One does. How those two people leverage their position looks different. I’m not saying that one is better than the other. It can be really challenging to figure out that balance.

Being able to operate in informal space is really important, it’s important to be able to do this because it demonstrates a community of support vs a clinical use of support. That a person needs a community around them and they need to engage in that community to be successful- our physical and emotional need to be connected to people. The setting looks informal, but it’s being a community to someone. We don’t have enough examples of that in our community to sit down with you to sit down with you and support you. We don’t have those in the way that we used to.

On what makes a successful program: “It’s really never the program, it’s the people who are working in that program who are making it successful.

Megkian Doyle
Executive Director
Mountain Shadow Association

ORIENTING AND TRAINING A NEW CHW

Effective onboarding supports retention and success. Make sure to provide a mix of technical orientation and provide them the support they need to continue learning.

Organizational Information

Begin with a clear overview of:

- The organization's mission, values, and approach to work.
- The communities served, local demographics, and any existing goals.
- How the CHW role fits into your broader strategy and not just as a stand-alone position, but as a bridge between the community and your team.

Introduce All Programs and Key Team Contacts

Since CHWs will likely hear about every aspect of your organization's work while out in the field, it's critical to give them solid orientation to all major programs and services, even those outside their core focus area. This helps them to know who to refer questions or feedback to, allows them to accurately represent your organization and to feel confident in their role.

What to include:

- A brief overview of each program
- What the program does and who it serves
- Key contacts for each area (name, title, contact info)
- Flyers, referral forms, or other materials they can use in the field

Providing Technical Orientation

When you hire a CHW for their connection to the community it's likely they won't come in with a deep understanding of systems, program requirements, or technical documentation processes. Your orientation should be built to honor their strengths while also gently building confidence and skill in areas that may be new.

- **Start with what they already know**

- Before diving into technical tools and forms, begin by learning more of what they already know (go deeper than the interview process may have):
 - Their lived experience and what they already do well (e.g., helping neighbors navigate systems, attending community events)
 - Their knowledge of local resources and challenges
 - Their communication style and how they like to learn

- **Introduce Systems**

- **Documentation expectations**

- What do we want recorded, and why?
 - Explain how documentation helps tell the story of their work, track success, and connect people to services. Provide examples of simple, narrative-style documentation rather than medical charting.

- **Technology tools**

- If your team uses electronic health records, databases, Excel, or shared drives, start with the basics. Use screenshots or short videos, and don't assume prior experience.

- **Confidentiality and consent**

- Emphasize the importance of trust and protection of information in a community-centered way. Role-play common situations where boundaries or privacy might be challenged.
 - Provide HIPAA training if required.

- **Organizational workflows**

- Help them understand how to navigate referrals, who to check in with, and where to go with questions.

- **Use mentorship and shadowing**

- Pair the new CHW with a mentor, either another CHW if available, or a trusted staff member. Shadowing others in the department or in partner organizations can also help connect the dots between what they know and what they're learning.

MANAGING A CHW

CHWs spend a significant portion of their time working outside the office, building relationships, attending community events, and supporting individuals where they live, work, and gather. This flexibility is part of what makes the CHW model so powerful but it also requires a different kind of supervision.

Effective CHW management is built on three core elements: flexibility, structure, and trust. Supervisors must stay connected and supportive without creating unnecessary rigidity or oversight that hinders the CHW's ability to respond in the moment.

Supervision Strategies That Support Field-Based Work

- **Schedule regular check-ins (weekly or biweekly)**
 - These are essential for staying in sync, offering support, and identifying emerging needs or barriers. Make space in these meetings for storytelling and reflection, not just task tracking.
- **Use shared calendars or logs to track activity**
 - A shared calendar, spreadsheet, or simple log form can help you stay informed about where the CHW is and what they're working on without requiring hourly updates or micromanagement.
- **Provide mobile-friendly tools for communication and documentation**
 - Whether it's text, voice memos, or simple mobile data forms, make it easy for CHWs to share updates while they're on the go. Avoid systems that require desktop logins or complex interfaces if possible.
- **Set clear boundaries to prevent burnout**
 - Community-based work can be emotionally demanding. Help your CHW set healthy limits on work hours and availability. Reinforce that it's okay to step away and that they are not required to be available to community members all the time.

- **Education among staff**

- Helping educate all staff, but specifically leadership and those working directly with CHWs, is important to understand the role of a CHW, and how they can support and enhance programmatic efforts. Supervisor training for CHWs is also encouraged (link: <https://mhpsalud.org/how-we-can-help-you/training/chw-supervisors/>) .

- **Encourage peer support and mentoring**

- CHWs benefit from being in community with others doing similar work. If your organization has more than one CHW, create space for regular peer reflection. If not, connect them to regional CHW networks or set up informal mentorship with a partner organization.

Provide Regular Trainings and Continuing Education

- Secondary trauma training
- Connection with other CHWs- especially if you only have one on staff

WORK HOURS FOR A CHW

CHW schedules often look different from traditional office roles and that's intentional. Community needs don't always fit neatly into a 9-to-5 structure. Evening events, weekend gatherings, or spontaneous conversations on a porch are all part of the work. At the same time, organizations often operate within standard business hours and structures. To make this work, have open conversations early and often about scheduling expectations, boundaries, and accountability.

Balance Structure with Flexibility

Start by identifying standard working hours for routine tasks like team check-ins, documentation, and administrative work. Then build flexibility to allow the CHW to attend:

- Community meetings outside of standard hours
- Outreach events in the evenings or weekends
- Informal drop-in times in the neighborhoods they serve

Whenever possible, let the CHW co-design their schedule based on when and where they can be most effective in building community relationships.

Create a Shared System for Communication and Oversight

Because the CHW may be out in the field much of the time, it's important to have clear and simple ways to stay connected and informed.

Consider:

- A shared digital calendar where the CHW logs their general whereabouts and events
- Weekly check-ins with a supervisor to review priorities, successes, and challenges
- A simple field log or notes tracker to document activity and share key community themes or feedback

Don't rely solely on written documentation instead make space for storytelling and verbal updates in supervision sessions. This often captures the heart of their work better than spreadsheets can.

Safety and Legal Considerations

Being out in the field comes with risks. In addition to communication about where a CHW is conducting outreach and community resource support, it is important to promote and establish a culture of safety within the organization and community.

- Resource provision- cell phones, pepper spray, etc.
- Risk assessment- annual safety training for CHWs
- Transportation considerations- establish clear policies and protocols about use of vehicles and transporting clients. If allowing CHWs to transport clients, explore insurance coverage options specific to transportation issues
- More information about legal considerations for CHWs and their employers can be found on the [Network for Public Health Law's issue brief](#).

Expectations around incident reporting that align with your organization's policies.

Clarify Time-Tracking and Expectations

Make sure there is a shared understanding of how the CHW will track their hours. Be transparent about:

- What counts as work time (travel, prep, outreach)
- How comp time or flexible time is handled
- How they should log or report their hours (and how often)

This is especially important if they are salaried but expected to attend events after hours or if they are hourly and may need overtime approval.

Trust

Ultimately, managing a CHW requires a foundation of mutual trust. You hired this person to represent the community, and you need to trust that they will also represent your organization with integrity and care.



I feel so blessed that I was tasked with the CHW program. It has been one of the coolest experiences that I've had as a leader, of building a program and learning about this workforce.

Part of the success of a community health worker is truly their own personality. Some people just absolutely are built for the role.

I don't micromanage, but if I'm glancing through their spreadsheet, I'll ask what was up with last Friday? You only saw two patients? And then she'll say, well, I got pulled into (this situation), and then I get to hear all about that patient. And I think it's so important for us to understand how long each phone call & patient can take. That's where there is an understanding of trust first. If I were to say, wait, you only saw 2 patients, what the heck? Instead of, 'I trust that you're doing what you should be. Tell me why last Friday was only 2 patients. That seems really weird for you. You're usually doing 8 to 10 patients, easily.' It's the attitude you go into conversations with our community health workers, so they feel supported and valued.

Patti Anderson
Care Management/Community Health Worker Team
Providence

CHW CONNECTION TO TEAM

Although CHWs spend much of their time out in the community, they are still a vital part of your internal team, and their success depends on strong, intentional connections with program staff, leadership, and peers. They are not a standalone program and CHW's connection to the team and internal understanding of the profession is vital for the success of a CHW.

Externally, In the eyes of the community, CHWs often represent the entire organization, not just one initiative or funding stream. When community members share concerns, ideas, or needs, it won't be filtered through a specific lens. This makes it even more important to ensure the CHW understands all the programs your organization offers and that the rest of your team understands the CHW's role.

Facilitate Regular Connection Points

Because the CHW's day-to-day work may not happen in the building, you must create intentional moments of connection.

- Adding the CHW to all-staff meetings and internal communications
- Holding a standing biweekly or monthly debrief with key program leads
- Creating a shared updates log or form where the CHW can flag common themes or questions they're hearing in the community
- Offering opportunities for the CHW to co-present or co-facilitate outreach with program staff

Promote Mutual Learning

The CHW can serve as a feedback loop to help your team learn more about how programs are perceived and accessed in the community. Create a culture where this input is welcomed and explored.

INTRODUCING CHW TO THE COMMUNITY

While your new CHW may already be a familiar face in the community, their new role and purpose may not be. It's important to be intentional about how you introduce them so that community members understand what the CHW is there to do and how they can engage with them.

Set Them Up with the Basics

Start with simple tools that communicate professionalism and make it easy to connect.

- Provide an ID badge that clearly states their role and organization.
- Create business cards or contact postcards with phone number, email, and office drop-in hours (if applicable).
- Equip them with a short, clear elevator pitch to explain their role when meeting new people.
 - For quick introductions, like meeting someone at an event or in passing.
 - “Hi, I’m [Name], a Community Health Worker. I help connect people in our community to health and social services, making it easier to get the support they need.”
 - For explaining their role to a neighbor, client, or community member in simple, relatable terms.
 - “Hi, I’m [Name], and I’m a Community Health Worker. My job is to help people in our community connect with health care and other resources like food, housing, or transportation that support you and your family’s well-being. I live and work here, so I understand some of the challenges people face, and I’m here to make sure you get the help you need and that your voice is heard.”
 - For explaining their role to public health staff, nonprofits, or other agencies.
 - “Hi, I’m [Name], a Community Health Worker. My role is to bridge the gap between the community and health and social service systems. I help people navigate resources, build trust, and bring back feedback about what’s really happening on the ground. This helps our programs reach more people, be more culturally responsive, and make a bigger impact. I work closely with partners like you to make sure no one falls through the cracks.”

Make Warm Introductions

If you already have relationships with community members, coalitions, or partner organizations, start by making a warm introduction to your CHW. Invite them to join you for the first few visits or meetings. Once introductions are made, give the CHW space to build their own relationships. This shows trust in their abilities and helps them establish credibility in their own voice.

Publicize the Role

Let the wider community know that this position exists and that it was created with them in mind.

- Post flyers in public spaces announcing your CHW and how to reach them.
- Make a social media post or newsletter announcement introducing the CHW, ideally with a photo and a quote about why they took the role.
- Invite them to attend and speak at community meetings or events.
- Use coalition meetings, churches, or school events to spread the word that you now have someone who is there specifically to listen, support, and connect.

Make Their Presence Visible and Accessible

The goal is to make your CHW a consistent, trusted presence, someone the community sees as both approachable and reliable. Help your CHW get involved in day-to-day community rhythms. This could include:

- Setting up a regular table at a food bank or local gathering place
- Attending sporting events or cultural celebrations
- Being present at community-led meetings or listening sessions
- Participating in outreach events





...CHW secret sauce is that they come from the community, and they... they have this, like, identity that can't be taught.

I do think that health departments that have more flexible work environments are going to be more conducive to community health workers, right? Because if you're trying to recruit the grandma down the block, or the retired coach, or a college kid to kind of reach out to his community. You're going to need flexibility with schedules, and trusting that if they're out in the community meeting people, they're out in the community meeting people, right? That traditional office, like, where are you every minute? That doesn't work.

I think, in part, that's where that return on investment comes in, and really getting leadership to see having this sort of generalist position if I am willing to put that as a line item in my operating budget. That's worth it, because they can also be your outreach arm. They can be your community organizer arm for your services. I think here at the health department, we're lucky we have a public health mill, and so that's part of what allows us to braid funding. But I also think public health departments are just so good at pivoting and figuring it out and working within our funding to say, well, yeah, of course I'm going to talk about tobacco, but I'm also going to talk about cancer in the same conversation.

I think we're just seeing this expansion of these health helper roles, that are non-clinical, and I think that's really exciting, because you're deepening the bench of players that can help with community health, right? You're recruiting people that care so much, and can also move-forward initiatives faster than new people, right? Because you already have that trust in the community. Progress moves at the speed of trust. You're already there. And so I think that that has been really exciting to see this kind of workforce of non-clinical professionals start to rise up. I think right now we're just at a point where we need to get them organized, right? Like, all these funding machines, or streams are hiring care navigators and housing navigators, and this part's eligible for this, but not for that. And I think we need to get ourselves organized and all moving in the same collective direction.

Melissa Henderson
Senior Director
Community Health and Safety Division
Riverstone Health



RESOURCES

Community Health Representative | Indian Health Service (IHS), <https://www.ihs.gov/chr/>

Community Health Representative Integration Toolkit Series | Center for Community Health and Engaged Research, <https://legacy.nau.edu/center-community-health-engaged-research/chr-integration-toolkits>

Montana Community Health Worker Association, <https://mtchw.org/>

National Association of Community Health Workers, <https://nachw.org/>

The National Council on CHW Core Consensus Standards, <https://www.c3council.org/>

Training for Community Health Worker Managers & Supervisors - MHP Salud, <https://mhpsalud.org/how-we-can-help-you/training/chw-supervisors/>

University of Montana Center for Children, Families, and Workforce Development, Additional CHW Resources, <https://www.umt.edu/ccfwd/training/communityhealth/addresourcechw.php>

REFERENCES

- Association of State Territorial Health Officials. Community Health Workers: Evidence of their effectiveness. Astho.org. <https://www.astho.org/globalassets/pdf/communityhealth-workers-summary-evidence.pdf> Legal Considerations for Community Health Workers and their Employers, <https://www.networkforphl.org/wp-content/uploads/2020/01/Legal-Considerations-Community-Health-Workers.pdf>
- Building Teams Together: A 5-step guide to integrate CHRs into care coordination. CHR Integration Toolkit Series, No. 3 (2025). Northern Arizona University, Center for Community Health and Engaged Research (CHER). Flagstaff, AZ.
- Community Health Workers : Occupational Outlook Handbook: U.S. Bureau of Labor Statistics, <https://mhpsalud.org/how-we-can-help-you/training/chw-supervisors/>
- Kristen J. Wells, Andrea J. Dwyer, Elizabeth Calhoun, Patricia A. Valverde, Community health workers and non-clinical patient navigators: A critical COVID-19 pandemic workforce, Preventive Medicine, Volume 146, 2021, <https://doi.org/10.1016/j.ypmed.2021.106464>.
- Legal Considerations for Community Health Workers and their Employers - Network for Public Health Law, <https://www.networkforphl.org/resources/legal-considerations-for-community-health-workers-and-their-employers/>
- Perry, H. B., & Hodgins, S. (2021). Health for the People: Past, Current, and Future Contributions of National Community Health Worker Programs to Achieving Global Health Goals. Global health, science and practice, 9(1), 1–9. <https://doi.org/10.9745/GHSP-D-20-00459>
- Perry, H. B., Zulliger, R., & Rogers, M. M. (2014). Community health workers in low-, middle-, and high-income countries: an overview of their history, recent evolution, and current effectiveness. Annual review of public health, 35, 399–421. <https://doi.org/10.1146/annurev-publhealth-032013-182354>
- Rosenthal EL, Menking P, St. John J, Fox D, Holderby-Fox LR, Redondo F, Hirsch G, Lee L, Brownstein JN, Allen C, Haywood C, Ortiz Miller J, Ibarra J, Cole M, Huxley L, Palmer C, Masoud S, Uriarte J, Rush CH. The National Council on CHW Core Consensus (C3) Standards Reports and Website. Texas Tech University Health Sciences Center El Paso. 2014-2024. <https://www.C3Council.org/>
- Salve, S., Raven, J., Das, P., Srinivasan, S., Khaled, A., Hayee, M., Olisenekwu, G., & Gooding, K. (2023). Community health workers and Covid-19: Cross-country evidence on their roles, experiences, challenges and adaptive strategies. PLOS global public health, 3(1), e0001447. <https://doi.org/10.1371/journal.pgph.0001447>
- Wennerstrom, A., Sugarman, M., Rush, C., Barbero, C., Jayapaul-Philip, B., Fulmer, E. B., Shantharam, S., Moeti, R., & Mason, T. (2021). “Nothing About Us Without Us”: Insights from State-level Efforts to Implement Community Health Worker Certification. Journal of health care for the poor and underserved, 32(2), 892–909. <https://doi.org/10.1353/hpu.2021.0070>

STORIES FROM THE FIELD

CASE STUDY



EXPANDING WORKFORCE OPTIONS TO IMPROVE ASTHMA CARE IN LEWIS AND CLARK COUNTY

Background

Lewis and Clark County Public Health (LCPH) faced a persistent challenge: filling a nursing position to support the county's Asthma Control Program and Nurse Family Partnership (NFP). Recruitment efforts were confounded by a statewide shortage of nurses, particularly for home visiting roles.

"It's hard to hire nurses in Montana—especially for home visiting," said Mary Sparks, LCPH Program Manager. "They often don't get training in home visiting and sometimes don't realize what the work entails."

Despite repeated efforts, the department hired and trained two nurses who both left soon after completing the required training. This left the county unable to maintain consistent services and placed the program's sustainability at risk.

Exploring Alternatives

While reviewing national guidelines, Mary discovered that the National Asthma Program did not specifically require a nurse for asthma home visiting. Initially, state program requirements limited the role to nurses or respiratory therapists, but during conversations with state partners, a new idea emerged: Community Health Workers (CHWs).

Around the same time, LCPH staff member Charity, a WIC aide and peer breastfeeding counselor, was seeking career growth opportunities. When the state approved CHWs for the asthma program, Mary recognized an opportunity to fill the gap creatively and cost-effectively.

"It all just came together at the right time," Mary shared. "We were able to make this a full-time position and open the door to someone already dedicated to serving our community."

The Solution

The department transitioned the home visiting component of the program from NFP to Parents as Teachers, which does not require a nursing license, and created a new position for a CHW. Charity enrolled in the University of Montana's CHW training program while continuing to work.

Internal discussions with leadership went smoothly, as everyone understood the ongoing recruitment challenges. Other counties were experiencing similar issues—Missoula County even had to give up its asthma contract because they could not find a nurse.

Impact

Hiring a CHW solved several challenges at once:

- **Expanded recruitment pool:** By removing the RN requirement, LCPH could hire from a broader range of qualified candidates.
- **Increased stability:** Charity's existing relationships and local experience fostered strong connections with families and improved retention.
- **Cost savings:** The CHW role allowed the position to become full-time, increasing program consistency and sustainability.

Today, Charity serves as both an asthma home visitor and a Parents as Teachers educator, successfully balancing two distinct client groups.

"I wanted to grow and stay with Lewis and Clark Public Health," Charity said. "This opportunity felt like the universe was working in my favor."

Looking Ahead

Lewis and Clark County's experience shows how flexibility and innovation can address workforce shortages while maintaining essential public health services. By embracing CHWs, the county preserved vital asthma and family support programs—and created a model for other rural and suburban health departments navigating similar challenges.

CASE STUDY



BUILDING A COMMUNITY HEALTH WORKER PROGRAM TO REACH SPANISH-SPEAKING FAMILIES IN GALLATIN COUNTY

Background

Gallatin County has experienced rapid population growth over the past decade, including a significant increase in Spanish-speaking families. The health department's home visiting program faced overwhelming demand, with a waitlist that grew to more than 250 families.

"It was the thing that kept me up at night," said Amie Gatterdam, Maternal Child Health Services Group Manager at Gallatin City-County Health Department. "We knew we weren't serving this population in a way we could be proud of."

The county had only one part-time bilingual public health nurse, who was managing an unmanageable caseload while fielding calls directly from families seeking services. This created burnout for staff and left many families without needed support.

The Solution

Gallatin County began by exploring creative ways to expand its workforce. Initially, the county worked with a group of community volunteers—promoters—to provide outreach in West Yellowstone. Over time, the program evolved into hiring Community Health Workers (CHWs), with a focus on reaching Spanish-speaking families.

The first CHW was hired through a MOMS grant, following extensive advocacy to demonstrate how the role supported primary prevention. This CHW, Vivian, worked through the waitlist, providing short-term case management—connecting families to resources like food assistance, health care, and financial aid applications—while also collecting data on substance misuse to meet grant requirements.

Although this initial position was temporary, it demonstrated the value of CHWs and laid the foundation for future roles.

“Vivian was phenomenal,” Amie reflected. “She helped families navigate immediate needs so our nurses could focus on longer-term home visiting and education.”

Expanding the Model

Building on this success, Gallatin County created additional CHW roles to meet other community needs:

- **WIC Shopping Support**
 - Through an ARPA-funded project, a CHW accompanied families—primarily Spanish-speaking—on grocery store visits, helping them navigate the WIC purchasing process and avoid frustration or embarrassment at checkout.
- **Immunization Program Support**
 - When the county struggled for months to recruit a public health nurse, they reclassified the position to allow for a CHW instead. This change made it easier to fill the role and improved outreach to Spanish-speaking families.

“She does everything except give the shot,” said Amie. “Scheduling, translation, outreach, follow-up—it’s been incredibly successful.”

Keys to Success

Gallatin County’s success was driven by several intentional strategies:

- **Flexible job descriptions** that emphasized relevant experience and community connections over formal education.
- **Bilingual recruitment efforts**, including posting job descriptions in Spanish and offering a pay incentive for bilingual employees.
- **Community engagement**, such as working with the nonprofit Bienvenidos and through social media channels to identify candidates.
- **Statewide policy alignment**, inspired by other Montana programs that shifted similar roles from requiring RNs to allowing CHWs.

Impact

Today, Gallatin County has multiple CHWs embedded across programs, dramatically improving access for Spanish-speaking families. This shift has:

- **Reduced staff burnout** by allowing nurses to focus on clinical care.
- **Expanded service reach**, ensuring more families receive timely support.
- **Strengthened trust** with the Spanish-speaking community through culturally and linguistically appropriate services.

“All of our programs were struggling to serve Spanish-speaking families in a way that felt good to us,” Amie said. “CHWs helped us bridge that gap.”

Looking Ahead

By embracing CHWs, Gallatin County transformed its approach to public health workforce challenges. Their experience offers a roadmap for other counties seeking to address staffing shortages while improving equity and access to essential services.

CASE STUDY



MEETING BEHAVIORAL HEALTH NEEDS THROUGH A COMMUNITY HEALTH WORKER IN FALLON COUNTY

Background

In Fallon County, a small frontier community in eastern Montana, behavioral health needs have been growing while access to services remains limited. In a period of just over a year, the county experienced five suicides, a devastating loss for a community of its size.

“We were seeing such a gap in behavioral health services, especially with those people who are in crisis and don’t know how to navigate the system,” said Kim Bryan, director of public health at Fallon County Health Department. “It felt like people were falling through the cracks, and we needed to figure out a way to do something different.”

At the time, local mental health resources were scarce. It could take two to three months for a telehealth behavioral health appointment through existing providers, while a clinician visiting from Big Sky Mental Health only came twice a month. The burden often fell to schools and law enforcement to respond to crises, but these systems were not designed for long-term support.

Identifying a Solution

To better connect individuals to care and reduce gaps in the system, Fallon County decided to create a Community Health Worker (CHW) position focused on behavioral health. The county sought approval for the position from the county commissioners, and had them meet with commissioners in Sweet Grass County, whose model Fallon County was seeking to replicate. The role was designed to be non-clinical and relationship-driven, helping to reduce stigma and provide hands-on support like completing Medicaid applications, coordinating care, and following up after crises.

The county modeled its position after similar efforts in Sweetgrass County and received funding through a Near-Term Initiative (NTI) grant. From the start, there was an understanding that the position was grant-funded and would need to demonstrate value to secure future support from the county or other sources.

Hiring the Right Person

Recruiting for a specialized role in a small, rural area presented challenges. While six candidates applied—a strong pool for a frontier community—finding someone with both a behavioral health background and grant experience proved difficult. Ultimately, Fallon County focused on personal qualities over credentials, seeking someone who:

- Could build trust and talk comfortably with community members.
- Was non-judgmental and empathetic.
- Could problem-solve independently and follow through consistently.
- Would remain calm and supportive when clients were in crisis.

“It’s important that whoever we hired lives here and understands the community. In a small place like Fallon County, relationships matter. You can teach someone the technical stuff, but you can’t teach them to care or to really know the people they’re serving.”

Early Impact

The CHW quickly became a vital link between community members and services. Working closely with law enforcement, the CHW now receives referrals for individuals who have experienced a crisis but do not meet the criteria for hospital admission. This has helped prevent repeat crises and reduce strain on emergency responders.

The CHW also works with schools, where counselors often refer students in need of more intensive behavioral health support. By handling intake paperwork and connecting families to telehealth or visiting clinicians, the CHW helps students access services much more quickly—sometimes in 24 to 48 hours, compared to months-long waits in the past.

Additionally, the CHW assists individuals transitioning from jail back into the community, helping them reinstate Medicaid, access behavioral health care, and build a stable support network.

Looking Ahead

While the program has already shown promise, Fallon County is mindful of its grant-dependent funding. Early successes are being tracked to demonstrate impact and encourage the county commission to consider long-term investment in the role.

“The CHW has become an essential bridge between our systems,” Kim said. “We’re seeing people get connected to care who might otherwise fall through the cracks.”

Lessons for Other Rural Communities

Fallon County’s experience highlights the importance of:

- Hiring locally to ensure trust and community connection.
- Designing flexible roles that adapt to local needs.
- Engage with county commissioners and connect them with their counterparts in other counties to hear success stories.
- Building partnerships with law enforcement, schools, and health care providers.
- Starting with small, realistic goals while planning for sustainability.

By prioritizing relationships and community-driven solutions, Fallon County has created a model for addressing behavioral health needs in rural and frontier areas where traditional clinical staffing models often fall short.

“We’ve had suicides. I think we had 5 suicides in... a year, or a year and a half, or something like that. And just... there’s just a big, stigma around anything related to mental health. And so after all these things happened, we were just like, we’ve got to do something to try to bridge the gap and to help. And then, since we don’t have the Office of Public Assistance, we were having, like, 8 to 10 people coming through the health department, you know, asking for help, and so our public health specialist, she would have to stop what she was doing and try to help these people, with their Medicaid applications and things like that. And a lot of that, like, the lack of resources and all these things, I think, contribute to a lot of the mental health problems. And so we felt like, well, if we could get somebody in place, then they could help bridge the gap for both of those services.

Kim Bryan
Health Director
Fallon County

APPENDICES

SAMPLE JOB DESCRIPTIONS

POSITION TITLE:

COMMUNITY HEALTH WORKER

Position Summary:

Work with agencies, organizations and community members for referral to services. Understand, work within, and communicate the mission and vision of the organization to the communities that it serves, organization membership and residents in rural counties.

Duties / Responsibilities:

- Coordinate referral to services activities in organization service area. Connecting to resources and advocating for basic needs (food, medical and housing). Ability to make appropriate referrals and follow up.
- Educating individuals and communities about how to use health and social services systems.
- Educating about community perspectives and norms. (Education and Facilitation skills)
- Provide necessary information to understand and prevent diseases and to help people manage health conditions. (Diabetes, etc.)
- Conduct health promotion and disease prevention education in a manner that matches the needs of participants or community. (Outreach skills)
- Help coordinate, schedule and organize community activities.
- Coordinate and complete responsibilities associated with grants, i.e., grant reports, etc. (shared).
- Participate in trainings and provide trainings as required.
- Assist with literature distribution and maintaining sites (shared).
- Meet all “scope of work” duties as required by funding sources. To be discussed during interviews
- Other duties as assigned.

Preferred Experience / Competencies

Communication skills. Able to communicate with community members, local government, agencies and organizations. Professional demeanor and appearance. Ability to prepare written communication including electronic communication. Ability to document work. Ability to work as a team member.

Preferred experience in public speaking and teaching.

Essential Abilities

Understand and implement the strategy of teamwork, and shared mission and vision of organization. Understand and effectively communicate facts and ideas to explain the role of the organization Coalition. Efficiently use and operate applicable office equipment, computers, and software programs.

Ability to lift up to 50 pounds and otherwise maneuver to operate office equipment and file and stock materials. Stand or walk or have appropriate devices for providing same for extended periods while making group presentations at a variety of work sites.

Perform the essential job requirements without harming self, others, or agency assets.

Drive personal vehicle to and from work, to all presentation sites. Maintain appropriate vehicle insurance. Will not provide transportation for participants in personal vehicle.

Work a flexible schedule, including evenings, weekends and early morning when necessary.

Willing and able to travel when necessary. This list is not exhaustive and may be supplemented as necessary. This job description is intended to convey general information and is not a complete list of the skills, efforts, duties, and responsibilities of the prevention coordinator. The job description will comply with grant funding sources.

POSITION TITLE:

SPANISH-SPEAKING IMMUNIZATION COMMUNITY HEALTH WORKER

Position Definition

This position is part of the Health Provision Division within the Health Department. As a member of this team, this position will play a vital role in promoting health and wellness. This position works alongside the County Immunization Program and collaborates with schools and community partner organizations to support immunization service to Spanish-speaking children and families. This position will work closely with individuals and families to provide education, support, and advocacy to improve their overall health outcomes. This position's responsibilities will involve conducting outreach, facilitating access to healthcare services, and empowering community members to make informed decisions about their health. This position provides services in Spanish to individuals with limited English proficiency. This position reports to the Director of Health Provision. This position is grant funded.

Each duty listed below makes up at least 20% of the job, and all other functions are included in Other Duties as Assigned. All duties below are essential functions unless otherwise indicated.

Essential Duties

- i. Provides translation services for health department, school-based, and off-site immunization clinics.
- ii. Coordinates with local community partners and families to obtain immunization records and translate records when necessary.
- iii. Collaborates with the immunization nurses to review immunization requirements for school attendance based on Montana Code 37.114.705 and childhood vaccinations based on the Advisory Committee on Immunization Practices recommendations.
- iv. Communicates immunization requirements and recommendations to Spanish speaking families.
- v. Translates immunization and community resources to Spanish as needed.

- vi. Builds trusting relationships with community partners and Spanish-speaking families.
- vii. Completes required documentation in an accurate and timely manner to track needs, efforts, progress, outcome, and communication with families, including entering data into electronic medical records system and imMTrax, Montana's Immunization Information System.
- viii. Participates in communications with community partners working to increase immunization services for Spanish-speaking families across the County.
- ix. Maintains confidentiality in all written and oral communications, in accordance with the Uniform Health Information Act or the Health Information Portability and Accountability Act (HIPAA), whichever is more stringent.
- x. This position is a mandatory reporter for child abuse and neglect.

Other Duties

- i. This position has no regular supervisory responsibility over other employees.
- ii. Working relationships: establishes and maintains relationships with health care providers, co-workers, and community partners and organizations to provide immunization services and referrals to resources for Spanish-speaking families.
- iii. Physical/environmental demand: Work is performed in a wide variety of settings with patients and families. Participating in off-site immunization clinics and meetings requires travel in inclement weather. Contact with the public in health care situations requires the incumbent to exercise universal precautions to prevent or minimize exposure to illness and disease. At times the incumbent would be required to handle contentious situations or angry public in a professional manner. The work requires moderate physical effort or exertion when carrying equipment or educational materials.

Knowledge, Skills, Abilities

Work collaboratively as part of a team, including receiving feedback, communicating effectively verbally and in writing. Work with diverse individuals and groups and advocate for clients' needs. Function without judgement, bias, or stereotypes and facilitate clients' access to immunizations and other health and social services. Communicate with linguistic and cultural proficiency (e.g., in writing, orally, and visually). Incorporate ethical standards of practice into all interactions with individuals, organizations, and communities.

Minimum Qualifications

This position must be fluent in Spanish and proficient in English. This position must have basic computer skills, including ability to utilize Microsoft programs. This position must have completed an extensive instructor guided community health worker training program from an accredited university within four months of hire. The required knowledge, skills, and abilities for this position are typically acquired through a combination of education and lived and/or professional experience in navigating social services, peer support, health, behavioral healthcare, health education, working with marginalized populations, indigenous communities, and/or economically disadvantaged populations. Preferred qualifications include a valid driver's license, reliable form of transportation, and a high school diploma or equivalent.

SAMPLE INTERVIEW QUESTIONS

These questions are fairly general, and can be modified/adapted based on the position and made more specific, depending on the population focus of your CHW.

- Tell us a little about yourself and why you are interested in this position.
- Please describe your experience working with the [community the CHW will be working with] community/population.
- By providing examples, can you share how you can adapt to a wide variety of people and situations and environments.
- Please give us an example of a time when you have had to solve problems creatively.

- Scenario-based questions- can be edited to align with the scenarios you envision your CHW may encounter in their work.
 - a. You have a family looking for help with establishing and paying for prenatal care. You realize they are also dealing with food insecurity during this visit. What resources would you share with them?
 - b. You have just learned that someone you know and care for is struggling with substance use disorder. How would you process this? Who would you talk to?
 - c. Sometimes an individual you are working with may be angry, frustrated, or stressed. How do you approach these situations to support having a successful interaction?
- Working with people, building relationships, and tracking applications and progress is a large part of this work, and that also requires staying organized, how would you manage and organize the workflow? What types of tools or strategies would you use to do so?
- Working with people, it is inevitable that there will be conflict. Tell us about a conflict you have had with a co-worker or superior, and how you handled it?
- How do you maintain professional boundaries in your relationships with clients and families?
- What qualities do you believe are essential for effective teamwork across disciplines? Can you share an example of how your interpersonal communication strengths and preferences have helped you collaborate successfully within teams?
- What is one thing you would like us to remember about you after this interview?
- What questions do you have for us?