



Monterey Bay Community Health Worker/Promotor Core Competency Survey Results and Training Landscape Analysis

Prepared for

Health Career Connection Regional Workforce Initiative Network

By

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Introduction

Community Health Workers and Promotores (CHW/Ps) play a vital role in improving access to care and bridging the gap between underserved communities and healthcare. Because CHW/Ps live in the communities they serve and often share cultural and lived experiences, they are able to provide care that conventional medical providers are not able to replicate. Living in the communities where they work, CHW/Ps give their time, their charisma, and their passion—they are powerful advocates for individual and community transformation. Acting as cultural, linguistic, and socioeconomic allies to community residents, CHW/Ps have first-hand knowledge about community needs and resources. They share culturally relevant health information and are the bridge to local resources and healthcare providers. CHW/Ps use personal contacts, trust, and respect to address sensitive topics, counter misinformation, and advocate for quality health care. Their community role extends far beyond disease-related activities to a passion for human rights and social justice.

The Monterey Bay Community Health Worker Collaborative (MBCHW) convenes regional partners to strengthen and support the Community Health Worker/Promotores workforce, thereby expanding access to care through trusted community partnerships. The MBCHW collaborative has accelerated implementation of the CalAIM expansion, provided regional guidance and policy alignment, supported the navigation of Medi-Cal requirements, strengthened partnerships, supported a regional training infrastructure mechanism for the CHW workforce, and increased retention of the workforce by keeping CHWs and employers engaged in conversation regarding regional needs and sharing of resources. In a recent case study, [*Scaling and Sustaining Community Health Work: An Evaluation of the Amplifying Impact Initiative*](#), the [California Health Care Foundation](#) found that regional collaboratives accelerated implementation of CHW/P services across California. Collaboratives, like the MBCHW Collaborative, have created efficiencies, accelerated learning, and enabled organizations to share solutions to common implementation challenges.

The overarching purpose of the current project through the MBCHW Collaborative was to help inform opportunities for capacity building in the CHW/P workforce and training. In an effort to bring together CHW/P training and assessment materials for the region, the MBCHW Collaborative held monthly meetings to gather insights that would culminate in a cohesive, supportive CHW/P training environment that employers could trust and CHW/Ps could depend on. Through this work, the Monterey Bay region would have a standard self-assessment



framework in alignment with the [National Council on CHW Core Consensus Standards Core Skills and Sub-Skills](#) to create a regionally tailored supplemental training program resource to support CHW/P skill advancement and salary growth for The Alliance, regional employers, and the Department of Health Care Services. The project began by identifying the top 3 National Council C3 Competencies and was followed by an examination of the training and assessment methods used by regional training programs.

Executive Summary

CHWs and Promotores play a vital role in improving access to care and bridging the gap between underserved communities and healthcare. Because CHW/Ps live in the communities they serve and often share cultural and lived experiences, they are able to provide care that conventional medical providers are not able to replicate. The Monterey Bay Community Health Worker Collaborative (MBCHW) convenes regional partners to strengthen and support the Community Health Worker/Promotores workforce. This report summarizes findings from a stakeholder survey and landscape analysis conducted to identify workforce training needs and priority competencies in the Monterey Bay, as well as current training and assessment practices that can inform future CHW/P workforce development efforts.

The purpose of the survey conducted through the MBCHW was to identify CHW/P training gaps in the Monterey Bay and inform the development of the standard self-assessment framework in alignment with the [National Council on CHW Core Consensus Standards Core Skills and Sub-Skills](#) to create a regionally tailored supplemental training program resource to support CHW/P skill advancement and salary growth. Through three facilitated stakeholder meetings with the MBCHW Collaborative and the Health Workforce Council, participants discussed the eleven CHW Core Skills identified by the C3 Council and identified three priority competencies: **communication skills**, **interpersonal and relationship-building skills**, and **service coordination and navigation skills**. Participants in the MBCHW meetings were also surveyed with three questions addressing CHW training gaps, core skills that need support, and core skills that they were doing well in. The survey findings highlighted that effective CHW/Ps require strong communication skills, the ability to build trusting relationships with individuals and communities, and the knowledge to effectively coordinate and navigate health and social services. Additional themes included professionalism, cultural humility, and trauma-informed care. These findings informed the selection of the previously mentioned three priority competencies and provide a community-informed foundation for the development of a competency-based self-assessment tool and future CHW/P workforce training initiatives.



The landscape analysis examined current Community Health Worker/ Promotores training strategies and competency assessment tools to identify best practices that could inform the development of a standard self-assessment framework in alignment with the [National Council on CHW Core Consensus Standards Core Skills and Sub-Skills](#) to create a regionally tailored supplemental training program resource to support CHW/P skill advancement and salary growth. A variety of resources were reviewed, including national competency frameworks and organizational training materials from the Community Health Worker Core Consensus (C3) project, Cabrillo College, HIP PATH Collaborative, Visión y Compromiso, El Sol Neighborhood Educational Center, and the Lay Counselor Academy. These resources were reviewed to identify effective approaches to CHW/P education, competency development, and workforce assessment. Through the landscape analysis, it was found that successful CHW/P training programs emphasize competency-based, experiential learning through interactive instruction, role-playing, job shadowing, apprenticeships, and continuing education. The analysis found that effective assessment approaches include field-driven, 360-degree evaluations, skill proficiency rubrics, self-assessment and reflective tools, and performance-based evaluations. Together, the survey and landscape analysis provide a comprehensive understanding of regional workforce priorities and evidence-based training and assessment practices. These findings establish a strong foundation for the development of a competency-based standard self-assessment framework in alignment with the [National Council on CHW Core Consensus Standards Core Skills and Sub-Skills](#) resource to support CHW/P workforce development, professional growth, and high-quality, community-centered care throughout the Monterey Bay region.

Survey: Methods, Activities, and Results

For this project, survey questions were administered to community health worker/promotores (CHW/P) regarding training gaps and assessment needs. The specific goal of this component of the project was to identify the top three competencies to focus on for training and self-assessment tool development. The overarching purpose of the survey was to help inform opportunities for capacity building in the CHW/P workforce and training. The methods and activities for this project involved obtaining valuable input, suggestions, and insight from participants at the Monterey Bay CHW Collaborative (MBCHW) and Health Workforce Council meetings.



All meeting sessions took place on Zoom. Participants in the meetings included staff and working CHW/Promotores representing local organizations throughout the Monterey Bay region. Three (3) meetings were convened, survey questions were implemented, and qualitative data were collected. Meetings were facilitated by independent contractors working alongside Health Improvement Partnership Workforce Development staff. Attendance at each meeting varied. However, on average, between 10 and 25 individuals participated in each meeting session.

Monterey Bay CHW Collaborative Meeting #1

The first meeting took place on February 26, 2026, with the Monterey Bay CHW Collaborative (MBCHW). Participants included staff from Central California Alliance for Health (CCA), Cradle to Career, Cabrillo College CHW Program, Cabrillo College Apprenticeship Program, Health Projects Center, Monarch Services, Second Harvest Food Bank, Health Improvement Partnership, Center for Community Advocacy, and Monterey County Workforce Development. The purpose of this meeting was to introduce professionals and community members to the goals of the project and specifically to the “C3 Council Findings: Roles and Competencies” (available at <https://www.c3council.org/roles-competencies>). The research needed to be community-driven and led by the community throughout all processes and decision-making.

At the February 2026 MBCHW meeting, participants focused on the eleven CHW Core Skills identified by the C3 Council (communication skills, interpersonal and relationship-building skills, service coordination and navigation skills, education and facilitation skills, advocacy skills, building individual and community capacity, individual and community assessment, outreach skills, professional skills and conduct, evaluation and research skills, and knowledge base). Participants were led in a discussion about the eleven competencies and asked if they had any questions or needed clarification. Subsequently, participants were prompted with the following three survey questions: 1) What CHW training gaps are you seeing? 2) What are the top 3 CHW Core Skills that you need support in advancing or prioritizing? 3) What are the top 3 CHW Core Skills that you are doing well in? Members were then randomly assigned to work in small breakout groups to brainstorm the guiding questions and then report back to the main group.

Survey Themes

Several insightful findings emerged from this first meeting. An important theme was that communication is an important skill that CHWs must possess. Another noteworthy theme was that interpersonal and relationship-building skills are critical skills that CHW/P must utilize in



their jobs. Additionally, professional skills were a theme mentioned as extremely important for CHWs. Finally, participants emphasized the importance of CHW/P being proficient in service coordination and navigation.

Researchers carefully analyzed the qualitative data gathered during the small group sessions as well as the recorded meeting minutes. From the eleven skills, researchers identified and narrowed them down to the top five (5) core skills and sub-skills. The top 5 skills identified in order of ranking of importance were: Communication skills (+5), interpersonal and relationship building (+5), service coordination and navigation (+4), professional skills and conduct (+2), and outreach skills (+2).

Health Workforce Council Meeting #2

After gaining insightful information from the above meeting, the opportunity arose for researchers to attend a Health Workforce Council group on March 18, 2026. This council meets quarterly, and a focus group was conducted with the 25 participants attending the meeting. Participants represented at the meeting were from various health organizations throughout the region. The purpose of this meeting was to obtain valuable insight from workforce professionals and hone in on what employers view as being the most important CHW/P skills required in the profession. Participants were led in a discussion about the eleven competencies and asked if they had any questions or needed clarification. Subsequently, participants were prompted with the survey question: “What are the top 3 core skills you want to see in a CHW/Promotora (in a working capacity)?” Members were randomly assigned to work in small breakout groups to discuss and then share back to the main group.

Survey Themes

A summary of the main points of discussion is detailed in this section. Interpersonal relationship-building skills and being able to connect with the community are extremely important. Providing culturally appropriate health information is a fundamental requirement. Employers emphasized they want CHWs who demonstrate professional behavior, noting that CHWs should be trusted professionals. Participants emphasized that communication skills are a top priority and that being able to give clear instructions is important. Being a good listener and being able to talk to people are essential requirements for CHW/P. CHW/P needs to build trust with community members, and they must be skilled in conflict resolution and crisis intervention. Coordinating and navigating services are essential skills. Additionally, participants noted that building individual and community capacity and advocacy skills are essential.



Monterey Bay CHW Collaborative Meeting #3

The third meeting took place on March 26, 2026, with the MBCHW collaborative. Participants included staff from Santa Cruz County Health Services Agency, Cabrillo College CHW Program, Santa Cruz Community Health Centers, Futuro Business, Adult Education Consortium, Ventures, Cradle to Career, Health Improvement Partnership, Bay Area Community College Consortium, California Health Collaborative, The Alliance, Monterey County Health Department, and Watsonville Law Center. At this meeting, participants reviewed the survey data collected at the previous two meetings. The MBCHW was informed about the key qualitative data provided by the workforce council. Participants continued to discuss CHW/P competencies and share reflections and insights. During this convening, the goal was for participants to narrow down all the skills to the most important three (3) CHW/P skills and further define each skill and what they mean to the profession locally and regionally. Facilitators led a discussion of the previously recognized top five skills and subskills identified from the first session. Participants engaged in dialogue and identified the top three skills as: **1) Communication skills, 2) Interpersonal and relationship-building skills, and 3) Service coordination and navigation skills.**

Survey Themes

A summary of the main points of discussion is detailed below: The main themes for communication include being able to use language confidently, which involves understanding the diverse backgrounds and lived experiences of the community. CHW/P must be able to communicate using plain and clear language. They should be proficient in preparing written communication, including electronic communication, and know how to document their work. Regarding interpersonal and relationship-building skills, CHW/P must be skilled in client-centered counseling (also known as person-centered counseling) and trauma-informed care. They must work effectively as a collaborative team member, be able to manage and resolve conflict, and demonstrate cultural humility. To be successful at service coordination and navigation, CHWs need profound knowledge of available community resources and the network of agencies. Their role is to support others to navigate the health system, which requires patience, interpersonal warmth, time, and follow-up. CHWs are advocates for community members and strive to make health services relatable and understandable, so that individuals obtain the care they need.



Landscape Analysis: Methods, Activities, and Results

This landscape analysis report provides an overview of current training strategies and assessment tools for Community Health Workers (CHW/Ps), drawing from Monterey Bay Regional Collaborative meetings, the CHW Core Competency national framework, and organizational toolkits including El Sol, Vision y Compromiso, Health Improvement Partnership PATH Collaborative, and Cabrillo College CHW Certificate program.

Methods and Activities

The methods and activities for this project involved obtaining valuable input, suggestions, and insight from participants at the Monterey Bay CHW Collaborative (MBCHW) and Health Workforce Council meetings, as well as an analysis of training websites that Monterey Bay Regional partners use to train their staff, including National C3, Health Improvement Partnership's PATH Collaborative, Vision y Compromiso, and El Sol.

All meeting sessions took place on Zoom. Participants in the meetings included staff and working CHW/Promotores representing local organizations throughout the Monterey Bay region. Three (3) meetings were convened, discussion questions were implemented, and qualitative data were collected. Meetings were facilitated by independent contractors working alongside Health Improvement Partnership Workforce Development staff. One meeting included a presentation by the Lay Counselor Academy that provided important information about their academy, training strategies, and assessment methods. Attendance at each meeting varied. However, on average, between 10 and 25 individuals participated in each meeting session.

Results: Training Strategies

Training strategies for the CHW workforce emphasize a shift from traditional classroom instruction to interactive, practice-based learning grounded in **adult learning principles** and **popular education**.

- **Core Competency-Based Training:** Most programs align their curricula with the **C3 Framework**, which identifies 10 core roles and 11 core skills. Organizations like **Cabrillo College** and **Visión y Compromiso (VyC)** have developed uniform curricula to ensure foundational knowledge across settings.



- **Experiential and On-the-Job Training (OJT):** Effective onboarding includes **job shadowing, internships, and apprenticeships**, which allow new CHWs to observe care team dynamics, and **role-playing**, which provides a safe environment to practice motivational interviewing and difficult conversations.
- **Popular Education Models:** This strategy centers CHWs as experts in their own experience, using **interactive techniques and "dinámicas"** to solve community problems and advance health equity.
- **Specialized and Continuing Education:** Beyond core training, strategies include specific training for:
 - **Behavioral Health:** The Lay Counselor Academy offers a CHW Certification with a **Mental Health Specialty**.
 - **Clinical Integration:** The **PATH Collaborative** provides technical training on **Enhanced Care Management (ECM)**, collaborative care planning, and coding for Social Determinants of Health (SDOH).
 - **Supervisory Skills:** Training existing CHWs for leadership roles to create **career ladders**.

Results: Assessment Tools

Assessment tools have evolved to support a comprehensive evaluation of CHW work, moving beyond participant satisfaction to **field-driven, 360-degree reviews**.

- **Skill Proficiency Rubrics:**
 - **Apprentice Evaluations:** Used to rate skill levels on a scale from "Introduced" to "Outstanding" across work processes like care coordination, outreach, and cultural mediation.
 - **Role Play Rubrics:** Used to rate skill levels on various role play requirements such as motivational interviewing and cultural mediation.
 - **C3 Assessment Toolkit:** Provides field-driven recommendations and templates for assessing skills both during hiring and on the job.
- **Self-Assessment and Reflective Tools:**
 - **Reflection/ Journals:** Used to track relationship-building goals and translate "knowledge to action".
 - **Counseling Checklists:** A **Self-Assessment for Client-Centered Counseling** helps CHWs evaluate their use of open-ended questions, reflective listening, and affirmations.



- **Performance-Based Evaluations:**
 - **Learning Checks:** The Lay Counselor Academy uses online assessments, quizzes, and observations with simulations.
 - **Golden Thread Documentation:** Tools that assess a CHW's ability to connect assessments, care plan goals, and interventions in audit-ready progress notes.
 - **Employer Evaluation:** Used to rate skill levels for 21 sub-skill competencies, processes like goal setting, confidentiality, and cultural mediation.

Key Findings and Gaps

- **Barriers:** Lack of training program engagement in collaborative meetings, so information had to be gained through public website searches.
- **Documentation Burden:** While digital tools are necessary for tracking outcomes and ROI, they often add a significant workload burden, highlighting a need for **streamlined Electronic Health Records templates** and documentation guides.
- **Need for Uniform Measures:** The **CHW Core Competencies** address the gap in standardized data collection by measuring the workforce conditions necessary for success.
- **Additional training opportunities such as CLAS Self-Assessment:** A tool for programs to identify challenges and goals related to **Culturally and Linguistically Appropriate Services (CLAS)** standards.

Summary of Resource Landscape

Entity	Focus Area	Key Tools
National C3 Council	Standards & Assessment	Roles Checklist, Assessment Toolkit
Lay Counselor Academy	Mental Health & Behavioral Health	Learning Checks, Simulations, Pre/Post Tests
PATH Collaborative	CaAIM & Clinical Integration	Care Plan Templates, Outreach Checklists
Cabrillo College CHW Certificate	Core Competency Training & Assessment	Role-plays, Presentations, Discussions, Client Forms Practice, Shadowing,



		Reflection, Role-play Rubric, Performance-Based Exam Rubric
Visión y Compromiso	Workforce Empowerment	Focus Group Reports, Common Curriculum
El Sol	Impact Evaluation	Common Indicator Grid

Conclusion and Recommendations

MBCHW Collaborative is a resource and opportunity for partnership in the region to address gaps and improve workforce outcomes. The MBCHW Collaborative has accelerated implementation of the CalAIM expansion, provided regional guidance and policy alignment, supported the navigation of Medi-Cal requirements, strengthened partnerships, supported a regional training infrastructure mechanism for the CHW workforce, and increased retention of the workforce by keeping CHWs and employers engaged in conversation regarding regional needs and sharing of resources.

Taken together, the survey and the landscape analysis suggest that successful CHW training extends beyond organizational focus or health education topics. The strongest themes are outcomes that focus on:

- Building strong interpersonal and communication skills
- Developing service coordination and navigation skills
- Supporting continuous professional development and lifelong learning
- Utilizing adult learning theory and popular education to engage learners through discussion, activities, role plays, presentations, etc.
- Utilizing assessment tools that allow CHW/Ps to demonstrate their skills and address gaps through reflection, supportive feedback, and coaching

Cabrillo College is a highly valued training program in the region that is willing to partner and share resources openly to improve training and assessment strategies that meet the needs of the workforce. Cabrillo's openness to sharing and feedback builds trust with employers that are asking for CHWs completing the program to meet employer expectations.



A critical resource for all training programs is the National C3 Council roles, skills, assessment tools, and materials. A regional strength is that there are two collaborative groups (MBCHW Collaborative and Cabrillo College CHW Advisory Group) which meet monthly and/or quarterly. Employers and trainers throughout the region are invited to the above-mentioned groups to develop partnerships and share training resources. Training program attendance at the newly established C3 Project Advisory Group will support continued collaboration on important resources and tools needed in the workforce.

Another vital resource that was released following this Monterey Bay Community Health Worker/Promotor Core Competency Survey Results and Training Landscape Analysis is the [California Department of Health Care Access and Information CHW/P Training Best Practices Framework](#). The alignment of the State's framework with this analysis further reinforces the findings and conclusions of this collaborative. This resource will also support promising practices for future training in the region.

The survey and landscape analysis reveal there is a need for more collaboration amongst training programs in the region. Further efforts and funding could help bolster motivation and opportunities to participate in these groups. There is a clear need for investment to support training program collaboration and overall collaborative approaches aimed at strengthening the CHW/P workforce. Recommendations include increasing staffing and funding to support the regional collaborations and CHW/P training efforts.



Appendices

Appendix A: Training Resources

[Visión y Compromiso Report 2012-2013](#)
[Visión y Compromiso Promotores Institute](#)
[Cabrillo College Extension Opportunities](#)
[El Sol Training Framework](#)
[HIP Path Training Website](#)
[Community Health Worker Degree Requirements and Course Descriptions](#)

Appendix B: Assessment Materials

[Self-Assessment for Client-Centered Counseling](#)
[Core Competencies Training & Assessment p. 27, 29, 32-38](#)
[Community Health Worker Assessment Toolkit](#)
[Apprentice Evaluation](#)
[PBE Rubric](#)
[Role Play Rubric](#)