



# Welcome!

## Community Health Worker Stakeholder Meeting

July 30, 2015

Hilton Garden Spectrum, Boise

Mary Sheridan, Bureau Chief  
Rural Health & Primary Care



IDAHO DEPARTMENT OF HEALTH & WELFARE  
DIVISION OF PUBLIC HEALTH



# IDHW CHW EFFORT

- State Healthcare Innovation Plan (SHIP)
  - Part of the “virtual” PCMH in the CMMI Model Test Award (February 1, 2015-January 31, 2019)
- Idaho Healthcare Coalition (IHC) guides implementation
  - Work supported by many IHC work groups and committees
- Funding for education and peer mentoring
- CDC funding for outreach complements SHIP effort
- Afternoon committees: training and outreach

# Community Health Worker Assessment

Idaho Community Health Worker Stakeholder Meeting  
7/30/2015



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# Assessment Methods

- \* Two separate surveys were administered (via email) in order to collect information about the use, function, and training/education of Community Health Workers (CHWs) in Idaho.
  - \* Phase 1 – Health-Based Organizations (HBOs)
  - \* Phase 2 – Community-Based Organizations (CBOs)
- \* The surveys were developed with input from Division of Public Health (Idaho Department of Health and Welfare) staff and Interaction Consulting International, Inc.
- \* Roughly one-third of the respondents to the Phase 2 survey self-identified as HBOs. These survey were removed from the Phase 2 dataset and manually entered into the Phase 1 database.
- \* Six (6) respondents to the Phase 1 survey self-identified as CBOs. These surveys were removed from the Phase 1 database and manually entered into the Phase 2 database.

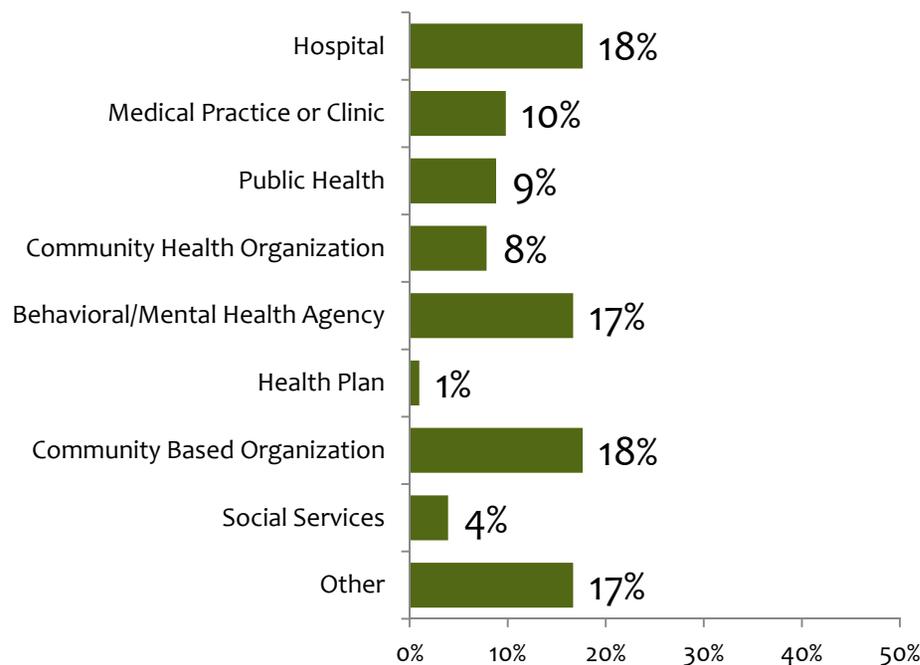
# Survey Respondents

- \* After being inspected, incomplete surveys were removed and/or manually entered into the correct database there were 71 complete HBO surveys and 34 complete CBO surveys.



# Responding Organizations

Which of the following BEST describes your organization? (n=102)

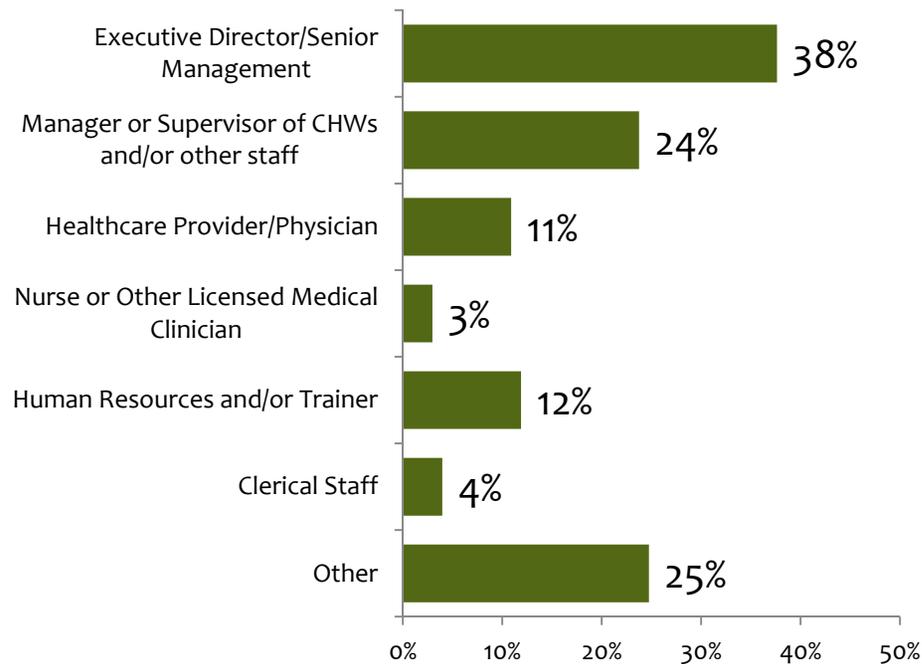


The respondents represented a wide range of organizations, with **community based organizations (18%), hospitals (18%), behavioral/mental health agencies (17%), medical practices/clinics (10%),** and others (17%).

The 'other' organizations included agencies focused on various issues such as **housing, education, social services, employment, hunger, etc.**

# Who Completed the Survey

Please indicate your primary role(s) in your organization. (check all that apply) (n=101)



The majority of respondents were **Executive Directors/Senior Management (38%), Managers or Supervisors of CHWs and/or other staff (24%), Healthcare Providers/Physicians (11%), and Human Resources and/or Trainers (12%).**

‘Other’ primary roles (25%) included **Program Directors, Advocates, and Counselors.**

# Current Utilization of CHWs

50%

of all responding organizations  
reported currently using CHWs  
(n=105)

54%

**Health Based Organizations (HBOs)** currently using CHWs (n=71)

44%

**Community Based Organizations (CBOs)** currently using CHWs (n=34)



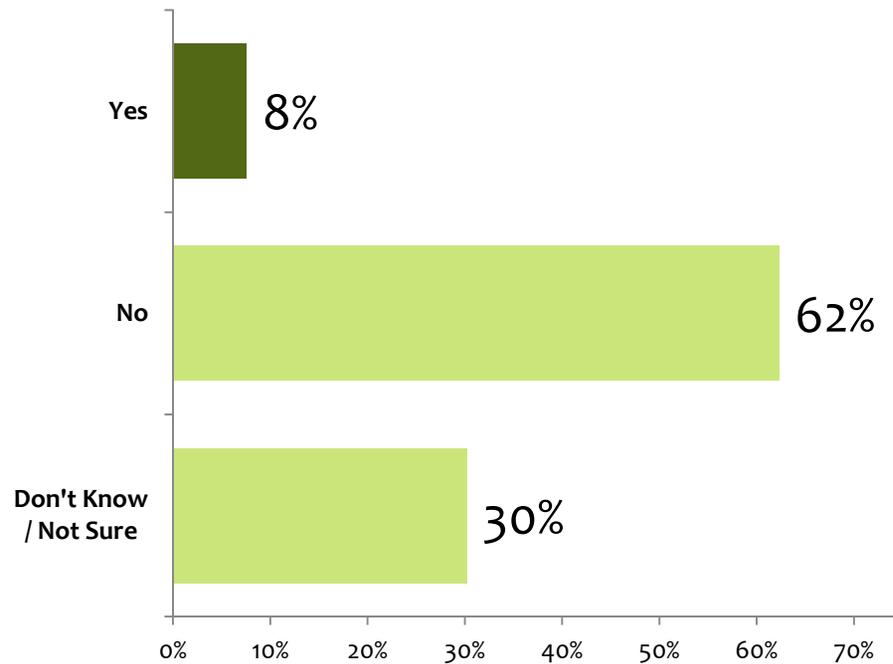
# Organizations and Agencies NOT currently Using CHWs



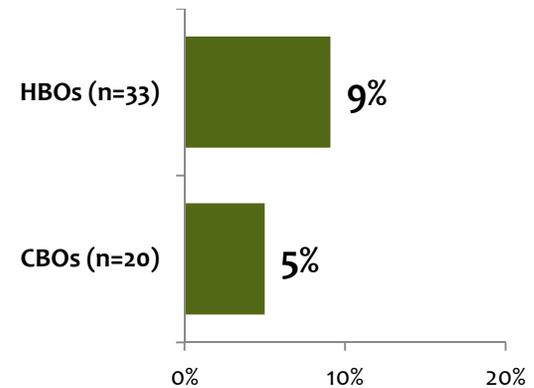
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# Previous CHW Utilization

Has your organization ever utilized CHWs?  
(n=53)



Previous CHW Use Among  
HBOs and CBOs



# Reasons Why Stopped Using CHWs

**Volunteer staff come and go**  
(HBO)

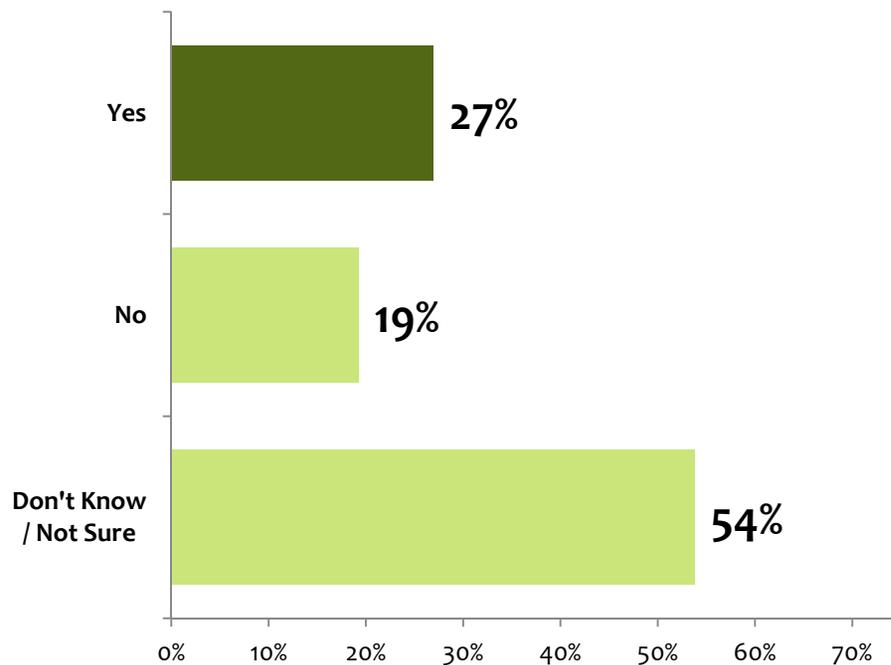
**We have worked with other organizations that have had CHWs. Those CHWs were funded by grants that eventually ended.** (CBO)

**Individual resigned and we have not replaced yet** (HBO)

**Funding** (HBO)

# Future CHW Utilization

Do you plan on using CHWs in the future?  
(n=52)



There were no differences between the CBO and HBO responses to this question.

# Future CHW Utilization Comments from HBOs

**Seeking funding to re-establish CHS position(s).** (HBO)

We will be in the process of demonstrating the model this year. (HBO)

**Our providers and nurses loosely function as CHW within our small community.** (HBO)

Our organization is working toward forming an ACO which would require a Care Coordinator to function in a similar capacity as a CHW. (HBO)

**Possibly nurse navigators.** (HBO)

# Future CHW Utilization Comments from CBOs

We contract with other organizations who use CHWs (CBO)

We would like to work with them again. (CBO)

**Are developing a CHW program and training. Waiting to hear on a couple grants that were applied for.** (CBO)

We are a 501c3 nonprofit in the start-up phase. Our members' needs will determine whether we use or refer them to CHWs. (CBO)

# Benefits of CHW Use

Among HBO Respondents who plan to use CHWs in the Future

## Perceived Benefits

- \* Better health outcomes for patients/clients (9/9)
- \* Connecting communities with health and social services (6/9)

## ... not so much

- \* Cost savings
- \* Implementation of PCMH
- \* Assuring people get services needed
- \* Providing health education
- \* Providing informal counseling
- \* Advocating needs
- \* Providing direct services
- \* Building capacity



# Benefits of CHW Use

Among CBO Respondents who plan to use CHWs in the Future

## Perceived Benefits

- \* Better health outcomes for patients/clients (5/5)
- \* Assuring people get the services they need (5/5)
- \* Connecting communities with health and social services (3/5)
- \* Better health navigation for patients (3/5)

## ... not so much

- \* Cost savings
- \* Implementation of PCMH
- \* Providing health education
- \* Providing informal counseling
- \* Advocating needs
- \* Providing direct services
- \* Building capacity



# Barriers to CHW Use Among HBOs

## Perceived Barriers

(n=33)

- \* **Lack of funding to pay for CHW services (63%)**
- \* Unaware of CHWs (36%)
- \* Unclear about CHW training standards and abilities/capacity (36%)
- \* Unclear how we would benefit from using CHWs (30%)

# Barriers to CHW Use Among HBOs

## Perceived Barriers (n=33)

### ... lesser barriers

- \* Lack of staff available to coordinate/monitor CHWs (24%)
- \* Shortage of qualified CHWs in the area (24%)
- \* Liability concerns (18%)
- \* CHW do not seem like a good fit with services we provide (12%)
- \* CHW turnover (9%)



# Barriers to CHW Use Among CBOs

## Perceived Barriers

(n=18)

- \* **Lack of funding to pay for CHW services (44%)**
- \* Unclear about CHW training standards and abilities/capacity (28%)
- \* Unclear how we would benefit from using CHWs (30%)
- \* Unaware of CHWs (22%)

# Barriers to CHW Use Among CBOs

## Perceived Barriers

(n=18)

... lesser barriers

- \* CHW do not seem like a good fit with services we provide (11%)
- \* Shortage of qualified CHWs in the area (6%)

CHW turnover, liability concerns, and concern about CHW training standards and abilities/capacity were NOT barriers selected by CBO respondents.

# Organizations and Agencies currently Using CHWs



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# Current Utilization of CHWs

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54%

**Health Based Organizations (HBOs)** currently using CHWs (n=71)

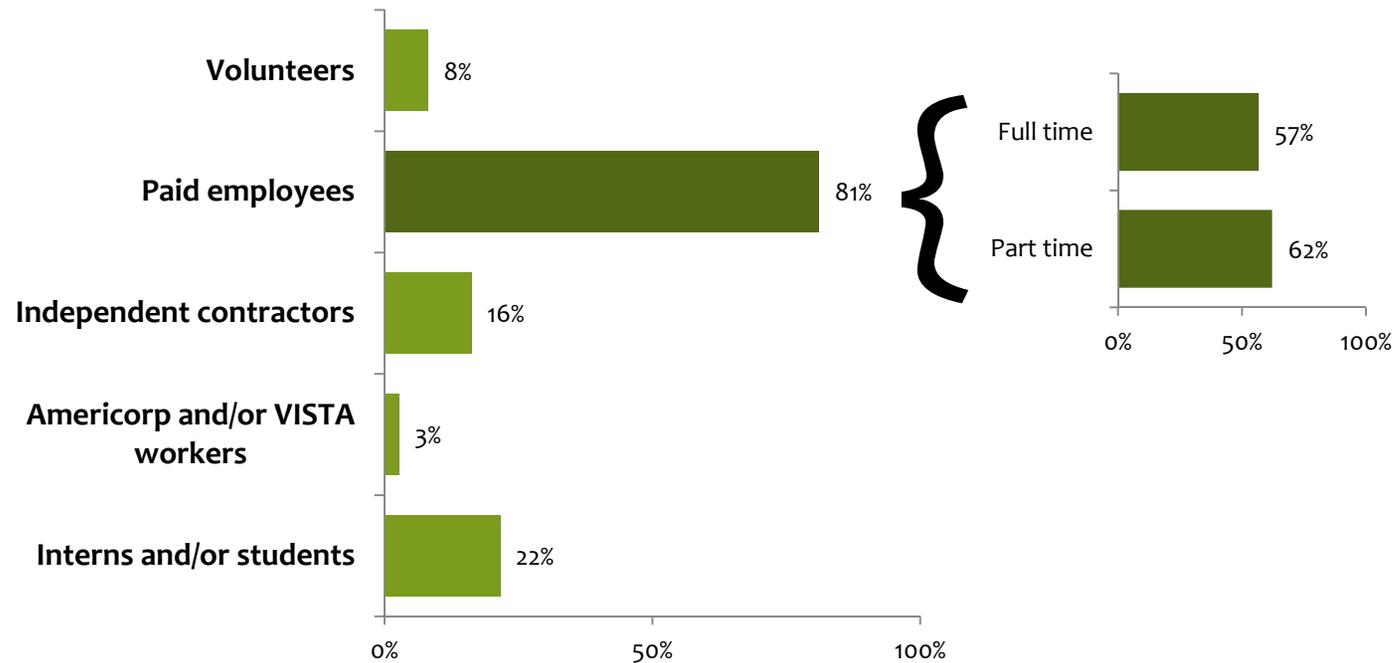
44%

**Community Based Organizations (CBOs)** currently using CHWs (n=34)



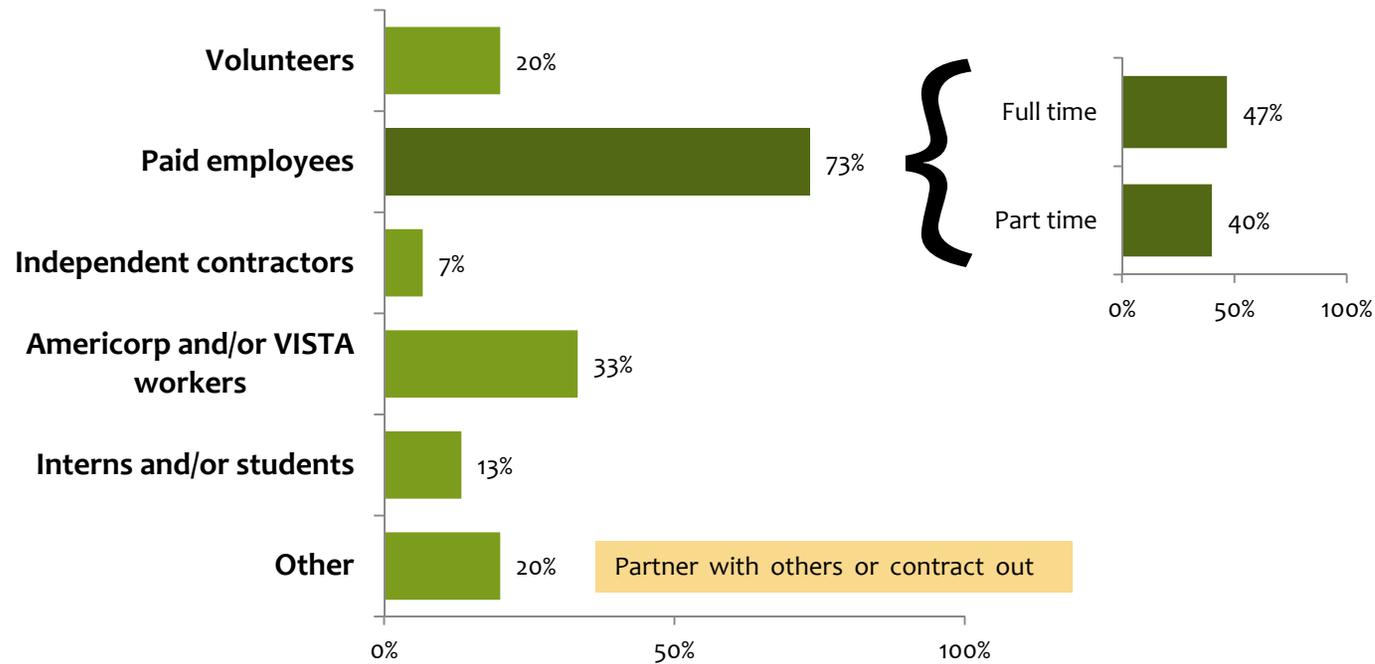
# The CHWs working with my organization are ... (HBOs)

The CHWs working with my organization are ...  
(n=37)



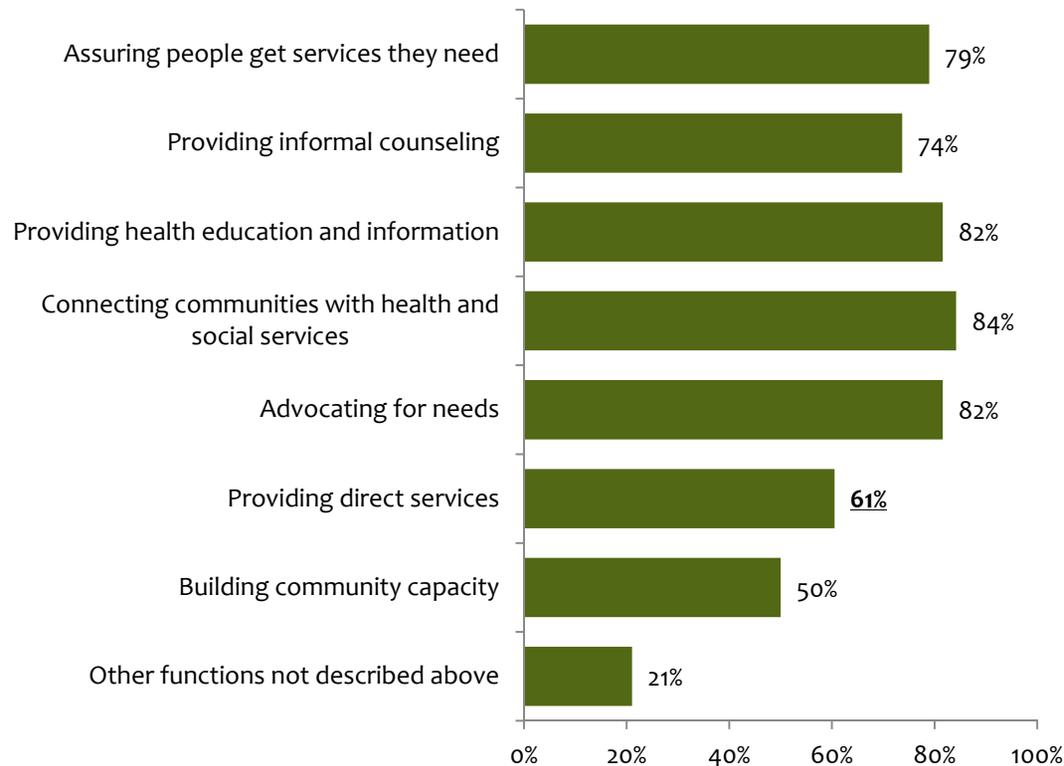
# The CHWs working with my organization are ... (CBOs)

The CHWs working with my organization are ...  
(n=15)



# Functions and/or Roles of CHWs

## HBOs (n=38)



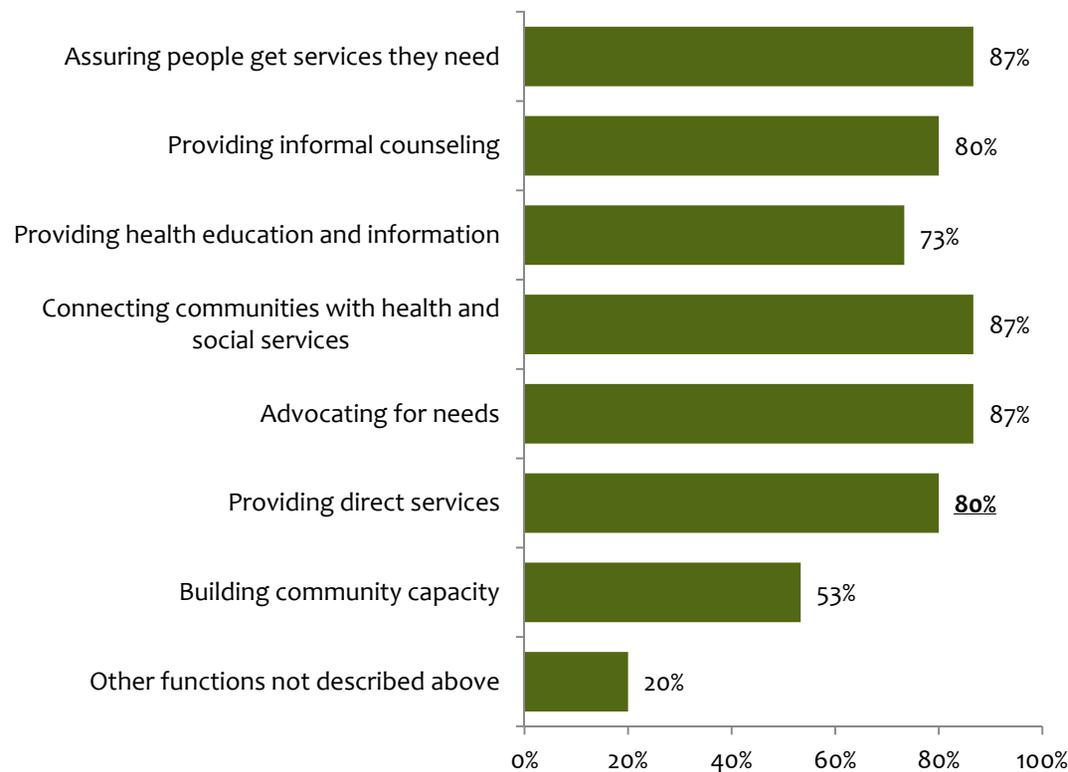
The only function that differed more than 10% between HBOs and CBOs was 'Providing direct services'

Other functions include:

- Peer Service
- Interpretive support
- Legal advocate
- Recovery coach
- Cultural broker
- Diabetic care coordinator

# Functions and/or Roles of CHWs

## CBOs (n=15)



The only function that differed more than 10% between HBOs and CBOs was 'Providing direct services'

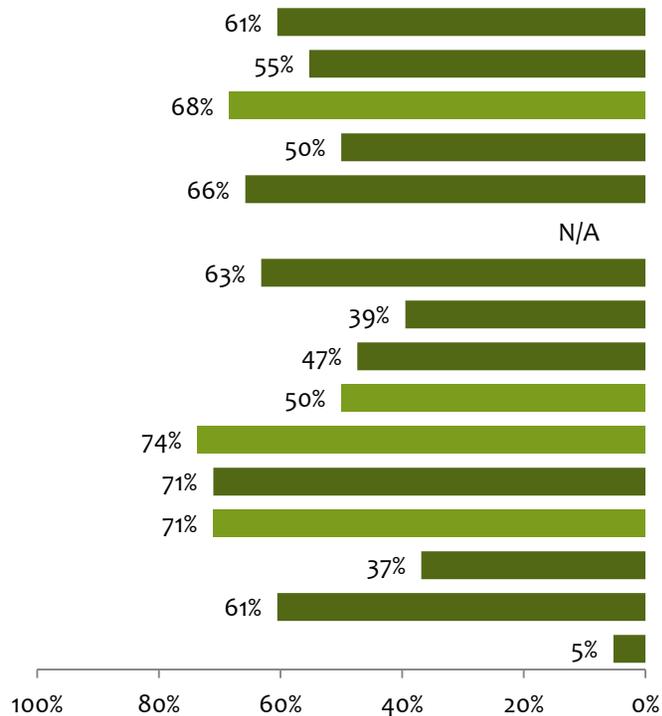
Other functions include:

- Health insurance education and enrollment
- Support groups for widowed, caregivers, and grandparents as parents

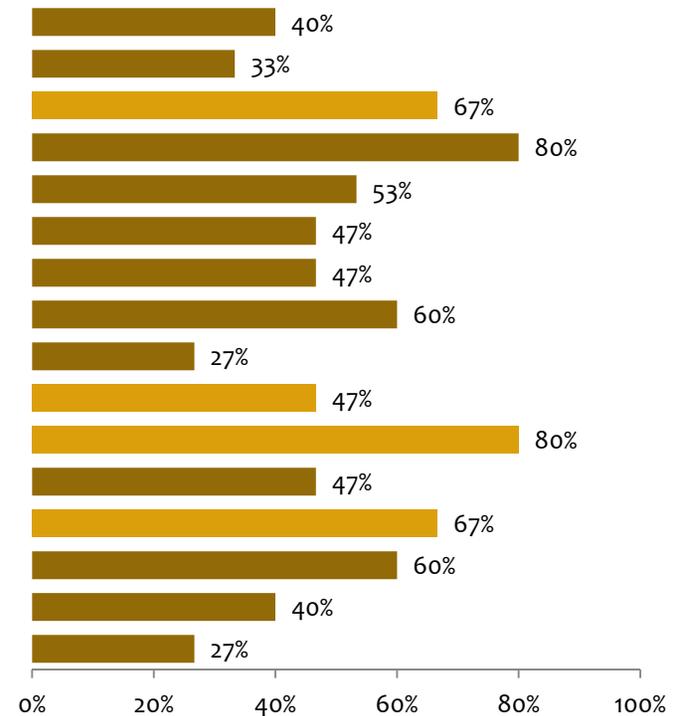
# Populations Served by CHWs

HBOs (n=38)

CBOs (n=15)



- Individuals w/ specific disease
- Adolescents
- Homeless persons
- Income eligible persons
- Individuals w/ disabilities
- Inds. w/ mental health conditions
- Inds. w/ substance abuse disorders
- Infants/children
- Migrant workers
- Military veterans
- Older adults/Senior citizens
- Pregnant women / new mothers
- Racial and/or ethnic minorities
- Refugees
- Rural populations
- Other groups

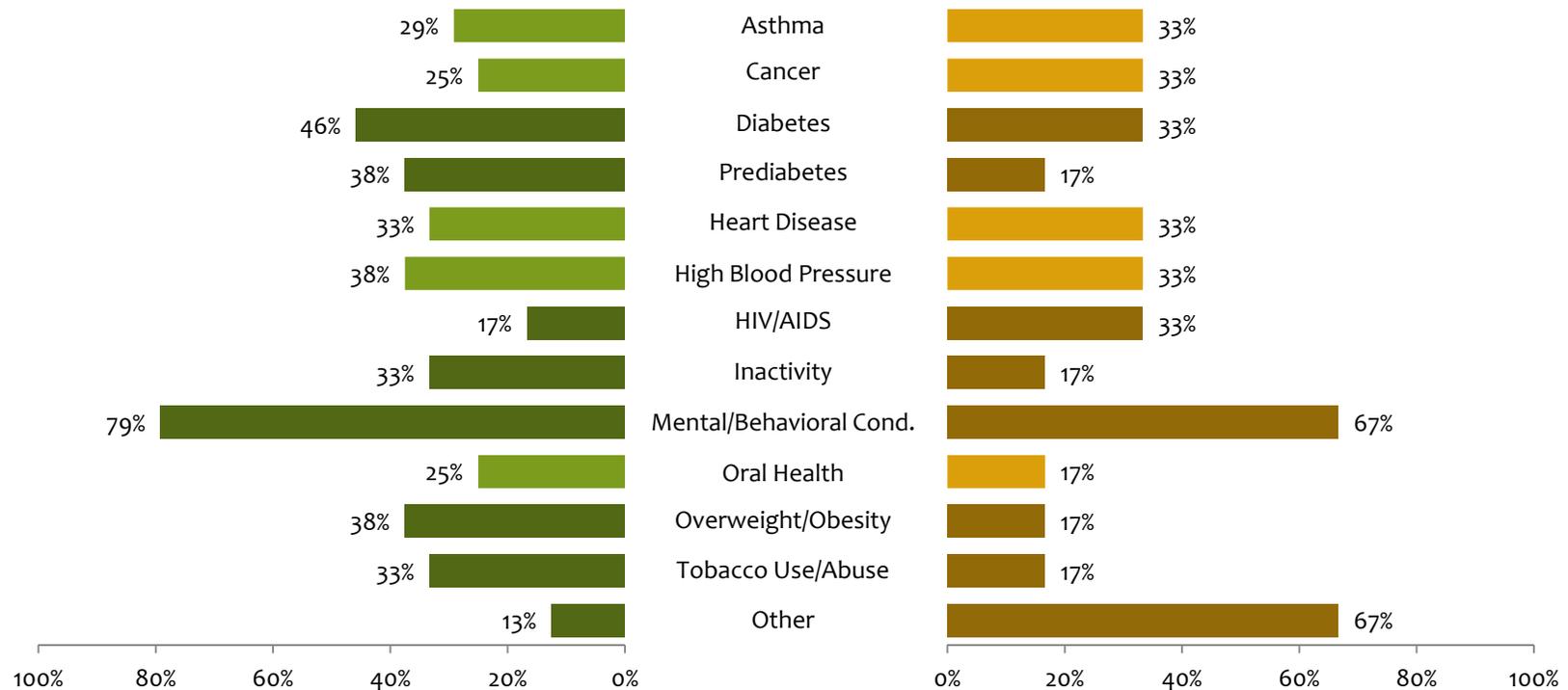


# Diseases and Disease Risk Factors

Among those who serve populations with specific diseases or risk factors

HBOs (n=24)

CBOs (n=6)

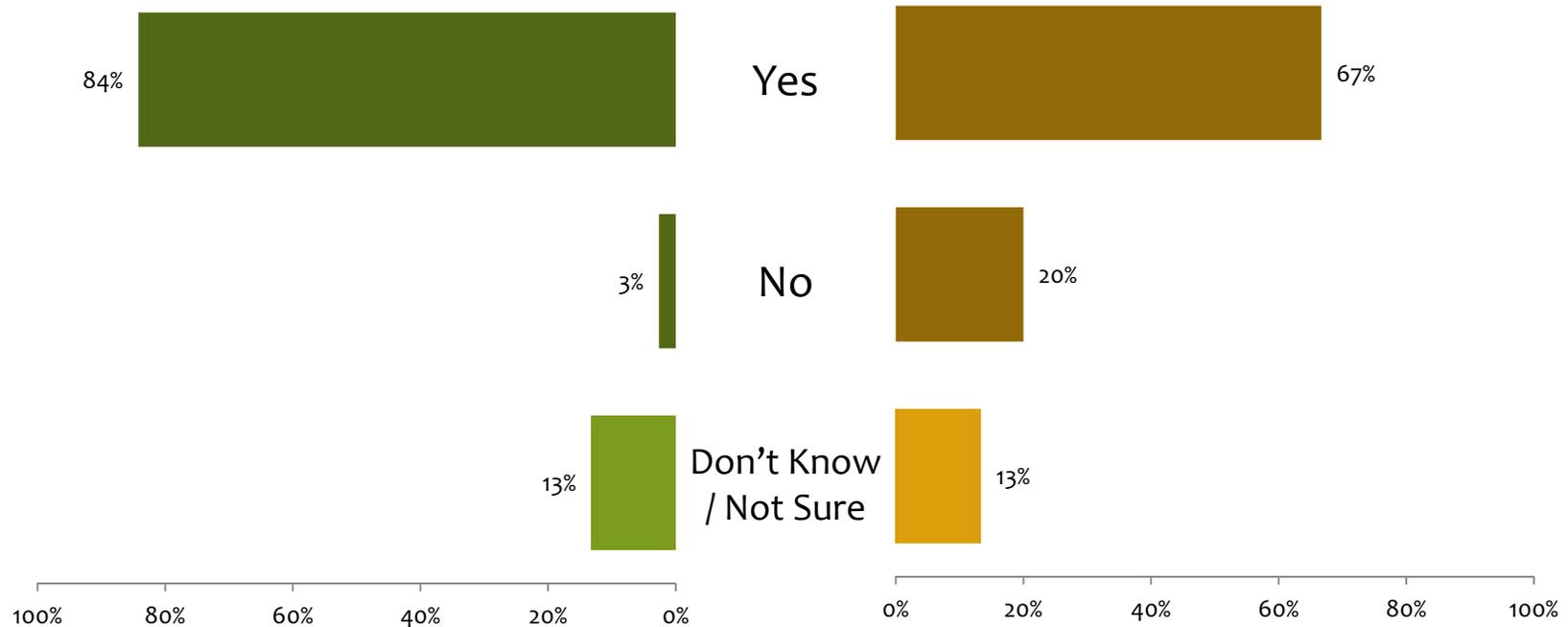


# Patient Coordination Process

Is there a process for CHWs to report client information back to your organization?

HBOs (n=38)

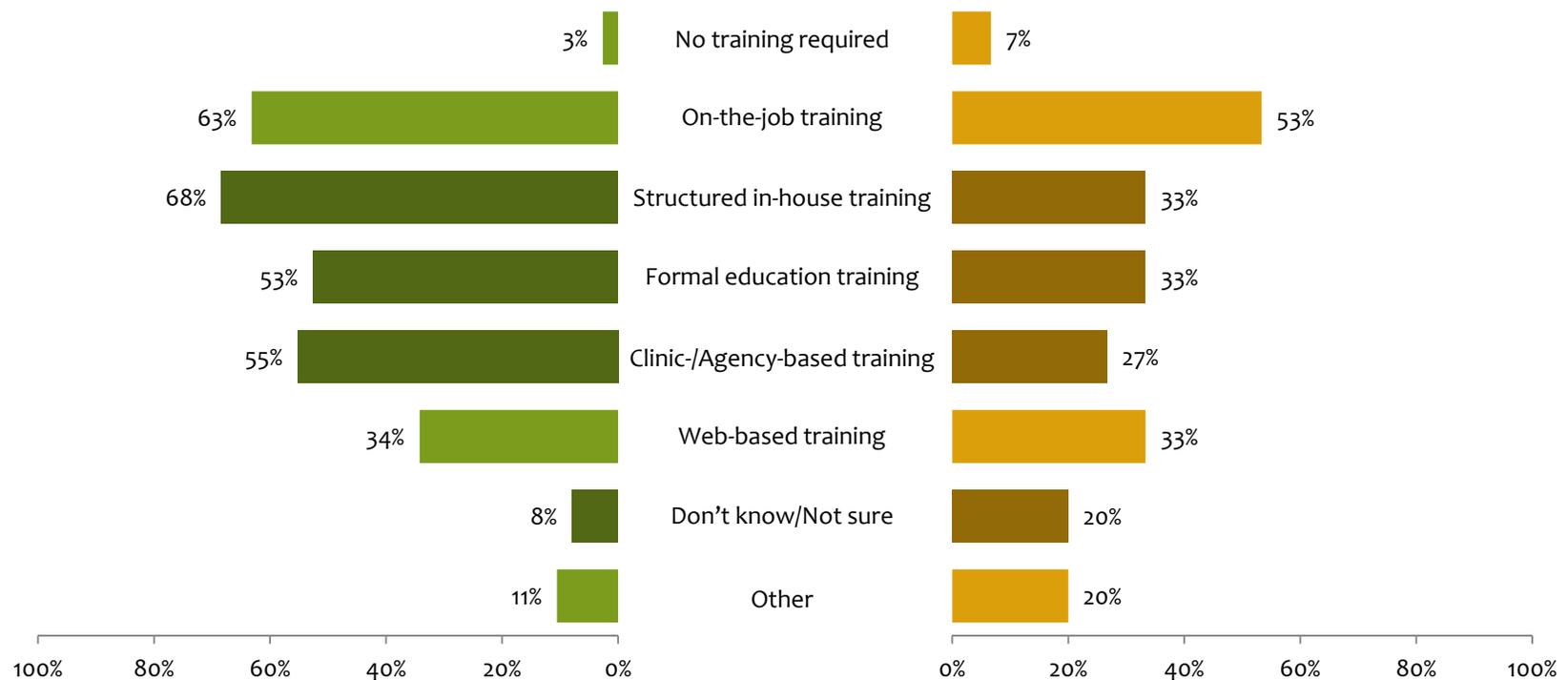
CBOs (n=15)



# CHW Training Requirements

HBOs (n=38)

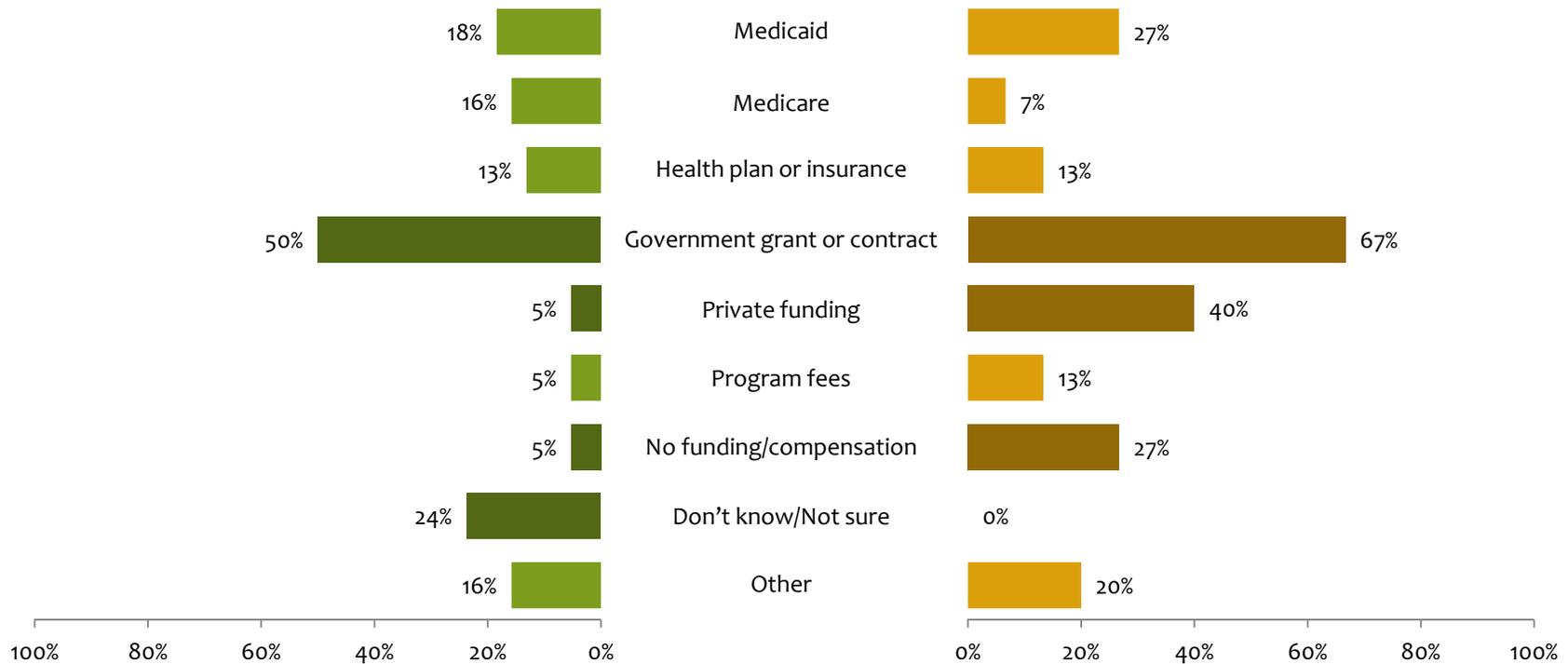
CBOs (n=15)



# CHW Funding Sources

HBOs (n=38)

CBOs (n=15)



# Open-ended Questions

- \* **What are the greatest benefits CHWs offer to your organization and the clients they serve? (44)**
  - \* 1) linking patients/clients to community resources, 2) reducing patient/client barriers, 3) increased patient engagement, and 4) coordination of care.
- \* **What are your organization's biggest challenges or barriers to utilizing CHWs? (39)**
  - \* 1) funding, 2) finding the right CHW, and 3) gaps in services
- \* **What change(s) would have the greatest positive impact for Idaho CHWs and/or the organizations using them? (37)**
  - \* 1) funding, 2) licensing/certification, and 3) standardized training
- \* **Is there anything else you would like to share about CHWs? (17) CHWs are seen as effective among those agencies using them,**





# IDAHO DEPARTMENT OF HEALTH & WELFARE

## IDAHO COMMUNITY HEALTH WORKER (CHW) INPUT GATHERING MEETING

Friday, June 19, 2015

### Meeting Notes

#### Welcome and Overview

Mary Sheridan, Chief of the Bureau of Rural Health and Primary Care for the Department of Health and Welfare, welcomed the group and provided an overview of the current statewide CHW efforts to strengthen supports and training for CHWs. She explained the role of CHWs in the state's current healthcare innovation and transformation efforts. CHWs are, and will continue to be, essential to effectively serving our communities due to their proven success at improving patient/client outcomes.

#### Introductions and Agenda Review

Monica Revoczi, CHW Project Facilitator, reviewed the agenda for the day and the meeting ground rules. Participants introduced themselves, including their organizations and various CHW job titles. The group was then asked to describe their primary job functions. It was very clear that meeting participants reflected the diversity of CHW titles and duties. Below are the job titles and associated functions represented by participants. Where more than one participant had the same job title, job duties are combined.

#### Promotoras de Salud

- Serve migrant workers
- Mexican Consulate volunteer
- Patient education
- Home visits
- Find resources (and specifically for undocumented workers)
- Counseling
- Cooking classes
- Finding healthcare options for uninsured
- Sports events for kids

#### Health Window Coordinator

- Assist with community program enrollment
- Cultural broker
- Facilitate access to health services
- Coordinate screening and education opportunities
- Engagement in community activities: prevention outreach, health fairs, etc.

### Referral Coordinator

- Connect patients to community resources: medical, transportation, etc.
- Take physician referrals

### Community Health Worker

- Education – general and at parent nights
- Distribute screening kits
- Referral coordination
- Outreach at health fairs, community events, food distribution centers
- Facilitate support groups
- Perform basic screenings
- Home visits
- Knowledge of community events (e.g., screening)
- Presentations at the Mexican Consulate
- Follow up and track every contact (i.e., data collection), including health outcomes

### Care Coordinator

- Work with providers
- Empower clients to create recovery plans and support self self-reliance
- Provide mental health first aid (e.g., increasing awareness, decreasing stigma)

### Community Outreach Specialist (Follow Promotores Model)

- Enrollment (ACA, Medicaid)
- Education
- Capacity building and networking with resources (e.g., school district, clinics)
- Connect clients with community resources
- Outreach through community events
- Partner with the Chamber of Commerce
- Deliver workshops and other sessions
- Planning, organizing
- Recruitment of volunteers
- Client data and outcomes tracking
- Liaison between DHW and patient/client

### Peer Specialist

- Counseling
- Advocacy
- Homeless assistance: shelter, housing, food, SSI/SSDI
- WRAP plans
- Facilitate support/intervention groups
- Assist with advance directives

### Community Health Advisor

- Home visits to determine medical needs (e.g., medication, transportation, appointments, etc.)
- Medication management assistance and mentoring
- Cultural navigation in healthcare
- Interpreting (e.g., for refugees)

### Community Volunteer Advocate

- Voice for children and adults
- Crisis point of contact
- Seek resources for clients
- Accompany patients to appointments
- Community organizing and resource coordination

### Resource and Services Navigator

- Discharge planning to identify all resources/services needed after hospital discharge: housing, home health, substance abuse treatment, medication, etc.
- Ensure all services are in place to support success in community “reentry”
- Problem-solve resources for non-citizens

### **The Best and Most Challenging Parts of Your Job**

Participants were asked to individually brainstorm, and then share with the group, both the best and most challenging aspects of their jobs. For each question, items were organized by theme. (Many items naturally overlap across themes.) Asterisked responses indicate each person’s top three most significant aspects. Duplicate responses were retained to show their frequency and relative priority.

Best Aspects

Education	Peace of Mind / Patient Outcomes	Networking / Resources	Personal Rewards / Making a Difference	Flexibility
*Counseling	*Self Reliance	*Getting to know other resources or organizations in the community	*Improve quality of life for clients	*Flexible
Education	*Taking stress from the client	*Connecting	*The satisfaction of helping someone in need	Flexible schedule
Education	Positive outcomes	*Connecting	*How happy you can make someone	
Encourage community communication	Watching someone have successful outcomes	*Connecting	*Talk to people	
Learning about resources that are available in the communities	Seeing positive results in the data	*Connecting	*Be able to help people.	
When you see the "light bulb" go off while doing education - you know it means something to them	That people receive medical attention when they're in need	*Increase access to services (encourage hope)	*People	
The ah-ha moment after an education session/support group	Helping meet needs	*Working with community members to help others	*When they seek you out to tell you the good news (because of a referral you made or information you gave them)	
Groups	Support success in recovery	Connection	*Helping patients be successful and have services in place	
Youth mentor	Finding affordable medication	When you connect with a client	* Helping improve the healthcare system	
	I can help them to communicate with medical providers, etc.	Learning about new programs and services	Seeing growth	
	Helping someone achieve financial self-sufficiency by being approved for SSI/SSDI	Networking	Show compassion	
	Helping someone to go home from in-patient hospitalization	Advocating	Working with many kinds of people	
	Positive attitude	Activities	Our patients	
	Feeling complete	Assisting with health savings plan (i.e., extra help program)	Positive outcomes	
	Stable housing	Our community	Helping my native community	
	Reconnecting an individual with family & friends	Support	Helping	
		New opportunities	Help other people	
			Making a difference	
			Making a difference	
			Working through a difficult situation to have great outcomes	

Most Challenging Aspects

Inadequate Resources	Training	Capturing Outcomes	Time / Workload	Client Barriers	Staying Connected	Systems	CHW Support
*Transportation *Lack of housing for MH population needing 24-hr supervised care *Finding housing for special-needs clients *Homeless *Lack of insurance available for patients *Unfamiliar with many resources *Lack of resources *Unavailable resources *Not able to help *No income Limited resources Finding all the resources needed Equipment and supplies The "gap" for some of our clients Low income Limited financial aid Funding Unable to access the care the client needs Lack of resources for rural areas	*Not enough training (limited training available) *No training/ education *There is no certification for the many "hats" we wear Community members not understanding disabilities and needs Providers and hospital workers do not know enough about the cultures of refugees - need more training on it	Tracking data is sometimes difficult Quantifying value in services	*Not enough time *Not enough time *Understanding from employers/ co-workers Not having enough time to help each person	*Not seeing growth *Clients with entitlement issues Unable to get people to participate! Distance Clients not able to speak/read English Not able to meet their cultural aspects Refugees need a cultural broker who is able to do more than a hospital interpreter	*Losing contact with clients (move, phone numbers change) Losing communication Helping clients understand the importance of maintaining contact with CHW Providers	*Hospital policies are set in favor of the American community, not the refugees - many rules are stopping us from helping them *Fragmented healthcare system *Lack of funding to continue providing the services *Services not available to clients because of insurance restrictions *Finding providers that will accept new patients (Medicare, Medicaid) Working with VA (difficult task, too many hoops)	*There is no coalition or network of CHWS in ID *Support *Education

## **Feedback on Specific Aspects of CHW Work**

### Training Received

- None (three responses)
- New position – self-taught, leveraged community groups, Google research
- Out-of-state training: Vision y Compromiso
- Vision y Compromiso conference
- One week through Mountain States Group plus on-the-job training (OJT)
- Six month promotores training plus six weeks of social service provided a certificate
- Behavioral health services training in California
- Leveraging other CHWs
- CDC Road to Health Toolkit
- Patient navigation training, including motivational interviewing
- Diabetes Self-Management Education/Training through the AADE
- YMCA Diabetes Prevention Program training
- Adaption of Idaho Partnership on Hispanic Health
- Cancer-specific (limited) training
- Cultural: cultural sensitivity and health beliefs
- Basic medical: medicines and procedures
- Professional interpretation
- Affordable Care Act – certified as enrollment counselor through Your Health Idaho, including Medicaid guidelines
- OJT: medical-specific, health beliefs
- Trial and error
- CNA
- CPR
- SOAR and Leadership Academy
- Resource and gap analysis and OJT
- Transitioning back into the community
- Any other applicable hospital training
- Online webinars
- Therapeutic rapport
- Stages of change

### Adequacy/Effectiveness of Training

- Skimmed the surface – did not feel fully prepared
- Awesome – included self-care

### Gaps:

- Data collection and linking it back to Electronic Medical Records (EMRs) AND informing CHW training needs based on patient needs (e.g., colonoscopy)
- (If applicable) Interacting with medical professionals
- Communication styles: clients, physicians, other resource providers, etiquette (e.g., written communication)
- Operating equipment: Wi-Fi hotspots, cell phones, iPads
- More motivational interviewing training – allows CHW to much better assess client needs
- Safety during home visits

- Appropriate work attire
- Building trust and rapport – living and being part of the community
- Nontraditional outreach
- Dos and Don'ts: boundaries, self-care, etc.
- Model training process after OSHA campaign approach

#### Other Support/Resources that Could Improve CHW Work

- Certification (workshops) – such as those currently available through Chicago and Oregon (\*Vision y Compromiso is willing to bring training to Idaho)
- Standards for certain titles and related standardized pay
- Public policy
- An Idaho CHW Network/Association (steering committee to convene): share ideas, ask questions, share contact information, share resources (and quality)
- Website and social media (interactive!)
- Hispanic Chamber could help post events
- Relationships with, and knowing point of contact of, resources
- Media partnerships
- Handouts in various languages and appropriate to various education/reading levels
- Physician awareness
- Physicians need training on CHW functions/benefits and cultural sensitivity
- Fundraisers with company matches

#### Other Challenges or Barriers:

- Distance to services
- Need documents appropriate to clients' literacy needs: see CLAS standards, apply adult learning theory and learning styles
- Need both a bilingual and bicultural approach
- Patient fear of getting better/change – support groups can help
- Heavy media cultural stereotypes (e.g., related to taking handouts, alcohol, drugs)
- Patients not knowing what, if any, benefits they have – CHWs need access to this information
- Idaho has many resources (although this varies by region) and many wonderful people who are willing to help, but they are poorly coordinated – need coalition/organization
- Resource access/eligibility often (very) restricted
- Need funding
- Need policies

#### **Advice for Future CHWs**

Participants had the following words of wisdom to offer to future CHWs or those considering becoming a CHW:

- Network – it will help you learn resources
- Get involved and get known in your community: through community events, health fairs, etc.
- It is essential to build relationships and trust, both with clients and community partners

- Be a great listener, and don't try to solve problems too quickly
- Seek a community champion who will spread the word on your behalf (e.g., Wilder, Idaho)
- Have patience
- Be engaged in social change
- Be passionate, have empathy
- Be committed to the cause – really care, do it from the heart
- Make time for yourself
- You can't help someone who doesn't want to be helped
- Learn your boundaries
- Don't expect numbers/results right away
- It's not a 9 – 5 job and is always challenging
- You will play many roles – need flexibility
- Practice care, compassion, and respect for everyone – a clients, others

### **Advice for Agencies Employing CHWs**

Participants recommended the following to agencies employing/utilizing CHWs or considering doing so:

- Provide adequate training and tools/equipment
- Have interdisciplinary teams meet to discuss cases
- Trust your CHWs
- Provide regular opportunities for learning and sharing best practices
- Be flexible – letting CHWs network and “advertise” your organization will bring much long-term value
- It's not a 9 – 5 job and is always challenging
- You must provide a livable wage
- You must secure sustainable funding (impact both CHWs and clients!)
- Get training/understanding of the CHW model
- Results take time – be clear on, and expand perception of, what positive outcomes are progress are (e.g., patient comes back a second time)
- It takes a while to understand what patients really need - they may not even know yet
- Don't compare CHW work to other types of traditional jobs
- Living in the community is key to effectiveness – that's how you know the community and its needs
- It's important to have experience with, and knowledge of, the “cause”
- A lot of travel is required – work it into the budget

## Wrap Up

### One Most Important Item for Improving CHW Work in Idaho:

- Create a network of CHWs – ensure easy access, and make sure it includes a calendar and is interactive
- Build momentum with SHIP – carry/pass the torch for sustainability
- Develop communities by district – tap into regional collaboratives
- Company support (and open-mindedness) is essential
- Collaborations – between agencies, (successful) regions

### Meeting Evaluation

<i>Worked Well . . . .</i>	<i>Improve for Next Time . . . .</i>
<ul style="list-style-type: none"><li>➔ To see how all CHW jobs have similar themes/challenges</li><li>➔ Everyone was involved in the discussion</li><li>➔ Networking opportunities</li><li>➔ Size of the group</li><li>➔ Excited to hear what others are doing and to make connections!</li></ul>	<ul style="list-style-type: none"><li>➔ Refreshments: chocolate, coffee</li><li>➔ Provide an evaluation form</li></ul>

*The*  
Community  
Health Worker  
Initiative  
*of Boston*

## **Core Competencies for Community Health Workers**

### **INTRODUCTION**

In order for community health workers (CHWs) to do their jobs effectively and to grow personally and professionally through their work, they should possess certain core skills. The following are the core skills and applied knowledge (or *competencies*) necessary for CHWs to work well in a variety of settings. They have been determined by the Community Health Worker Initiative of Boston, building upon the HRSA National Community Health Worker study and the ongoing work of the Boston Public Health Commission and the Massachusetts Department of Public Health. These competencies are NOT discrete, nor ranked in order of importance, but rather are the set of overlapping and mutually reinforcing skills and knowledge essential for effective community health work and advancement in the field. Examples of documentation are offered as suggestions and it is assumed that specific pieces of evidence will relate to more than one competency.

Through the Community Health Worker Initiative of Boston, CHWs will demonstrate these competencies as part of the process of creating an Accepted CHW Initiative Prior Learning Portfolio. The portfolio will document participation in recognized CHW trainings, as well as evidence of how the core skills are exhibited in work settings. All such documentation, including writing samples, will be presented by the CHW and made available for pre-negotiated acceptance as college credits, additional individualized prior learning college credits and/or for use in job applications and career advancement.

The CHW Initiative's first stated goal is that submission of a Prior Learning Portfolio documenting completion of the Community Health Education Center's (CHEC) Advanced Comprehensive Outreach Education Certificate (109 hours of training) will be accepted as worthy of at least 6 credits from Bunker Hill and Mass Bay Community Colleges and at the College of Public and Community Service, the University of Massachusetts Boston. It is further hoped that prior learning from additional trainings and workplace experience documented in the Portfolio may be reviewed by institutions of higher education anywhere as evidence for possible additional credits or course waivers. Finally, the CHW Initiative encourages employers and organized groups of CHWs to find additional ways to use portfolios.

During the initial three years of the CHW Initiative, it is expected that both competency requirements and types of acceptable documentation will be evaluated, clarified and changed in an interactive process involving CHWs, CHEC trainers, representatives of the three participating colleges, employers and MACHW. All will be actively involved in the evolution of the competency statements and portfolio preparation practices.

*NOTE: One critical stipulation for this process is that these competencies and the portfolio documenting them are viewed NOT as criterion for hiring new CHWs, but as goals for individual CHW workers to demonstrate.* Recognition that CHWs are community-grounded workers whose

first and essential qualifications are familiarity and deep connections with the communities they serve MUST be maintained. The CHW Initiative, as a collaboration of workers, employers, educators and concerned professionals, starts with this assumption and with the deep hope that the recognition and documentation of these core competencies will enhance the self knowledge and self respect of CHWs as much as it will also “earn” them academic credits or facilitate their career advancement.

The competency based approach adopted here has deep roots in adult learning theory and practice. It allows CHWs, trainers and CHW Initiative staff to engage actively with each so that CHWs may fully demonstrate predetermined learning outcomes. The focus is moved away from “teaching content” to an evaluation based on acceptance of evidence from a wide range of sources: starting with training programs and workshops, as well as evidence from other professional or community experience.

The success of any competency based model depends upon motivated adult learners who bring their work and personal experiences together to create individualized learning plans. Creating these plans, following and changing them all require a great deal of academic, career and personal advising. The whole portfolio process depends upon helping CHWs achieve mutually determined goals through engaging in organized trainings and the presentation of other evidence of relevant learning from professional work experience.

## **Core Competencies for Community Health Workers**

### **SUMMARY STATEMENTS**

#### **1) Outreach Methods and Strategies**

CHWs must be involved in on-going outreach efforts by first and foremost “meeting people where they are.” Outreach is the provision of health-related information and services to a population that traditionally has not been served and/or been underserved. CHWs must use outreach strategies and methods to bring services to where a population (or group) resides and works, and at community sites such as street corners, grocery stores, community parks. They support community people in finding and using resources and assist in creating and supporting connections among community members and caregivers.

#### **2) Client and Community Assessment**

CHWs must make on-going efforts to identify community and individual needs, concerns and assets. They must draw upon standard knowledge of basic health and social indicators to define needs clearly. They must effectively engage clients and/or their families in on-going assessment efforts. As part of the outreach planning process, community assessment informs the development of an outreach plan and strategy for a target population or community.

#### **3) Effective Communication**

CHWs must communicate effectively with clients about individual needs, concerns and assets. They must convey knowledge of basic health and social indicators clearly and in culturally appropriate ways. They must also communicate with other community health workers and professionals in ways that use appropriate terms and concepts in accessible ways.

#### **4) Culturally Based Communication and Care**

CHWs must be able to use relevant languages, respectful attitudes and demonstrate deep cultural knowledge in all aspects of their work with individuals, their families, community members and colleagues. They must convey standard knowledge of basic health and social concerns in ways that are familiar to clients and their families. Especially when challenging what might be “traditional” patterns of behavior, CHWs must be able to discuss the reasons and options for change in culturally sensitive ways. Effective cross cultural communication is an ever deepening central aspect of CHW practice in all areas.

#### **5) Health Education for Behavior Change**

CHWs must make on-going efforts to assist individuals and their families in making desired behavioral changes. They must use standard knowledge of the effects of positive and negative behaviors in order to assist clients in adopting behaviors that are mutually acceptable and understood by families and community contacts. They must effectively engage clients and/or their families in following intervention protocols and in identifying barriers to change.

## **6) Support, Advocate and Coordinate Care for Clients**

In addition to helping individuals, CHWs must advocate for and coordinate care for their clients. They must be familiar with and maintain contact with agencies and professionals in the community in order to secure needed care for their clients. They must effectively engage others in building a network of community and profession support for their clients. They should participate in community and agency planning and evaluation efforts that are aimed at improving care and bringing needed services into the community.

## **7) Apply Public Health Concepts and Approaches**

CHWs must see their work as one part of the broader context of public health practice. An understanding the bigger picture of the basic principles of public health allows CHWs to assist individuals, families communities in understanding the basic role of prevention, education, advocacy and community participation in their care. Knowing the critical importance of effective community care allows community health workers to find pride and power in their roles and in advocating for their own needs, as well as those of others.

## **8) Community Capacity Building**

CHWs play a critical role in increasing the abilities of their communities to care for themselves. They must work together with other community members, workers and professionals to develop collective plans to increase resources in their community and to expand broader public awareness of community needs.

## **9) Writing and Technical Communication Skills**

CHWs are required to write and prepare clear reports on their clients, their own activities and their assessments of individual and community needs. Over time they are also expected to make statements and give presentations regarding the needs and concerns of their clients to other workers and agency professionals. Doing so depends upon the ability to read and write in English and to use technology effectively. Writing and technical communication skills are expected to increase with experience, so that on-going progress is an expected aspect of competence.

## **10) Special Topics in Community Health**

In addition to the general competencies above, an effective CHW will also be able to demonstrate knowledge regarding a variety of special topics and appropriate models of practice applicable to such topics. There are many possible competencies possible under this category. Training regarding several of them may be available from a variety of providers, in addition to CHEC.

## Core Competencies for Community Health Workers FULL CORE COMPETENCY STATEMENTS

### 1) Outreach Methods and Strategies

CHWs must be involved in on-going outreach efforts to identify community and individual needs, concerns and assets by first and foremost “meeting people where they are.” Outreach is the provision of health-related information and services to a population that traditionally has not been served and/or underserved. CHWs must use Outreach Strategies and Methods to bring services to where a population (or group) resides and works, at community sites such as street corners, grocery stores, community parks. They must support community people in making plans for finding and using resources and assist in creating and supporting connections among community members and caregivers.

*Demonstration of basic outreach skills includes the ability to:*

1. Identify and document needs and health topics relevant to the priority population
2. Adapt outreach strategies based on population, venue, behavior or identified risks that are appropriate to a given population and its self determined concerns
3. Identify basic geographic and structural features that define, support and inhibit outreach in the community
4. Engage clients in ways that establish trust and rapport with them and their families
5. Create a non-judgmental atmosphere in interactions with clients and their families
6. Identify personal safety issues and possible responses to potentially dangerous situations
7. Document and help create networks and establish partnerships and linkages with other community health workers and organizations for the purpose of care coordination and enhancing resources

*Examples of partial documentation might include:*

- Completion of the following CHEC trainings: COEC core training sessions: Outreach Education Part 1 and Part 2
- Documented completion of relevant training by others providers
- Job descriptions, accompanied by written/oral personal assessment of how one uses these skills
- Outreach plans, logs of outreach activities (i.e., outreach venues, #s of clients engaged, referrals made, type of education)
- Letter of reference or supervision reports
- Reports in other written form from colleagues or clients or community members
- Video records of performance, real or simulated

## 2) Client and Community Assessment

CHWs must make on-going efforts to identify community and individual needs, concerns and assets. They must use standard knowledge of basic health and social indicators to define needs clearly. They must effectively engage clients and/or their families in on-going assessment efforts. As part of the outreach planning process, community assessment informs the development of an outreach plan/strategy for a target population or community.

*Demonstration of basic assessment skills includes the ability to:*

1. Create and build upon rapport with clients and their families in order to solicit full information and help clients identify their own strengths and problem-solving abilities. This is often best accomplished by:
  - Asking open-ended questions to solicit client information and allowing clients to explain their responses
  - Applying good listening skills, especially listening across cultures
2. Conveying information in ways that use bilingual and bicultural abilities
3. Broaden clients' awareness of contextual factors that influence individual and family behavior through the process of assessing needs,
4. Maintain on-going documentation about the community, by accessing and using health status data and demographic information
5. Identify key community leaders and organizations, as well as other community characteristics that may be relevant to improving and maintaining clients' well being
6. Document assessment results in ways that both respect client confidentiality, allow for an effective response and meet agency and professional standards
7. Provide needs assessment results in ways that support on-going agency processes of evaluation and planning

*Examples of partial documentation might include:*

- Completion of the following CHEC trainings: COEC core training sessions: Assessment Techniques and Cross Cultural Communication; CHEP: Program Planning; CHEP: Evaluation
- Documented completion of relevant training by other providers, and or formal higher education
- Examples of case records and reports prepared by CHW
- Examples of broader agency/community planning and evaluation initiatives that made use of ones assessment results from written and/or oral input
- Job descriptions, accompanied by written/oral personal assessment of how one uses these skills
- Letter of reference or supervision reports
- Reports in other written form from colleagues or clients or community members
- Video records of performance, real or simulated

### 3) Effective Communication

CHWs must communicate effectively with clients about individual needs, concerns and assets. They must convey knowledge of basic health and social indicators clearly and in culturally appropriate ways. They must also communicate with other community health workers and professionals in ways that use appropriate terms and concepts in accessible ways.

*Demonstration of basic communication skills include the ability to:*

1. Model appropriate behavior by
  - Using appropriate, accurate and non-judgmental language
  - Practicing active listening and attending to client concerns (including body language)
  - Paraphrasing (reframing) what clients say to ensure a mutual understanding
2. Ask open-ended questions to solicit client information and give positive reinforcement
3. Describe client rights and confidentiality in clear language
4. Elicit, document and appropriately use client responses to improve community service
5. Convey information in ways that use bilingual and bicultural skills, as well as appropriate presentation skills of agency/health information
6. Use written and visual materials that convey information clearly and respectfully to clients, as well as other service providers and community residents
7. Speak and present information effectively to small and large groups of clients and/or colleagues

*Examples of partial documentation might include:*

- Completion of the following CHEC trainings: COEC core training sessions: Assessment Techniques, Cross-Cultural Communication; Advanced COEC training sessions: Developing Non-Judgmental Skills, Presentation Skills
- Job descriptions, accompanied by written/oral personal assessment of how one uses these skills
- Documented completion of relevant training by others providers
- Letter of reference or supervision reports
- Reports in other written form from colleagues or clients or community members
- Video records of performance, real or simulated

#### 4) Culturally Based Communication and Care

CHWs must be able to use relevant languages, respectful attitudes and demonstrate deep cultural knowledge in all aspects of their work with individuals, their families, community members and colleagues. They must be able to convey standard knowledge of basic health and social concerns in ways that are familiar to clients and their families. Especially when challenging what might be “traditional” patterns of behavior, community health workers must be able to discuss the reasons and options for change in culturally sensitive ways. Effective cross cultural communication is an ever deepening central aspect of community health worker practice in all areas.

*Demonstration of basic cross cultural communication includes the ability to:*

1. Identify and respect linguistic differences in the various cultures in the community
2. Describe and convey to clients ones awareness and respect for cultural factors and norms affecting their decision-making processes and their potential responsiveness to outreach strategies.
3. Describe ones own culturally connected values, beliefs, attitudes, and habits/practices about health issues and how they may be received by others
4. Recognize and define cultural and social differences (such as differing understandings of family unity, religious beliefs, health-related beliefs and practices, generational differences, traditions, histories, socioeconomic system, refugee and immigration status and government systems).
5. Use communication strategies and direct service methods that acknowledge the dignity of cultural traditions, even if some changes are suggested
6. Adapt flexible strategies to unique client characteristics and circumstances within their broader cultural context
7. Participate in on-going public and agency efforts to promote awareness and respect for differing cultural groupings in the community

*Examples of partial documentation might include:*

- Completion of the following CHEC trainings: COEC core training sessions: Cross Cultural Communication, Assessment Techniques, Outreach Education Part 1 and Part 2; Advanced COEC: Developing Non-Judgmental Skills
- Job descriptions, accompanied by written/oral personal assessment of how one uses these skills
- Documented completion of relevant training by other providers
- Letter of reference or supervision reports
- Reports in other written form from colleagues or clients or community members
- Video records of performance, real or simulated
- Records of involvement in public or private cultural events

## 5) Health Education for Behavior Change

CHWs must make on-going efforts to assist individuals and their families in making desired behavioral changes. They must use standard knowledge of the effects of positive and negative behaviors in order to assist clients in adopting behaviors that are mutually acceptable and understood by families and community contacts. They must effectively engage clients and/or their families in following intervention protocols and in identifying barriers to change.

*Demonstration of basic health education skills includes the ability to:*

1. Motivate clients to engage in behavior change, access needed services and/or advocate for themselves, by such means as
  - Responding to client questions and/or fears in calming and honest ways
  - Offering multiple, clear examples of desired changes and their potential outcomes
  - Using appropriate and accessible formats for conveying health information
2. Practice effective monitoring of individual, family and community behavioral changes
3. Document on-going results in ways that both respect client confidentiality and allow a full base for continued change
4. Work effectively in groups with other community workers to understand and promote change
5. Promote appropriate health information within the community
6. Share accurate and culturally-appropriate information with clients, families and community, including information about possible “warning signs” even when desired changes are practiced
7. Provide information about indicators of risky behavior and signs of possible health/behavioral problems in a manner that allows clients and families to face current or potential problems with minimal fear and avoidance

*Examples of partial documentation might include:*

- Completion of the following CHEC trainings: COEC core training sessions Outreach Education Part 1 and Part 2; Advanced COEC training session on Developing Non-Judgmental Skills; Outreach Skill Building Workshops: Health Education Models for Behavior Change and Harm Reduction
- Job descriptions, accompanied by written/oral personal assessment of how one uses these skills
- Documented completion of relevant training by other providers
- Letter of reference or supervision reports
- Reports in other written from colleagues or clients or community members
- Video records of performance, real or simulated

## **6) Support, Advocate and Coordinate Care for Clients**

In addition to helping individuals, CHWs must advocate for and coordinate care for their clients. They must be familiar with and maintain contact with agencies and professionals in the community in order to secure needed care for their clients. They must effectively engage others in building a network of community and profession support for their clients. They should participate in community and agency planning and evaluation efforts that are aimed at improving care and bringing needed services into the community.

*Demonstration of basic advocacy and coordination skills includes the ability to:*

1. Use and maintain a list of individual as well as institutional resources in the community and the area
2. Identify and assist in referrals and access to other resources that may respond to client needs, by:
  - Explaining potential limits of referrals and assisting with on-going follow-up when possible
  - Providing additional support and follow-up with other providers as needed
3. Obtain and share knowledge of community resources for health care, social services and additional support services
4. Advocate effectively with others so that clients receive needed care in a timely fashion, while understanding reasonable limits.
5. Provide information and support for individuals and communities to advocate for their own needs
6. Build and maintain networks of community resources and referrals
7. Build and maintain networks with relevant community and issue advocacy groups

*Examples of partial documentation might include*

- Completion of the following CHEC trainings: COEC core training: Outreach Education Part 1 and Part 2; Advanced COEC training session on Client Advocacy
- Job descriptions, accompanied by written/oral personal assessment of how one uses these skills
- Documented completion of relevant training by other providers
- Letter of reference or supervision reports
- Reports in other written form from colleagues or clients or community members
- Video records of performance, real or simulated
- Presentation of ones personal “referral lists” with a written or oral discussion of how they are used

## **7) Apply Public Health Concepts and Approaches**

Community health work is one part of the broader context of public health practice. An understanding of the bigger picture of the basic principles of public health allows CHWs to assist individuals, families, and communities in understanding the basic role of prevention, education, advocacy, and community participation in their care. And knowing the critical importance of effective community care allows community health workers to find pride and power in their roles and in advocating for their own needs, as well as those of others.

*Knowledge of public health concepts and approaches is demonstrated by the ability to:*

1. Describe and understand the rules and ways of interacting with the health and human services systems in the context of their work
2. Describe current public policy issues and how they affect the community
3. Define and implement preventive health measures with clients and community
4. Define and demonstrate performance of ethical behavior as a CHW
5. Identify and explain the scope and boundaries of the CHW role (information, support, empowerment and advocacy)
6. Recognize and advocate for one's own and one's peers' needs for support and supervision
7. Participate in on-going meetings and conferences regarding issues that influence CHW work and one's ability to function effectively as a CHW

*Examples of partial documentation might include:*

- Completion of the following CHEC trainings: COEC core training on Public Health
- Job descriptions, accompanied by written/oral personal assessment of how one uses these skills
- Documented completion of relevant training by other providers
- Letter of reference or supervision reports
- Reports in other written forms from colleagues or clients or community members
- Video records of performance, real or simulated
- Records of relevant professional memberships and/or attendance at appropriate conferences and professional meetings

## 8) Community Capacity Building

CHWs play a critical role in increasing the abilities of their communities to care for themselves. They must work together with other community members, workers and professionals to develop collective plans to increase resources in their community and to expand broader public awareness of community needs.

*Demonstration of community capacity building skills includes the ability to:*

1. Provide leadership within the community regarding health and service needs
  - Including on-going development of ones own leadership skills, and awareness of professional boundaries
2. Help identify and support community leaders
3. Work with others in the community to organize effective, culturally appropriate community education initiatives
4. Advocate with state, city and local officials and service providers to help improve the conditions of ones community
5. Describe and document community needs and assets so that clients and service providers can have more effective information in responding to community concerns
6. Respond oneself and/or assist other in responding to local media requests and to promote health messages by using community media (television, radio, newspapers)
7. Describe and document community needs and assets so that clients and service providers can make use of the full range of information necessary to evaluate community issues and to plan for appropriate effective response at collective as well as individual levels

*Examples of partial documentation might include*

- Completion of the following CHEC trainings: COEC core training sessions on Leadership Skills and Development, Community Organizing, Assessment Techniques, Outreach Education Part 1 and Part 2; CHEP workshop on Program Planning Advanced COEC: Setting Boundaries, Holistic Approach to Stress Management)
- Job descriptions, accompanied by written/oral personal assessment of how one uses these skills
- Documented completion of relevant training by other providers
- Letter of reference or supervision reports
- Reports in other written from colleagues or clients or community members
- Video records of performance, real or simulated
- Evidence of participation in community forums, community meetings and other events relevant to the communities served

## 9) Writing and Technical Communication Skills

CHWs are required to write and prepare clear reports on their clients, their work and their assessments of individual and community needs. Over time they are also expected to make statements and prepare more general presentations regarding the needs and concerns of their clients to other workers and agency professionals. Doing so involves ability to read and write in English and to use technology effectively. Writing and Technical Communication Skills are expected to increase with experience, so that on-going progress is an expected aspect of competence.

*Demonstration of writing and technical communication skills includes the ability to*

1. Write in English at the level necessary for completing all forms required for ones work
2. Write in English an acceptable memo about client needs addressed to a relevant service agency
3. Write a personal essay about ones life and work and a personal essay about ones career/life goals, using appropriate grammar/spelling and providing clear meaning
4. Edit ones work to increase clarity and improve message
5. Use computers for word processing, internet searching and data presentation
6. Maintain a chronological record of ones written and technical products, including dates of submittal
7. Engage in oral and written self assessments of ones own writing and technical communication skills, including plans for improvement

*Examples of partial documentation might include*

- Completion of the following CHEC trainings: Advanced COEC sessions on professional writing skills, plus submission of writing samples from such trainings or from other work or academic settings
- Job descriptions, accompanied by written/oral personal assessment of how one uses these writing skills in ones work
- Letter of reference or supervision reports, specifically regarding ones writing abilities
- Samples of writing used in ones job, training, or other settings
- Samples of technical products prepared as part of ones job and/or training experiences, i.e., power point presentations, video and audio evidence prepared as part of ones job and/or training experiences.

**Note:** This competency can ONLY be demonstrated by the submittal of direct evidence of ones writing and or technical skills. Other evidence, even certification of participation in trainings is not sufficient – although comments from supervisors and trainers as to the acceptability of ones products for the CHW work setting is important corroboration of ones skill.

## 10) Special Topics in Community Health

In addition to the ten general competencies above, an effective CHW will also be able to demonstrate knowledge regarding a variety of special topics and appropriate models of practice applicable to such topics. There are many possible competencies possible under this category. Training regarding several of them may be available from a variety of providers. Below are some general categories that may encompass several types of trainings and a variety of experiences.

### **10A) Work with unique populations of the community** (at risk, underserved, hard-to-reach, vulnerable)

*Demonstrated by the ability to:*

- Identify and describe the special needs and characteristics of particular communities (homeless, addicts, youth, frail elders, particular immigrant communities, including undocumented, pregnant parenting women and their families, communities of color, linguistic minorities)
- Participate in developing, administering and critiquing appropriate evaluation and planning efforts to improve services in particular areas

### **10B) Demonstrate specialized health knowledge and basic special intervention skills**

*Demonstrated by the ability to:*

- Identify and describe the special health needs and characteristics of a particular community
- Identify and describe risks of relevant health procedures and medical intervention
- Identify and describe assess the likely community resources targeted to the special health needs and at-risk populations

### **10C) Demonstrate knowledge of basic legal and policy issues in community health work and an ability to describe how such issues affect their communities and their work.**

*Demonstrated by the ability to:*

- Identify and describe special legal, advocacy and policy issues and explain their impact on particular communities (immigration laws and practices, anti-poverty laws and practices, education laws and practices, housing laws and practices, criminal laws and practices, substance abuse laws and practices, child welfare laws and practices, involuntary placements rules and practices, etc.)

### **10D) Demonstrate ability to train and/or supervise other community health workers**

*Demonstrated by the ability to:*

- Provide leadership and skill development for other CHWs
- Ensure that the proper professional environment exists so that other CHWs may carry out their work effectively and thrive