



**Centers for Disease Control and  
Prevention Community Health  
Workers for COVID Response and  
Resilient Communities (CCR21-2109)  
Final Report**

**August 2025**

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# 1. Executive Summary

In July 2022, the Rhode Island Department of Health (RIDOH) launched the Community Health Workers for COVID-19 Response and Resilient Communities (CCR) initiative with funding from the Centers for Disease Control and Prevention's DP21-2109 grant. Over four years, the program mobilized Community Health Workers (CHWs) and their employers to confront the challenges of pandemic recovery and long-standing health inequities that disproportionately affect marginalized communities. By pairing community-based outreach with systems-level policy change, CCR sought to protect families from COVID-19, restore trust in public health, and build a workforce that could address the social and structural determinants at the root of poor health outcomes.

Rhode Island entered the project with a strong CHW landscape. Local health equity zones (HEZs), and community-based organizations had already deployed CHWs in pockets across the state; however, there was room for improvement in training, certification, financing, and data infrastructure to expand the workforce's reach and sustainability. CCR offered a rare opportunity to align these efforts under a single strategic vision. Through Component B, the grant placed CHWs in hard-hit neighborhoods to deliver testing, vaccination, care coordination, and essential-needs navigation. Component C braided those frontline services with policy, advocacy, workforce development, and evaluation activities that could outlive emergency funding. Central to the model was a statewide CHW Strategy Team, 55 percent of whose members are practicing CHWs, that ensured the state's roadmap for the workforce was grounded in lived expertise and equity principles.

From the outset, the initiative committed to participatory research and real-time learning. RIDOH's evaluators collaborated with CHWs and people with lived experience to analyze data, interpret findings, and translate insights into action. The team combined data, such as focus groups, surveys, and interviews, with quantitative data that tracked service delivery, workforce retention, and community resilience indicators. This mixed-methods approach allowed partners to adapt quickly as pandemic conditions, funding streams, and community priorities evolved.

The following report documents what Rhode Island accomplished between August 2021 and August 2025, how those achievements were realized, and why they matter for the future of the CHW workforce and public health. The report opens with a Program Description that explains the CHW initiative's goals and partnerships, proceeds to a Methodology section outlining the mixed-methods evaluation design, and then moves through chapters that present results on workforce development, community and stakeholder engagement, communications and outreach, and broader policy and systems change. Subsequent sections synthesize lessons learned and present feasible recommendations for sustaining and scaling the CHW workforce beyond the CCR grant period. The conclusion reflects on the initiative's broader contribution to a health system where equity is not a project deliverable but a daily practice.

CCR shows how a crisis-driven initiative can transform into a lasting infrastructure for equity-centered public health. By integrating community leadership, rigorous yet inclusive evaluation, and policy innovation, Rhode Island has laid the groundwork for healthier, more resilient communities through the integration of CHWs.

## 2. Introduction

### 2.1 Scope of the Report Background of the CHW Grant

In 2021, the Centers for Disease Control and Prevention (CDC) launched the Community Health Workers for COVID Response and Resilient Communities (CCR) initiative (CDC-RFA-DP21-2109) to support the expansion and integration of community health workers (CHWs) as essential members of the public health workforce. The CCR grant aimed to mitigate the impact of COVID-19 on populations disproportionately affected by the pandemic while building sustainable, community-based infrastructure to address future public health emergencies and chronic disease disparities.

The Rhode Island Department of Health (RIDOH) received funding under Components B and C of the CCR initiative. Component B focused on building CHW capacity within Rhode Island through workforce development, training, and cross-program integration. Component C supported the Rhode to Equity (R2E) initiative, which engaged six cross-sector teams across the state in advancing health equity through place-based, CHW-led interventions that addressed the social and structural determinants of health. Together, these components strengthened Rhode Island's public health infrastructure by investing in the training, deployment, and engagement of CHWs statewide.

A core team located within the Division of Community, Health, and Equity (DCHE), led the implementation of the CCR initiative in Rhode Island. By working in collaboration with key partners including the Community Health Worker Association of Rhode Island (CHWARI), RIPIN, Care Transformation Collaborative of Rhode Island (CTC-RI), Health Equity Zones (HEZs), Community Based Organizations (CBOs), the CHW Strategy Team and the Rhode Island Alliance for CHW Employers, RIDOH leveraged the grant to elevate CHWs as trusted professionals uniquely positioned to support vulnerable communities, reduce health disparities, and build more resilient systems of care.

### 2.2 Scope of the Report

This report provides a comprehensive account of the Community Health Workers for COVID Response and Resilient Communities (CCR) initiative in Rhode Island, covering all four years of grant implementation. It documents the full scope of activities, partnerships, strategies, and outcomes that emerged under both Component B (building CHW capacity within RIDOH) and Component C (supporting cross-sector community teams through the Rhode to Equity initiative).

The report draws on multiple data sources including annual evaluation reports, program records, surveys, focus groups, interviews, and grantee communications to present an in-depth analysis of the initiative’s impact on the CHW workforce, community health, systems change, and sustainability.

Each section corresponds with the key components of the CCR initiative, including program design, collaborative partnerships, evaluation methods and findings, strategic planning, communications and outreach, and policy recommendations. Special attention is given to the role of CHWs in advancing health equity, addressing social determinants of health, and enhancing public health infrastructure.

The report serves as both a summative reflection and a roadmap for future work, offering insights for federal partners, state agencies, CHW employers, community-based organizations, and other stakeholders committed to growing and sustaining the CHW profession in Rhode Island.

## 3. Program Description

### 3.1 CCR Program Overview

CDC’s Community Health Workers for COVID Response and Resilient Communities (CCR) initiative provided critical federal support to expand Rhode Island’s community health infrastructure by placing more trained community health workers (CHWs) into communities disproportionately affected by COVID-19. As trusted members of their communities, CHWs played a key role as frontline public-health professionals. Their unique ability to build rapport and trust with community members enabled them to connect individuals and families to essential services, including medical care, behavioral health support, and social service resources.

#### **Program Priorities**

Throughout the CCR grant period, RIDOH and its partners worked to address long-standing health disparities that were intensified by the COVID-19 pandemic. While efforts had already been underway to mitigate chronic disease burdens in underserved communities, the pandemic highlighted and worsened structural inequities. CCR positioned CHWs to:

- **Reach** the communities hit hardest by COVID-19, including those experiencing poverty, housing insecurity, and systemic disparities.
- **Help prevent** further spread of the virus through education, contact tracing, testing support, and vaccine outreach.
- **Advance** health equity by supporting whole-person, community-centered care.

CCR sought to reduce the burden of COVID-19 on the most vulnerable residents and aimed to build long-term capacity within communities to respond to public health emergencies. Activities aligned with three overarching strategies over a four-year period:

1. **Train CHWs** by providing them with the knowledge, skills, and professional development necessary to support local COVID-19 response efforts and promote health equity.
2. **Deploy CHWs** into high-need areas, including clinical and community-based organizations, to enhance the local response and address pressing social and health needs.
3. **Engage CHWs** as integral leaders in fostering connections, promoting public health education and building community resilience, which is the capacity of a community to provide resources, support, and connections that enable its members to better overall health, cope with trauma, and prepare for future public-health emergencies.

### **Component B: Building CHW Capacity Within RIDOH**

During the first year of the CCR grant, RIDOH recognized a pivotal opportunity to strengthen its internal CHW capacity. Multiple programs within the Department including chronic disease prevention, maternal and child health, and infectious disease response began integrating CHWs more intentionally into their teams. This internal momentum led to the expansion of CHW-specific training, certification, and workforce development efforts.

Initial capacity-building efforts included revamping Rhode Island's Core CHW Training in partnership with the Community Health Worker Association of Rhode Island (CHWARI). RIDOH supported CHWARI in connecting with Health Equity Zones (HEZs), federally qualified health centers (FQHCs), hospitals, and community-based organizations to create pathways for CHW employment and supervision.

As implementation progressed, RIDOH developed a multi-faceted evaluation plan to assess Component B activities and outcomes. The plan tracked training milestones, the number of CHWs deployed across different sectors, and the quality of community and clinical integration. It also identified strengths and challenges that can inform future investment in the CHW workforce. Quantitative data outlined reach and coverage, while qualitative methods such as focus groups and interviews with CHWs, and supervisors deepened understanding of their lived experience, role clarity, and professional development needs.

### **Evaluation Purpose - Component B**

The evaluation of Component B captured the extent to which RIDOH, and its partners achieved intended goals and identified opportunities for improvement and innovation. It ensured accountability to CDC, the Rhode Island CHW workforce, internal RIDOH programs, and community stakeholders.

Evaluation questions for each CCR strategy included:

- **Train:** What barriers and facilitators influenced CHW participation in training? What knowledge and skills were gained? How did the trainings impact CHW confidence and career pathways?
- **Deploy:** How did CHWs integrate into existing teams? What new roles and responsibilities emerged as a result of their placement? How did CHWs enhance the ability of host organizations to serve their communities?
- **Engage:** How was CHW engagement perceived by both the community and their teams? What support systems helped sustain engagement, and what challenges remained?

Community-Based Participatory Research (CBPR) methods guided the approach. Focus groups and surveys assessed the extent to which CHWs performed their core roles, and team interviews explored organizational readiness for CHW integration.

### **Component C: Rhode to Equity (R2E) Integration**

Component C of the CCR initiative extended and enhanced the Rhode to Equity (R2E) work launched during the height of the pandemic. R2E originated from the Diabetes Health Equity Challenge (DHEC), a six-month initiative where cross-sector teams collaborated to improve diabetes outcomes using the Pathways to Population Health (P2PH) framework. Building on that model, R2E expanded to six cross-sector teams in 2021, combining efforts across clinical care, public health, and community organizations to address root causes of health disparities.

CCR funding allowed these teams to deepen their integration of CHWs, ensuring their voices and lived experiences shaped team planning, implementation, and systems change. CHWs received tailored training and mentoring, joined communities of practice, and contributed to health equity interventions across various settings, from direct services to policy advocacy. The Care Transformation Collaborative of Rhode Island (CTC-RI) served as the initiative's lead convener and strategic facilitator, helping teams use data, reflective practices, and structured frameworks to accelerate change.

### **Evaluation Purpose - Component C**

Component C's evaluation focused on learning, adaptation, and rapid-cycle feedback to enhance the implementation of place-based, equity-driven strategies. RIDOH collected and analyzed data to assess fidelity to the P2PH model and the degree of CHW influence on systems-level outcomes.

Evaluation activities included:

- Reviewing R2E team meeting notes and action plans to understand how CHWs contributed to decision-making and how their insights shaped new strategies.
- Conducting team-wide surveys, interviews, and focus groups to document progress, identify challenges, and assess the value of community voice integration.

- Applying a Rhode Island-adapted version of the P2PH Compass tool to help teams self-assess their current state and plan future work to advance health equity.

The goal of the evaluation was to help inform technical assistance delivery, shape future training investments, and highlight the need for strong cross-sector partnerships anchored in CHW leadership and equity principles. CHWs emerged as essential agents of change, helping institutions shift from service delivery to community-driven transformation.

## 3.2 Grant Partners and Collaborative Support

### 3.2.1 Overview of Partnerships

The success of the Community Health Workers for COVID Response and Resilient Communities (CCR) initiative in Rhode Island was made possible through strong collaboration with a diverse group of grant partners and stakeholders. These entities brought technical expertise, regional leadership, community engagement, evaluation capacity, and infrastructure development to support RIDOH's goals. Partnerships spanned across government agencies, nonprofit organizations, community-based initiatives, and associations focused on community health workers (CHWs). Together, these partners worked to build CHW capacity, integrate CHWs into community and clinical teams, and advance health equity throughout the State.

### 3.2.2 Roles and Contributions of Key Partners

#### Centers for Disease Control and Prevention (CDC)

The Centers for Disease Control and Prevention (CDC) funded the CCR initiative through grant DP21-2109, providing strategic direction, technical assistance, and clear performance benchmarks that grounded Rhode Island's work in evidence-based practice. In addition to financing the effort, the CDC offered national resources - AMP, Envision, and structured opportunities to join Communities of Practice (CoP) and Communities of Transformation (CoT). These supports strengthened day-to-day implementation and ensured that findings from Rhode Island could shape federal policy, long-term sustainability plans, and return-on-investment strategies for community health worker (CHW) programs across the country.

Envision, developed by CHWs in partnership with the CDC, delivered monthly evidence-based trainings and ready-to-use resources that Rhode Island partners frequently feature in CHWARI and RIDOH newsletters. The Action Management Platform (AMP) complemented these offerings by providing a single portal to request technical assistance, access curated resources, connect with peers, track deliverables, and join peer discussions.

Lead evaluator Michelle Abuna and evaluation specialist Mateo Castelli took part in a CDC-sponsored CoP focused on participatory evaluation. Regular peer-learning sessions and technical exchanges improved data-collection quality, deepened engagement of CHWs and people with lived experience, and equipped frontline staff with practical analysis skills. This collaborative environment fostered ongoing learning and knowledge sharing, which ultimately enhanced

Rhode Island's evaluation outputs and ensured community voices guided the interpretation and use of results.

Lastly, program administrator James Day and policy and systems specialist Geraldine McPhee joined a companion CoT that examined financial sustainability for CHWs. Working alongside national experts, they helped create the "CHW Financial Sustainability Planning Toolkit," a comprehensive guide first tailored to CCR recipients but now used by CHWs and allies in a wide range of funding situations. The toolkit addresses the complex economics of CHW workforce development and highlights relationship-building as a central strategy for achieving long-term fiscal stability.

Together, these CDC-backed assets expanded professional development for Rhode Island's program, streamlined grant administration, and amplified local insights for national impact.

### **Rhode Island Department of Health (RIDOH)**

RIDOH functioned as the lead grantee and overseeing agency for CCR implementation. The Division of Community, Health and Equity (DCHE) within RIDOH managed both Component B and Component C of the initiative, providing day-to-day operational oversight, guidance, and accountability. RIDOH also directly supported CHW workforce development through training and technical assistance efforts, engaged multiple internal divisions and programs to integrate CHWs into existing infrastructure, and coordinated with external partners to support CHW advancement.

### **Health Equity Zones (HEZs)**

HEZs, RIDOH's place-based initiative, were central to local implementation of the CCR initiative. These regional collaboratives led grassroots-level planning and delivery of community health services. HEZs served as both sub-awardees and coordinating bodies for the five component B organizations and six Rhode to Equity (R2E) teams. They provided local infrastructure and staffing, facilitated community-clinical linkages, and helped integrate CHWs into regional systems. HEZs also served as the 'home' for embedding CHWs within clinical and community-based organizations, ensuring that interventions were tailored to local needs and populations.

### **Community Based Organizations (CBOs)**

Community-based organizations (CBOs) served as the initiative's frontline implementation hubs: ten Rhode Island agencies were funded as organizations that hired, supervised, and mentored Community Health Workers (CHWs) whose cultural and lived experiences mirrored those of the priority populations they served. Leveraging the deep trust they already held in their neighborhoods, these CBOs carried out the program's three core strategies, train, deploy, and engage by guiding CHWs through state-approved core and specialty certifications, integrating them into COVID-19 response, chronic-disease outreach, and coordinating equitable hiring,

vaccine events, and social-needs navigation within community settings. They also collected and shared quantitative and qualitative data, collaborated with the RIDOH CHW Evaluator, and participated in monthly CHW Strategy Team meetings to align efforts with state agencies, strengthen community-clinical linkages, and co-create sustainability plans that ensured CHW positions would endure beyond the grant period, translating statewide goals into culturally competent, community-led action.

### **Rhode to Equity (R2E)**

The R2E initiative evolved from the successful Diabetes Health Equity Challenge and became RIDOH's central place-based model for addressing social determinants of health through cross-sector collaboration. Funded by the RI Executive Office of Health and Human Services (RIEOHHS) with additional support from RIDOH, R2E engaged six regional teams composed of HEZs, FQHCs, Accountable Entities, CHWs, a Lead CHW, and people with lived experience (PLEs). Each team was required to include at least three CHWs, whose work focused on strengthening local health systems, engaging communities, and addressing upstream drivers of health disparities. R2E teams served as laboratories for testing innovative strategies to integrate CHWs into policy and systems change.

### **Community Health Worker Association of Rhode Island (CHWARI)**

CHWARI served as Rhode Island's CHW state association and a sub-awardee under CCR. The organization supported the professional development of CHWs by offering core competency training, endorsement trainings, networking opportunities, leadership development, and advocacy for CHW recognition and sustainability. CHWARI played a key role in CHW recruitment, onboarding, and mentorship. Their involvement also ensured that CHW voices were embedded in planning and evaluation.

### **Care Transformation Collaborative of Rhode Island (CTC-RI)**

CTC-RI acted as the project manager and thought partner for Component C implementation. This nonprofit organization, co-convened by RI Medicaid and the Office of the Health Insurance Commissioner, coordinated the operational aspects of R2E. CTC-RI managed participatory agreements with each of the six R2E teams, facilitated connections with national experts such as WE in the World, and supported integration of evaluation activities led by Dawn Chorus Group. Their oversight ensured alignment between local implementation and strategic transformation goals.

### **Rhode Island Parent Information Network (RIPIN)**

RIPIN was a critical sub-awardee and long-time partner in the promotion of CHWs, especially those supporting children and youth with special healthcare needs. As the largest employer of CHWs in Rhode Island, RIPIN provided lived experience-informed staffing, supported CHWs across public and private sectors, and contributed to the systemwide adoption of best practices

for culturally competent care. RIPIN's engagement helped align the CCR initiative with existing maternal and child health priorities and expand the CHW workforce.

### **CHW Voices**

CHW Voices functioned as a monthly networking and advocacy meeting designed specifically for community health workers across Rhode Island. This space provided CHWs with a consistent forum to connect with peers, elevate their experiences, and contribute to broader systems change efforts. At each meeting, CHWs had the opportunity to build community, share resources, and participate in policy discussions relevant to their roles and the populations they served.

Participants could always expect to:

- Meet and build relationships with other CHWs
- Contribute their perspectives to local and state policy conversations
- Strengthen connections across organizations and communities
- Join issue-based networking and advocacy groups
- Stay informed about CHW-related events, news, and professional opportunities

CHW Voices helped ensure that CHW perspectives remained at the forefront of Rhode Island's public health efforts by fostering collaboration, leadership development, and a unified voice for the workforce.

### **Rhode Island Alliance for Community Health Worker Employers**

The Rhode Island Alliance for Community Health Worker Employers (the Alliance) played a vital role in supporting and advancing the CHW workforce throughout the CCR initiative. Housed at RIPIN, the Alliance brought together a diverse advisory steering committee, including Rhode Island College's Institute for Education in Healthcare, CHWARI, Family Service RI, Integra, Brown University Health, ONE Neighborhood Builders, and Progreso Latino. This collaborative body championed the interests of CHW employers while advocating for policy change, sustainability, and shared best practices across sectors.

The Alliance offered technical assistance and networking support to CHW employers of all sizes, with the long-term goal of building a formal membership structure. By convening stakeholders and elevating the collective voice of CHW employers, the Alliance contributed to the development of funding mechanisms, workforce infrastructure, and systems-level strategies to sustain CHWs in Rhode Island.

On the policy front, the Alliance championed legislation such as S-705, which would require commercial insurers to reimburse CHW services, stressing the need for flexible payment options that work for both large systems and small community organizations. By amplifying employer perspectives and offering practical policy recommendations, the Alliance fostered a more inclusive, sustainable environment for CHWs and the organizations that rely on them.

## **CHW Strategy Team**

The statewide CHW Strategy Team acted as the initiative's policy and workforce backbone. The Strategy Team is guided by a vision of thriving Rhode Island communities served by equity-focused, strengths-based health and social-service systems where CHW leadership and sustainability are fully integrated. Acting as a liaison among Community Health Workers (CHWs), their employers, and policymakers, the team works to expand CHW agency and leadership, strengthen workforce development for CHWs and supervisors, secure sustainable financing, and coordinate place-and people-based services. CHWs make up 55 percent of the CHW Strategy Team's membership, keeping frontline perspectives at the center of every decision.

Beginning in early 2023, it collaborated with RIDOH, and facilitation partner WE in the World to co-design the Rhode Island Community Health Worker Roadmap. More than 140 CHWs, allies, and agency leaders shaped definitions, principles, and implementation pathways through surveys, design sessions, work groups, and sector interviews. Milestones included presenting preliminary findings at the 2024 CHWARI conference and delivering final recommendations to the full Strategy Team. Throughout the CCR funding period, the Strategy Team met monthly, offered technical assistance to funded organizations, and worked with RIDOH on a sustainability blueprint that embedded CHW roles into Medicaid reimbursement and local health planning, ensuring every funded organization participated, aligned with the roadmap, and contributed to a long-term, community-led sustainability plan.

## **CHW Consultants**

The CCR initiative demonstrated the value of embedding Community Health Worker (CHW) consultants as integral partners across all components of the grant. Serving in roles that extended beyond traditional service delivery, CHW consultants acted as co-designers, trainers, policy advocates, and mentors for the statewide workforce.

CHW consultants regularly advised on training priorities and curricula. They collaborated on a shared training tracker, incorporating feedback from CHW Voices and frontline workers to ensure offerings reflected community needs. Their involvement helped tailor statewide training to address both emerging workforce demands and the practical realities of CHW practice.

CHW consultants also played a pivotal role in shaping Rhode Island's Medicaid reimbursement policy. They participated in early billing discussions, provided input on definitions of reimbursable services, and elevated barriers that frontline organizations faced in adopting the billing infrastructure. Their perspectives ensured that sustainability conversations were grounded in the lived experience of those directly responsible for service delivery.

In addition, CHW consultants were central to the development and delivery of the public health curriculum. When other leaders transitioned out of the project, consultants stepped in to co-develop and teach courses, ensuring continuity and relevance. This curriculum continues to be

offered, with new sessions planned for the upcoming academic year, underscoring the durability of their contributions.

Beyond programmatic responsibilities, CHW consultants amplified community voices in statewide and national forums. They co-presented with partners such as Envision at national summits, participated in ongoing panels at the Warren Alpert Medical School of Brown University with students, and represented the workforce in poster sessions and panels hosted by the Rhode Island Public Health Association. These platforms recognized CHWs as experts whose contributions strengthen both policy and practice.

By weaving CHWs into decision-making, training, curriculum development, and sustainability planning, the CCR initiative underscored that CHW consultants are not just supporting staff but essential partners in shaping an equitable public health system.

### **3.2.3. Impact of Partnerships on Program Success**

Partnerships were essential to the success and sustainability of the CCR initiative in Rhode Island. These collaborations significantly strengthened training, deployment, and community engagement efforts, directly contributing to improved outcomes for CHWs and the communities they served.

#### **Impact of Partnerships on Program Success**

Throughout the three years of the CCR initiative, RIDOH relied on a robust network of grant partners to build CHW capacity, strengthen public health infrastructure, and respond to community needs. Partners such as CHWARI, RIPIN, CTC-RI, the Rhode Island Alliance for Community Health Worker Employers, the CHW Strategy Team, CBOs and HEZs played instrumental roles in training delivery, organizational integration, policy advocacy, and sustainability planning.

CHWARI was central to delivering comprehensive training, coordinating networking events, and facilitating retrospective evaluations. Their consistent involvement ensured that CHWs were equipped with the skills needed to address diverse community health issues, including chronic disease, behavioral health, and social determinants of health (SDOH). CHWARI's networking events also allowed CHWs to build relationships, share resources, and stay engaged in professional development, essential components for retention and morale.

RIPIN, as host of the Rhode Island Alliance for Community Health Worker Employers, strengthened employer collaboration by elevating best practices, offering technical assistance, and contributing to workforce sustainability. Their policy advocacy, including support for CHW reimbursement legislation, helped raise the visibility of CHW contributions and promote systemic change. The Alliance also ensured that employer perspectives were incorporated into state-level planning, reinforcing a shared agenda for workforce advancement.

CTC-RI supported care integration and coordination by connecting CHWs with broader healthcare transformation efforts. CTC-RI's involvement facilitated collaboration between CHWs and clinical teams, promoting person-centered care and systems-level alignment.

HEZs and CBOs served as community-level anchors, integrating CHWs into local planning and service delivery. Across organizations, CHWs took on leadership roles, participated in steering committees, and co-led initiatives related to food security, transportation, behavioral health, and housing. These place-based partnerships allowed CHWs to implement hyper-local solutions that were culturally responsive and aligned with community priorities. HEZs also supported collaborative governance, amplifying the voices of both CHWs and community members.

The role of RIDOH was to coordinate and convene partners, facilitate training and funding mechanisms, and align local implementation with statewide priorities. Through the CHW Roadmap process and the CCR grant infrastructure, RIDOH brought together diverse stakeholders to co-develop a sustainable vision for the CHW workforce, including through policy, payment, and workforce development workgroups.

The CHW Strategy Team served as the policy and workforce backbone, linking CHWs, employers, and policymakers around a shared mission to elevate CHW leadership, advance workforce development, secure sustainable financing, and coordinate people- and place-based services. Beginning in 2023, the team convened more than 140 stakeholders to co-design the Rhode Island CHW Roadmap, align legislation, and embed CHW roles in Medicaid reimbursement and local health-planning efforts. Its monthly meetings also provided technical assistance to CBOs and other partners, ensuring that field-level insights informed statewide strategies and vice versa.

Finally, cross-sector collaboration between RIDOH, CDC, employers, and community organizations and stakeholders contributed to the success of the Train, Deploy, and Engage strategies. These partnerships enhanced the reach and depth of the program, with CHWs transitioning into leadership roles, shaping public health messaging, and delivering services in trusted and culturally tailored ways. Collaborative input informed improvements in CHW training, expanded opportunities for policy advocacy, and led to better integration of CHWs into care teams and systems.

In summary, partnerships amplified the CCR initiative's success by fostering shared leadership, leveraging complementary expertise, and embedding CHWs within multiple layers of Rhode Island's public health infrastructure. These relationships were not only vital to implementation but also laid the groundwork for continued investment in CHWs and long-term systems change.

## 4. Methodology

### 4.1 Component B Evaluation Design

The evaluation design for Component B of RIDOH's Community Health Worker grant was developed to capture and assess the full breadth of activities related to CHW training, deployment, and engagement. This design incorporated a community-based participatory research (CBPR) approach that actively engaged CHWs in both data collection and analysis to ensure community-centered insights. By building upon prior years of capacity building, CHW certification, and deployment work, the design was responsive to evolving programmatic needs and emphasized collaboration with community partners and CHWs themselves.

The evaluation aimed to document the implementation and outcomes of activities designed to build and sustain the CHW workforce within RIDOH and its community-based partners, including HEZs, CBOs, CHWARI, RIPIN, and others. It also measured how trainings influenced CHW confidence and role effectiveness, how CHWs were integrated into teams, and how their presence impacted community health and systems change. The evaluation also relied heavily on qualitative data and CHW feedback to better understand contextual factors, highlight successful practices, and inform continuous improvement.

### 4.2 Component B Data Collection Methods

Multiple quantitative and qualitative methods were used to capture a comprehensive understanding of Component B outcomes. Data collection methods included:

- **Training Records:** Attendance data, pre- and post-training surveys, and satisfaction evaluations were collected across all core and specialty trainings. Participants were also asked about perceived knowledge gain, applicability of content, and confidence in implementing new skills.
- **Focus Groups:** Focus groups with CHWs and organization leaders were conducted to assess their roles, perceived competencies, and integration into organizations. These sessions explored psychosocial variables such as self-efficacy, team support, and professional identity. Organization leads also offered insights into team dynamics and the impact of CHW integration.
- **Organizational Surveys:** Community organizations employing CHWs completed surveys documenting CHW role evolution, integration into care teams, and organizational readiness to support CHWs. These surveys captured both process and systems-level changes.
- **Common Indicators Project:** RIDOH integrated the CHW Common Indicators into its evaluation framework, including:
  - Participant health and social needs (Indicator #6)
  - Participant social support (Indicator #8)

- Participant Empowerment (Indicator #9)
- **Electronic Health Records (EHR):** RIDOH tracked CHW use of electronic health records to document referrals made on behalf of clients for social determinants of health (SDOH) needs. These platforms provided data on number of referrals, services provided, and gaps in access.
- **Special Topic Interviews:** CHWARI partnered with the Medical-Legal Partnership of Boston to conduct qualitative assessments exploring barriers CHWs face when addressing sensitive legal and social issues with community members.

### 4.3 Component B Data Analysis

Data analysis for Component B employed a mixed-methods approach, combining descriptive statistics and thematic qualitative analysis. Training attendance, evaluation responses, and referral data were quantified to show the scale and reach of activities. Data from pre/post surveys were analyzed to identify changes in CHW knowledge, confidence, and satisfaction. Focus group and interview data were transcribed and summarized to capture key themes and insights. Summaries highlighted barriers, facilitators, and emerging needs from the perspective of CHWs, and organization leads.

Comparative analyses were conducted to identify trends by CHW years of service, training topics, and community demographics. Evaluation findings were interpreted through a community based participatory research (CBPR) lens in collaboration with CHWs to ensure accuracy and representation of community perspectives.

The RIDOH Evaluator developed a central database to manage training data, track progress on evaluation questions, and flag missing data for follow-up. A data collection workplan was established to support timely evaluation and partner coordination.

Findings were synthesized into regular reports and shared with partners and stakeholders to support data-driven decision-making and sustainability planning. Through the integration of Common Indicators, active CHW involvement, and robust data management, the Component B evaluation provided a comprehensive picture of CHW workforce development, deployment, and engagement across Rhode Island.

### 4.4 Component C Evaluation Design

The evaluation approach for Component C of the CCR grant was designed to be participatory, equity-centered, and deeply reflective of community-engaged systems transformation. Guided by the Pathways to Population Health (P2PH) framework and a developmental evaluation lens, the methodology supported adaptive learning throughout the Rhode to Equity initiative.

The evaluation aimed to understand how six cross-sector, place-based teams advanced health equity by integrating CHWs into their work to address social and structural determinants of

health. CHWs were central to the design and implementation of each team's strategies, and the evaluation design emphasized their leadership, influence, and contributions to systems change.

The approach prioritized three key domains:

1. The development of equitable team infrastructure.
2. The integration and effectiveness of CHWs within community teams.
3. The advancement of community-defined goals for health equity.

By combining qualitative and quantitative methods with participatory tools and reflection-based activities, the evaluation supported ongoing feedback loops, allowing teams to modify strategies and practices in real-time.

## 4.5 Component C Data Collection Methods

The evaluation team used a mixed-methods approach to assess team functioning, CHW integration, and systemic impact across all three years of the initiative. Primary data sources and tools included:

- **CHW Readiness Survey:** Administered at multiple timepoints to assess each team's organizational readiness to integrate CHWs. The survey measured capacity, motivation, general infrastructure, and leadership engagement using scaled items related to communication, supervision, data use, and strategic alignment. It also captured individual CHW perceptions of fit, value, and support within their team structures.
- **CHW Program Functionality Matrix:** Teams completed a detailed self-assessment based on the Functionality Matrix, a tool that evaluated the structure and support systems of CHW programs across 15 domains, including recruitment, supervision, role clarity, training, incentives, documentation, evaluation, and community involvement. The Matrix offered a continuum of functionality (1 to 4) for each domain, helping teams assess current practices and identify opportunities for growth.
- **P2PH Compass Tool:** Used twice annually, this adapted tool helped teams assess their stage of development in areas such as foundational infrastructure, equity orientation, and multisector collaboration. It promoted a shared language around progress and helped anchor technical assistance efforts.
- **Focus Groups and Interviews:** Conducted with CHWs, PLEs, and team leads, to gather qualitative insights on collaboration, role clarity, community impact, and systemic barriers and enablers.
- **Team Artifacts:** Monthly coaching call notes, action plans, data reports, and technical assistance meeting records were reviewed biannually to assess implementation fidelity, evolution of strategies, and documentation of equity practices.
- **Observational Data:** Evaluation staff regularly attended team check-ins, technical assistance sessions, and statewide learning collaboratives, documenting team interactions, cross-team learning, and CHW contributions in real-time.

Together, these methods created a comprehensive and evolving picture of how Component C fostered sustainable health equity work through the deep integration of CHWs and intentional team development.

## 4.6 Component C Data Analysis

Data were analyzed through iterative, mixed-methods techniques designed to capture patterns across teams, identify promising practices, and inform adaptive decision-making.

Quantitative data from the CHW Readiness Survey and the Functionality Matrix were analyzed descriptively and longitudinally. Changes over time were tracked for individual teams and across the initiative to assess growth in readiness, role integration, and system functionality.

Functionality Matrix scores offered a standardized but flexible measure of CHW program maturity, providing both internal benchmarks and external comparison points.

Qualitative data including focus group transcripts, interview notes, and survey results were coded using equity-centered thematic analysis. Coding categories aligned with key domains of interest such as CHW leadership, team dynamics, power-sharing, role clarity, and systems alignment. Attention was paid to how teams addressed structural inequities, integrated lived experience, and moved beyond transactional interventions to transform systems.

Triangulation across data sources allowed the evaluation team to validate findings, deepen insights, and elevate community and CHW voices. Findings were shared back with teams in regular intervals through feedback memos, learning sessions, and summative reports to support ongoing strategy refinement and collective learning.

The combination of developmental evaluation practices, structured measurement tools, and co-learning environments allowed Component C to demonstrate not only how CHWs were integrated into community systems but also how those systems shifted in response, laying the groundwork for sustainable, equity-centered public health infrastructure in Rhode Island.

## 5. Evaluation Findings

### 5.1 Certifications and Trainings

Over the three-year span of the CCR initiative, Rhode Island's training pipeline delivered 24 distinct cohorts that built both core competencies and specialized skills for Community Health Workers (CHWs).

Year 1 (August 31, 2021 – August 31, 2022) focused on laying a strong foundation. Six cohorts served 162 enrollments, led by a large CORE Training class of 89 participants. Additional offerings in cardiovascular and diabetes management, oral health, HIV, older-adult support, and

CHW supervision rounded out a curriculum that gave new and incumbent CHWs the essential tools to address chronic disease, preventive care, and age-specific needs

**Community Health Worker Trainings Year 1 (August 2021 – August 2022)**

<b>Name of Training</b>	<b>Date of Training</b>	<b># of CHWs</b>
CORE Training	March 1 – April 12, March 3 – May 6, April 20 – July 13, May 9 – June 23, July 8 – August 19	89
Cardiovascular Disease/ Diabetes Management	April 19 – June 7	10
Oral Health Training	May 11 and May 18	27
CHW Supervisor Training	May 24 – July 26	21
HIV Endorsement Training	June 16 – August 18	8
Older Adults Training	July 14 – August 29	7

Year 2 (July 2023 – June 2024) maintained a high volume of enrollments but diversified the curriculum to eight area. The CORE training remained strong (84 completers), while new tracks in public-health practice, data skills, and racial and social justice supplemented returning disease- and population-specific trainings. This expansion showed the program’s responsiveness to evolving community priorities and interest among CHWs for advanced, systems-level content.

**Community Health Worker Trainings Year 2 (September 2022 – August 2023)**

<b>Name of Training</b>	<b>Date of Training</b>	<b># of CHWs</b>
CORE Training	October 7 - November 29, January 13 - April 21, March 7 - May 30, May 5 - July 21	84
Cardiovascular Disease/ Diabetes Management	March 30 - June 15	10
HIV Endorsement	May 18 - July 13	5
Building Holistic Relationships with Older Adults	March 23 - June 15	9
Public Health Training	May 17 - July 19	11
CHWs and Data Training	August 9, 16, and 23	19

CHW Supervisor Training	June 5 - August 14th	15
Racial and Social Justice Training	August 10, 17, and 24	9

Year 3 (July 2024 – June 2025) marked a major scale-up and shift to virtual delivery for several modules. Ten cohorts logged 297 enrollments, an 83 percent jump from the prior year. While CORE participation stayed high (91), the program introduced interpersonal-violence prevention and a housing-navigation intensive that alone drew 98 CHWs. Virtual formats for cardiovascular care, oral health, HIV, and older-adult courses improved reach and flexibility, and supervisor training continued to fortify managerial capacity

**Community Health Worker Trainings Year 3 (September 2023 – August 2024)**

Name of Training	Date of Training	# of CHWs
CORE Training	September 14 – December 14, October 27 – February 9, February 23 – May 17, April 19 – July 12	91
Cardiovascular Disease/ Diabetes Management (virtual)	March 5 – May 21	9
Oral Health Training (virtual)	October 18 and 25, February 28 and March 6	25
HIV Endorsement Training (virtual)	May 8 – July 31	4
Older Adults Training (virtual)	January 4 – February 29	10
CHW Supervisor Training	April 15 – July 1	12
Interpersonal Violence Training	May 8 – June 5	17
CHW Public Health Training	May 23 – July 25	18
Racial and Social Justice Training	June 3, June 10, and June 17	13
Housing Training for CHWs (3 hours)	May 10, May 31, June 7, June 14, June 28	98

Across all three years, the initiative recorded 621 training completions, including 264 CORE graduates and 48 supervisory training graduates. The progression from foundational skills to a

broad, justice-oriented, and policy-relevant curriculum demonstrates a maturing workforce that is both larger and better equipped to meet Rhode Island’s evolving public-health needs.

**Component B and Component C CHW Certification, Endorsement, and Retention (July 2022 – July 2025)**

<b>Metric</b>	<b>Component B</b>	<b>Component C</b>
Total CHWs (July 2022)	73	42
Certified CHWs	33	25
CHWs with Endorsements	36	18
Total CHWs (July 2025)	40	24
Retention Rate, 2022 - 2025	55%	57%

Since the start of monthly reports in July 2022, Component B has retained 40 of its original 73 CHWs, a retention rate of about 55 percent. Over the same period, 33 of these CHWs earned full state certification and 36 completed at least one specialized endorsement, meaning nine out of every ten active Component B CHWs now hold an endorsement and more than four out of five are certified.

Component C shows a comparable trend. Of the 42 CHWs engaged in July 2022, 24 remain active today, reflecting a 57 percent retention rate. Twenty-five CHWs from this cohort have gained certification and 18 have secured endorsements, so three quarters of the current workforce possess an endorsement and the number of certified CHWs now slightly exceeds current staffing because some graduates have moved into new roles while retaining their credentials.

Taken together, these figures demonstrate steady retention alongside robust professional advancement, with both components cultivating a smaller but more highly skilled workforce that is well positioned to meet community needs.

## 5.2 Integration of CHWs - Component B

Over the three-year CCR grant period, RIDOH and its community partners made significant strides in integrating CHWs into Rhode Island’s public health and community-based systems. CHWs moved from being peripheral staff to core team members in many organizations, with roles expanding to include community outreach, case management, resource navigation, education, data collection, and systems advocacy.

Component B focused on building infrastructure within five HEZs and ten CBOs to support CHW integration. Evaluation data from focus groups and organizational surveys demonstrated that as trust in CHWs grew, they were increasingly involved in team decision-making, strategic planning, and policy discussions. In some organizations, CHWs assumed leadership roles, supervised peers, or co-developed outreach strategies.

Several HEZs adopted a team-based care model that enabled CHWs to extend clinical and social service reach into the community, meeting residents where they lived and offering culturally and linguistically tailored support.

Key enabling factors included:

- Regular reflective supervision and mentorship
- Flexibility in job descriptions to accommodate community needs
- Alignment of CHW activities with organizational goals
- Stronger onboarding and role clarity

By Year 3, many organizations reported that CHWs were seen as "essential workers," with their value validated not only by peers but also by the community members they served.

### 5.3 Impact on Community Health - Component B

CHWs under Component B had a measurable and meaningful impact on the health and well-being of the communities they served. Through their lived experience, cultural and linguistic alignment with clients, and consistent community presence, CHWs effectively addressed upstream factors affecting health such as housing insecurity, food access, education, mental health stigma, and transportation.

Across all five HEZs, CHWs facilitated thousands of direct service connections through one-on-one encounters, home visits, educational events, and referrals via electronic health systems. Their work spanned COVID-19 response, chronic disease prevention, maternal health, behavioral health support, and youth programming.

Notable examples of CHW contributions include:

- Coordinating culturally appropriate COVID-19 education and vaccine drives in immigrant and refugee communities.
- Hosting parenting and youth support groups to reduce isolation and build peer networks.
- Supporting behavioral health access by helping residents navigate complex systems and connect with trauma-informed care.

Focus groups and narrative reports from CHWs highlighted that many residents, particularly those with limited English proficiency or undocumented status, would not have accessed services without a trusted CHW. The trust CHWs established allowed them to surface issues that would otherwise go unaddressed ranging from domestic violence and mental health to legal aid and financial insecurity.

Over time, CHWs also became advocates for community needs, informing organizational programming and pushing for systems-level changes that responded to community feedback. This shift from service delivery to systems influence marks an important evolution in the CHW role under Component B.

<b>Health Equity Zone (HEZ)</b>	<b>CHW Roles</b>
Newport	Domestic violence prevention and support work including answering hot-lines and supporting walk-ins. CHWs are also active in various workgroups including food access, transportation and the physical and emotional work group.
OneCranston	Program management, communications coordination, leadership in workgroups, conducting needs assessments, support for older adults, community engagement in behavioral health, and family support for the family center.
TriCounty	Advocacy and leadership in steering committees and working groups, addressing SDOH across three towns, connecting community members to resources, community engagement, event planning, and facilitating health education programs including chronic pain self-management and mental health first aid.
Bristol	CHWs are involved in steering committees and workgroups, community outreach, event organizing, food delivery. Two CHWs work in the school district supporting students and families in behavioral health and SDOH needs.
West Warwick	CHWs are utilized in a macro-capacity for advocacy and systems change and are active in navigation and services for individuals facing housing insecurity, and on statewide workgroups made up of local leaders, residents, community organizations, and service providers. The CHW role in these workgroups is focusing on creating better collaboration and communication across sectors.

**Table 1:** CHW roles across the five HEZs on the component B side

<b>Community Based Organization (CBO)</b>	<b>CHW Roles</b>
Coastal Medical (Brown Health Medical Group)	Embedded in Community Health Teams linked to primary-care practices - intensive care-coordination for high-risk patients. Smooth hospital-to-home transitions, conduct home visits, and connect patients to food, housing and chronic disease management and behavioral-health resources.
Connecting for Children & Families (CCF)	Provide wrap-around navigation (education, clothing, food, housing referrals) for families in Woonsocket with high poverty rates.
Higher Ground International	Culturally specific CHWs support African refugees through home visits, social-support groups, and chronic-disease education. Through the grant, CHWs also engaged in vaccination, food-security and language-access outreach.

Open Doors	Justice-involved CHWs help clients obtain ID, insurance, primary care, health and social services and overdose-prevention training on release.
Parent Support Network of Rhode Island	Certified Family Peer CHWs use lived experience and/or training with behavioral-health or substance use disorder to coach parents and youth in crisis. Operate support lines, mobile response, and skills-building workshops statewide (English & Spanish).
Providence Community Health Centers (PCHC)	CHWs/case-managers follow high-utilizer patients and address SDOH barriers.
Providence Housing Authority (PHA)	Resident-services CHWs knock on doors, screen for food, benefits, behavioral-health and asthma needs, and link tenants to on-site PCHC clinics and partner agencies.
Refugee Dream Center (RDC)	Case-management team certified in community health conducts home visits, health-literacy classes, cultural brokerage and medical-navigation for newly arrived refugees.
South County Home Health	CHWs on the Community Health Team manage patients, make hospital visits, coordinate with nurses/pharmacists and connect uninsured residents to care.
The Autism Project (TAP)	CHWs guide caregivers through ASD diagnosis, therapeutic and school-based services; provide group education and help reduce wandering/elopement risks.

## 5.4 Rigorous Evaluation of CHW Programs

To deepen understanding of CHW integration and effectiveness, RIDOH partnered with The Dawn Chorus Group to conduct a cross-component, rigorous evaluation. This study explored similarities and differences between Component B (non-R2E) and Component C (R2E) CHW teams, using both qualitative and quantitative methods, including interviews, document review, and the Functionality Matrix.

Findings revealed that CHWs in both components performed similar community-based activities such as client navigation, outreach, and advocacy. However, notable differences emerged in CHW leadership development and autonomy. CHWs in Component B organizations often had greater flexibility to design programs, lead initiatives, and shape community responses. In contrast, R2E CHWs were more often embedded in care teams and participated in policy-level collaborations.

The Functionality Matrix offered detailed insights into CHW program maturity across 15 domains, including training, supervision, data use, evaluation, and incentives. Component B teams showed improvement over time, especially in supervision, role clarity, and alignment with community priorities. However, gaps remained in areas such as long-term financing and career advancement pathways.

This evaluation underscored that organizational culture, infrastructure, and leadership buy-in played a more critical role in CHW effectiveness than training alone. CHWs thrived in settings where their expertise was respected, and where systems were flexible enough to adapt to community needs.

## 5.5 Common Indicators Project

In Year 3, RIDOH piloted the national CHW Common Indicators Project with six community-based organizations to assess the feasibility and utility of shared CHW performance measures. Three organizations, Connecting for Children and Families, The Autism Project, and Refugee Dream Center successfully implemented pre-post surveys capturing client-level outcomes in health, empowerment, and social support.

Findings from the Common Indicators Pilot revealed the following:

- **Participant Health (Indicator #6):** Community members reported improvements in both physical and emotional well-being. For example, at Connecting for Children and Families, self-reported mental/emotional health increased more notably than physical health, reflecting the short-term impact of psychosocial support from CHWs.
- **Social Support (Indicator #8):** Community members indicated higher levels of connection and support after working with a CHW, especially in populations such as recent immigrants and families of children with special needs.
- **Empowerment (Indicator #9):** Participants described increased confidence in decision-making and greater ability to advocate for themselves and their families. CHWs helped them feel heard, respected, and equipped to navigate challenging systems.

Qualitative feedback showed that the survey process itself was valuable for trust-building. CHWs reported that asking sensitive but well-structured questions helped deepen relationships and provided more comprehensive insight into client needs.

Organizations that participated in the pilot integrated the indicators into screening tools and intake assessments, and all three expressed a strong desire to continue using the tools after the grant's end. The Common Indicators provided a shared language and measurement strategy that can support future funding, evaluation, and policy advocacy.

## 5.6 Medicaid Billing and Reimbursement

Rhode Island launched Medicaid reimbursement for CHW services in July 2022, a milestone in CHW sustainability. However, implementation of the billing infrastructure presented significant challenges that limited uptake, particularly among smaller, community-based organizations. To gain a deeper understanding of these obstacles, the Care Transformation Collaborative of Rhode Island contracted with consultants Mardia Coleman, MS, of May Street Consultants, and Roberta E. Goldman, PhD, of Brown University, to conduct the qualitative evaluation, resulting in the

report *Medicaid Billing for Community Health Worker (CHW) Services in Rhode Island – Evaluation Report*. This work was supported with funds from RIDOH’s CCR DP21-2109 grant.

Through key informant interviews and surveys, the evaluation findings documented several common barriers:

- Unclear communication and inconsistent guidance from billing vendors (Gainwell).
- Low reimbursement rates that failed to cover indirect costs or the full scope of CHW work.
- Lack of training on billing platforms and claims submission.
- Restrictive definitions of reimbursable services (e.g., one-on-one services only, no group sessions).
- Complex administrative processes, including obtaining Medicaid Anchor Numbers and enrolling CHWs as providers.

Despite these challenges, RIDOH and partners provided ongoing technical assistance and developed support tools such as billing manuals and office hours. Some organizations successfully began billing, primarily larger health systems with existing infrastructure. However, many HEZs and grassroots organizations continued to rely on grant funding to sustain their CHW staff.

Evaluation findings emphasized the need for more flexible reimbursement mechanisms that reflect the community-based, preventive nature of CHW services. Stakeholders recommended that Rhode Island explore models such as:

- Bundled payments
- Capitated or value-based contracts
- Grants tied to community outcomes
- Allowable billing for group education and outreach activities

Sustainable funding for CHWs remains a top priority. Aligning reimbursement models with the realities of CHW practice will be critical to supporting the longevity of the workforce and preserving its equity-driven mission.

## 5.7 Community Resource Mapping Survey

As part of efforts to strengthen community connections and increase the visibility of CHW services statewide, RIDOH launched the Community Resource Mapping Survey to support the development and ongoing maintenance of the Rhode Island Community Health Worker Resource Map. This interactive, web-based tool was designed to identify and document the broad scope of services provided by CHWs, the populations they serve, and the systems they are connected to across Rhode Island.

The Resource Map, informed directly by data submitted through the Mapping Survey, serves as a public-facing directory of CHWs and the organizations that employ them. It allows users including service providers, state agencies, and community-based organizations to search for CHWs by location, service type, population served, and organizational affiliation. Each CHW profile includes detailed information such as name, contact information, employer, certifications, specialty areas, and partnerships with HEZs and state agencies.

The Mapping Survey also collects data on CHW specialization in areas like maternal and child health, chronic disease, mental health and addiction, housing and food insecurity, government systems navigation, and working with older adults. It includes filters for identifying CHWs who serve priority populations such as immigrants and refugees, LGBTQ+ communities, people with disabilities, and low-income households.

By centralizing this information, the Community Resource Mapping tool aims to improve cross-sector collaboration, strengthen referral systems, and elevate the visibility of the CHW workforce in Rhode Island. It also serves as a key evaluation and planning tool for identifying service gaps, workforce distribution, and training needs. The tool also strives to support CHWs in connecting clients with timely, relevant resources while helping stakeholders better understand the role of CHWs in addressing social determinants of health.

## 5.8 Integration of CHWs - Component C

Over the three-year grant period, Component C (Rhode to Equity) made substantial progress in embedding CHWs into cross-sector care teams. CHWs were recruited and placed in Health HEZs and community-based organizations to support the state's COVID-19 response, strengthen clinical-community integration, and advance long-term health equity.

In Year 1, many teams were unfamiliar with the CHW model. Role definitions were initially vague, and integration was slow due to delays in hiring, limited infrastructure, and minimal cross-team coordination. However, with dedicated technical assistance and mentorship particularly through the Lead CHW role, these barriers began to diminish. CHWs began to participate in team huddles, case management meetings, and outreach strategy sessions. By Year 2, most teams reported that CHWs were playing increasingly central roles in both clinical navigation and community-based engagement.

Focus group data and partner interviews revealed that CHWs were valued not only for their ability to bridge systems of care but also for the trust they cultivated with community members. CHWs supported a wide array of activities, including:

- Vaccine outreach and education
- Resource navigation for housing, food, and transportation
- Culturally competent health education
- Crisis response and case management for COVID-19-positive households

In Year 3, CHWs had become critical members of most teams, with improved onboarding processes, clearer supervision structures, and increased participation in program planning. Team members noted that the CHW voice brought lived experience and real-time insight into community conditions, helping shape service delivery strategies and promoting cultural humility across sectors.

## 5.9 CHW Readiness Survey

The CHW Readiness Survey was administered to CHWs and team members at multiple points throughout the initiative. The survey assessed CHW motivation, confidence, role clarity, and organizational support, providing a snapshot of workforce readiness.

Key findings included:

- **High motivation and role alignment:** CHWs consistently reported a strong sense of purpose and alignment with their roles. Nearly all respondents expressed a desire to continue working in the field long-term.
- **Confidence in skills and tools:** CHWs felt well-prepared to handle client-facing responsibilities, especially as training and supervision improved. In Year 3, 94% of CHWs reported confidence in their ability to provide referrals and education, up from 75% in Year 1.
- **Ongoing challenges:** Despite positive trends, several barriers persisted such as turnover, inconsistent access to mental health supports, and limitations in career advancement. Some CHWs also noted a lack of clarity in supervision protocols and performance expectations.

Feedback from supervisors corroborated these trends. Supervisors increasingly recognized the importance of reflective practice and supportive infrastructure to sustain CHW well-being. Many adapted their practices to include regular check-ins and cross-training opportunities.

The Readiness Survey served not only as an evaluation tool but also as a mechanism for shaping technical assistance. Survey findings informed revisions to onboarding protocols, helped identify priority training topics, and guided the development of peer support systems.

## 5.10 P2PH Compass Tool

The Pathways to Population Health (P2PH) Compass Tool was used as a conceptual framework and training curriculum to help CHWs and their teams align direct service with systems change. The tool encourages a shift from reactive, transactional service delivery to proactive, structural solutions across four portfolios:

P2PH Portfolio	CHW Activity
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<b>P1: Physical and Mental Health</b>	Behavioral health referrals, primary care referrals, food insecurity, housing, ensuring physical safety, ED utilization, substance use, health insurance, and services
<b>P2: Social and/or Spiritual Well-being</b>	Community groups and organizations, recreation, and social groups
<b>P3: Community Health and Well-being</b>	Community food resources, housing, community outreach and resources, networking with community partners
<b>P4: Community of Solutions</b>	Engaging community stakeholders, data collection on health outcomes and measures, advocacy, and policy

**Table 3:** CHW roles across the P2PH portfolios

Over 26 CHWs received P2PH training during the grant period, participating in facilitated sessions that emphasized systems thinking, equity-centered design, and long-term change strategies. Trainings were offered both live and asynchronously, allowing for flexible participation.

CHWs reported that the Compass Tool helped them:

- See connections between individual needs and community-level solutions
- Strategically balance “urgent now” interventions with upstream advocacy
- Articulate their impact within broader health equity frameworks

Evaluation feedback showed that 95% of CHWs who completed the training found it valuable or highly valuable. Teams reported that P2PH language and concepts were incorporated into daily practice, such as during case planning meetings or when designing community initiatives.

Importantly, the Compass Tool also helped CHWs position themselves as leaders and systems thinkers, not just service navigators. This supported a more empowered CHW workforce and deepened integration with clinical and community partners.

### 5.11 Impact on Community Health - Component C

To assess the broader community-level outcomes of CHW work, RIDOH and evaluation partners administered the Transcultural Community Resilience Scale (TCRS). This tool measures perceptions of community support, trust, and shared values, important indicators of social cohesion and well-being.

A total of 38 survey responses were collected across HEZs, with representation from CHWs, community members, and other stakeholders. Three domains were assessed:

1. **Community Strength and Support:** Respondents reported strong interpersonal networks and willingness to support one another, particularly during crisis situations.
2. **Community Trust and Faith:** Scores were slightly lower, reflecting hesitancy around institutions and systems. This aligned with CHW focus group findings indicating that

many residents still distrusted formal services due to historic trauma and systemic exclusion.

3. **Community Values:** Respondents expressed strong agreement around shared cultural and ethical principles such as mutual respect, family, and resilience.

While the scores averaged high around 4 out of 5 across domains, qualitative feedback provided more opportunities to strengthen cross-sector trust and to better integrate marginalized groups (e.g., immigrants, LGBTQ+ residents, justice-involved individuals). CHWs played a vital role in this effort, serving as both cultural brokers and trust-builders. Many led or co-led healing events, resource fairs, and culturally specific outreach campaigns that directly addressed these barriers.

Overall, the use of the TCRS provided teams with baseline data that could inform future equity-focused program design, and it helped illuminate how community resilience is shaped by both structural supports and relational trust.

<b>R2E team (HEZ backbone)</b>	<b>CHW Roles</b>
Central Providence HEZ (ONE Neighborhood Builders)	Community Health Workers screen residents for social-determinant needs, deliver food/meds, arrange SNAP, rent relief, and health-insurance sign-ups.
Pawtucket / Central Falls HEZ (LISC RI)	CHWs embedded in the Food & Nutrition Taskforce co-lead door-to-door outreach and a multilingual Food Ambassador program that has reached hundreds of residents with healthy-eating workshops. CHWs also co-host naloxone distribution and housing-advocacy events, linking families to benefits and mental-health supports.
02907 HEZ (West Elmwood Housing Development Corp.)	Neighborhood Community Health Advocates (CHAs), home-visiting CHWs conduct full social-determinants assessments and minor environmental checks (e.g., asthma triggers) via the Greener & Healthier Homes Initiative. CHAs collaborate with Providence CHCs for asthma control plans and with Brown University on real-time air-quality monitoring.
East Providence HEZ (East Bay Community Action Program)	Outreach staff who have completed CHW training run Produce Week “food-prescription” deliveries, teach nutrition, and help older adults file SNAP/Rent Relief applications. A CHW-led Family Navigator program connects parents to WIC, early-childhood classes and safe-sleep supplies; CHWs also join the pediatric Home Asthma Response Program for in-home education.
Washington County HEZ (South County Home Health)	CHWs on the Community Health Team manage patients, make hospital visits, coordinate with nurses/pharmacists and connect uninsured residents to care.

Woonsocket HEZ (Thundermist Health Center)	A dedicated school-based CHW team works inside middle & high schools: SDOH screens, family-planning education, referrals to behavioral-health and primary-care services. CHWs also train teachers & youth-service adults and co-lead overdose-prevention and food-security projects city-wide.
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**Table 4:** CHW roles across the six R2E teams on the component C side

## 5.12 CHW Program Functionality Matrix

The **CHW Program Functionality Matrix** was used to assess the maturity and effectiveness of CHW programs across six foundational domains:

1. CHW Role Clarity and Job Description
2. Supervision and Mentorship
3. Training and Onboarding
4. Integration into Teams
5. Funding and Sustainability
6. Data and Evaluation

Organizations self-assessed using a rubric that classified their status as “Developing,” “Emerging,” or “Established” within each domain.

Findings from the final report showed:

- **Strongest areas:** Most teams rated themselves as “Established” in CHW recruitment, role clarity, and alignment with organizational mission. CHWs were regularly engaged in team meetings and planning sessions.
- **Moderate progress:** Training, onboarding, and supervision protocols had improved over time, but many remained informal or inconsistent.
- **Key challenges:** Long-term sustainability, access to leadership opportunities for CHWs, and evaluation infrastructure were identified as major gaps. Few teams had dedicated funding lines for CHWs beyond the CCR grant, and data systems were not yet optimized for tracking CHW impact.

Importantly, teams used the Matrix as both an evaluative and planning tool. Many reported that the process of completing the matrix encouraged internal reflection, led to policy revisions, and fostered organizational buy-in. Some partners integrated the matrix into strategic planning documents and board-level reporting.

The Functionality Matrix will continue to serve as a framework for growth, allowing Rhode Island to standardize CHW best practices while adapting to local context.

## 6. Community Health Worker Strategy Team

### 6.1 CHW Roadmap Implementation and Strategic Development

The Community Health Worker (CHW) Strategy Team played a foundational role in guiding the strategic vision, implementation, and infrastructure development for CHWs throughout the CDC CCR Component C initiative. Comprising CHWs, employers, training institutions, state agency partners, and policy advocates, the Strategy Team served as a centralized body coordinating activities related to workforce development, systems change, and sustainability. The group met monthly in a virtual setting, acting as an interface between frontline CHWs, program administrators, and policymakers to advance aligned goals across the state.

In 2023, the Strategy Team collaborated with RIDOH and WE in the World to design and launch Rhode Island's first statewide CHW Roadmap. This roadmap served as both a vision statement and strategic framework, developed through a deeply participatory process involving over 140 stakeholders. Listening sessions, co-design meetings, and interviews ensured that the Roadmap was grounded in lived experience and reflective of diverse sectors including health, housing, education, behavioral health, and public policy.

The CHW Strategy Team guided the development and implementation of this document, ensuring that the values and priorities of CHWs remained central. The roadmap was envisioned not only as a policy and systems change tool, but also as a resource for CHWs and their allies to support long-term, equity-focused integration of the workforce into health and human service systems.

#### 6.1.2 Strategic Collaboration and Partnerships

The development and success of the Roadmap was made possible through robust collaboration with key partners, including RIDOH, the Executive Office of Health and Human Services (EOHHS), the Care Transformation Collaborative of Rhode Island (CTC-RI), the CHW Association of Rhode Island (CHWARI), and leadership within Health Equity Zones (HEZs). These partners brought essential perspectives, funding mechanisms, technical knowledge, and community-rooted insights to the process.

These partnerships helped align the Roadmap with other workforce initiatives in the state, such as those supporting doulas, recovery specialists, and other peer-based professions. Stakeholders worked together to ensure the roadmap could serve as a shared framework that strengthened cross-sector investment in CHWs, while also integrating into broader state equity efforts.

#### 6.1.3 Overview of the Roadmap

The Rhode Island CHW Roadmap presents a multi-year strategic framework to develop a sustainable, equity-driven CHW infrastructure across clinical, community, and governmental

systems. It aims to transform CHW systems from fragmented and under-resourced to coordinated, fully integrated, and community-led.

The Roadmap is anchored in the understanding that CHWs contribute to a wide range of functions beyond direct service provision including systems advocacy, civic engagement, and cultural navigation. It affirms that building an effective CHW workforce requires centering their agency, addressing historical inequities, and investing in systems of care that are trauma-informed, just, and responsive to community priorities.

The document provides an implementation structure, measurable milestones, and timelines spanning three to five years. It includes recommended policy shifts, programmatic investments, and tools for evaluation and accountability

### **6.1.4 Key Components of the Roadmap**

The CHW Roadmap is organized around four strategic directions, each with associated milestones:

- 1. Advancing the Role, Agency, and Leadership of CHWs**

This direction emphasizes increasing the visibility and influence of CHWs within the systems they navigate and support. It calls for investment in CHW-led leadership development, integration into governance structures, and recognition of CHWs as essential system changemakers.

- 2. Workforce Development**

Workforce development includes the creation of standardized statewide curricula, peer mentorship networks, and training for both CHWs and supervisors. It supports pathways for credentialing, cross-sector core competencies, and professional development that spans entry-level to advanced leadership roles.

- 3. Payment and Sustainability**

This component addresses the funding and reimbursement models necessary to sustain CHW programs. Recommendations include blended and braided funding streams, alignment with Medicaid reimbursement, and shifting financing models to recognize value-based, upstream, and preventive CHW services.

- 4. Place and People-Based Coordination and Governance**

This element promotes localized governance and infrastructure, building on the Health Equity Zones as models for regional coordination. It proposes establishing community-centered oversight bodies and ensuring that CHWs are embedded in planning and accountability structures.

Together, these four directions offer a blueprint for transforming the state's CHW infrastructure to be equitable, stable, and community-driven.

## 6.2 Implementation Workgroups

To operationalize the Roadmap, the CHW Strategy Team established four implementation workgroups, each tasked with advancing one of the strategic directions:

- **Workforce Development**  
This group focused on creating training pathways for CHWs and supervisors, standardizing onboarding, and supporting long-term career advancement. It promoted cross-training for system navigation, trauma-informed care, and leadership development. The group also identified needs for supervisor training and mechanisms to elevate CHWs into administrative and managerial roles.
- **Payment and Sustainability**  
This workgroup explored and recommended funding strategies that reflect the full value of CHW work, including prevention and systems change. It assessed opportunities for Medicaid reimbursement, community benefit investments, and alignment with accountable entities. The group examined administrative and policy barriers that prevent flexible, long-term funding for CHWs and proposed ways to address them.
- **Community and Stakeholder Engagement**  
Focused on expanding community-led accountability, this group supported CHW participation in local and state advisory boards, expanded partnerships with sectors such as housing and education, and encouraged formal inclusion of CHWs in HEZ-based planning efforts. The group emphasized that stakeholder engagement must be ongoing, multilingual, and accessible to people directly affected by systemic inequities.
- **Role and Agency Enhancement**  
This group focused on embedding CHWs into systems decision-making and fostering organizational cultures that value CHW expertise. It supported the use of evaluation tools such as the Program Functionality Matrix and advocated for policies that enable CHWs to lead community initiatives, train others, and influence strategy at the organizational and state levels.

The workgroups met regularly, reported on progress, and contributed to collective planning within the CHW Strategy Team.

## 6.3 Impact Assessment and Future Directions

A core feature of the Roadmap is a commitment to real-time and long-term evaluation. The Strategy Team proposed a framework for assessing impact through:

- CHW well-being and burnout surveys
- CHW compensation and workforce tracking
- Organizational assessments using the Functionality Matrix
- Integration of the Common Indicators framework for participant-level outcomes
- Documentation of CHW participation in leadership and policy spaces

These data will be used to monitor progress, adjust implementation strategies, and ensure accountability to the communities served by CHWs.

Future directions include institutionalizing Roadmap recommendations within RIDOH and partner agencies, expanding CHW programs in behavioral health and maternal health, and aligning workforce efforts across agencies and funding streams. Additional goals include creating a centralized hub for CHW training and technical assistance and integrating CHW voices more systematically into program evaluation and planning.

## 6.4 Recommendations for Policy and Practice

The Roadmap includes concrete recommendations designed to transform the policy and practice environment for CHWs:

- Establish equitable, livable compensation standards for CHWs and supervisors across sectors
- Integrate CHWs into statewide policymaking and regional governance bodies
- Expand certification pathways, with accessible, community-rooted training options
- Develop shared data systems and outcome measures that reflect the holistic work of CHWs
- Promote employer readiness and infrastructure to support CHW program development
- Align funding strategies to sustain CHW roles that include upstream, systems-level work not only direct services

These recommendations require collaboration across state agencies, healthcare organizations, community-based entities, and philanthropic partners. The CHW Strategy Team will continue to convene these stakeholders, track progress, and champion the Roadmap as a living, actionable guide to health equity transformation in Rhode Island.

## 7. Innovations

The CCR initiative re-imagined standard grant activities as opportunities to shift power, build capacity, and embed continuous learning across Rhode Island's community-health landscape. By pairing community-based participatory research with frontline leadership, introducing a robust range of data-driven tools, and creating a statewide CHW advocacy group, the project wove equity into every layer of implementation and evaluation. The innovations that follow demonstrate how centering lived expertise, investing in workforce infrastructure, and translating abstract goals into measurable action can transform a short-term grant into enduring systems change.

Anchored in the Community-Based Participatory Research (CBPR) approach detailed in our Evaluation and Performance Measurement Plan (EPMP), the evaluation team partnered with CHWs and people with lived experience (PLEs) to code and analyze focus-group transcripts.

Centering CBPR turned a routine reporting requirement into a community-driven learning exercise. CHWs and PLEs in collaboration with the lead evaluator co-designed codebooks, tagged transcripts, and interpreted themes, combining methodology with lived experience. That collaboration infused quotations with context, exposed workforce realities invisible to outsiders, and generated solutions that were immediately usable because they came from individuals who navigate those barriers daily. At the same time, participants earned analytic certificates from CHWARI ensuring knowledge flowed both ways. Most important, CBPR redistributed power: community partners moved from data sources to co-authors whose insights may now be used to steer training, funding, and policy. In a field where top-down evaluations often feel extractive, this method built trust, strengthened data validity, and produced recommendations that remain actionable and relevant long after the grant.

The CCR grant also charted new territory by hiring a frontline worker into a full-time Lead Community Health Worker position. Hired in March 2022, months before some sites employed their first CHWs, the Lead CHW, Swanette Salazar, completed supervisory, motivational-interviewing, PLE, and Pathways to Population Health trainings, then co-managed up to 42 R2E CHWs while bridging clinical and community teams. Day to day, she compiled location-specific resource guides, identified funding and leadership opportunities, mentored CHWs statewide, and devised workarounds for resource deserts. When supervisors tried to route all information through managers, she negotiated direct communication channels for CHWs while keeping leadership informed, illustrating the role's value as a two-way conduit. National conference presentations with RIDOH amplified CHW contributions and underscored the need to seat CHWs at decision-making tables. Recognizing that collaboration thrives only where power is shared, Ms. Salazar invested in allies, strengthened peer networks, and prioritized relationships that advanced equity. Reflecting on her journey, Ms. Salazar stated "This journey as a CHW consultant and lead has brought both meaningful challenges and powerful successes. Through strong partnerships, we've helped put Rhode Island on the map as a leader in community-driven work. I'm excited to keep pushing for authentic collaboration, shared leadership, and true respect for community voices." Overall, embedding lived expertise in management accelerated problem-solving, fortified the workforce, and left Rhode Island's public-health system with a durable framework for community-led leadership.

Another hallmark of the initiative was the deliberate use of four complementary instruments: the Pathways to Population Health (P2PH) portfolios, a CHW readiness survey, the Compass self-assessment, and a functionality matrix, to translate equity goals into measurable action. P2PH portfolios prompted each site to map efforts across four population-health domains (individual wellness, community well-being, equity, and sustainable systems), pushing teams to link everyday encounters to upstream determinants that programs often overlook. The readiness survey supplied a quick snapshot of each organization's capacity to recruit, integrate, and support CHWs, enabling tailored technical assistance rather than one-size-fits-all training. To keep momentum between formal evaluations, teams turned to Compass, a tool that let CHWs and

supervisors rate competencies and flag immediate pain points; because scores were reviewed in real time during supervision, documentation hurdles or communication gaps surfaced months earlier than they would in a mid-year or annual report. Finally, the functionality matrix translated qualitative observations into a color-coded grid showing how well each site aligned workflows with evidence-based practices, allowing leaders to pinpoint priorities, whether tightening referral loops or expanding training. Together, the four tools created an integrated feedback loop: portfolios framed the vision, the readiness survey measured baseline capacity, Compass monitored day-to-day implementation, and the functionality matrix tracked system maturity. Nesting big-picture equity goals within practical, data-driven instruments demonstrated a replicable model for continuous learning in CHW programs.

### **Alliance for Community Health Worker Employers**

The Alliance for Community Health Worker Employers united healthcare providers, community-based organizations, and other stakeholders to elevate Community Health Workers (CHWs) as a cornerstone of Rhode Island’s health and well-being. Operating as a cross-sector collaborative with shared governance and a unified policy voice, the Alliance championed CHW recognition, supported member organizations with best-practice resources, and offered expert guidance on planning, policymaking, and sustainable funding. Through technical assistance and strategic partnerships led by entities such as RIPIN, CHWARI, Integra, East Bay Community Action Program, and One Neighborhood Builders, it addressed gaps in organizational infrastructure, evaluation, and system navigation, thereby strengthening CHW program models and enhancing the workforce’s effectiveness across the state.

### **CHW Strategy Team**

The CHW Strategy Team served as Rhode Island’s coordinating body for advancing Community Health Workers’ (CHWs) role and impact. Acting as a liaison among CHWs, employers, and policymakers, the team aligned statewide efforts in workforce development, sustainability, advocacy, and interagency collaboration while embedding a health-equity lens in all priorities. It steered implementation of the Rhode Island CHW Roadmap, a strategic vision devised by CHWs and partners, and oversaw initiatives funded by the CDC’s Community Health Workers for COVID Response and Resilient Communities grant. By focusing on pandemic response, essential public-health skills, community resilience, and equity, the team shaped state policy and programming so that CHWs could address pressing public-health needs and improve community well-being.

### **Public-Health Training Curriculum**

To meet Rhode Island’s evolving public-health challenges, a ten-member workgroup—drawing expertise from RIDOH, CHWARI, Rhode Island College, RIPIN, frontline CHWs, and employers co-designed a Public Health training curriculum between September 2023 and February 2024. Offered through CHWARI to certified CHWs (and those applying), the

forward-looking course bridges frontline practice with formal public-health systems, preparing CHWs to collaborate on COVID-19 response as well as emerging health issues. Its modules, spanning the CHW role in public health, the impact of place on health, essential skills, policy, Rhode Island's public-health infrastructure, career pathways, storytelling, and a capstone presentation equip participants to advocate for systems-level change, understand systemic racism and social determinants of health, navigate career and educational opportunities, and continuously strengthen community trust while managing future crises.

### **Annual Community Health Worker Conferences**

Since 2023, the Rhode Island Department of Health's annual Community Health Worker (CHW) Conferences have served as a statewide forum to celebrate and elevate the CHW profession while advancing health equity. The gatherings brought CHWs and their allies together for storytelling, workshops, and policy-focused discussions that highlight the workforce's broad impact, share successes and challenges from the field, and cultivate cross-sector collaboration. Programming aligned with Rhode Island's CHW certification competency domains and equipped participants with new connections, practical tools, and community-rooted strategies to strengthen, support, and sustain the CHW workforce. Ultimately, the conference functions as a catalyst for positive change, empowering CHWs to drive impactful interventions, advocate for their communities, and collectively shape a healthier, more equitable Rhode Island.

These expanded elements further illustrate how the CCR initiative transformed grant activities into a durable, interconnected support system that champions CHW leadership, aligns employers and policymakers, equips the workforce with specialized public-health expertise, and sustains momentum through an annual forum of shared learning and advocacy.

The grant's last forward-looking innovation was CHW Voices, a monthly networking and advocacy forum designed specifically for Rhode Island's community health workers. CHW Voices offered a regular platform where frontline staff could cultivate relationships, exchange resources, and weigh in every month on policy shaping their work. Each session blended peer support with systems-change activities: participants compared field challenges, joined issue-based working groups, and co-drafted recommendations later echoed in legislative hearings and agency rulemaking. The format kept CHWs current on events, funding, and professional opportunities while bridging networks. By institutionalizing a space where CHWs set the advocacy agenda rather than respond to decisions made elsewhere, the CCR grant elevated lived expertise to a strategic lever for statewide planning, nurtured leadership across the workforce, and ensured a cohesive CHW voice remains central to Rhode Island's equity agenda.

Together, these innovations illustrate a cohesive, mutually reinforcing strategy: elevate community voices, equip frontline teams with actionable data, and integrate continuous feedback into every decision loop. By embedding CBPR principles, frontline leadership, integrated measurement tools, and a standing advocacy forum, the CCR grant did more than meet its objectives, it modeled an equity-first framework that other public-health initiatives can replicate.

As partners carry this work forward, the systems, skills, and relationships built here ensure that community health workers remain not just implementers but architects of Rhode Island’s health-equity future.

## 8. Communications and Outreach

Over the course of the CCR grant, communications efforts played a vital role in connecting Community Health Workers (CHWs), employers, and allied partners across Rhode Island. These efforts enhanced CHW visibility, elevated the profession, and fostered ongoing engagement through strategic outreach, digital media, and branded campaigns.

### **Monthly Newsletters**

Since February 2023, RIDOH has distributed a monthly CHW-focused newsletter to a growing list of stakeholders, reaching 447 subscribers as of July 2025. The newsletter consistently outperformed industry benchmarks, with an average open rate of 43.8 percent, click rate of 8.7 percent, and an exceptionally low unsubscribe rate of 0.05 percent between July 2024 and July 2025. While highly effective in maintaining engagement, the monthly preparation proved time-intensive. In the absence of a dedicated communications staff person, future efforts may benefit from connecting stakeholders with existing RIDOH or partner communications platforms, such as CHWARI’s newsletter or state-maintained listservs.

### **Branded Campaign and Communications Strategy**

In 2023 and 2024, RIDOH partnered with Systems Change Strategies (later Reach Consulting) to conduct formative research and launch a robust statewide marketing campaign titled “Bridge to Better Health.” Designed to uplift the CHW role and promote CHWs as trusted public health messengers, the campaign centered on developing a unifying visual identity and messaging framework that could be shared across the CHW workforce and among allied partners.

This complex and multi-phase project included the production of branded promotional materials and event equipment, the development of a communications plan and campaign toolkit, the creation of printed educational handouts, and the execution of a six-week paid advertising pilot. The “Bridge to Better Health” campaign received significant recognition for its design and impact, earning the following awards:

- Gold in Single Video from the New England Society for Healthcare Communications (NESHCo) Lamplighter Awards for “RI’s CHWs: Your Bridge to Better Health”
- Silver in Logo Design and Bronze in Image/Branding from the NESHCo Lamplighter Awards
- Silver Award in the 2024 Davey Awards for visual identity development
- Award of Excellence in the 2025 Communicator Awards for “Features – Art Direction”

One of the most significant contributors to the campaign’s success was the high level of input and participation from CHWs. Following the principle of “Nothing about us; without us; is for us,” RIDOH and Reach Consulting engaged the CHW Strategy Team, Roadmap work groups, local CHWs, employers, and community partner leadership throughout the process. These stakeholders contributed valuable insights, personal stories, and creative feedback that shaped a compelling and authentic campaign.

### **Paid Media and Digital Reach**

As part of the campaign effort, RIDOH collaborated with Reach Consulting to implement a six-week, \$9,380 bilingual (English and Spanish) paid media campaign on Facebook and Instagram. The goal was to increase awareness of CHWs among Rhode Island residents, as well as decision-makers in the health and social service sectors. The campaign reached more than 300,000 unique users across the state, generated 1.2 million impressions, and resulted in 16,420 clicks to the RIDOH CHW webpage. The average click-through rate was 1.33 percent.

The best performing media asset was an educational video for employers, which achieved a click-through rate of 3.08 percent—more than double the campaign’s average and exceeding industry benchmarks. Because of its strong performance, RIDOH has continued to use the video in organic social media posts and include it on the CHW Communications Toolkit page of its website. Video content significantly outperformed static ads, suggesting that if additional funding becomes available for future media campaigns, video ads should be prioritized.

### **Stay Connected Guide**

The communications manager supported through this grant played a key role in ensuring that information continued to flow between RIDOH staff, CHWs, stakeholders, and allied partners. This included promoting events, sharing resources, and providing timely updates relevant to CHWs and their employers. One important product of this work was the creation of the "Stay Connected" guide, which compiled direct sign-up links for newsletters and mailing lists across partner organizations. RIDOH promoted the guide as a resource for CHWs, supervisors, and partner staff to help maintain consistent engagement and access to relevant updates across the CHW ecosystem.

## **8.1 CDC Success Stories**

Between 2022 and 2025, the Communications Manager developed and submitted six CDC-formatted success stories that showcase how the CCR grant’s communications strategies strengthened Rhode Island’s Community Health Worker (CHW) workforce and advanced community health.

### **Bridge to Better Health: Marketing & Awareness (2023 – 2024)**

Through a strategic partnership with Reach Consulting, RIDOH co-designed a bilingual brand identity and launched a six-week paid media campaign introducing “Rhode Island’s CHWs:

Your Bridge to Better Health” to residents and decision makers. Guided by extensive CHW input, the campaign delivered 1.24 million impressions, reached more than 314,000 Rhode Islanders, and drove 16,420 visits to RIDOH’s CHW web page. Creative excellence earned the effort a Davey Silver Award and three NESHCo Lamplighter accolades.

### **Trauma-Informed Marketplace, Woonsocket (2023)**

Connecting for Children & Families converted a modest food pantry into a trauma-informed “Marketplace” staffed by CHWs who offered individualized support in English, Spanish, and Cape Verdean Creole. Expanded hours and a welcoming retail-style layout produced 7,721 client visits between January and November 2023 (a 43-percent increase over 2022) and welcomed 917 first-time households seeking healthy food and social-service referrals.

### **MLPB Legal Education and Problem-Solving Support (2022 – 2023)**

RIDOH partnered with MLPB to deliver five virtual “Unlocking Access” trainings and ongoing tele-mentoring for Rhode to Equity teams. The 362 registrants reported gains of nearly one full point in confidence across learning objectives, equipping CHWs to navigate housing, utilities, immigration, and consumer-debt issues that affect their clients’ well-being.

### **Pediatric Provider - CHW Partnership, Central Falls (2022)**

At Jenks Park Pediatrics, a bilingual CHW embedded within the care team connected uninsured children with HealthSource RI coverage and SNAP benefits. In fewer than five months, the CHW completed more than 400 applications, two-thirds of the clinic’s 600-patient goal and laid the groundwork to enroll the remaining families before project closeout.

### **Rapid CHW Core Training Cohorts (2022)**

To meet urgent workforce demand, CHWARI and Rhode Island College compressed their standard core-competency curriculum into back-to-back virtual cohorts. Within six months, five cohorts produced 89 newly trained CHWs, many of whom were immediately hired by COVID-response programs in high-need cities such as Providence, Pawtucket, and Central Falls.

### **Establishing a Lead CHW Consultant Role (2022)**

RIDOH formalized CHW leadership within its Rhode to Equity initiative by contracting a Lead CHW Consultant on March 1, 2022. The role ensures that CHW perspectives shape program design and provides tailored technical assistance to six interdisciplinary teams addressing chronic disease, behavioral health, and social determinants of health across the state.

Collectively, these stories demonstrate how strategic communication, rapid training, and authentic CHW leadership accelerated Rhode Island’s progress toward an equitable and resilient public health system. They also reveal a replicable blueprint in which clear, evidence-based messaging elevates CHWs in the eyes of policymakers, targeted skill-building equips the workforce to address emerging challenges, and intentional power-sharing embeds CHW voices

within every level of decision making. By linking on-the-ground successes with a unifying statewide brand, the CCR grant strengthened trust between communities and health institutions, built momentum for continued investment in CHW capacity, and highlighted the profession's value as a bridge between clinical care and social support. The lessons captured in these narratives chart a path for sustaining progress beyond the life of the grant and offer practical guidance to other jurisdictions seeking to institutionalize CHW programs, scale proven interventions, and advance health equity for diverse populations.

## 8.2 Presentations Showcasing Rhode Island's CHW Leadership, 2023-2025

Over the past three years, the Rhode Island CHW team consistently shared its lessons learned on both national and local stages. Each presentation reinforced the CHW Roadmap's central aim, to elevate, expand, and sustain a trusted, community-rooted workforce.

### 1. National platforms

#### **American Public Health Association (APHA) Annual Meeting, Minneapolis - October, 2024**

A six-member delegation; Linda Cabral (CTC-RI), Swanette Salazar (FSRI), James Day and Michelle Abuna (RIDOH), and Geraldine McPhee and Nancy Silva (RIPIN) introduced conference attendees to the RI CHW Strategy Team's vision of "thriving and healthy Rhode Island communities" led by CHWs and equity-focused partners. Their session walked participants through the Roadmap's four implementation tracks: CHW leadership, workforce development, sustainable financing, and place-based coordination, demonstrating how a small state can build a statewide CHW governance structure in less than three years.

#### **CHW Sustainability Summit, Spokane WA - Apr 16-18, 2024**

Co-hosted by Envision, the Washington State Evaluation Partnership, and Arizona State University, this in-person summit gathered CCR-2109 recipients to chart life-after-grant plans. Rhode Island's poster distilled the four-track Roadmap, while Lead CHW Swanette Salazar and Lead Evaluator Michelle Abuna joined a multi-state Component C panel to spotlight the Rhode-to-Equity Initiative and the participatory evaluation focus.

Additionally, Geraldine McPhee and Swanette Salazar, both CHWs co-presented on the Message Box tool, highlighting CHWs' central role in shaping and communicating equity-driven public health strategies.

### 2. Statewide forums

#### **Rhode Island Public Health Summit, Providence - April 18, 2025**

The Rhode Island Public Health Association expanded CHW visibility. Beginning in 2023, CHWs were included as panelists in statewide meetings, and in 2025, CHW Voices presented a poster session, the first time CHWs were formally included in these professional forums.

James Day’s presentation *Community Health Workers Reduce Health Disparities: A Multi-Sector Approach*, invited public-health leaders to “explore the role of a state health department in strengthening cross-sector connections” and to embed real-time feedback loops that keep CHW voices at the center of policy and program design.

### **Envision Equity National Training & TA Center Webinar - July 25, 2024**

This virtual session showcased the CCR-funded Roadmap itself. Presenters highlighted guiding principles, place-based work, comprehensive CHW roles, and strong cross-sector linkages, while outlining four implementation work-groups that now steer Roadmap activities.

### **Brown University (ongoing panels)**

Brown University integrated CHWs into ongoing panels and classroom sessions with medical students and high school students, underscoring the value of frontline expertise in training future health professionals.

### **3. Capacity-building with RI partners**

#### **RIDOH Scholars “Public Health 101” Lecture Series - June 27, 2023**

To strengthen the local talent pipeline, James Day, Baratang Stewart, and Geraldine McPhee delivered an interactive lecture tracing CHW history, spotlighting RI’s campaign materials, and linking scholarship opportunities to hands-on CHW roles.

#### **Policy & Leadership Team (PLT) Briefing, RIDOH - October 10, 2023**

An internal sustainability briefing framed CHWs as indispensable partners in Medicaid reform and chronic-disease initiatives. By quantifying training outputs and outlining future financing mechanisms, the team secured executive support for continuing Roadmap implementation beyond the CCR grant period.

Collectively, these engagements:

- **Raised national visibility** for RI’s CHW-led governance model, inspiring peers in other states to replicate the Roadmap approach.
- **Reinforced local momentum** by translating big-picture strategy into concrete tools (training curricula, evaluation frameworks, and communications assets).
- **Built a common language** among policymakers, employers, and frontline workers, ensuring that CHW agency and leadership remain non-negotiable pillars of Rhode Island’s public-health infrastructure.

Beyond these presentations, the Rhode Island team routinely spotlighted areas of the program across dozens of platforms: annual CHW conferences, sustainability summits, Envision webinars, Strategy Team meetings, and regional Health Equity Zone (HEZ) learning communities. Each appearance deepened local and national collaborations.

## 8.3 Publications

New England Journal of Medicine (Published on December 9, 2024), *Integrating Community Health Workers in Rhode Island - A Roadmap toward Health Equity* by Somava Saha, M.D, Geraldine McPhee, B.A., Swanette Salazar, A.A., and Deborah Garneau, M.A., describes Rhode Island’s statewide plan to expand and sustain Community Health Workers (CHWs) as an anchor of health-equity work. Drawing on input from 140 leaders, many of them CHWs from marginalized communities, the roadmap redefines CHWs’ roles beyond service navigation to include active advocacy for systemic change. Leveraging federal funds, the state invested in CHWs as part of a broader strategy to confront the root causes of health inequities. Implementation is overseen by a CHW-led Strategy Team, supported by public-health and policy experts, that is charged with scaling and sustaining these efforts.

Disseminating the lessons learned through the CCR initiative has been integral to advancing Rhode Island’s commitment to equity-oriented public health. The publication distills evidence on workforce development, community engagement, and systems change, offering practical roadmaps for jurisdictions seeking to embed CHWs at the center of their health-equity agendas.

# 9. Recommendations for Future CHW Programs in Rhode Island

## **1. Anchor every partnership in CHW-led, equity-driven governance**

Build on CCR experience by requiring that cross-sector teams formally designate CHWs as co-chairs, or steering-committee leads. This structure keeps lived expertise at the center of decision-making and ensures power-sharing across technical, regional, and community partners.

## **2. Sustain and expand CHWARI as the statewide workforce hub**

Continue CHWARI’s role as Rhode Island’s CHW association, with dedicated funding for core-competency and endorsement trainings, supervisor modules, networking events, and leadership academies. Maintain CHWARI’s responsibility for recruitment, onboarding, and mentorship so that every new CHW enters a consistent, supportive career pathway.

## **3. Strengthen CHW Voices as a standing policy and advocacy forum**

Formalize CHW Voices as the space where CHWs set the advocacy agenda, review proposed policies, and develop unified positions. Provide paid time and facilitation support so CHWs can

lead collaborative campaigns that advance recognition, reimbursement, and workforce protections.

#### **4. Deepen place-based partnerships through Health Equity Zones and CBOs**

Invest in HEZs and community-based organizations as local anchors that embed CHWs in food security, transportation, behavioral-health, and housing initiatives. Encourage CHWs to co-lead hyper-local projects, ensuring culturally responsive solutions that align with community priorities.

#### **5. Codify leadership pathways and role clarity across employers**

Create a statewide progression ladder, from entry-level practice to supervisory and strategic roles, paired with protected time for leadership activities. Standardize job descriptions, reporting lines, and supervisory training so CHWs can move between organizations without losing status or pay.

#### **6. Build a unified workforce-development system**

Finalize a standardized set of cross-sector core competencies, integrate peer-mentorship networks, and track training completion through a single statewide platform. Offer supervisor curricula so managers understand CHW scope, evaluation metrics, and trauma-informed support.

#### **7. Hard-wire real-time, equity-centered evaluation into daily practice**

Adopt the Functionality Matrix for organizational assessments and the Common Indicators framework for participant-level outcomes. Use participatory tools; focus groups, reflection sessions, lived-experience coding, to generate continuous feedback loops that guide course corrections.

#### **8. Adopt and adapt proven data tools statewide**

Scale the P2PH tool, readiness survey, Common Indicators project, and functionality matrix across agencies to streamline measurement and demonstrate impact. Provide technical assistance so each organization can tailor the tools without losing comparability.

#### **9. Track and protect CHW well-being, compensation, and sustainability**

Implement routine CHW well-being and burnout surveys, maintain a workforce dashboard for hiring and wage trends, and secure dedicated funding lines beyond time-limited grants. Use the findings to advocate for Medicaid reimbursement rates that cover a wide range of CHW services, including indirect services.

#### **10. Leverage CHW-focused technical-assistance (TA) centers such as Envision**

Formalize partnerships with national and regional TA centers to access specialized coaching on billing, evaluation design, and policy advocacy. These centers can provide rapid problem-solving

support, keep teams aligned with emerging best practices, and accelerate statewide capacity building.

By advancing these recommendations, Rhode Island can convert the CCR grant's successes into a durable, equity-first framework where community health workers remain not just implementers but architects of the state's public-health future.

## 10. Conclusion

Over three demanding yet transformative years, Rhode Island's Community Health Workers for COVID-19 Response and Resilient Communities (CCR) initiative proved that placing lived expertise at the center of public health programs can accelerate progress toward equity and resilience. From pandemic response to systems change, the project evolved into a statewide demonstration of how community health worker programs, empowered with leadership roles, standardized training, and rigorous evaluation tools, can address both immediate crises and the structural determinants that drive health disparities.

The results speak for themselves. A diversified CHW workforce strengthened by CHWARI's training pipeline, a Strategy Team composed primarily of practicing CHWs, and a vibrant CHW Voices forum ensured that community perspectives shaped every major decision. Innovative methods, including participatory coding of focus-group data, use of tools such as the Functionality Matrix and Compass, and integration of place-based Health Equity Zones, created rapid feedback loops that guided continuous program refinement. Policy milestones, notably the launch of Medicaid reimbursement for CHW services and the publication of *Integrating Community Health Workers in Rhode Island - A Roadmap toward Health Equity*, positioned the state as a national model for sustainable CHW financing and governance.

Just as important as the outputs were the lessons learned. The initiative confirmed that CHW-led, equity-driven governance fosters trust, improves retention, and catalyzes cross-sector collaboration. Real-time evaluation embedded in day-to-day practice increases coordination, while clear career ladders and leadership roles deepen workforce commitment. Finally, consistent communications, ranging from success stories shared with the CDC to statewide conferences, magnify impact by celebrating achievements and inviting new partners to join the effort.

The CCR grant period may be ending, but the infrastructure it built is designed to last. Formalizing CHW Voices as a standing advocacy body, securing long-term funding for CHWARI's statewide hub, and retaining the Alliance as an employer roundtable will safeguard hard-won gains. Embedding the evaluation tools into routine public health practice, sustaining Medicaid billing supports, and expanding place-based partnerships through Health Equity Zones will keep Rhode Island on a path toward healthier, more resilient communities.

Rhode Island entered the pandemic with urgent challenges; it emerges with a blueprint for equity-centered public health that others can replicate. By sustaining its investment in community health workers and the ecosystems that support them, the state can continue to turn short-term crisis response into lasting systems change, delivering on the promise of thriving, healthy communities for all.

# 11. Appendices

## **1. Data Collection Instruments**

- a. Annual Strategy Team Survey
- b. Functionality Matrix
- c. Pathways to Population Health (P2PH) Compass Tool
- d. Transcultural Community Resilience Scale (TCRS)
- e. CHW Readiness Survey
- f. Rapid Feedback Form

## **2. CHW Roadmap Process**

- a. Community Health Worker Landscape Analysis August 2020
- b. Charting a Roadmap for Community Health Workers in Rhode Island

## **3. Sustainability Resources**

- a. Envision CHW Sustainability Resources
- b. Envision CHW Financial Sustainability Toolkit
- c. CHW Stay Connected Guide

## **4. Evaluation Reports**

- a. Year 1-3 Annual Evaluation Reports
- b. Year 1-3 Focus Group Reports
- c. Medicaid Billing for Community Health Worker (CHW) Services in Rhode Island – Evaluation Report

## **5. Progress Reports**

- a. Year 1-3 Annual Progress Reports

## **6. Training Reports**

- a. CHWARI Year 1-3 Training Reports
- b. Medical Legal Partnership of Boston (MLPB) Year 1-3 Evaluation Reports

## **7. Communications Deliverables, Research Report, and Statewide CHW Identity and Toolkit**

- a. Year 1-3 Success Stories

## **8. CHW Awareness Week Materials**

- a. Governor's Proclamation
- b. Welcome Remarks
- c. Director Remarks
- d. NACHW National CHW Awareness Week Toolkit (E&S)

## **9. CHW Identity Marketing Project Deliverables (Systems Change Strategies / Reach Consulting)**

- a. Formative Research Report
- b. Communications Plan
- c. Logo Use Guide
- d. Media Toolkit

- e. This includes descriptions of campaign elements (messaging frameworks, brochures, social media tiles and graphics, fact sheet template, etc.)
- f. RI CHW Fact Sheets (E&S)
- g. RI Social Media Graphics
- h. Professional videos created by Systems Change Strategies / Reach Consulting
- i. Soapboxx Videos
- j. Davey Award

**10. Publications**

- a. Integrating Community Health Workers in Rhode Island - A Roadmap toward Health Equity  
Authors: Somava Saha, M.D., Geraldine McPhee, B.A., Swanette Salazar, A.A., and Deborah Garneau, M.A.