

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