

Community Health Worker (CHW)

Practice-Based Learning Placements

A practical resource for health centers

Purpose

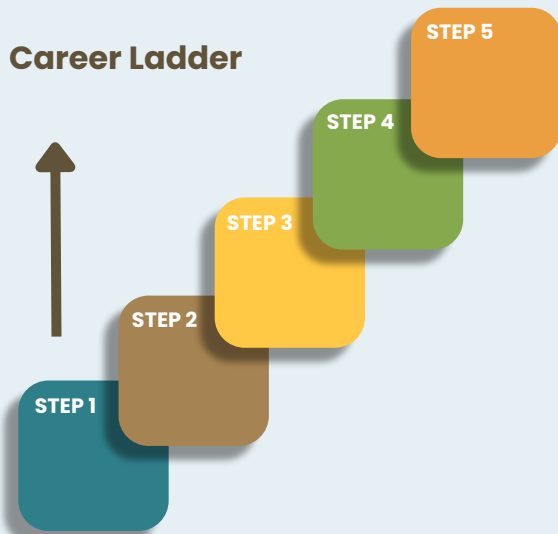
Practice-based learning placements connect CHW classroom training with supervised, real-world experience. When thoughtfully designed, they strengthen learner skills, support workforce development, and improve team-based care.

This resource organizes the draft guidance into a simple approach health centers can use to plan, host, and improve placements.

Practice-Based Learning Model

CHW Apprenticeship Programs

Career Ladder



Apprenticeship programs strengthen the CHW profession by offering structured, hands-on training.

CHW Apprenticeship's Provide:

- Industry-driven, high-quality career pathway
- Combines paid work experience with classroom instruction
- Prepares individuals for long-term roles in the workforce
- Leads to a portable, nationally-recognized credential

Employers see a positive return on investment (ROI)

- CHW Programs have demonstrated an estimated 147% ROI
- For every \$1 an employer spends, they get about \$2.47 in value (Kangovi et al., 2020)



1 SET UP FOR SUCCESS

Start by defining what the placement is meant to accomplish. Some health centers use placements to build a hiring pipeline, while others focus on outreach, care coordination, navigation, or stronger CHW integration within care teams. Clear goals help determine the right supervisor, activities, timeline, and evaluation plan. (CDC, 2019; HRSA, 2024).

Before the placement begins, health centers should:

- Identify a site supervisor and, when possible, a CHW mentor;
- Confirm leadership and team buy-in for the placement;
- Prepare workspace, documentation access, and communication workflows; and
- Decide how the learner will move from observation to supported independent practice.

Quick readiness check

- Do staff understand the CHW role and scope?
- Do referral, documentation, and communication workflows exist?
- Is supervision scheduled and protected on the calendar?
- Do you have a simple plan to collect feedback and improve the placement?



2 BUILD THE PLACEMENT

Every placement should include a structured orientation, a written learning plan, and clear expectations for documentation, communication, and supervision. Reliable workflows reduce confusion and help the learner understand how CHW work connects to the broader care team (AHRQ, n.d.; CDC, 2024). **See Table A, page 5**

SUGGESTED ORIENTATION TOPICS

Policies & privacy	HIPAA, confidentiality, boundaries, safety, and escalation steps
Workflow & documentation	EHR/EMR access, referral pathways, note standards, team communication
Learning expectations	Placement goals, milestones, supervision schedule, and feedback process

3 SUPPORT THE LEARNER

Practice-based learning works best when support is consistent. CHW learners benefit from weekly supervision, reflective feedback, and opportunities to observe and participate in team-based care. Research on CHW integration highlights the importance of ongoing training, organized communication, and strong supervisory support (Allen et al., 2015; CDC, 2024).

- Schedule a weekly 1:1 check-in with the supervisor.
- Pair the learner with a CHW mentor or experienced staff member when possible.
- Include the learner in huddles, case reviews, outreach planning, or follow-up activities.
- Give timely feedback on documentation, communication, and professional boundaries.

4 KEEP ROLES CLEAR

Role clarity protects the learner, the care team, and the CHW identity. The National C3 Council describes CHW roles such as outreach, coaching, care coordination, education, advocacy, and cultural mediation. Placements should build those skills instead of using learners as general support staff (National C3 Council, n.d.). **See Table B, page 5**

Appropriate placement activities	Use caution/avoid
Community outreach and engagement	Independent diagnosis or treatment planning
Health education using plain language	Tasks that require professional licensure
Resource navigation, referrals, and follow-up	Providing unsupervised medical advice
Care coordination and social support	Being used as a catch-all for unrelated duties
Documenting outreach and follow-up activities	Working without role expectations or supervision

5 TRACK AND IMPROVE

Sample 12-week timeline

- **Week 1:** Orientation and learning plan
- **Weeks 2–4:** Shadowing and observation
- **Weeks 5–8:** Shared tasks and guided practice
- **Weeks 9–12:** More independent outreach, navigation, or project work
- **Final week:** Evaluation, wrap-up, and next steps

Suggested indicators

- Orientation completed
- Weekly supervision completed
- Learner milestones achieved
- Referrals or outreach contacts documented
- Participation in team meetings or huddles
- Learner and supervisor feedback collected

A placement should be evaluated, not just completed. Track a few simple measures so the health center can improve the learner experience and strengthen future placements. Centers for Disease Control and Prevention and Agency for Healthcare Research and Quality (AHRQ) resources both emphasize using structured processes and data to refine implementation (CDC, 2019; AHRQ, n.d.).

Quick Tips for Health Centers

- Start small and expand once workflows are tested.
- Put placement expectations in writing for the learner and supervisor.
- Train supervisors in coaching, feedback, and CHW role clarity.
- Have workspace, technology, and materials ready on day one.
- Review the placement after each cycle and adjust what is not working.



REFERENCE TABLES

Table A. CHW Integration Points in Healthcare Workflow

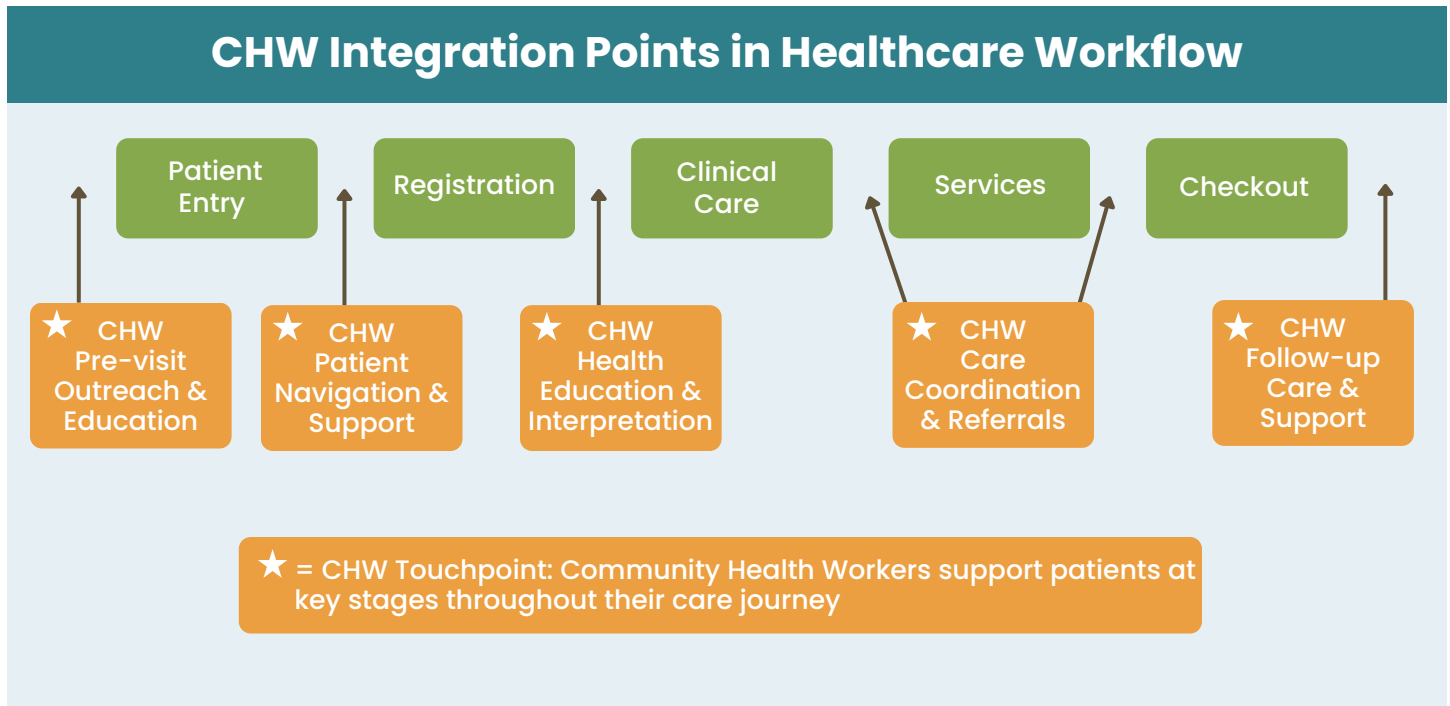


Table B. CHW vs Case Manager Roles

General Area of Focus	Community Health Worker Role	CHWs in Action	Case Manager and/or RN Role
Screening & Prevention	Health Educator/Promoter	Maria, a CHW, speaks at a church event about why mammograms are important and helps individuals schedule appointments.	Complete mammogram procedure and provide test results.
Navigation & Coordination	Care Navigator	Jamie helps a client fill out insurance forms and assists with finding a local clinic that provides cervical cancer screenings.	Give patients medical advice
Community Engagement	Liaison	Rosa rides with a neighbor to a mobile screening event and stays to support through the process.	Provide formal counseling or therapy
Treatment & Support	Peer Supporter/Health Coach	David checks in on a patient with diabetes after a follow-up appointment, listens to their worries, and explains the health information in plain language.	Analyze clinical data regarding bloodwork and provide prescription advice
Voices Patient Needs	Helps address barriers	Kaiden notices many clients can't make appointments during work hours, so they talk with clinic staff about offering evening screening times.	Make clinical decisions regarding patient's care plan

SELECTED REFERENCES

Allen, C. G., Escoffery, C., Satsangi, A., & Brownstein, J. N. (2015). Strategies to improve the integration of community health workers into health care teams: "A little fish in a big pond." *Preventing Chronic Disease*, 12, E154. https://www.cdc.gov/pcd/issues/2015/15_0199.htm

Agency for Healthcare Research and Quality. (n.d.). Establish operational systems to support integration. <https://integrationacademy.ahrq.gov/products/playbooks/behavioral-health-and-primary-care/implementing-plan/establish-operational-systems-support-integration>

Centers for Disease Control and Prevention. (2019). Community Health Workers (CHW) Inclusion Checklist. https://archive.cdc.gov/www_cdc_gov/dhdsp/pubs/toolkits/chw-checklist.htm

Centers for Disease Control and Prevention. (2024). Increasing capacity to engage and sustain community health workers in diabetes management and type 2 diabetes prevention: Job aid. https://www.cdc.gov/diabetes-state-local/media/pdfs/CHW_JobAid_508.pdf

Health Resources and Services Administration. (2024). Community Health Worker Training Program. <https://bhw.hrsa.gov/programs/community-health-worker-training-program-chwtp>

Kangovi S, Mitra N, Grande D, Long JA, Asch DA. Evidence-Based Community Health Worker Program Addresses Unmet Social Needs And Generates Positive Return On Investment. *Health Aff (Millwood)*. 2020 Feb;39(2):207-213. <https://pubmed.ncbi.nlm.nih.gov/32011942/>

National C3 Council. (n.d.). Roles & competencies. <https://www.c3council.org/roles-competencies>



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