

JOSH GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII



DEPT. COMM. 100-121  
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In reply, please refer to:  
File:

December 16, 2025

The Honorable Ronald D. Kouchi,  
President and Members of the Senate  
Thirty-third State Legislature  
State Capitol, Room 409  
Honolulu, Hawaii 96813

The Honorable Nadine K. Nakamura,  
Speaker  
and Members of the House of  
Representatives  
Thirty-third State Legislature  
State Capitol, Room 431  
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Nakamura, and Members of the Legislature:

For your information and consideration, I am transmitting a copy of the Report to the Legislature on Minimum Professional Standards for Community Health Worker Training Programs, pursuant to Senate Concurrent Resolution 16, Session Laws of Hawaii 2025.

In accordance with Section 93-16, Hawaii Revised Statutes, I am also informing you that the report may be viewed electronically at:

<https://health.hawaii.gov/opppd/department-of-health-reports-to-2026-legislature/>

Sincerely,

A handwritten signature in black ink, appearing to read "Ken Fink".

Kenneth S. Fink, M.D., M.P.H., M.G.A.  
Director of Health

Enclosures

c: Legislative Reference Bureau  
Hawaii State Library System (2)  
Hamilton Library



REPORT TO THE THIRTY-THIRD LEGISLATURE

STATE OF HAWAI'I

2026

IN ACCORDANCE WITH THE PROVISIONS OF  
SENATE CONCURRENT RESOLUTION NO. 16, SENATE DRAFT 1  
COMMUNITY HEALTH WORKER  
PROFESSIONAL STANDARDS TASK FORCE

PREPARED BY

STATE OF HAWAI'I  
DEPARTMENT OF HEALTH  
CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION DIVISION

DECEMBER 2025

# Foreword

Community Health Workers, or CHWs, are frontline public health workers who serve as an intermediary between health or social services and the community to navigate access to services and improve the quality and cultural competence of service delivery. They also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.<sup>1</sup>

For decades, CHWs both in Hawai‘i and around the world have been vital to the success of public health. The World Health Organization reports “CHWs are the world’s most promising and immediately available health workforce resource for enabling health systems in resource-constrained settings to function and reduce the burden of disease.”<sup>2</sup>

There is a growing need in Hawai‘i for CHWs to fill care gaps and reach underserved populations. However, sustainability of the CHW workforce faces significant headwinds as rising costs of living, low pay, and limited public awareness/recognition of the utility of their frontline services have constrained the profession.

During the Regular Session of 2025, the State Senate of the 33rd Legislature adopted Senate Concurrent Resolution 16, in amended Senate Draft 1 form (SCR16 SD1), which requested the Department of Health (DOH) convene a task force to identify and develop minimum professional standards for CHWs.

Testifiers during the Senate’s hearing process suggested that professional standards could open a pathway for qualifying for Medicaid reimbursement and other funding opportunities,<sup>3</sup> as well as give CHWs more respect and integration into the local healthcare infrastructure.

In response to the Legislature’s request, the DOH assembled the SCR16 SD1 task force in June 2025 and collected information about creating professional standards for CHWs and how best to support this important profession. This report represents the DOH’s report of task force findings collected through surveys, interviews with task force members, and three task force meetings.

During the DOH’s collection of task force member responses, it became evident that CHWs encompass an extremely broad range of service specializations and community roles representing various employment sectors – community-based organizations (CBOs); grassroots programs; cultural and faith-based settings; rural and neighbor island CBOs and nonprofits; healthcare; public health; social services; education and outreach; and Native Hawaiian and Native Hawaiian and Pacific Islander serving organizations – and imposing professional

standards on the profession through state regulation would create burdens on existing CHWs that would be counterproductive to the public interest.

The DOH has determined that opinions among interest holders as to what CHWs should have as minimum professional standards are prismatic in spectrum and difficult to distill into a set of unified recommendations in the timeline stipulated through the SCR16 SD1. Therefore, the DOH is presenting the individual opinions of the SCR16 SD1 task force members for the Legislature. Included with this report is a summary of the orientation interviews (Appendix A) and survey responses (Appendix B) from task force members that demonstrate the diverse backgrounds and perspectives on how CHWs can become a sustainable profession and the potential professional standards that could govern them. The DOH proposes beyond the timeframe of the SCR16 SD1 to continue learning with the CHWs on the best route for developing professional standards that may lead to a certification program.

Determining the best policy with minimal unintended consequences or disruptions to the existing workforce is likely to be a longitudinal, rather than short-term effort, as it will require the consensus of many community members and CHWs alike. The DOH has significant concerns that attempts to legislate or regulate CHWs without considering the diverse and complex needs of the community and the CHWs that serve them may exclude interest holders from the process and alienate communities.

Because of the short time afforded to the task force and the DOH to present its findings in advance of the upcoming 2026 Regular Session, the DOH will remain involved with the assembled CHW task force to develop professional standards. Working with the state-wide representatives from the CHW associations and allies will allow building on the findings of this report. The DOH respects the motto of the CHWs, “for CHWs, by CHWs,” and is willing to serve as convener and facilitator. From these efforts may come future policy and resource requests to Legislature developed by the CHWs with their allies.

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# Introduction

On April 21, 2025, the State Senate adopted SCR16 SD1 in final form and subsequently transmitted certified copies to the DOH.

The DOH's Chronic Disease Prevention and Health Promotion Division (CDPHPD), which has subject matter expertise in addressing social determinants of health (SDOH), mobilizing CHWs, and engaging CBOs for the existing Healthy Hawai'i Strategic Plan 2030, was assigned organizational support for the SCR16 SD1 task force.

SCR16 SD1 requested a core group of fourteen or more members representing the following organizations, listed by order of the resolution's text:

1. A representative from the Department of Health, who shall serve as the chair of the task force;
2. One community health worker from each county;
3. A representative from the Hawai'i Public Health Institute;
4. A representative from the Hawai'i Public Housing Authority;
5. A representative from the Med-QUEST Division of the Department of Human Services;
6. A representative from the University of Hawai'i – West Oahu;
7. A representative from Kapiolani Community College;
8. A representative from the Healthcare Association of Hawai'i;
9. A representative from the Hawai'i Association of Health Plans;
10. A representative from Papa Ola Lōkahi;
11. A representative from the Native Hawaiian and Pacific Islander Community Health Worker Alliance;
12. A representative from the Hawai'i Primary Care Association;
13. A representative from a community-based grassroots organization, such as Ka'u Rural Health Community Association, Inc.; and
14. Any additional members with appropriate specialized expertise recommended by task force members and approved by the chair.

The DOH exercised its discretion to add three additional organizations for their specialized expertise, including the Hawai'i Community Health Worker Association; the University of Hawai'i John A. Burns School of Medicine (JABSOM) Department of Native Hawaiian Health; and Hui Mālama Ola Nā 'Ōiwi.

## Methodology and Inclusion Protocols

The Chronic Disease Management Branch (CDMB), housed within the CDPHPD, reached out to each of the organizations beginning on June 9, 2025; entities were notified by e-mail and postal mail of the adoption of SCR16 SD1 and requested to provide a point-of-contact for an appropriate subject matter expert to serve on the task force. Invitations stated that participation on the task force was entirely optional, not mandated by law, and that members would serve as volunteers without compensation.

The inclusion protocol for task force participation was that persons should be recommended by one of the thirteen organizations, and either be a CHW or self-identify as a CHW ally.

Upon identification of a prospective candidate to fill task force member seats, the DOH contacted each task force prospect based on information provided to CDMB from requested organizations and presented copies and/or hyperlinks to SCR16 SD1’s resolution text. Prospective members were then asked to complete an initial orientation form to confirm membership on the task force.

Based on the membership requirements of SCR16 SD1 and the responses to serve, the task force included the following advisory members. In addition, CDPHPD staff also provided significant support for the task force.

<b>Organization</b>	<b>Task Force Member</b>
Department of Health ( <i>Director of Health’s designee</i> )	Florlyn Taflinger
Hawaii County	Gracie Flores
City & County of Honolulu	David Mamae
Kauai County	Crystal Caday
Maui County	Ashley Tone
Hawai’i Public Health Institute	Rosilyn Filemoni
Hawai’i Public Housing Authority	Benjamin Park
Department of Human Services, Med-QUEST Division	Marcy Healey
University of Hawai’i – West Oahu	Camonia Graham-Tutt
Kapi’olani Community College	Hilary Hacker
Healthcare Association of Hawai’i	Janna Hoshide
Hawai’i Association of Health Plans	Ritabelle Fernandez
Papa Ola Lōkahi	Kāhealani Nae’ole
Native Hawaiian and Pacific Islander Community Health Worker Alliance	‘Atalina Pasi
Hawai’i Primary Care Association	Jermy Domingo
Ka’u Rural Health Community Association, Inc.	Jessie Marques
Hawai’i Community Health Worker Association	Chauncey Hatico
University of Hawai’i JABSOM Department of Native Hawaiian Health	Adrienne Dillard
Hui Mālama Ola Nā ‘Ōiwi	Nicole Moore

## Initial Orientation Interview

CDPHPD consulted the State's Office of Information Practices (OIP) on May 20, 2025 via e-mail regarding whether it could conduct orientation interviews in advance of the task force's meetings in accordance with Sunshine Law (Hawai'i Revised Statutes 92) requirements.

Based on OIP's previous precedent ruling on July 28, 2008, "Boards Created by Resolution," (Op. Ltr. No. 08-2)<sup>4</sup> CDPHPD was advised by OIP's staff attorney that based upon rules of statutory construction, task forces created by resolution did not preclude the DOH from conducting interviews under Sunshine requirements.

Over the course of three months, from June to early August 2025, CDMB conducted one-hour orientation interviews with each of the confirmed task force members to gain an initial perspective of their background, expertise, experience, and initial potential recommendations for both professional standards and proposed legislation prior to meeting as a task force.

The initial interviews, conducted virtually, served to both broadly inform the DOH's understanding of the latest CHW context from those on the frontline and to allow task force members to have an opportunity to have an uninterrupted opportunity to speak on their profession.

Task force members were provided verbal informed consent prior to their participation in the recorded interviews and instructed that their comments could be included in the public record. They were further told that they could decline to answer any question that they did not feel comfortable answering.

Three CDMB interviewers, Florlyn Taflinger (DOH Director's designee), Blythe Nett (alternate designee), and Danny de Gracia (task force researcher), completed a total of 15 orientation interviews out of the 19 members (DOH did not interview CDMB as it served as task force chair).

Members were first asked to provide their name and organization for the record and then asked how many years they had served in their profession. The interview participant mean years of experience was approximately 13 years in one's field with the highest experience being 30 years and the lowest being 2 years. Participants were then asked a series of questions about familiarity with professional standards, who could enforce professional standards, if necessary, whether a Medicaid state plan amendment (SPA) was seen as a priority, and other broad questions about CHWs.

## Major Interviewee Themes

Participants shared insights on CHWs and what they believed was working well, what needed improvement, and what the Legislature might be able to do, if anything, in subsequent sessions. Several themes were conceptualized.

### Recognition and Legitimacy of CHWs

CHWs represent multiple employment sectors such as CBOs, healthcare, public health, social services, rural and neighbor island nonprofits and CBOs, and Native Hawaiian and Native Hawaiian and Pacific Islander (NHPI) serving organizations and act as bridges between communities and systems, serving in roles that touch clinical care, prevention, advocacy, and social support.

Participants emphasized the need for formal recognition of CHWs as a legitimate and essential part of the healthcare system. A SPA in which Hawai'i would claim Federal matching funds for certified CHW activities was discussed as a possible means to accomplish this, but it was understood that this might require professional certification and possibly licensure to claim. More review of Medicaid reimbursement codes to understand what services may already be covered was suggested.

### Compensation and Sustainability

Strong concerns about living wages, reimbursement for services, and program sustainability were shared among interview participants. Hawai'i's high cost of living, as well as the costs of transportation, are seen as significant challenges for CHWs. The need for not only living wages, but the opportunity for CHWs to be promoted to higher compensated positions in the healthcare system was shared.

The Hawai'i Primary Care Association in its interview with the DOH shared that it had recently conducted a survey of 16 federally qualified health centers (FQHCs). It provided a report, *"Shaping CHW Standards: Insights from Hawai'i's Federally Qualified Health Center Workforce: A Survey of Hawai'i Federally Qualified Health Centers,"* which concluded that "Without structural change, the workforce risks burnout and turnover. With the right investment, CHWs can continue to be the trusted bridge between systems and people improving health outcomes across Hawai'i."

### Risk of Unintended Consequences and Barriers to Entry

Participants acknowledged that the CHW profession has diverse specializations and one of the potential risks of imposing professional standards would be a loss of existing workers within the diverse employment sectors they represent.

While some agreed that a retroactive form of certification or grandparent clause could be applied to existing CHWs, concerns were shared that recertification, continuing education, and other traditional academic/vocational methods of professional standardization could all contribute to a loss of CHWs, as well as present barriers to entry (e.g., tuition cost, certification fees, ongoing recertification) and inclusion of the next generation of workers.

Multiple participants referenced in their interviews the Hawai'i State Auditor's 2022 "*Sunrise Analysis: Regulation of Community Health Workers*" report<sup>5</sup> and said "Community health workers and advocates who spoke with the Office of the Auditor did not feel that regulation is appropriate for the workforce ... suggesting an optional certification process instead. The community health worker community and their employers, are concerned that [legislation] ... could inadvertently force existing community health workers out of the field and make recruitment from underserved communities a greater challenge."

## Cultural Competency and Place-Based Knowledge

Participants frequently made references to the need for cultural humility, cultural diversity, and language training for Hawai'i CHWs. Participants discussed having an understanding of SDOH, housing, food, transportation, and trauma-informed care. Multiple respondents referenced the National Council on CHW Core Consensus Standards, or C3 Council, and its recommendations for CHW roles and competencies.<sup>6</sup>

## Insistence on CHW-led Policymaking

It was repeatedly shared that while participants may not have specific policy recommendations for the legislature, they insisted that CHWs representing a broad spectrum of employment sectors be the ones to make the decisions.

## Task Force Meetings and Recommendations

After completing its initial orientation interviews, the DOH held the first virtual meeting of the task force on August 28, 2025.

Quorum was met with 18 members present and one excused. Members were informed as a group the legislative history and purpose of the SCR16 SD1 Task Force, and then presented an initial set of questions:

1. "Shall the Legislature enact laws that mandate the professional licensure of Community Health Workers (CHWs) in the State of Hawai'i?"

2. “Shall the SCR16 SD1 Professional Standards Task Force recommend that nongovernmental entities and private employers in the State of Hawai‘i create a voluntary certification program for Community Health Workers (CHWs)?”

The DOH is aware that these core principles have been discussed over the last decade in various legislative and community circles, but due to the SCR16 SD1 resolution’s requirement that “standards” be recommended, DOH believed task force members should be posed these questions as a formal vote to establish a clear direction for how potential standardization might derive its authority.

The State cannot compel minimum professional standards in the absence of a licensing statute; therefore, how best to support CHWs can only be determined after establishing whether the State should be given that legal authority.

Task force members were informed of this legal distinction:

According to the U.S. Department of Education, “The term ‘licensure’ generally refers to an official process, administered by a state-level authority, that is required by law in order for an individual to practice a regulated profession. The term ‘certification’ generally refers to a function administered by a nongovernmental organization, which is intended to further recognize professional competence based on having met the quality standards of the organization.”

Further, the HRS Uniform Professional and Vocational Licensing Act Chapter 436B-2, states that licensure “means the permission to engage in a profession or vocation granted by the applicable licensing authority to a person who has satisfied every requirement for licensure, and shall include any registration, certificate, or other document issued by the licensing authority reflecting proof of permission.”

Task force members were given the opportunity for discussion before voting on each question, beginning with the question of professional licensure.

## Professional Licensure

Discussion emerged that members were not supportive of professional licensure. The themes that were observed during the initial orientation interviews were present again during the task force’s group discussion.

CHWs were suggested to derive their legitimacy from the Hawaiian concept of “pilina”<sup>7</sup> – relationship, union, and connection – being “rooted” in the community. Being as inclusive as

possible was stated as a vital tenet of the CHW profession. Formal education was suggested to “sideline” lived experiences that CHWs brought to the role.

The task force members present voted 15 against, 3 in abstention. Key resistance to professional licensure was supported by prior studies by the Auditor (Hawai‘i State Auditor’s 2022 “*Sunrise Analysis: Regulation of Community Health Workers* report) suggesting that CHWs posed no occupational risk operating without licensure and concern that maintaining licensure would require costly education and fees which could not be afforded by individuals whose existing salaries or reimbursement mechanisms are barely sufficient to cover their costs of living.

Concerns were also raised as to whether the Western practice of licensure would conflict with indigenous practices. Additional concerns were raised that older CHWs who had been in the profession in excess of 20 or more years might not be able to adapt well to continual classroom instruction to maintain licensure.

A recurring suggestion was that under both licensure and voluntary certification scenarios, there should be a grandparenting of existing CHWs into the credentialing system so as not to force out of service those who had been working in the profession for many years.

## Pivot to Voluntary Certification

Having precluded the possibility of state-imposed licensure, the DOH proceeded to survey task force members on what voluntary certification for CHWs might involve. If the State were not to regulate CHWs, the task force was asked to help identify what entities or interest holders/collaborators could work together to form the beginnings of a voluntary certification program for CHWs.

Of the 18 task force members, a total of 11 responses were received, all of which are included as an attachment to this report.

Survey responses most commonly named the Hawai‘i DOH, Papa Ola Lōkahi, the Hawai‘i Public Health Institute, the Hawai‘i Primary Care Association, various Native Hawaiian health systems, FQHCs (Kokua Kalihi Valley, Waianae Coast Comprehensive Health Center), and other CBOs (such as Kula no nā Po‘e Hawai‘i) and health insurance companies as implementation partners.

The recurring theme for these collaborators was that certification should be co-designed with CHW input, Native Hawaiian-serving organizations, and community-rooted institutions to ensure cultural relevance and trust.

## Timeline for Implementation

The task force respondents generally recommended that planning for the collaboration and coalition-building for voluntary certification should begin immediately, with implementation as soon as January 2027.

## Public Recognition as a Strategy for Sustainability

It was identified that one of the key gaps in sustainability for the profession of CHWs is that the public and policymakers in general are not well-acquainted with the services that CHWs provide. Under voluntary certification, the public would benefit from having an awareness of what exactly a CHW does and how they add value to the community.

Recommendations were made that CHWs could be honored with legislative recognition months, media campaigns could be broadcast to educate the public about what CHWs do, and CHWs could be featured in prominent roles or as honored guests at various public health fairs and symposiums.

## Core Competencies: Basic Knowledge, Skills, and Abilities

The DOH identified an overarching set of knowledge, skills, and abilities (KSAs) considered as core competencies among survey respondents that CHWs were suggested to generally possess:

1. **Cultural and contextual fluency:** Deep understanding of Native Hawaiian values (aloha, kuleana, pono, language, protocols), colonization impacts, and social determinants of health
2. **Health system navigation:** Knowledge of Medicaid/QUEST, referrals, and resource coordination
3. **Communication and listening:** Active listening, plain-language health education, and interpretation
4. **Documentation and care team integration:** Health Insurance Portability and Accountability Act (HIPAA), data entry, and participation in team meetings
5. **Advocacy and outreach:** Community mobilization, civic engagement, and health promotion

## Advanced Competencies

In addition to the five basic KSAs, survey respondents suggested that advanced skills might be useful for CHWs:

1. **Trauma-informed care & behavioral health:** Crisis de-escalation, suicide prevention, cultural healing (e.g., ho‘oponopono)
2. **Chronic disease management:** Diabetes, hypertension, chronic kidney disease, etc., with coaching and adherence support
3. **‘Āina-based health facilitation:** Land stewardship, food sovereignty, and cultural protocols
4. **Motivational interviewing:** For behavior change and long-term health outcomes
5. **Community-based program design:** Participatory research, place-based evaluation, and co-creation with community

## Constructive Service Credit/Grandparenting

Survey responses for voluntary certification mirrored earlier recommendations from task force discussion over licensure vs. voluntary certification that there exists a type of constructive service credit or grandparenting system in which prior experience as a CHW could count towards credentialing.

In this framework, the credentialing coalition or organization might review a CHW’s background, or evaluate a community attestation, and provide credit based on legacy work and lived experience. This would prevent barriers specifically in the cases of CHWs that already serve rural, indigenous, or under-served communities.

Although the task force did not determine the specific credentialing coalition or organization, member recommendations included that the grandparenting system be overseen by a CHW-led, community-rooted coalition, ensuring legacy CHWs, rural CHWs, and culturally grounded CHWs are recognized and protected.

## Certification Fees

The topic of fees to support voluntary certification or to hold certification titles remains a divisive topic. While some respondents were in support of fees, others resisted the concept as they felt low pay for CHWs would make professional fees a burden.

Alternatively, fees could be provided by a CHW's employer, or they might be waived in special instances where one's income was too low to support paying annualized fees.

## Task Force Discussion on Voluntary Certification

Two more task force meetings were conducted on September 25 and October 30, 2025, to discuss survey responses and any additional recommendations or concerns regarding CHW certification. All members of the task force were given the opportunity to participate in a roundtable discussion where each member spoke as long as they felt necessary to discuss CHW next steps.

A website was created by the DOH at <https://health.hawaii.gov/chronic-disease/chw-task-force> to compile all of the minutes and documents from the task force meetings.

Task force members discussed their concerns that support would be needed to sustain the process through a combination of federal funding changes and the uncertain state fiscal outlook in coming legislative sessions.

While the task force was scheduled to sunset, some members expressed interest in hearing from other states, such as California, on how reimbursement can occur for CHWs who have a core set of credentials. This information was suggested to be potentially adaptable to Hawai'i's situation, though more information would be needed.

It was also suggested as a possibility that CHWs could be certified through organizations that already can receive reimbursement through Medicaid, like licensed clinical social workers, though the DOH cautions this could require some over-arching organizational licensure or credentialing that may exceed the scope of the CHW task force.

## Conclusion

The SCR16 SD1 Community Health Worker Professional Standards Task Force was significantly limited by the fact that the time for collaboration and meeting was brief and the resolution requesting it did not provide funding for larger activities. Notwithstanding, the DOH sees a recurring theme in which CHWs want prestige, visibility, and living wages to perform what is an important public health role in connecting communities to health services. These vital activities are unique in that the community receives value from services that are not necessarily codable in the Western framework or medical model of care but are nonetheless essential to the wellbeing of the populations that receive them.

While certification is an important step towards establishing the CHW profession as a vital part of healthcare, public health, and the wider workforce that supports community well-being, it is

not a one-size-fits-all policy solution. Imposing rigidity to this profession restricts the flexibility of CHWs to be agile and responsive to emerging public health crises or community trauma.

CHWs are professionals who specialize in many different health skills, and some provide services which are sustainable only in the context of a larger organization or coalition that subsidizes their work.

The loss of federal grant funding and potential changes in State funding is something that existing CHWs are sensitive to, and continued funding relies on public support and recognition for CHWs. As a result, CHWs will need both private and public/nonprofit cooperation to be permanently sustainable.

The DOH submits the survey responses from the CHWs for Legislature review. The DOH will endeavor to faithfully work with the CHWs towards the highest level of community consensus in the development of minimal professional standards and voluntary certification program.

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<sup>1</sup> American Public Health Association. Community Health Workers. APHPA Website. <https://www.apha.org/apha-communities/member-sections/community-health-workers>

<sup>2</sup> Community Health Worker Programmes in the WHO African Region: Evidence and Options – Policy Brief. World Health Organization; 2017.

<sup>3</sup> SCR16 SD1 Testimony. Hawaii State Legislature.

[https://www.capitol.hawaii.gov/session/measure\\_indiv.aspx?billtype=SCR&billnumber=16&year=2025](https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SCR&billnumber=16&year=2025)

<sup>4</sup> Opinion Letter 08-02, Djou Re: “Boards Created by Resolution” (S RFO-G- 09 01). Office of Information Practices. <https://oip.hawaii.gov/wp-content/uploads/2008/07/0728-OIP-Op.-Ltr.-No.-08-02-Djou-re-Boards-Created-by-Resolution-S-RFO-G-09-01.pdf>

<sup>5</sup> Sunrise Analysis: Regulation of Community Health Workers. Office of the Auditor; 2022.

<sup>6</sup> About the National C3 Council. National Council on CHW Core Consensus Standards.

<https://www.c3council.org/about>

<sup>7</sup> Pilina. University of Hawaii. <https://www.hawaii.edu/news/2023/04/04/hawaiian-word-of-the-week-pilina/>





# Appendix B

## **SCR16 SD1 Community Health Worker Professional Standards Task Force**

Voluntary Certification Survey Responses Received

September 2025

**Hawaii State Department of Health**  
Senate Concurrent Resolution 16, Senate Draft 1 (SCR16 SD1)  
Community Health Worker Professional Standards Task Force Survey #2:  
Voluntary Certification Program Specifics

**Instructions for Task Force Members:**

During the August 28 meeting of the SCR16 SD1 Task Force, members voted to recommend that nongovernmental entities and private employers in the State of Hawaii create a voluntary certification program for community health workers (CHWs). Please complete the following survey to assist the Department of Health in collecting your input on how best to accomplish this.

Your responses will be made part of the public record and may be included in an annex of the Department's official report to the Legislature. Should the Department have additional questions, we may contact you for follow-up or clarification on your responses. Attach additional pages if necessary for responses.

Please return the following completed survey by e-mail to the Chronic Disease Management Branch at [daniel.p.degracia@doh.hawaii.gov](mailto:daniel.p.degracia@doh.hawaii.gov) not later than Monday, September 22 at 4:30 pm.

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**1. Name:** Dr. Adrienne Dillard, PhD, MSW, LSW, **2. Organization:** Kula no na Po'e Hawai'i

**3. Title:** CEO

**4. Are you a CHW? (Y/N)** Y

**5. What entities or interest holders ("collaborators") in the State of Hawaii do you think should work together to form the beginnings of a voluntary certification program for CHWs?** Please list at least two (2) collaborators and be as specific as possible, naming specific organizations, academic institutions, interest holders, etc.

DOH, NHPI CHW Alliance, Papa Ola Lokahi, Kula no na Po'e Hawaii, KKV, Waianae Coast Comp, HI-PHI, Napua Spock, WAO, Native Hawaiian Health Systems on each island,

## 6. How soon should this voluntary certification program begin?

January 2027

**7. List at least five (5) basic knowledge, skills or abilities (KSA) that should constitute standardized core competencies for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

### 1. Cultural Responsiveness & Relationship Building

Description: Ability to engage NHPI and other individuals and families with respect for cultural values, language, and traditions.

Applicability: Builds trust, supports culturally safe care, and strengthens outreach in homestead and rural communities.

### 2. Health System Navigation & Resource Coordination

Description: Knowledge of Medicaid, QUEST Integration, Native Hawaiian Health Systems, and referral pathways, i.e., translation services, transportation, etc.

Applicability: Improves access, reduces missed appointments, and supports kupuna and low-literacy populations.

### 3. Trauma-Informed Communication & Emotional Support

Description: Skill in recognizing trauma responses and communicating with empathy, especially in communities impacted by historical trauma.

Applicability: Supports behavioral health outreach, suicide prevention, and crisis response.

### 4. Community Outreach, Advocacy & Health Promotion

Description: Ability to organize outreach events, mobilize resources, and elevate community voice in health planning.

Applicability: Promotes health equity, civic engagement, and culturally relevant education.

### 5. Documentation, Ethics & Confidentiality

Description: Knowledge of HIPAA, IRB, and culturally adapted consent processes; ability to document accurately and protect client information.

Applicability: Ensures legal compliance, builds trust, and supports program evaluation and funding.

*References:*

*C3 Project – Community Health Worker Core Consensus Project <https://www.c3project.org>*

*National Association of Community Health Workers (NACHW) <https://nachw.org>*

*Papa Ola Lōkahi – Native Hawaiian Health Systems <https://www.papaolalokahi.org>*

*CDC – Social Determinants of Health <https://www.cdc.gov/socialdeterminants>*

*Healthy People 2030 – Office of Disease Prevention and Health Promotion  
<https://health.gov/healthypeople>*

**8. List at least three (3) advanced knowledge, skills or abilities (KSA) that should constitute specialization for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

#### Āina-Based Health Facilitation

- Knowledge of land stewardship, food sovereignty, and environmental health as determinants of wellbeing
- Skill in designing and leading ‘āina-based healing programs (e.g., lo‘i restoration, limu education, cultural protocols)
- Ability to integrate Indigenous ecological knowledge into chronic disease prevention, mental health, and youth engagement

#### Cultural Behavioral Health & Trauma-Informed Navigation

- Knowledge of mental health systems, trauma responses, and culturally adapted behavioral health models
- Skill in crisis de-escalation, suicide prevention, and peer support for individuals impacted by historical and intergenerational trauma
- Ability to bridge clinical care with cultural healing practices (e.g., ho‘oponopono, pule, mo‘olelo)

#### Community-Based Program Design & Facilitation

- Knowledge of strengths-based frameworks, participatory research, and place-based evaluation tools
- Skill in designing and leading culturally relevant workshops, outreach events, and ‘āina-based healing programs
- Ability to co-create with community members, honoring lived experience as expertise

**9. If a CHW who worked prior to the creation of a voluntary certification program should seek to be certified under the new program, should they be made to take any courses or training? NO If so, please specify.**

1. Demonstrated Competency: Many Community Health Workers (CHWs) have been serving their communities long before certification programs existed. Their valuable experiences and the trust they've built should not be overlooked in favor of mandatory coursework.

2. Barrier to Equity: Retroactive training requirements can create significant financial and logistical challenges, especially for CHWs from rural, Indigenous, or under-resourced communities, potentially excluding the individuals the certification aims to support.

3. Recognition of Legacy Work: Certification should honor those who have long contributed to the field. Allowing for portfolio reviews, supervisor attestations, or community endorsements would better recognize their hard work than imposing blanket training mandates.

4. Voluntary Program Design: If certification is truly voluntary, it should provide flexibility and acknowledge prior service. Mandatory training for all applicants may undermine the intent of voluntary participation.

**Recommendation:** We suggest creating an experience-based grandfathering pathway that allows experienced CHWs to gain certification without mandatory coursework, while offering optional training for those interested. This approach can alleviate financial and logistical burdens for CHWs in underserved communities, ensuring a more equitable and inclusive certification process.

**10. Awareness and recognition of the field of CHWs has been limited in the general public outside of healthcare, which is an issue that certification could improve. What are some ways that you think collaborators could increase awareness and recognition of CHWs among the general public as part of the voluntary certification program?**

**Statewide Public Education Campaign**

- Launch a multimedia campaign—radio, TV, social media, and print—featuring certified CHWs sharing mo‘olelo (stories) of impact
- Use messaging that connects CHWs to values like aloha, mālama, and kuleana
- Include kupuna-facing materials in ‘Ōlelo Hawai‘i and Pacific Island languages

**School & Youth Engagement**

- Introduce CHW career pathways in DOE health academies, CTE programs, and charter schools
- Host CHW-led workshops in classrooms and youth programs
- Create mentorship pipelines for young NHPI leaders

Impact: Builds generational awareness and positions CHWs as role models

### **Policy & Legislative Advocacy**

- Include CHW definitions and roles in public health legislation and workforce bills
- Testify at hearings and submit op-eds to local media outlets
- Collaborate with unions, health systems, and NHPI coalitions to amplify messaging

Impact: Embeds CHWs into the public policy narrative and legitimizes the field statewide

**11. Should CHWs seeking voluntary certification pay recertification fees, similar to other professional associations, to sustain the program and to have the title of “certified” or to be a CHW in good standing?** Please explain why or why not.

Yes, Charging a recertification fee reinforces the legitimacy of CHWs as a recognized profession. It aligns CHWs with other health and social service roles (e.g., LCSWs, RNs, peer specialists) who pay to maintain credentials.

**12. Lastly, what would be the ideal title of a certified CHW be?**

HI-Certified Community Health Worker “HI” immediately signals Hawai‘i-based certification, distinguishing it from mainland or national programs. Acronym “HI-CCHW” is easy to use on resumes, badges, directories, and outreach materials

**Hawaii State Department of Health**  
Senate Concurrent Resolution 16, Senate Draft 1 (SCR16 SD1)  
Community Health Worker Professional Standards Task Force Survey #2:  
Voluntary Certification Program Specifics

**Instructions for Task Force Members:**

During the August 28 meeting of the SCR16 SD1 Task Force, members voted to recommend that nongovernmental entities and private employers in the State of Hawaii create a voluntary certification program for community health workers (CHWs). Please complete the following survey to assist the Department of Health in collecting your input on how best to accomplish this.

Your responses will be made part of the public record and may be included in an annex of the Department's official report to the Legislature. Should the Department have additional questions, we may contact you for follow-up or clarification on your responses. Attach additional pages if necessary for responses.

Please return the following completed survey by e-mail to the Chronic Disease Management Branch at [daniel.p.degracia@doh.hawaii.gov](mailto:daniel.p.degracia@doh.hawaii.gov) not later than Monday, September 22 at 4:30 pm.

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**1. Name:** Jermy Domingo      **2. Organization:** Hawaii Primary Care Association  
**3. Title:** Community Wellness Initiatives Director      **4. Are you a CHW? (Y/N)** No

**5. What entities or interest holders (“collaborators”) in the State of Hawaii do you think should work together to form the beginnings of a voluntary certification program for CHWs?** Please list at least two (2) collaborators and be as specific as possible, naming specific organizations, academic institutions, interest holders, etc.

- Hawaii CHW Group (Facilitated by Hawaii Public Health Institute)
- Healthcare Association of Hawaii
- Papa Ola Lokahi
- Hawaii Primary Care Association
- If there’s a centralized group of health plans that are working together

**6. How soon should this voluntary certification program begin?**

I think the planning process should start now to have enough time to build consensus and establish true partnerships.

**7. List at least five (5) basic knowledge, skills or abilities (KSA) that should constitute standardized core competencies for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

- 1. Contextual and Cultural Competency (SDOH + Cultural Fluency):** Ability to understand and respect Hawai‘i’s diverse cultures, values, and histories, including aloha (compassion), kuleana (responsibility), pono (integrity), humility, respect for elders and traditional healing, and the impact of colonization, trauma, and social determinants of health such as housing, food security, and economic inequality.
  - **Why:** CHWs are trusted because they bring cultural knowledge and lived experience that clinical providers often lack. This trust allows them to address social determinants of health in ways that are meaningful, whether connecting a family to food support, helping a kūpuna navigate housing, or supporting patients through the lasting impacts of historical trauma. By grounding their work in both cultural values and structural realities, CHWs ensure care is relevant, equitable, and truly responsive to Hawai‘i’s communities

**2. Communication and Active Listening:** Skill in speaking clearly, listening deeply, and explaining health information simply and respectfully.

- **Why:** Communication was the second most cited essential skill (13 of 16 respondents of CHW Survey). It ensures CHWs can both hear community concerns and accurately convey them to providers

**3. Systems Navigation and Advocacy:** Ability to guide patients through applications for housing, food, insurance, and social services while advocating for their rights.

- **Why:** Nearly all CHWs (94%) reported this responsibility, highlighting its centrality to their role

**4. Language Interpretation and Health Education:** Capacity to provide interpretation and deliver culturally relevant health education.

- **Why:** 88% of CHWs working within FQHCs reported providing interpretation and 69% provided health teaching, showing how vital these skills are in multilingual Hawai'i

**5. Recordkeeping and Care Team Integration:** Accurate documentation, data collection, and effective participation in care team meetings.

- **Why:** 62% of CHWs in FQHCs reported regular involvement in care team meetings, and 38% reported data entry/reporting

**8. List at least three (3) advanced knowledge, skills or abilities (KSA) that should constitute specialization for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

**1. Trauma-Informed Care and Mental Health Support:** Ability to recognize signs of trauma, apply trauma-informed principles, and provide basic mental health support or referrals.

- **Why it matters:** Many CHWs reported receiving training in trauma-informed care, but not all had access. Given Hawai'i's history of colonization, intergenerational trauma, and high prevalence of behavioral health needs, specialized CHWs with this training can better support patients in sensitive situations, reduce retraumatization, and improve trust in care settings.

**2. Chronic Disease Management (e.g., Diabetes, Hypertension, CKD):** Deeper knowledge of conditions such as diabetes, hypertension, and chronic kidney disease, paired with skills in patient coaching and long-term adherence support.

- **Why it matters:** Chronic diseases disproportionately affect Native Hawaiians and Pacific Islanders. Specialized CHWs can provide education, monitor progress, and help close gaps in outcomes where clinical care alone is insufficient.

**3. Motivational Interviewing and Behavior Change Coaching:** Advanced communication technique that helps patients set goals, strengthen motivation, and sustain health behavior changes.

- **Why it matters:** Some CHWs already use motivational interviewing, but advanced proficiency allows them to address complex issues like substance use, medication adherence, and chronic disease self-management.

**9. If a CHW who worked prior to the creation of a voluntary certification program should seek to be certified under the new program, should they be made to take any courses or training? If so, please specify.**

CHWs who worked prior to certification should not be required to restart with full coursework. Their lived experience, cultural knowledge, and community trust are the foundation of their effectiveness and must be recognized. A competency-based or portfolio pathway would allow them to demonstrate existing skills, with targeted short courses offered only where gaps are identified (e.g., trauma-informed care, chronic disease management, motivational interviewing). This approach ensures consistency in training without creating barriers that would exclude experienced CHWs.

**10. Awareness and recognition of the field of CHWs has been limited in the general public outside of healthcare, which is an issue that certification could improve. What are some ways that you think collaborators could increase awareness and recognition of CHWs among the general public as part of the voluntary certification program?**

- **Public education campaigns** (radio, social media, local newspapers) that explain CHWs' role and impact.
- **Community presence** at health fairs, cultural events, and school programs to make CHWs visible outside healthcare.
- **Statewide directory or registry of certified CHWs** that patients, families, and partners can access.
- **Certification badges or titles** that CHWs can display in their work, signaling trust and professionalism.

- **Storytelling campaigns** that highlight CHW lived experiences and successes, amplifying their voices.
- **Partnerships with trusted community groups** (faith-based, cultural, civic) to broaden recognition beyond clinics.

**11. Should CHWs seeking voluntary certification pay recertification fees, similar to other professional associations, to sustain the program and to have the title of “certified” or to be a CHW in good standing?** Please explain why or why not.

While other professions do this to sustain certification programs, the reality is that CHWs already face low pay and unstable funding. Adding another financial burden could end up pushing people out of the very workforce we’re trying to strengthen.

A better approach would be to keep costs minimal or have them covered by employers, the state, or grant funding. Fees could also be on a sliding scale, with waivers for CHWs in under-resourced settings. And instead of tying “good standing” only to payment, recertification could be linked to continuing education or peer learning. That way, the process adds value to the CHW role and keeps the program sustainable, while staying true to the principle CHWs in FQHCs themselves emphasized: certification should lift people up, not push them out.

**12. Lastly, what would be the ideal title of a certified CHW be?**

Something that maintains CHW but indicates that there is some sort of certification.

Options might include:

- Certified Community Health Worker (CCHW)
- State-Certified CHW



# Shaping CHW Standards: Insights from Hawai'i's Federally Qualified Health Center Workforce

**A Survey of Hawai'i Federally Qualified Health Centers**

Hawai'i Primary Care Association

**August 2025**

# Acknowledgements

This report would not have been possible without the contributions of Community Health Workers across Hawai'i's FQHCs who generously shared their time, experiences, and perspectives through the survey. Their voices provide invaluable insight into the realities of CHW practice, the strengths of the workforce, and the challenges that must be addressed to ensure sustainability.

The findings presented here reflect the collective knowledge and dedication of CHWs working in diverse communities across the state. Their input offers guidance for policymakers, health system leaders, and community partners as Hawai'i continues to strengthen and invest in this essential workforce.





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# Executive Summary

Community Health Workers (CHWs) are an essential part of Hawai'i's health system, bridging the gap between clinical care and community realities. This survey of CHWs across Hawai'i highlights both the strength of the workforce and the structural challenges it faces.

CHWs bring irreplaceable cultural knowledge, lived experience, and trust to their communities. They support patients with everything from navigating benefits and health systems to interpreting language and providing home visits. They do this work with a strong sense of purpose—helping people access care with dignity, building trust where others cannot, and grounding their practice in values like aloha, kuleana, and pono.

At the same time, CHWs consistently identified systemic barriers: low pay, unstable funding, unclear roles, limited advancement opportunities, and supervisors who may not fully understand their work. These are not issues of individual motivation but structural conditions that threaten retention and sustainability.

Respondents also weighed in on the possibility of statewide CHW certification. Many saw it as a pathway to professional recognition, compensation, and integration into health systems. Others voiced caution, warning that poorly designed certification could exclude those whose greatest strengths lie in community connection and cultural knowledge. The message was clear: certification must be co-designed with CHWs, flexible, and accessible to non-traditional learners, and it must deliver real benefits.

Recommendations from CHWs emphasize systemic change:

- secure long-term funding,
- increase visibility and recognition,
- clarify roles while maintaining flexibility, and
- create career pathways tied to fair pay.

Nearly all respondents also urged that training embed Hawai'i's cultural values and local knowledge, not as an addition but as the foundation of effective practice.

Ultimately, CHWs called for inclusion. They asked policymakers, administrators, and leaders to support them as partners, learn from their lived expertise, and invest in their future. Without structural change, the workforce risks burnout and turnover. With the right investment, CHWs can continue to be the trusted bridge between systems and people improving health outcomes across Hawai'i.

# Introduction

Across Hawai'i, Community Health Workers (CHWs) are doing the quiet, necessary work of holding communities together. Whether helping a patient apply for food assistance, translating during a care visit, or connecting someone to housing support, CHWs operate at the front lines of health and social care. Their relationships are built on trust, and their impact is often invisible but undeniable. Their work extends beyond traditional clinical settings, reflecting deep trust, cultural fluency, and long-standing community relationships.

As Hawai'i considers the creation of statewide CHW workforce standards, the Hawai'i Primary Care Association (HPCA) surveyed staff at Federally Qualified Health Centers (FQHCs) to understand how CHWs are currently functioning within their organization. Sixteen individuals, CHWs, care team members, and supervisors, across seven health centers responded to this survey in July 2025.

Their responses offer a grounded, practical look at the state of the CHW workforce today: what's working, what's missing, and what needs to change. This report serves as an initial look into how CHWs in Hawai'i's FQHCs experience their roles today and what they see as necessary for long-term sustainability and impact.

## Respondent Overview

Sixteen individuals from seven FQHCs responded to the survey. All counties were represented in the survey, with half of the responses coming from Maui County health centers, followed by Hawai'i County, Honolulu County, and Kaua'i County.

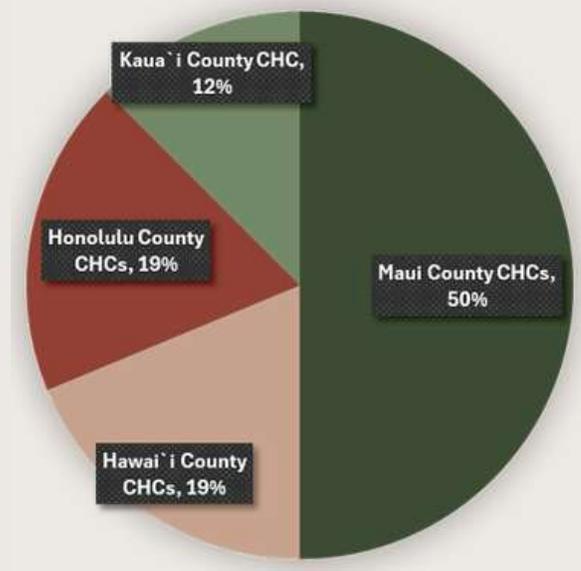


Figure 1. Counties represented in this report.

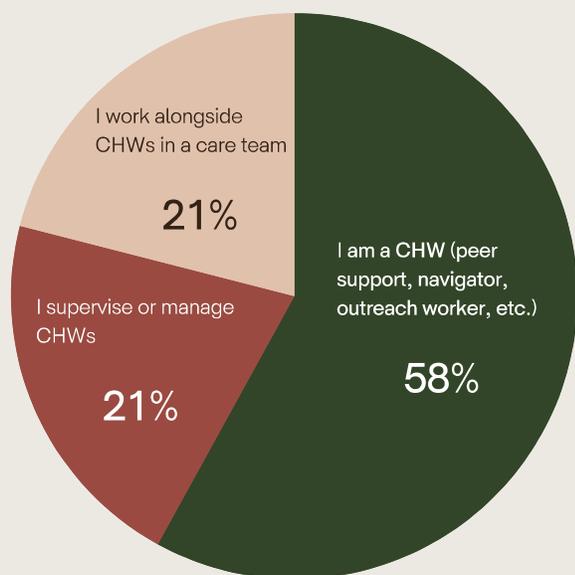


Figure 2. Respondent roles

The survey captured a rich mix of perspectives:

- Over half (58%) of respondents were CHWs themselves.
- Others identified as care team members (21%), CHW supervisors (21%).

Participants came from across the experience spectrum:

- 25% had worked in their roles for over 10 years, and another 25% for 6–10 years.
- 19% had 3–5 years of experience, and 25% were relatively new (1–2 years).
- One respondent had been in their role less than a year.

While the findings are not representative of all CHWs across the state, they provide insight into the current state of the workforce within FQHC settings.

Table 1. Years of experience in their current role

Years of Experience	% Responses (n)
Less than 1 year	6.3% (1)
1–2 years	25.0% (4)
3–5 years	18.8% (3)
6–10 years	25.0% (4)
Over 10 years	25.0% (4)

# CHW Roles and Responsibilities

CHWs at Hawai‘i’s FQHCs wear many hats. According to survey responses, every CHW reported helping clients navigate essential services such as food assistance, housing support, and public

benefits. This kind of direct, practical support is foundational to their work.

Most also go a step further: 94% help patients complete applications and paperwork, often stepping in as the translator, advocate, and guide through complex systems. Nearly 9 in 10 (88%) provide language interpretation, ensuring that language is not a barrier to care. A majority (81%) also take the work into the field, visiting people in their homes or meeting them in the community, wherever support is most accessible.

CHWs are also educators. About 69% reported providing health education, helping patients better understand conditions, prevention, or treatment. Many participate directly in care coordination, with 62% regularly joining care team meetings to share insights and advocate for patient needs. Half of the respondents said they provide one-on-one coaching or emotional support, building strong relationships that often fill the gap between clinical advice and real-life implementation.

While fewer CHWs reported offering transportation (6%) or organizing fitness activities (6%), these examples still illustrate the extent to which CHWs step in wherever gaps exist. Their work is flexible, shaped more by relationships and need than by task lists, and that is exactly what makes them effective.

**Table 2. CHW Activities at an FQHC.**

CHW Activity	% Responses
Helps clients find and use services (housing, food, etc.)	100%
Help with service applications and forms	94%
Provide language interpretation	88%
Conduct home or community visits	81%
Teach about health topics	69%
Participate in care team meetings	62%
Provide one-on-one support and coaching	50%

CHW Activity	% Responses
Collect data and fill out reports	38%
Provide transportation	6%
Lead fitness sessions	6%
Street Medicine	6%

This range of services confirms what many in the field already know. CHWs operate between systems, connecting clinical care, social services, and community-based knowledge. They are part advocate, part educator, part navigator, and often, the only person a patient feels truly understands them.

*“We are the first line of support for the most vulnerable —meeting people where they are, helping them navigate health systems, connecting them to resources, and making them feel valued.” – FQHC CHW*

## Skills, Training, and Preparation

The breadth of CHW responsibilities demands a wide and nuanced skill set. Survey respondents emphasized that effective CHWs must be strong communicators, active listeners, and culturally fluent. They need to translate health information into accessible language, navigate complex systems, and build trust with individuals from a variety of backgrounds.

### **MOST IMPORTANT CHW SKILLS**

When asked what specific skills are most important for CHW effectiveness, several themes stood out. The most frequently named competency was “understanding and respecting different cultures,” mentioned by all 16 respondents. This was followed by clear speaking and listening skills (13 mentions), explaining health information clearly and simply (11 mentions), and helping people apply for services and complete applications (also 11 mentions). These four skills alone reflect how deeply interpersonal and systems-based this work is.

Additional skills included:

- Language interpretation (8 mentions)
- Keeping accurate records and working with the care team (6 mentions each)
- Helping people set and reach goals and staying calm under stress (3 mentions each)
- And more context-specific skills like advocacy, conflict resolution, and building trust

*“CHWs are the bridge between systems and people.” -FQHC CHW*



Figure 3. Most important skills for CHWs

## TRAINING RECEIVED BY CHWS

Some Community Health Workers (CHWs) indicated that they received formal training in areas like motivational interviewing, trauma-informed care, or chronic disease management. However, others mentioned that their learning was informal, relying on mentorship from experienced CHWs or gaining knowledge through practical experience. This inconsistency in training highlights a larger concern: CHWs often perform complex tasks without the necessary training or support systems in place.



**Figure 4. Training received by CHWs**

Several respondents expressed a desire for more standardized training opportunities, particularly those rooted in Hawai‘i’s unique cultural and historical context. Many felt strongly that CHW training should not only focus on knowledge and compliance but also build on values like compassion, cultural humility, and presence. These insights provide a clear direction to prioritize practical skills, respect lived experiences, and ensure that training is rooted in the cultural, social, and relational contexts in which CHWs operate.

*“You can’t teach compassion—but you can teach people how to navigate systems with compassion.” -FQHC CHW*

*“We need more of that [culturally and historically rooted training].” -FQHC CHW*

## Integration Within Care Teams

Many CHWs shared that they work closely with clinical teams, participating in meetings and care coordination. About 62% of respondents reported regular involvement in care team discussions. In the best cases, CHWs described strong alignment with providers and staff, with their insights shaping care decisions.

However, this wasn't the case for everyone. Some respondents indicated that while they were part of team structures on paper, they were excluded from important discussions. Others expressed that their colleagues did not fully grasp the roles of Community Health Workers (CHWs) or appreciate the value they brought to the team.

Respondents pointed to a few ways to strengthen integration:

- Orientation for care teams on CHW roles
- Supervisors who advocate for CHW visibility
- Cross-training and shared workflows

When CHWs are fully integrated, care becomes more coordinated, culturally responsive, and grounded in real-life context.

*“Sometimes we’re part of the team on paper, but not in practice.” -FQHC CHW*

## Support, Supervision, and Strain

The support that Community Health Workers (CHWs) receive differs significantly among health centers. A majority of CHWs (69%) indicated that they are supervised by a program manager or administrator, while others are managed by nurses, behavioral health staff, or fellow CHWs. Additionally, some expressed uncertainty regarding their reporting structure or the criteria used to evaluate their performance.

### What Helps CHWs Feel Supported

Respondents highlighted several factors that strengthen their ability to succeed:

- Access to ongoing training
- Clear communication and well-defined roles
- A supportive team culture
- Supervisors who understand the CHW role
- Access to mental health and wellness resources

Despite these supports, CHWs consistently described structural barriers that limit stability and growth:

**Table 3. Challenges in retaining CHWs**

Challenge	% of Respondents
Low pay or limited benefits	75%
Short-term or unstable funding	62%
Unclear job responsibilities	44%
Lack of understanding of the CHW role by supervisors	38%
Limited opportunities for advancement	31%

These challenges point to systemic issues. Retention is not about whether CHWs are motivated; they certainly are. Rather, it is about the conditions under which they operate. The workforce is driven by a strong mission, yet it remains under-supported, leading to difficulties in achieving long-term sustainability.

# Strengthening Hawai‘i’s CHW Workforce

## THE HEART OF CHW WORK: WHY THEY STAY

Despite the challenges they face, CHWs expressed a deep commitment to their work. When asked what they value most about their role, responses were personal, passionate, and strikingly consistent:

- *“Helping people navigate the system with dignity.”*
- *“Being someone my community can turn to.”*
- *“Seeing patients thrive because of the support I provide.”*

This sense of purpose runs through the workforce. It is not only about completing tasks or checking boxes; it is about relationships, trust, and the belief that communities deserve care that is both accessible and respectful. That commitment is what keeps CHWs engaged, even in under-resourced environments. But passion alone cannot sustain the workforce.

# BUILDING A SUSTAINABLE WORKFORCE: WHAT NEEDS TO CHANGE

When CHWs reflected on what would truly strengthen and stabilize their roles, their ideas went beyond individual training or performance. They pointed squarely at the systems and structures that shape their daily work.

- **Stable Funding:** They advocated for long-term, dependable funding, minimizing the dependence on short-term grants that lead to instability.
- **Visibility and Recognition:** They sought increased visibility and acknowledgment, both within their care teams and throughout the broader health system.
- **Clarified Scope of Work:** They highlighted the necessity of defining their roles while allowing flexibility for health centers to cater to local needs.
- **Career Pathways:** They underscored the importance of transparent career trajectories, ensuring that compensation is appropriately linked to experience, performance, or certification.

## WHAT CHWS LOVE MOST

### Trust and Connection

*“Clients trusting you enough to share their personal experiences and journey.”*

### Community First

*“Serving and helping my community.”*

### Advocacy and empowerment

*“I find personal fulfillment in helping people get what they need to improve the quality of their life and advocating for people who don’t feel comfortable advocating for themselves.”*

### Frontline presence

*“CHWs are the bridge between systems and people. They walk hand in hand with individuals through their health journey.”*

### Collaboration and impact

*“I love working with other CHWs because we have the same goal and mindset.”*

### Cultural Grounding

*“CHWs provide culturally appropriate care and help build rapport with patients in ways others can’t.”*

### Fulfillment and purpose

*“What I love most about being a CHW is the deep connection with the community and the ability to make a real, meaningful impact.”*

The thread running through these recommendations was simple. CHWs want their work not just defined, but supported in real and lasting ways.

## CERTIFICATION: OPPORTUNITIES AND CONCERNS

One area of debate was the possibility of statewide CHW certification. Many respondents welcomed certification as a tool to formalize the role, increase recognition, and create advancement pathways. They believed it could help secure better pay and integrate CHWs more fully into clinical systems.

*“We need certification to lift people up—not push them out.” -FQHC CHW*

Yet others expressed caution. They worried certification might become a barrier for those whose strengths lie in lived experience, community trust, and cultural knowledge rather than formal education. Several emphasized that certification should acknowledge these strengths and remain accessible to non-traditional learners, including those with limited English proficiency.

Participants consistently advocated for flexible models, such as competency-based or portfolio approaches, which validate experience instead of relying solely on standardized testing. They emphasized the importance of ensuring that any certification program is deeply embedded in Hawai‘i’s cultural and community context and co-created with Community Health Workers (CHWs) and community-based organizations.

## A Message to Policymakers and Leaders

Across the survey, CHWs voiced a clear message to those in decision-making roles: understand the full scope of our work. They urged leaders to see beyond job descriptions and billing codes, recognizing the emotional labor, cultural navigation, and trust-building that define their effectiveness.

Their request was direct: include CHWs in conversations about the future, support them with resources and recognition, and learn from their lived expertise.

*“We build trust where others can’t—and that takes time, training, and support.” -FQHC CHW*

## CULTURAL VALUES: THE FOUNDATION OF EFFECTIVE CHW PRACTICE

Nearly all respondents (94%) emphasized that cultural grounding is not a merely an optional addition to training; it is essential. They highlighted values such as:

- Aloha – compassion and care
- Kuleana – responsibility and accountability
- Ha‘aha‘a – humility
- Pono – integrity and balance
- Respect for elders and traditional healing practices
- Understanding colonization, trauma, and social determinants of health

Embedding these values into training ensures that CHWs can effectively serve Hawai‘i’s communities. Moreover, it underscores a broader reality: sustaining this workforce is not only about pay or policies. It is about honoring the cultural, relational, and community-based foundation that makes CHWs so effective in the first place.

## Conclusion

The survey results reveal that the workforce is both strong and vulnerable. Community Health Workers (CHWs) are highly dedicated, culturally connected, and effective in their roles. They embody Hawai‘i’s values by acting as trusted guides for communities as they navigate health and social systems.

However, commitment alone cannot sustain a workforce. Without structural investments like stable funding, recognition, career advancement opportunities, and supportive supervision, CHWs will face significant challenges and limited opportunities, affecting their long-term effectiveness. Properly designed certification could help, but it needs to be inclusive, adaptable, and linked to tangible benefits for the workers.

The message from CHWs is clear: value our contributions, invest in our future, and involve us in shaping the way forward. Supporting the CHW workforce is not just about job sustainability; it’s about promoting fairness, fostering healthier communities, and ensuring that Hawai‘i’s health system is grounded in trust and cultural connections.

# Appendix: Survey Questions



## Help Shape CHW Standards in Hawai'i

**A Survey for Community Health Workers & Their Supervisors at Hawai'i CHCs Why We're Asking:** HPCA is helping the Hawai'i State Department of Health come up with professional standards for CHWs. We want your real- world experience—whether you're a CHW or a CHW supervisor—to guide this work.

**Time Needed:** 5-10 minutes | **Deadline:** Friday, July 25, 2025 If you have any questions or have problems with the survey, contact Jermy at [REDACTED]

\* Required

### Section 1: About You

1. Which is your role? \*

- I am a CHW (peer support, navigator, outreach worker, etc.)
- I supervise or manage CHWs
- I work alongside CHWs in a care team
- Other

2. Which health center do you represent? \*

- Hamakua-Kohala Health
- Hana Health
- Hawaii Island Community Health Center
- Hoola Lahui Hawaii / Kauai Community Health Center
- Kalihi-Palama Health Center
- Kokua Kalihi Valley
- Koolauloa Health Center
- Lanai Community Health Center
- Malama I Ke Ola Health Center / Community Clinic of Maui
- Molokai Community Health Center
- Wahiawa Health

- Waianae Coast Comprehensive Health Center
- Waimanalo Health Center
- Waikiki Health

3. How long have you been in this role? \*

- Less than 1 year
- 1 - 2 years
- 3 - 5 years
- 6 - 10 years
- Over 10 years

## Section 2: CHW Work & Skills

4. Which of these do CHWs at your health center do? (Check all that apply) \*

- Help people apply for services and fill out applications (housing, insurance, SNAP, TANF)
- Help people find and use services (housing, food)
- Provide language interpretation
- Teach about health topics (nutrition, chronic disease, etc.)
- Offer one-on-one support and coaching
- Join care team meetings
- Collect data and fill out reports
- Visit people's homes or community locations
- Other

5. Which skills are most important for CHWs? (Pick up to 5) \*

Please select at most 5 options.

- Clear speaking and listening well
- Understanding and respecting different cultures
- Explaining health information clearly and simply
- Language interpretation
- Keeping accurate records
- Helping people set and reach goals
- Working with the care team
- Helping people apply for services and complete applications
- Solving problems and handling conflicts
- Staying calm and supporting others under stress
- Other

### Section 3: Training & Learning

6. What training have CHWs at your health center done? (Check all that apply) \*

- Learning from experienced CHWs (mentoring)
- In-house training at our health center
- Disease-specific training (e.g., diabetes, mental health)
- Training on local cultural practices
- Kapiolani Community College CHW Certificate of Competence
- UH Maui College CHW Certificate of Competence
- Communication / Motivational Interviewing training
- Trauma-informed care training
- No formal training yet
- Other

7. What additional training do CHWs still need?

### Section 4: Certification and Career Growth

8. Should Hawai'i offer a CHW certification? \*

- Yes, all CHWs should have one
- Yes, but it should be optional
- No
- Not sure

9. If you said "yes," what should the certification include? Examples: hours of training, supervised work, exams, continuing education) \*

10. What would help CHWs move up in their career? (Check all that apply) \*

- Clear job titles and pay levels
- Paid training and classes
- State-recognized credentials
- Peer support groups
- Managers who understand CHW work
- Other

## Section 5: Teamwork & Support

11. How well are CHWs integrated into your care team? \*

- Fully part of the care team
- Somewhat part of the care team
- Not really part of the care team
- Not sure

12. Who usually supervises CHWs at your health center? (Check all that apply) \*

- Another CHW
- Nurse or care manager
- Behavioral health provider
- Program manager or admin
- Other

13. What helps CHWs feel supported at work? \*

## Section 6: Sustaining CHW Roles

14. What makes it hard to keep CHWs on staff? (Check all that apply) \*

- Unstable or short-term funding
- Low pay or few benefits
- Unclear job duties
- No chance for promotion
- Supervisors don't understand CHW work
- Other

15. What would help CHW jobs be permanent and well-paid? \*

## Section 7: Your Ideas & Feedback

16. What do you love most about being a CHW or working with CHWs? \*

17. What's one challenge you wish decision-makers knew about? \*

18. What recommendation would you make for CHW standards in Hawai'i? \*

19. Are there any local cultural practices or values we should include in CHW training? \*

20. Stay Connected!

Would you like to join future CHW discussions or workgroups?

- Yes - please contact me
- Maybe - send more information
- No, not at this time.

21. Please share your name and email address to stay involved. Your responses will not be linked to your name in any way.

THANK YOU for sharing your time and wisdom.

Your feedback will shape the future of CHWs in Hawai'i! If you have any questions, please contact Jermy at 

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**Hawaii State Department of Health**  
Senate Concurrent Resolution 16, Senate Draft 1 (SCR16 SD1)  
Community Health Worker Professional Standards Task Force Survey #2:  
Voluntary Certification Program Specifics

**Instructions for Task Force Members:**

During the August 28 meeting of the SCR16 SD1 Task Force, members voted to recommend that nongovernmental entities and private employers in the State of Hawaii create a voluntary certification program for community health workers (CHWs). Please complete the following survey to assist the Department of Health in collecting your input on how best to accomplish this.

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**1. Name:** Rosilyn Filemoni

**2. Organization:** Hawai'i Public Health Institute

**3. Title:** Statewide Program Manager: CHW Initiatives

**4. Are you a CHW?** (Y/N)

**5. What entities or interest holders (“collaborators”) in the State of Hawaii do you think should work together to form the beginnings of a voluntary certification program for CHWs?** Please list at least two (2) collaborators and be as specific as possible, naming specific organizations, academic institutions, interest holders, etc.

There are many entities or interest holders in the State of Hawai‘i that I think should work together to form the beginnings of a voluntary certification program for CHWs. Here are a few suggestions to start:

- **Hawai‘i Community Health Worker Association (HICHTWA):** as a statewide Association for Hawai‘i Community Health Workers, the HICHTWA provides support to all CHWs throughout Hawai‘i regardless of their employer or communities they serve. HICHTWA also works diligently to gather all voices of CHWs throughout the state so that the CHW workforce movement is led by CHWs themselves.
- **Department of Health (DOH):** As leaders of the SCR16 Task Force and a longtime ally to the CHW workforce, DOH is in a significant position to continue supporting the development of an effective program.
- **Med-QUEST Division:** A representative from the Med-QUEST Division can assist with additional insight on requirements needed for CHWs to obtain reimbursable services, if CHWs chose to.
- **Kapi‘olani Community College (KapCC):** KapCC currently provides the CHW Certificate of Competency program throughout the state of Hawai‘i. Their insight can provide potential directions on building an effective training program that can further be enhanced to support CHWs throughout Hawai‘i.
- **Hawai‘i Public Health Institute (HIPHI):** Since 2017, HIPHI has supported CHWs in securing and providing training and resources and assisted CHWs in building a grassroots association. HIPHI also convenes CHW Allies every quarter to strategize ways to best support the growing Hawai‘i CHW workforce and is currently working on identifying and implementing sustainable pathways. HIPHI can play a key role in bringing in additional stakeholders or voices of additional stakeholders, as needed, to support the development of a program.

Additional collaborators can be added depending on the need and expertise they can contribute. Regardless of the entities or interest holders, I highly suggest that there be at least 50% of CHW representation to ensure that the CHW workforce is leading their own efforts.

**6. How soon should this voluntary certification program begin?**

The voluntary certification program should begin soon after planning, development, and trial periods. From information gathered by other states that have implemented certification processes for their CHWs, it is suggested not to rush the process, but instead, take the necessary time to develop an effective voluntary certification program that benefits the entire Hawai'i CHW workforce.

**7. List at least five (5) basic knowledge, skills or abilities (KSA) that should constitute standardized core competencies for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

There are many basic knowledge, skills or abilities (KSA) that should constitute standardized core competencies for a certified CHW in Hawai'i. Based on the [C3 Council Findings: Roles & Competencies](#), here are a few suggestions:

- Communication skills
- Interpersonal & Relationship-Building Skills
- Service Coordination & Navigation Skills
- Advocacy Skills
- Outreach Skills

**8. List at least three (3) advanced knowledge, skills or abilities (KSA) that should constitute specialization for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

There are many advanced knowledge, skills or abilities (KSA) that should constitute standardized core competencies for a certified CHW in Hawai'i. Based on the [C3 Council Findings: Roles & Competencies](#), here are a few suggestions:

- Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
- Providing Coaching and Social Support
- Individual and Community Assessments
- Building Individual and Community Capacity
- Trauma-Informed Care

**9. If a CHW who worked prior to the creation of a voluntary certification program should seek to be certified under the new program, should they be made to take any courses or training? If so, please specify.**

If a CHW who worked prior to the creation of a voluntary program seeks to be certified under the new program, I believe they should not be required to complete courses or training depending on their background. Instead, I believe offering a "legacy track" that honors lived experience and expertise of experienced CHWs would be more beneficial in most scenarios.

A successful example of this system in action is the [North Carolina Community Health Worker Association](#), which offers a legacy track that recognizes the lived experience and the unique and diverse perspectives of CHWs from various settings. Through this legacy track example, CHWs who have been working in the field have the option to showcase their Professional Experience/Experience through at least 2000 hours of experience that demonstrates nine competencies rather than requiring completion of the Standardized Core Competency Training (SCCT) coursework with 80% or higher. This could be a suggested way to implement a legacy track in Hawai'i.

If the CHW didn't complete other trainings or courses, I believe it could be beneficial if CHWs still complete at least one training or course of their choice, to either enhance or refresh their knowledge. A few examples include a review of motivational interviewing or cultural humility training.

**10. Awareness and recognition of the field of CHWs has been limited in the general public outside of healthcare, which is an issue that certification could improve. What are some ways that you think collaborators could increase awareness and recognition of CHWs among the general public as part of the voluntary certification program?**

While the voluntary certification program can help provide recognition and awareness of the CHW profession, I don't believe that should be the major goal of the program. I believe the major goal of the program should be focused on sustaining CHW positions throughout Hawai'i.

Through the [Hawai'i Community Health Worker Association](#), advocacy efforts are being pushed out to ensure awareness and recognition of the field of CHWs in Hawai'i among the general public. Efforts achieved include CHW awareness months during August each year, hosting biennial conferences and Regional Meetings on each island, educating legislators on Opening Day in Hawai'i and during the Capitol Hill visit at the national level, and convening allies to educate and collaborate on ways to support CHWs.

Though it may not be the main goal for a voluntary certification program, a program can still build awareness and recognition of CHWs among the general public through validating the

profession and creating a baseline of training standards that showcase the readiness of CHWs to serve in their field.

**11. Should CHWs seeking voluntary certification pay recertification fees, similar to other professional associations, to sustain the program and to have the title of “certified” or to be a CHW in good standing? Please explain why or why not.**

It's important first to understand that CHWs in Hawai'i aren't all getting paid thriving wages. With this consideration, fees could be a considerable barrier to accessibility for lower income CHWs or those CHWs without employer support.

On the other hand, I think a lower range recertification fee could promote CHW investment in themselves and in the CHW workforce, and it could provide sustainability for the certification program to continue.

With these considerations in mind, I believe there needs to be further assessment on the average income of CHWs to determine fees, if any. If recertification fees were to be implemented, I believe it would be vital to have financial assistance opportunities available to assist CHWs with paying these fees.

**12. Lastly, what would be the ideal title of a certified CHW be?**

Keeping the title consistent to the CHW workforce and simple is ideal. One suggestion is Certified Community Health Worker (CCHW).

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**1. Name:** Gracie Flores  
**Association**

**2. Organization:** Hawai`i CHW

**3. Title:** Chair, CHW

**4. Are you a CHW? (Y/N):** Yes

**5. What entities or interest holders (“collaborators”) in the State of Hawaii do you think should work together to form the beginnings of a voluntary certification program for CHWs?** Please list at least two (2) collaborators and be as specific as possible, naming specific organizations, academic institutions, interest holders, etc.

*CHWs themselves as they will be the ones that will be affected. The Hawai`i CHW Association has been a voice for CHW in Hawai`i since it was established in 2022.*

*The Department of Health has been a strong supporter of CHWs and may be a potential entity to establish and maintain a CHW certification program in Hawai`i although funding may be a barrier.*

*University of Hawai`i, Community Colleges has an existing CHW Certificate of Competence program that many CHWs have already completed. I personally have taken this course for free, and it is a very good place to start for a Certification Program for CHWs in Hawai`i. I feel adding more topics such as cultural humility and competence would be appropriate.*

*Input from CHWs on Hawai`i island: MedQUEST, Social Security & Medicare (working with kupuna), CHW employers, Pear Suite Inc, payers/MCOs, FQHCs, Hawaiian organizations: OHA, Alu Like, Kamehameha Schools and local pharmacies.*

**6. How soon should this voluntary certification program begin?**

*It depends on how soon all interested parties can coordinate the certification process. Ideally as soon as possible, as long as all interested parties are aligned and in agreement.*

*Input from CHWs on Hawai`i island: ASAP.*

**7. List at least five (5) basic knowledge, skills or abilities (KSA) that should constitute standardized core competencies for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

*[Community Health Worker Program | Kapi'olani Community College](#) – link to Kapiolani CHW program and program curriculum: Community Health Worker Fundamentals, Introduction to Counseling and Interviewing, Health Promotion & Disease Prevention, Case Management, Community Health Worker Practicum.*

*Cultural Humility and Competence should be added.*

*[Home | CHW Core Consensus Project](#) – Link to the National C3 Council website. C3 Council **offers a [single set of CHW roles and competencies](#)** for reference by those both*

*inside and outside the field as they work to build greater support for and sustainability among CHWs in all settings.*

*Input from CHWs on Hawai`i island: Communication: both verbal and written, medical documentation, background of specific sector: i.e. medical documentation (soap or Dar notes) or pharmacy knowledge, networking and relationship building, boundary setting, knowledge of community resources, de-escalation strategies.*

**8. List at least three (3) advanced knowledge, skills or abilities (KSA) that should constitute specialization for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

*CHW who completed the CHW Certificate of Competence course through UH Community Colleges.*

*CHW with extensive years (10+) of experience working and providing services in their community.*

*Knowledge of cultural humility and competence.*

*Input from CHWs on Hawai`i Island: Specific training for certain sites like pharmacies, housing, enrollment specialists with Medicaid, Familiarity with medical records and medical documentation (soap or Dar notes), specialization in population like houseless, migrant farmworkers, reproduction, language, crisis intervention prevention training and mandated reporter training, and specific training for things like domestic violence, LGBTQ, child welfare.*

**9. If a CHW who worked prior to the creation of a voluntary certification program should seek to be certified under the new program, should they be made to take any courses or training? If so, please specify.**

*Yes, if they haven't already.*

*Input from CHWs on Hawai`i Island: depends on years of experience or qualifications, should not be mandatory, but encouraged, CEU - continuing education, only made to take any courses or training if it pertains to the role they're serving.*

**10. Awareness and recognition of the field of CHWs has been limited in the general public outside of healthcare, which is an issue that certification could improve. What are some ways that you think collaborators could increase awareness and recognition of CHWs among the general public as part of the voluntary certification program?**

*Through the Hawai`i CHW Association we have done several campaigns to spread awareness on who CHW are and what CHW do for our communities through social media and public service announcements. We worked with the Governor's office to proclaim August as CHW awareness month in Hawai`i, which we celebrated for the second year in 2025, as well as nationally. We've participated in several health fairs and presented at various conferences educating other health professionals how important it is to have CHWs on their teams and highlighted the impactful work our CHWs are doing in our rural communities. We've visited the capitol in Washington DC to advocate for more funding for CHW programs nationally and attended opening day in Hawai`i to establishing important relationships with our legislators asking them to support CHWs and CHW programs in Hawai`i. As a CHW myself, I've educated my own employer about the unique connection CHWs have with their community members and that we build trust with our members because we come from the same communities that they belong to, therefore improving outreach and health outcomes for our members while reducing healthcare costs for my employer. There is much more we can do, and we need to continue to do all of these things until CHW gets the recognition they deserve!*

*Input from CHWs on Hawai`i Island: Table at events where the general population is, collaborating with other, CBOs and outreach events.*

**11. Should CHWs seeking voluntary certification pay recertification fees, similar to other professional associations, to sustain the program and to have the title of "certified" or to be a CHW in good standing?** Please explain why or why not.

*Yes, but at an affordable cost. CHW typically do not make as much money as other licensed healthcare professionals. We do not want cost to be a barrier for CHWs to become certified. It would be ideal to have grand funded programs to fund some of these costs for CHWs.*

*Input from CHWs on Hawai`i Island: No*

**12. Lastly, what would be the ideal title of a certified CHW be?**

*Certified Community Health Worker*

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**1. Name:** Chauncey Hatico

**2. Organization:** Hawaii CHW Association

**3. Title:** Program Coordinator

**4. Are you a CHW?:** Yes

**5. What entities or interest holders (“collaborators”) in the State of Hawaii do you think should work together to form the beginnings of a voluntary certification program for CHWs?** Please list at least two (2) collaborators and be as specific as possible, naming specific organizations, academic institutions, interest holders, etc.

- **Hawai‘i Community Health Worker Association (HICHTWA):** is a statewide ‘ohana of CHWs convened under the Hawai‘i Public Health Institute (HIPHI). Our mission is to empower and equip CHWs to reduce health disparities through training, education, and collaboration. We envision CHWs as trusted partners who help create lasting, healthier communities across Hawai‘i. HICHTWA provides culturally grounded training, resources, and connections that strengthen the CHW workforce. We bring together CHWs, community partners, and agencies to share ‘ike, build relationships, and advocate for sustainability. Through statewide and regional gatherings — including our biannual conferences — we bring together and uplift the voices of CHWs who serve Hawai‘i.
- **Department of Health:** The Department of Health has been a long-time ally for CHWs and the leader in the SCR16 task force. They have worked very closely with HICHTWA and provided opportunities for the advancement of the CHW workforce. Having the Department of Health involved in creating a voluntary Community Health Worker (CHW) certification program is really important. Their support gives the program credibility and helps employers, funders, and policymakers recognize the value of CHWs in our communities. With DOH guidance, the program can set consistent, culturally relevant standards that reflect Hawai‘i’s unique communities. They can also help connect CHWs to the healthcare and public health systems, opening up opportunities for funding, policy support, and long-term sustainability. In the end, DOH involvement helps strengthen the CHW workforce while supporting healthier, more equitable outcomes for people across Hawai‘i.
- **Med- QUEST Division:** Med-QUEST administers Medicaid and can help create ways for CHWs to be reimbursed for their services, which makes certification more meaningful and sustainable. They can also help ensure CHWs are fully integrated into care coordination, patient support, and community programs that serve Medicaid beneficiaries. On top of that, Med-QUEST can help align the certification with efforts to improve outcomes for our most vulnerable populations, reduce health disparities, and support preventive care.
- **Kapi‘olani Community College (KapCC):** Kapiolani Community College provides the CHW Certificate of Competence program throughout Hawai‘i. Kapi‘olani Community

College should be part of creating a voluntary CHW certification program because of its expertise in education and training. They have experience developing programs that are culturally grounded and reflect the unique needs of Hawai'i's communities. KapCC can help make the certification meaningful and recognized by employers while also creating pathways for CHWs to continue their education and advance in the healthcare field. By partnering with KapCC, the program can ensure CHWs are well-prepared, supported, and connected to local workforce opportunities.

- **Hawai'i Public Health Institute (HIPHI):** The Hawai'i Public Health Institute (HIPHI) has been involved in the CHW movement since 2017 and brings extensive experience in public health initiatives across Hawai'i, including programs that address health disparities and promote community well-being. HIPHI has a strong track record in advocating for CHW workforce sustainability, supporting policies that recognize CHWs, and aligning certification efforts with state health priorities. They also ensure programs honor local cultures and values, which is essential for CHWs serving Hawai'i's diverse communities.

## **6. How soon should this voluntary certification program begin?**

- I believe the voluntary certification program should launch soon after the planning, development, and trial phases are complete. It's important not to rush the process, but to take the time needed to create a program that truly benefits the entire Hawai'i CHW workforce.

**7. List at least five (5) basic knowledge, skills or abilities (KSA) that should constitute standardized core competencies for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

- Communication skills
- Interpersonal & Relationship-Building Skills
- Service Coordination & Navigation Skills
- Advocacy Skills
- Outreach Skills

**8. List at least three (3) advanced knowledge, skills or abilities (KSA) that should constitute specialization for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

- Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
- Providing Coaching and Social Support
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- Building Individual and Community Capacity
- Trauma-Informed Care

**9. If a CHW who worked prior to the creation of a voluntary certification program should seek to be certified under the new program, should they be made to take any courses or training? If so, please specify.**

- CHWs who have been working before the voluntary certification program should have the option of a “legacy track” that recognizes their experience and expertise, instead of requiring them to complete all courses. Like North Carolina’s model, this could let them show their skills through their work history, while still giving the choice to take a single training—such as motivational interviewing or cultural humility—to refresh or build on what they already know.

**10. Awareness and recognition of the field of CHWs has been limited in the general public outside of healthcare, which is an issue that certification could improve. What are some ways that you think collaborators could increase awareness and recognition of CHWs among the general public as part of the voluntary certification program?**

- While a voluntary certification program can help people better recognize the CHW profession, I think the main goal should be to support and sustain CHW positions across Hawai‘i. Ensuring a stable, thriving workforce is what will really make a difference for our communities. Even if not the main goal, certification can raise public recognition by validating CHWs and showing they are trained and ready to serve their communities.

**11. Should CHWs seeking voluntary certification pay recertification fees, similar to other professional associations, to sustain the program and to have the title of “certified” or to be a CHW in good standing? Please explain why or why not.**

- Many CHWs in Hawai‘i don’t earn thriving wages, so fees could be a barrier for those with lower incomes or without employer support. At the same time, recertification fees could encourage CHWs to invest in themselves and help sustain the program. I believe it’s important to assess average CHW incomes first, and if fees are needed, financial assistance should be available to ensure everyone can participate.

**12. Lastly, what would be the ideal title of a certified CHW be?**

- Certified Community Health Worker

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**1. Name:** Marcy Healey

**2. Organization:** Department of Human Services, Med-QUEST Division

**3. Title:** Registered Nurse

**4. Are you a CHW? (Y/N)** N

**5. What entities or interest holders (“collaborators”) in the State of Hawaii do you think should work together to form the beginnings of a voluntary certification program for CHWs?** Please list at least two (2) collaborators and be as specific as possible, naming specific organizations, academic institutions, interest holders, etc.

Defer to CHWs.

**6. How soon should this voluntary certification program begin?**

Defer to CHWs.

**7. List at least five (5) basic knowledge, skills or abilities (KSA) that should constitute standardized core competencies for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

Defer to CHWs.

**8. List at least three (3) advanced knowledge, skills or abilities (KSA) that should constitute specialization for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

Defer to CHWs.

**9. If a CHW who worked prior to the creation of a voluntary certification program should seek to be certified under the new program, should they be made to take any courses or training? If so, please specify.**

Defer to CHWs.

**10. Awareness and recognition of the field of CHWs has been limited in the general public outside of healthcare, which is an issue that certification could improve. What are some ways that you think collaborators could increase awareness and recognition of CHWs among the general public as part of the voluntary certification program?**

Discussion topic for task force meeting.

**11. Should CHWs seeking voluntary certification pay recertification fees, similar to other professional associations, to sustain the program and to have the title of “certified” or to be a CHW in good standing? Please explain why or why not.**

Defer to CHWs.

**12. Lastly, what would be the ideal title of a certified CHW be?**

Defer to CHWs.

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**1. Name: Janna Hoshide**

**2. Organization: HAH**

**3. Title: VP Workforce Development**

**4. Are you a CHW? (Y/N) N**

**5. What entities or interest holders (“collaborators”) in the State of Hawaii do you think should work together to form the beginnings of a voluntary certification program for CHWs?** Please list at least two (2) collaborators and be as specific as possible, naming specific organizations, academic institutions, interest holders, etc.

Employers (across the continuum of care, such as FQHCs, Acute Care Hospitals, LTC, Community Organizations, etc.), CHW Education Programs (Kapiolani Community College and UH Maui College), and CHW representatives.

**6. How soon should this voluntary certification program begin?**

No specific timeframe

**7. List at least five (5) basic knowledge, skills or abilities (KSA) that should constitute standardized core competencies for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

Competencies according to the [CMS: Health-Related Social Needs FAQ](#),

- Patient and family communication
- Interpersonal and relationship-building skills
- Patient and family capacity building
- Service coordination and systems navigation
- Patient advocacy, facilitation, individual and community assessment
- Professionalism and ethical conduct
- Development of an appropriate knowledge base, including of local community-based services

**8. List at least three (3) advanced knowledge, skills or abilities (KSA) that should constitute specialization for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

Specialization: Maternal Health, Behavioral Health, Complex Chronic Disease Management

**9. If a CHW who worked prior to the creation of a voluntary certification program should seek to be certified under the new program, should they be made to take any courses or training? If so, please specify.**

No, there should be a prior learning assessment to account for prior course learning or experience that meets the competency standards.

**10. Awareness and recognition of the field of CHWs has been limited in the general public outside of healthcare, which is an issue that certification could improve. What are some ways that you think collaborators could increase awareness and recognition of CHWs among the general public as part of the voluntary certification program?**

Highlight CHW stories and outcomes/impacts to Hawaii residents.

**11. Should CHWs seeking voluntary certification pay recertification fees, similar to other professional associations, to sustain the program and to have the title of “certified” or to be a CHW in good standing? Please explain why or why not.**

Yes, to sustain an independent credentialing program; however, those fees should be kept to a minimum so as not to create additional barriers to credentialing.

**12. Lastly, what would be the ideal title of a certified CHW be?**

no comment.

**Hawaii State Department of Health**  
Senate Concurrent Resolution 16, Senate Draft 1 (SCR16 SD1)  
Community Health Worker Professional Standards Task Force Survey #2:  
Voluntary Certification Program Specifics

**Instructions for Task Force Members:**

During the August 28 meeting of the SCR16 SD1 Task Force, members voted to recommend that nongovernmental entities and private employers in the State of Hawaii create a voluntary certification program for community health workers (CHWs). Please complete the following survey to assist the Department of Health in collecting your input on how best to accomplish this.

Your responses will be made part of the public record and may be included in an annex of the Department’s official report to the Legislature. Should the Department have additional questions, we may contact you for follow-up or clarification on your responses. Attach additional pages if necessary for responses.

Please return the following completed survey by e-mail to the Chronic Disease Management Branch at [daniel.p.degracia@doh.hawaii.gov](mailto:daniel.p.degracia@doh.hawaii.gov) not later than Monday, September 22 at 4:30 pm.

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- |                  |                         |                                |      |
|------------------|-------------------------|--------------------------------|------|
| <b>1. Name:</b>  | Dr. Camonia Graham-Tutt | <b>2. Organization:</b>        | UHWO |
| <b>3. Title:</b> | Associate Professor     | <b>4. Are you a CHW? (Y/N)</b> | No   |

**5. What entities or interest holders (“collaborators”) in the State of Hawaii do you think should work together to form the beginnings of a voluntary certification program for CHWs?** Please list at least two (2) collaborators and be as specific as possible, naming specific organizations, academic institutions, interest holders, etc.

University of Hawaii

State of Hawaii

CHW Coalitions

**6. How soon should this voluntary certification program begin?**

January 2026

**7. List at least five (5) basic knowledge, skills or abilities (KSA) that should constitute standardized core competencies for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

General public health awareness

Community capacity

Promoting healthy behaviors

Cultural competency

Effective communication skills

**8. List at least three (3) advanced knowledge, skills or abilities (KSA) that should constitute specialization for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

General public health awareness

Community capacity

Promoting healthy behaviors

**9. If a CHW who worked prior to the creation of a voluntary certification program should seek to be certified under the new program, should they be made to take any courses or training? If so, please specify.**

Yes, at least a modified version of the courses with annual certification reviews, (via hours, practicing time, etc.)

**10. Awareness and recognition of the field of CHWs has been limited in the general public outside of healthcare, which is an issue that certification could improve. What are some ways that you think collaborators could increase awareness and recognition of CHWs among the general public as part of the voluntary certification program?**

Television commercials

**11. Should CHWs seeking voluntary certification pay recertification fees, similar to other professional associations, to sustain the program and to have the title of “certified” or to be a CHW in good standing? Please explain why or why not.**

Yes at a very minimal amount (e.g. \$25 per year, capped) to support the CHW coalitions.

**12. Lastly, what would be the ideal title of a certified CHW be?**

Keep the name as is, Community Health Worker.

**Hawaii State Department of Health**  
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- 1. Name:** Crystal Caday-Bargayo                      **2. Organization:** HICHWA  
**3. Title:** Kauai Island Representative              **4. Are you a CHW? (Y/N)** Y

**5. What entities or interest holders (“collaborators”) in the State of Hawaii do you think should work together to form the beginnings of a voluntary certification program for CHWs?** Please list at least two (2) collaborators and be as specific as possible, naming specific organizations, academic institutions, interest holders, etc. AFTER ATTENDING THE AHEC CONFERENCE ON 9/6/2025 IT WAS NOTED THAT CHW PLAYS A VITAL ROLE.

Hawaii Community Health Workers Association

Government, Legislature, The Health Committee, State Rep. Gregg Takayama

Dr. Mark Mugiishi, Ray Vara(Hawaii Pacific Health), Jason Chang (Queens)

**6. How soon should this voluntary certification program begin?**

As soon as possible. Bringing awareness to the community is important, especially now. With all the changes and the need for recertification sooner. Having interpreters available and people they can trust to share the information.

**7. List at least five (5) basic knowledge, skills or abilities (KSA) that should constitute standardized core competencies for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

- Advocacy – speaking up for individuals and communities, connecting them with essential resources.
- Community outreach and engagement – building trust and strengthening relationships within the community to identify their needs.
- Communication Skills – active listening, empathetic communication, and culturally sensitive. Being trauma-informed.
- Capacity building – empowering individuals and the community to develop their own potential.
- Education and facilitation – using appropriate learner-centered teaching strategies to break down complex information.

**8. List at least three (3) advanced knowledge, skills or abilities (KSA) that should constitute specialization for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

Being trauma-informed and culturally sensitive, and client-centered – an approach that acknowledges the pervasive impact, integrates cultural understanding and respect into care, prioritizes the client’s voice, choice, and strength.

**9. If a CHW who worked prior to the creation of a voluntary certification program should seek to be certified under the new program, should they be made to take any courses or training? If so, please specify.**

Yes, Legacy pathways is another way allowing them to demonstrate their competency and core skills through work history.

**10. Awareness and recognition of the field of CHWs has been limited in the general public outside of healthcare, which is an issue that certification could improve. What are some ways that you think collaborators could increase awareness and recognition of CHWs among the general public as part of the voluntary certification program?**

CHW has many different job titles, such as navigators, outreach workers, health educators, care coordinators, and housing specialists. As CHW, we have a diverse skill set and inform the medical, education, and government when doing RFI and RFP, referring to CHW instead of housing specialists, outreach workers navigators, which would cover everyone. CHW does all of these skills, and sometimes it is done by one person.

**11. Should CHWs seeking voluntary certification pay recertification fees, similar to other professional associations, to sustain the program and to have the title of “certified” or to be a CHW in good standing? Please explain why or why not.**

Yes, at a different fee rate. We would need to keep track of that CHW, and that would need someone to do so. If you are using “certified,” the CHW would pay a different rate.

**12. Lastly, what would be the ideal title of a certified CHW be?**

**Certified Community Health Worker**



**5. What entities or interest holders (“collaborators”) in the State of Hawaii do you think should work together to form the beginnings of a voluntary certification program for CHWs?** Please list at least two (2) collaborators and be as specific as possible, naming specific organizations, academic institutions, interest holders, etc.

-Kapiolani Community College, Hilary Hacker, Director of Community Health Education Program and Joey Dewater, Community Health Worker Program Coordinator

-David Mamae, Hawaii CHW Association Workforce Development Chair

**6. How soon should this voluntary certification program begin?**

Unsure if this question is about what the certification program should look like or a timeline to rolling out the certification program.

My suggestion is to begin in 12-18 months. Open the voluntary certification application window no later than 9 months from taskforce approval. That should give the taskforce enough time to finalize standards and reciprocity rules, align training and assessment capacity, verify application and verification process, and run a short pilot so the public launch is stable on day one.

**7. List at least five (5) basic knowledge, skills or abilities (KSA) that should constitute standardized core competencies for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

The C3 Project is the national consensus on CHW roles and competencies. Using it keeps Hawai'i aligned with widely adopted standards, makes training and supervision consistent across employers, supports reciprocity with other states, and gives payers and partners confidence that certified CHWs meet an evidence informed baseline.

Core KSAs for a certified CHW in Hawai'i

1. Communication, plain language, and active listening  
Reason, CHWs must translate health and social service information into clear next steps, check for understanding, and reduce confusion that leads to missed care.
2. Interpersonal and relationship building with cultural humility  
Reason, trust drives outcomes in Hawai'i communities. CHWs need skills to build rapport, navigate conflict, and work effectively across cultures and languages.

3. Service coordination and system navigation  
Reason, members face fragmented systems. CHWs should coordinate referrals, help complete forms, arrange transportation or childcare, and track follow up until needs are met.
4. Advocacy and community capacity building  
Reason, CHWs elevate member voice, identify barriers, work with partners to remove obstacles, and strengthen community networks that sustain health.
5. Outreach, engagement, and recruitment  
Reason, reaching priority populations is foundational, especially for rural islands and Native Hawaiian communities. CHWs must locate, engage, and retain people in services.
6. Health education, coaching, and behavior change support  
Reason, CHWs support self management for chronic conditions, preventive care uptake, and readiness to change using practical, culturally grounded coaching.
7. Documentation, data collection, and confidentiality  
Reason, accurate and timely records support care coordination and reimbursement, while privacy skills protect members and build trust.
8. Professional conduct, boundaries, and teamwork  
Reason, clear scope, boundaries, and collaboration with care teams ensure safe, high quality service and reduce burnout.

**8. List at least three (3) advanced knowledge, skills or abilities (KSA) that should constitute specialization for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

Advanced KSAs for specialization in Hawai‘i

1. Advanced motivational interviewing and brief interventions for mental health and substance use. The reason being that many community members present with stress, depression, or substance use alongside social needs. A certified CHW with advanced MI can elicit change talk, set achievable goals, de-escalate crises until a warm handoff is made, and use brief interventions like SBIRT within CHW scope to increase readiness for treatment and follow through.
2. Chronic disease self-management facilitation. Reason, diabetes, hypertension, and cardiovascular disease remain high across Hawai‘i, particularly with our NHPI communities. A certified CHW trained to facilitate evidence-based self-management programs can coach on medication routines, food planning on a budget, activity plans that fit local context, home monitoring, and early warning signs, while coordinating primary care and community resources to prevent avoidable ED visits.
3. Cultural brokering and language access leadership  
Reason, effective care in Hawai‘i requires cultural humility and language access. A certified CHW with advanced cultural brokering skills can bridge clinical recommendations with community norms, apply interpreter ethics during visits, design

culturally grounded education materials, and advise teams on respectful engagement with Native Hawaiian and other local communities to improve trust and retention.

**9. If a CHW who worked prior to the creation of a voluntary certification program should seek to be certified under the new program, should they be made to take any courses or training? If so, please specify.**

Yes. Lived experience and prior work are vital, and I support a grandfathering pathway. However, anyone seeking certification should still show competency and agree to ongoing standards, especially if they are planning to bill health insurance providers under Medicaid or Medicare for the services that they are providing. I recommend an “experienced CHW” pathway that uses a CHW Work Experience Attestation, simple assessments, and short bridge training when gaps are found.

1. CHW Work Experience Attestation

Applicant submits a work history, role description, populations served, examples of CHW activities, and contact information from a supervisor or partner agency confirming performance and reliability.

2. Those going the Work Experience route should be given a timeline to complete a competency evaluation that aligns with C3 Project (CHW Core Competencies) standards.

3. Requirements beyond certification: Such as annual HIPAA Training certification and ongoing annual Continuing Education requirements. This means, regardless if a CHW completed the voluntary certification or the Work Experience pathway, there are additional requirements (HIPAA and annual Continuing Education). CE requirements should be around CHW core competencies and should be 6 hours of CE annually. This would align with the CHW Code of Ethics.

**10. Awareness and recognition of the field of CHWs has been limited in the general public outside of healthcare, which is an issue that certification could improve. What are some ways that you think collaborators could increase awareness and recognition of CHWs among the general public as part of the voluntary certification program?**

1. Normalize the term Community Health Worker. Use CHW and Community Health Worker consistently across state agencies, health plans, provider networks, and schools. In state and county job postings, use the term Community Health Worker even if the title goes by another name. Example, the title may be Bilingual Health Navigator but in the job description, it should say Community Health Worker. Update websites, forms, job titles, procurement language, and public materials so the public sees the same term everywhere.

2. Public finder for CHW led services

Offer a simple consumer facing page that helps residents find CHW led programs by

island and language, linked through statewide partners such as the Hawaii CHW Association and local coalitions.

3. Annual awareness campaign in August  
Coordinate with the Governor's Office and HICHTWA to amplify CHW Awareness Month and the national CHW Awareness Week each August. Run short PSAs, community newspaper pieces, and local TV segments that feature CHWs from Native Hawaiian and other Pacific Islander communities and other local communities.
4. Integration in health plan and provider workflows  
Ask Medicaid plans, Medicare providers, FQHCs, and hospitals to include CHWs in patient education, after visit summaries, discharge instructions, and referral forms. Add a CHW option in electronic referral pathways so members and families regularly see the role.
5. Strengthen the workforce pipeline  
Expand CHW coursework in DOE, UH, and adult education. Scale the high school pathway beyond Waipahu High School, and dual credit options that feed directly into CHW jobs.
6. Shared materials in multiple languages  
Publish ready to use flyers, social posts, and short videos in Hawaiian and other common languages. Make the files easy for partners to copy and use without special requests.
7. Community stories and trusted messengers  
Highlight CHW stories from Native Hawaiian and other local communities through faith leaders, kūpuna groups, youth programs, and island specific partners. Pair stories with clear examples of how CHWs help with food, housing, transportation, and chronic disease support.
8. Subtle coordination with existing statewide partners  
When promoting any of the above, reference statewide partners such as HICHTWA as a coordinating hub for training, events, and public information, which keeps the message consistent without creating a new state registry.

**11. Should CHWs seeking voluntary certification pay recertification fees, similar to other professional associations, to sustain the program and to have the title of “certified” or to be a CHW in good standing? Please explain why or why not.**

Question: Should there be a re-certification process? While we want to ensure the validity of the CHW workforce through a certification program, we do not want to create additional barriers that either turn potential CHWs away from becoming certified or make it difficult for CHWs to complete the re-certification and then face potential requirement violations, either for themselves or for a provider under whom they are working. If re-certification is required, then I would agree that a fee should be added. I would propose that re-certification not be annual and instead be every 3 to 5 years, and in between those re-certification years, Continuing Education requirements be used. Otherwise, my first proposal would be that there not be re-certification, but rather a robust Continuing Education requirements route.

**12. Lastly, what would be the ideal title of a certified CHW be?**

Community Health Worker, Certified

**Hawaii State Department of Health**  
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**1. Name:** 'Atalina Pasi

**2. Organization:** NHPI CHW Alliance

**3. Title:** Chair/President

**4. Are you a CHW?** Yes

**5. What entities or interest holders ("collaborators") in the State of Hawaii do you think should work together to form the beginnings of a voluntary certification program for CHWs?** Please list at least two (2) collaborators and be as specific as possible, naming specific organizations, academic institutions, interest holders, etc.

State of Hawaii Department of Health

NHPI CHW Alliance

Community Based Organizations: Kula No Na Po'e Hawaii, Ka'u Rural Health Community Association Inc.

**6. How soon should this voluntary certification program begin?**

The voluntary certification program should launch **within two years** to meet community needs while allowing time for planning and stakeholder engagement.

**7. List at least five (5) basic knowledge, skills or abilities (KSA) that should constitute standardized core competencies for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

### **Recommended Core Competencies (KSAs) for Certified CHWs in Hawai‘i**

- **Cultural & Community Competence**
  - Ability to deliver services that are culturally appropriate, respectful, and rooted in local knowledge.
  - Ensures CHWs honor the unique cultural identities, traditions, and languages of the communities they serve.
  - Builds trust and strengthens relationships between clients and service providers.
- **Social Determinants of Health (SDOH)**
  - Understanding of how factors such as housing, education, employment, transportation, food security, and environment impact health outcomes.
  - Equips CHWs to identify and address root causes of health disparities and connect clients to upstream solutions.
  - Helps CHWs support whole-person care and long-term community wellbeing.
- **Service Coordination / Care & Benefit Navigation**
  - Skills to connect individuals and families with healthcare, social services, and community resources.
  - Includes coordinating appointments, assisting with insurance enrollment, and troubleshooting barriers to care.
  - Paired with **Documentation** skills to accurately record encounters, maintain confidentiality, and track outcomes.
- **Advocacy & Support**
  - Knowledge to advocate for individuals and communities in healthcare, social service, and policy settings.
  - Promotes equity and systemic change while empowering clients to self-advocate.
  - Ensures CHWs serve as trusted voices representing community priorities.
- **Mental Health Literacy & Support**
  - Understanding of common mental health challenges, stress management, and crisis response.
  - Equips CHWs to provide basic emotional support, referrals, and education to reduce stigma and promote mental wellness.

**8. List at least three (3) advanced knowledge, skills or abilities (KSA) that should constitute specialization for a certified CHW in Hawaii.** Please be as specific as possible, including the reason or applicability of that KSA to a certified CHW. If you have a reference for these competencies, please also provide this source.

- **Benefits Navigation & Care Coordination** – CHWs help clients access essential health and social services such as insurance programs, housing, food resources, and medical care. They reduce barriers, streamline referrals, and ensure clients receive the right support at the right time.
- **Chronic Disease Prevention & Management** – CHWs provide culturally tailored education and lifestyle support for high-burden conditions like diabetes, hypertension, and obesity. Their work helps prevent complications, promotes early intervention, and reduces preventable hospital visits.
- **Maternal, Child & Family Health** – CHWs support prenatal care, healthy pregnancies, breastfeeding education, and early childhood development. By strengthening family wellness and empowering parents, they help create healthier communities for future generations.

**9. If a CHW who worked prior to the creation of a voluntary certification program should seek to be certified under the new program, should they be made to take any courses or training? If so, please specify.**

- Existing CHWs should complete **shortened core training** focused on the basic competencies listed above.
- Additional **optional training** should be offered for capacity building and new skill development

**10. Awareness and recognition of the field of CHWs has been limited in the general public outside of healthcare, which is an issue that certification could improve. What are some ways that you think collaborators could increase awareness and recognition of CHWs among the general public as part of the voluntary certification program?**

Collaborators could increase awareness and recognition of CHWs through:

- **Public Education Campaigns:** Use radio, social media, and local newspapers to share CHW stories, highlight their role in improving community health, and showcase their impact.
- **Community Events:** Include CHW presentations at health fairs, resource fairs, school events, and faith-based gatherings to connect with residents directly.
- **Partnership with Local Leaders:** Work with trusted community leaders and cultural practitioners to introduce CHWs as partners in improving health and wellbeing.
- **Recognition Programs:** Establish annual CHW appreciation events or awards to celebrate their contributions publicly.
- **Integration into Policy Conversations:** Encourage inclusion of CHW voices in town halls, legislative hearings, and public health initiatives to normalize their presence and expertise.

**11. Should CHWs seeking voluntary certification pay recertification fees, similar to other professional associations, to sustain the program and to have the title of “certified” or to be a CHW in good standing?** Please explain why or why not.

**Yes**, certified CHWs should pay recertification fees to sustain the program and maintain good standing, similar to other professional associations.

**12. Lastly, what would be the ideal title of a certified CHW be?**

**Certified Community Health Worker (CCHW)** as the official title for clarity and alignment with national standards.