

Exemplary Recruitment and Retention Practices for Community Health Workers



About CPHS

The Center for Public Health Systems (CPHS) at the University of Minnesota School of Public Health (UMN-SPH) was established in 2021 to support public health practitioners and public health systems using evidence-based research. CPHS improves the health of the people of Minnesota and the nation through technical assistance, research, and evaluation services. Its mission is to support governments, organizations, and communities using evidence-based public health practices and generate new evidence about public health systems.

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FUNDING ACKNOWLEDGEMENTS:

Funding for this initiative is supported by the Centers for Disease Control and Prevention (CDC) under award 6 NU38OT000306-04-02 entitled National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

ACKNOWLEDGEMENTS:

We would like to acknowledge the National Association of County and City Health Officials (NACCHO) for their partnership and support for this project. CPHS collaborated with NACCHO to create a toolkit to assist local health departments (LHDs) with hiring and retaining community health workers (CHWs). To create this toolkit CPHS conducted an environmental scan to identify exemplary recruitment and retention practices of CHWs in LHDs.



Introduction

Community health workers (CHWs) are considered “frontline public health ambassadors and health educators, with a trusted and close understanding of the community being served.”¹ They help aid “community members in addressing unmet social needs, promoting health, and building the capacity of the community.”² CHWs are significant in providing a foundation of direct health service for local health departments (LHDs).

This environmental scan identifies exemplary hiring processes (including recruitment and retention) through internet searches and academic searches within LHDs with CHW positions. This report defines and describes the role and importance of CHWs and discusses the benefits of filling community-based CHW positions with individuals from different racial and ethnic backgrounds or groups, including those who mirror the populations they serve. Lastly, this report discusses various components of the hiring process including:

1. **Why CHW salaries should be based on experiential knowledge and wisdom;**
2. **Recruitment strategies for hiring CHWs with diverse backgrounds and experiences, particularly from historically marginalized groups, including Black, Indigenous, and Persons of Color (BIPOC) and those with disabilities;**
3. **Retention strategies;**
4. **Recommendations for salary determination;**
5. **Strategies for establishing relationships with CHWs and the associations that represent them, and;**
6. **How to properly acknowledge and recognize CHWs in health departments and health equity work locally.**

Methods

To identify exemplary hiring processes for CHWs, we first worked with subject matter experts to preliminarily identify key hiring practices. We then conducted a literature review in Spring 2023 using the findings from our subject matter expert discussions. To identify peer-reviewed articles, we compiled a list of search terms for recruitment and retention strategies (see Appendix A). To examine how local health departments are retaining CHWs, we conducted a literature review using the list of search terms. White and grey literature searches were conducted in Google, Google Scholar, Academic Search Premier, and PubMed and supplemented with various website reviews. Results were screened to only include articles specific to CHW recruitment, retention, and local health departments in the United States (US). Findings and recommendations were then aggregated to develop the report below, which includes a summary of recruitment, hiring, retention, and organizational strategies and practices.

Findings and Recommendations

HIRING CHWS TO INCREASE WORKFORCE DIVERSITY

The CHW’s Role and Significance in Health Agencies

CHWs have been a prominent force in the healthcare industry for many years and are becoming a more common position within health departments, especially during and after the COVID-19 pandemic.² Their significance derives from their relatability, knowledge, and ability to forge connections and trust with the community. They are often the first point of contact for patients, clients, and the community at large as they bridge the gap between clients and health organizations to build a network of possibilities for reducing disparities. CHWs are often representative of the communities they serve and possess a great deal of knowledge and wisdom through lived experience, which is irreplicable by any other position within health agencies.

For health departments to effectively connect and relate with members of their community and ultimately help create healthier communities, it is critical to have employees who reflect the community, which is a niche best filled by CHWs. Barriers surrounding culture and language can be addressed and bridged by CHWs, in turn increasing the likelihood of community members trusting the health department, communicating their needs, and participating in population-based services, leading to healthier communities for all.



RECRUITMENT STRATEGIES

CHW Job Description Considerations

Job descriptions are the first step in the recruitment process and there are numerous titles associated with CHWs.³ Therefore, to ensure that they are attracting the right candidates, LHDs should be clear and descriptive when identifying what responsibilities and skills are associated with the position being hired.⁴ For example, *promotores* are a type of CHW who is more associated with doing community-based health education and prevention within the realms of a Latine culturally and linguistically appropriate lens.⁵ Other title examples associated with CHWs are healthy home specialists, who are more specialized, or community health advocates, whose roles support health disparities. It is important to clearly state the percentages of each type of activity that comprises the workload in the job description.⁶ That could mean spending a certain percentage in the community doing outreach, working with other organizations, or in the office doing data reporting. CHWs may also work with different populations or be more focused on areas such as nutrition or diabetes.⁷ Knowing percentages and workloads, an employee can understand if extra training is needed to perform or translate their knowledge and skill into what the job duties entail for the community they will be serving.

We recommend that LHDs focus less on education level and more on the amount of lived experience. As Knowles et. al (2023) eloquently describes, “CHWs are defined not only by what they do, but also by shared lived experience and close connection to the communities they serve.”⁸ In other words, a high priority should be placed within job descriptions on lived experience and direct community connection as it is the lived experience, established relationship with community members, and trust-building qualities that uniquely equip CHWs to increase access to care and uptake of preventive service within priority communities.⁸ Experience and skills are essential to performing on the job and tend to be sought out more than an education; thus, requiring an education can be a barrier and overlook the skills necessary to perform the job.⁹ Job descriptions that focus on lived experience and skills rather than education would allow more candidates to be considered. Additional skills such as trust, relationship building, compassion, cultural competence, and humility are more often learned through lived experience than education.⁵ An additional skill that is increasingly sought after for CHWs is language fluency aligning with the predominate language spoken by priority communities.¹⁰ Spelling out these skills will help bring clarity to what the organization is seeking. CHWs have unique roles that require them to build knowledge and think on the spot,^{10, 11} which often comes from lived experience more than educational training. Since their roles focus more on the community than attained education, the skills from lived experience allow them to act more effectively. In the field, ideal CHWs exhibit cultural knowledge and soft skills.¹² LHD leadership should also understand the unique work and nature of CHWs to fully appreciate their abilities. With that level of understanding, leadership is more likely to emphasize skills over education.

Salary Recommendations

CHWs can be full or part-time staff and the pay varies as some CHWs are paid hourly, while others are salary.^{4, 13-15} The National Association of Community Health Workers (NACHW) recommends paying CHWs a thriving wage, which will usually consist of a baseline of \$25 an hour or higher.¹⁴ However, as of 2024, CHWs still are not being paid a livable wage, as the average hourly rate for a CHW is only \$21.34–\$22.12 and \$46,000 as the mean annual salary.^{4, 13-15} When compensating for experience, the Massachusetts Association of Community Health Workers (MACHW) created a report on CHW skills and wages where they recommend that an entry-level CHW (0–2 years of experience) make \$27–\$30 an hour while a senior CHW (5+ years) makes \$35+ an hour.¹⁶ The U.S. Bureau of Labor Statistics produced a report in May 2023 of CHW Occupational Employment and Wages across all settings and the annual mean wage for CHWs ranged from \$34,950–\$65,510 (\$16.80–\$31.50 hourly rate; please see [here](#) for that report).¹⁷

Traditionally, an employee’s salary is aligned with their educational attainment, but we recommend a competency-based pay system (CBPS) model that is rooted in lived experience. In this model, the weight given to lived experience-based and education-based hiring should be flipped. The recommendation for salary should be based on skills and experiences with education and certification as a preferred qualification rather than a requirement. When CHWs are paid low wages based on lack of formal degrees or certificates, this reinforces gendered and racialized biases. Instead, we recommend LHDs compensate CHWs based on skills and experience instead of formal degree or certificates.



Additionally, CBPS focuses more on skill improvement and compensates for those skills that are continuously being developed.¹⁸ This system might serve as being more effective than the traditional pay system because it focuses on skill development, which is an essential component of the role of CHW. Having a system that directly impacts and encourages the growth of employees such as CHWs who are constantly learning new skills can provide a supportive structure to ensure CHWs thrive on continuous learning.

Recruitment, Marketing, and Hiring

Recruitment is a significant part of finding a quality candidate. The process can be time-consuming, from prospecting, marketing (one of the biggest time consumers), and hiring.¹⁹ Hiring begins with ensuring the right pool of candidates is being contacted; thus, it is important to reach out to the channels that potential applicants might be a part of. That could be marketing the open position to certain specific group channels, email subscriptions, word of mouth, posting in locations communities usually attend, social media sites, job sites, community resource centers, or CHW networks.²⁰⁻²²

RECOMMENDATIONS

To be more inclusive, recruitment messaging needs to be intentional and clear.^{21, 23, 24} This may include having fliers or documents in different languages or tailored for specific communities.^{20, 25} In writing the CHW-specific job descriptions, list a description regarding organization values such as “making a difference” or “having a passion for reducing health disparities.”²² Providing a paragraph in the job description describing the organization’s commitment to diversity can help attract a diverse group of individuals by showcasing the organization’s culture and what they are striving to work towards.^{20, 26} Specifying the type of skills needed such as “being able to work in a diverse work environment” or “able to analyze the situation and problem solve” is important in identifying what you are looking for. Please see [here](#) for a sample of a CHW job description. Recruitment is crucial for finding quality candidates. When doing outreach, below are some marketing strategies to consider:

- Targeted community-specific channels or listservs
- Email subscriptions to organizations and newsletters
- Word of mouth to individual networks
- Posting/advertising job positions: Community gatherings, social media, job boards, and highly visited community locations (e.g., barbershops, libraries, community centers, and shelters).
- Working with CHW associations

There are also a few potential pitfalls to keep in mind and consider when hiring. When reviewing candidates, the hiring committee should work to reduce assumptions and biases toward the person being hired by looking more into the skills that are demonstrated and competency than education, focusing on job requirements, providing appropriate accommodations as needed, and understanding their own biases.^{27, 28} In developing an equity lens and commitment to diversity, establishing a diverse panel, writing potential interview questions,^{28, 29} disclosing the salary range, and honoring multilingual skills that will be used on the job can help select a high-quality, diverse candidate.²⁵

Past experiences and knowledge/training with leadership on the American Disabilities Act (ADA) or disability organizations such as the American Association of People with Disabilities (AAPD) suggest hiring practices one can use to include people with disability,³⁰ who are also known as disabled people or disabled community. Past experiences mean that the employer or the hiring team members have previous contact or experience working with disabled people therefore they are more open to hiring a person from the disabled community due to their familiarity with the population. Incorporating knowledge and training related to ADA and/or bringing in organizations such as AAPD, can help alleviate employees’ concerns with working with disabled people and help them be better equipped to understand the population’s contribution to the workforce. By working towards hiring disabled people with these practices, they can provide unique abilities to enhance the diversity of the workforce, increase productivity and “inspire innovation.”³¹

When it comes to hiring Black, Indigenous, People of Color (BIPOC) individuals, the hiring manager has a huge impact on hired candidates. If the manager is mindful to not hire candidates based on their personal characteristics (attitude and personality) and increases their readiness on current practices of Diversity, Equity, and Inclusion (DEI)



hiring policies, the manager is more likely to hire someone who is from the BIPOC community. By having a hiring manager who is from the BIPOC community, they are also more likely to hire someone from that community as well.²⁹ Figure 1 talks about improving the hiring process. There are three columns: things to consider, equity lens, and potential interview questions that are addressed with examples.

Figure 1: Ways LHDs Can Improve the Way They Hire CHWs^{9, 28, 29}

Improving the Hiring Process

Things to consider

- Reduce assumptions and bias.
- Skills and competencies over education.
- Focus on job requirements.
- Provide appropriate accommodations.
- Understand your own biases.
- Involve CHWs in interviews.

Equity lens

- Have a diverse hiring panel.
- Write appropriate interview questions that apply to the role.
- Disclose salary ranges.
- Honor and compensate multilingual skills.

Potential interview questions

- What is your personal connection to the community we serve?
- What does it mean or represent to you?
- Why is it important to you to work with this population?
- What experience do you have that is relevant to the position of Community Health Worker?
- What unique perspective do you bring to this work?

Figure 1: Ways LHDs Can Improve the Way They Hire CHWs^{9, 28, 29}

Other recommendations to overcome barriers may include removing the necessity of proving immigration/US residency status, and any education (see Figure 2).^{2, 33} Incorporating non-traditional methods of interviewing is another option including small group interviews or incorporating problem-solving scenarios to assess a person’s skill in responding to situations.¹¹

RETENTION STRATEGIES

CHW Integration and Diversity Efforts

Benefits and job security remain important to those applying for a CHW position.³ Being able to provide competitive benefits such as vacation time, sick leave, tuition assistance, mileage reimbursement, and other benefits signals to the candidate that an organization is supportive of them as a person.³² Flexible work schedules, career growth opportunities or promotions, employee empowerment, and manageable caseloads help

Examples of hiring practices to support diversity efforts include:²⁸

Deprioritizing education requirements

Making job post language more accessible

Advertising to more places than mainstream white organizations usually do

Changing to more flexible deadlines that better meet applicants’ need

Figure 2: Examples of hiring practices to support diversity efforts include:²⁸



ensure a balanced career with growth.³⁴⁻³⁶ The CHW workforce has also become more diverse so having an organizational commitment to DEI initiatives is critical through all processes of marketing, recruitment, hiring, and retaining.^{37, 38} In seeking to promote DEI, it is important to hire from multiple backgrounds to leverage diverse voices, roles, experiences, and talents to serve the community at large.^{39, 40} By increasing inclusivity, employees are more likely to feel like their voices are being heard and their skills valued.⁴¹ Inclusion promotes a culture of a diverse workforce that allows a culture of continuous learning which can lead to less turnover.^{6, 11, 42}

CHWs should be integrated into multidisciplinary teams as part of their normal job description. Integrating CHWs with other departments and facilitating cultural awareness and diversity strategies between all parties helps utilize their roles to the highest potential.^{27, 43-45} For example, being part of a multidisciplinary team allows CHWs to be more effective in navigating health departments and leveraging resources for the communities that they serve.^{19, 40, 46, 47} If CHWs are asked to provide internal education for public health agencies and staff regarding cultural inclusivity, they should be compensated for these additional responsibilities. By working together, CHWs will understand their own roles and other staff's roles better so they are more equipped to support each other instead of being siloed.

Research has also shown that organizations with diverse management and leadership are more likely to be productive, with an increase of up to \$1,590 per employee every year. Conversely, a lack of diversity within management and leadership often leads to inequality and discrimination, which often causes people to leave their positions.⁴⁸ For diverse management and leadership to be effective, they need to also have effective policies that portray their commitment to diversity. When writing diversity-included policies, it is important to consider and engage those with diverse lived experiences to work towards diversity in the workplace.³¹

Certification

There has been a long-standing debate about certification for CHWs, though standardized certification/training throughout the US has not yet been determined.⁴⁰ Throughout the US, there are 30 states that offer some type of standardized training.⁴⁹ As of January 2024, there are 25 states that have a CHW Certification Program: Arizona, Arkansas, Colorado, Connecticut, Florida, Indiana, Kansas, Kentucky, Maryland, Massachusetts, Minnesota, Missouri, Nevada, New Jersey, New Mexico, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, and Virginia.⁵⁰ Therefore, certification and training vary throughout the US, and there have been concerns that attempts to further regulate CHW standards could make the career path less accessible, especially to underserved communities.⁵¹

Leadership

Management and leadership are significant in providing CHWs with support. As a supervisor, there should be a direct line of communication and support provided to their employees. Such support includes:³⁶

- Recognize the CHW's role as a valuable asset to the organization.
- Set goals, provide feedback, and support personal barriers.
- Provide a safe space for CHWs to share their concerns and issues.
- Support CHWs by providing tools, training, and supplies needed.
 - Cultivate an environment where CHWs can support each other and build teams.
 - Facilitate mentorship, peer-to-peer support, and motivation to perform well in their role.
 - Integrate CHWs into different teams and define their roles and expectations clearly.
 - Address issues in a professional manner and be openly transparent in the work environment.
 - Provide guidance on a commitment to diversity, reducing inequity, and addressing issues that affect their lived experiences.
 - Consistent check-ins and helping CHWs set healthy boundaries to ensure they prevent burnout.



Funding

In terms of funding, the majority of CHW positions are grant funded, which can create challenges with sustainability.⁴⁶ Thus, finding permanent funds for these positions provides stability in the job market. A way to sustain funding into the work of CHWs is incorporating their positions in reimbursement through Medicaid, Community Health Assessments/Improvement Plans (CHA/CHIP), or Medicare.^{2, 19, 46, 52, 53} Figure 3 below talks about the funding sources and how they function.

Figure 3: Types of Fundings for CHW Positions

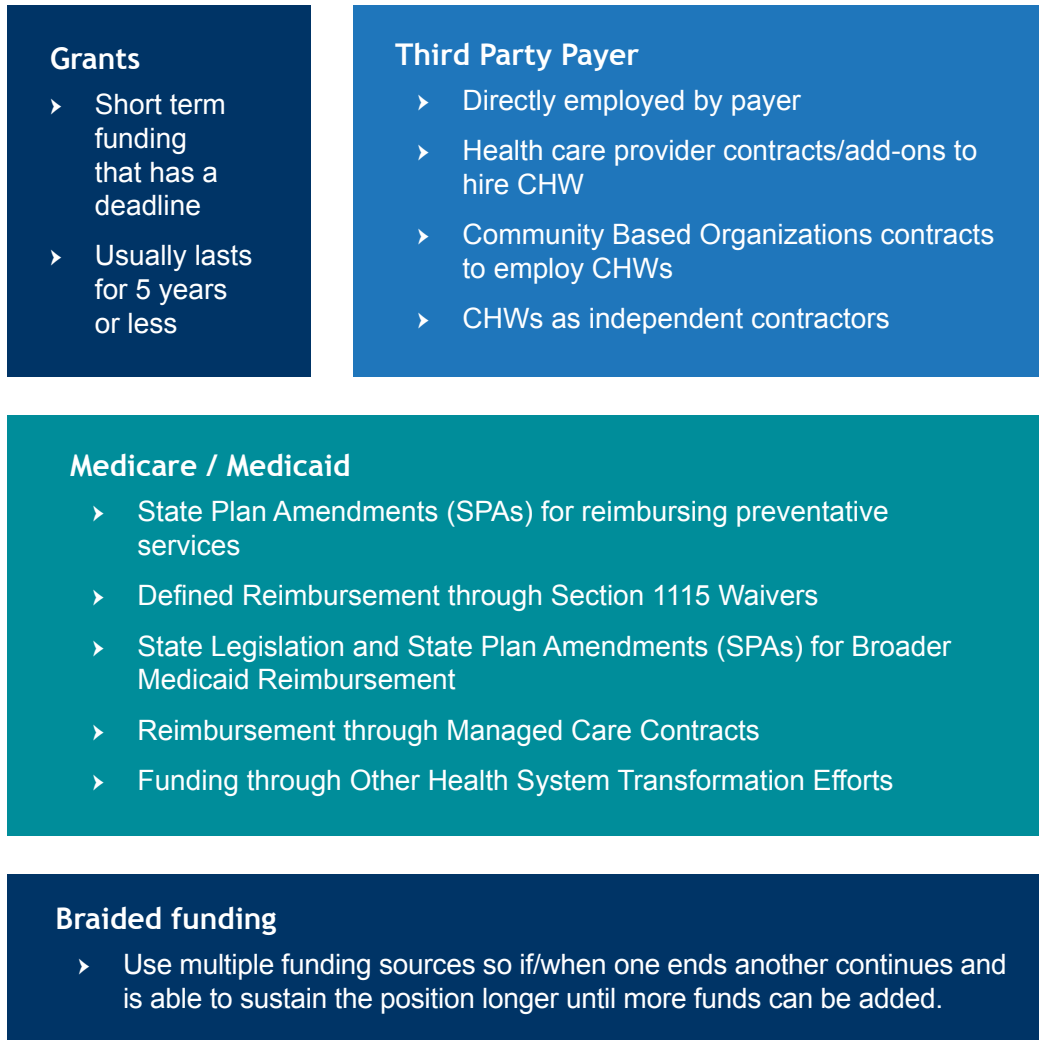


Figure 3: Types of Fundings for CHW Positions.

Recognition and Support

Some recognition and support activities an LHD can do include taking CHWs' voices into consideration and having them be a part of the decision-making process in issues that affect their overall work.^{54, 55} CHWs have the ability to increase their team's cultural competence due to their community-based work of engaging with different members of the communities and learning about various cultural norms associated with those communities. Furthermore, CHWs know their community best so allowing them to give insight is important for their work and may increase LHD efficiency. Mentorship between experienced and newer CHWs may also establish support networks.^{36, 43, 54} When working with providers and other practitioners, building a communication channel can help with ongoing community-related issues or solutions feedback. Recognition and support are big ways to prevent burnout, which often come from things like:

- Overload in workload
- Lack of care team integration
- Lack of supervision support
- Lack of training
- Lack of enforcement of policies around diversity

As a unique role, CHWs should be in a position to get recognized for their efforts, rewarded in some way, and encouraged to keep the great efforts going. Below are some examples of recognition that can be incorporated to support CHWs:⁵⁷ Figure 4 mentions five ways to support CHWs.

Figure 4: Methods used to Recognize and Acknowledge CHWs



Figure 4: Methods used to Recognize and Acknowledge CHWs.

LEADERSHIP AND SUPPORT

Management and leadership are significant in providing CHWs with support. For your supervisors, there should be a direct line of communication and support provided to their employees such as:³⁶

- Recognize CHWs' roles as a valuable asset to the organization.
- Set goals, provide feedback, and support personal barriers.
- Provide a safe space for CHWs to share their concerns and issues.

LHDs can support CHWs by:³⁶

- Cultivating an environment where CHWs can support each other and build teams which could be assigning team members as accountability partners.
- Facilitating mentorship, peer-to-peer support, and motivation to perform well in their role by scheduling time to check in how CHWs are doing.
- Helping CHWs set healthy boundaries to ensure they prevent burnout by having a checklist of things that are working and not working and how to go about addressing those challenges.
- Develop career ladders to promote leadership opportunities and career advancement.



Conclusion

Overall, CHWs are essential to all public health organizations and a valuable component to bridging the gap between LHDs and communities. Their roles are unique and the amount of work they are responsible for should be supported, acknowledged, and defined. CHWs may differ greatly in their background, skills, experiences, and education levels, however, what is essential for them to effectively perform their job duties in LHDs is for LHDs to have well defined diversity efforts and practices and value the lived experiences of CHWs. DEI efforts and practices, from job descriptions to the hiring processes, are significant in finding candidates who bring value to the organization and the community. Though there is no national standardized training or certification for CHWs, there is a need to identify the necessary skills required to be successful in this role. Emphasizing skills and lived experience over education can increase the organization's pool of candidates to fit the needs of the CHW role.

KEY TAKEAWAYS

- CHWs are vital to LHDs as they provide knowledge and groundwork that is the foundation for providing effective services to the community. With CHWs' skills and lived experiences, they are able to bridge the gap between the community and the LHDs.
- Retaining CHWs requires creating a work environment where they are integrated into the organizational teams, implementing DEI policies, and providing support and recognition for their work. This requires making the position permanent (i.e., using hard funding), providing leadership support and recognition, and organizational support such as inclusive policies.
- Lived experiences are more relevant to hiring CHWs than their education. Experience teaches soft skills such as trust, empathy, and relatability, which happens when working directly with the community at large.
- Hiring practices should be more inclusive from recruitment to hiring of candidates. Finding alternative candidate comparison measures such as having a panel of diverse interviewers, involving a CHW into the hiring process, and using appropriate interview questions will help determine the best candidate for the position.

NEXT STEPS

This environmental scan has provided an overview of existing literature on exemplary recruitment and retention processes within LHDs for CHW positions. This report outlines and describes the role and significance of CHWs in LHDs and discusses the advantages of filling community-based CHW positions with individuals from different racial and ethnic backgrounds or groups, including those who reflect the populations they serve. Based on findings from this report and consulting with subject matter experts, including leaders of CHW organizations and CHWs themselves, UMN created the *Capacity Building in Local Health Departments: Community Health Worker Toolkit*. This toolkit provides LHDs with practices to improve recruitment, hiring, and retention of CHWs.



Appendix A

CHW Environmental Scan Outline

Goal: To identify exemplary hiring processes (including recruitment and retention) through internet searches and academic searches within LHDs with CHW positions.

Methodology

Research questions:

1. How are local health departments recruiting and hiring CHWs?
2. How are local health departments retaining CHWs?

The below tables present search terms using the SPIDER framework covering the following:

S-ample

PI-Phenomenon of Interest

D-esign of the study

E-valuation

R-esearch Type

RECRUITMENT/HIRING PROCESSES SEARCH TERMS TABLE

	Search Terms
S	<p>“public health department”, or “local health department”, or “city health department”, or “county health department”, or “department of health”, or “department of health services”, or “board of health”, or “emergency services”, or “health and human services”, or “health commission” “health authority”</p>
P of I	<p>“public health workforce recruit*”, or “public health workforce”, or “public health department recruitment”, or “public health recruitment”, or “public health workforce hiring”, or “public health hiring”, or “public health workforce staffing”, or “public health staffing”, or “salary determination”, or “workplace diversity”, or “hiring practices”, or “certificat*”, or “credential*”, or “skills”, “experience*”, or “work experience*”, or “blind hiring”, or “fair hiring practice*”, or “gender nonconforming hiring”, or “hiring process*”,</p> <p>AND</p> <p>“promotor*”, or “lay health advisor”, or “lay health educator”, “outreach educator”, “community outreach worker”, or “community-based worker”, or “community based worker”, or “community health worker”, “health advisors”, “community health advisors”, “community health representatives” or “peer health promoters”, “peer health educators”</p> <p>AND</p> <p>“race”, or “racial”, or “ethnicity”, “race and ethnicity”, or “BIPOC”, “Black, Indigenous, People of Color”, or “POC”, or “People of color”, or “women of color”, or “BIPGM”, or “Black, Indigenous, and People of the Global Majority”, “historically underinvest” “historically disinvest”, or “disadvantaged”, or “racially disadvantaged”, or “marginalized”, or “nonwhite”, or “non-white”, “minority”, or “minorities”, or “workforce diversity” or “disability”, or “impairment”,</p>



D	“framework”, or “model”, or “outline”, or “program”, or “curriculum”, or “pilot”, or “intervention”
E	
R	

RETENTION PROCESSES SEARCH TERMS TABLE

	Search Terms
S	“public health workforce”, or “public health agen*”, or “public health department*”,
P of I	<p>public health workforce”, or “job satisfaction”, or “work* environment”, or “work* conditions”, or “work environments”, or “work stress”, or “training”, “high-quality relationships”, or “psychological safety”, or “job stress”, “career growth”, “career goal progress”, “professional ability development”, or “promotion speed”, or “remuneration growth”, or “retention”, or “authentic leadership”, or “healthy work environments”, or “organizational culture”, or “training”, or “workplace diversity”, or “inclusion”, or “compensation structures”, or “turnover”, or “performance review”, or “pay equity”, “work-life balance”, “work-health balance”, “work-family balance”, or “opportunities for advancement” or “retention”</p> <p>AND</p> <p>“promotor*”, or “lay health advisor”, or “lay health educator”, “outreach educator”, “community outreach worker”, or “community-based worker”, or “community based worker”, or “community health worker”, “health advisors”, “community health advisors”, “community health representatives” or “peer health promoters”, “peer health educators”</p> <p>AND</p> <p>“race”, or “racial”, or “ethnicity”, “race and ethnicity”, or “BIPOC”, “Black, Indigenous, People of Color”, or “POC”, or “People of color”, or “women of color”, or “BIPGM”, or “Black, Indigenous, and People of the Global Majority”, “historically underinvest” “historically disinvest”, or “disadvantaged”, or “racially disadvantaged”, or “marginalized”, or “nonwhite”, or “non-white”, “minority”, or “minorities”, or “workforce diversity” or “disability”, or “impairment”,</p>
D	“framework”, “model”, “outline”, “program”, “curriculum”, or “pilot” or “intervention”
E	
R	



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