The Community Health Worker Core Consensus (C3) Project: 2016 Recommendations on CHW Roles, Skills, and Qualities

This document shares results of an assessment of Community Health Worker (CHW) standards and guidelines from states and select other sources throughout the US. These source data were contrasted against similar information identified two decades ago in the National Community Health Advisor Study (1994-1998).[1] Comparisons were made to the 1998 lists to generate the contemporary list of CHW roles and skills presented here. CHW qualities and attributes are not presented in this short report as the C3 Project has determined that these have remained constant over time and they are not in need of an update. The Project does, however, see attributes as critical to CHW practice. Most essential among these is "CHW's connection the community served." The CHW roles and skills lists as presented here were refined by more than twenty US CHW Networks with an aim of assuring that they reflect CHW practice as defined by CHWs.

CHWs, also known as Promotores(as), Community Health Representatives©, and Peer Educators, among many names, work throughout the US to achieve health equity. CHWs increase understanding among other professionals about the effects of social determinants of health on patient's lives and their care, and also support individuals and communities in addressing those determinants.
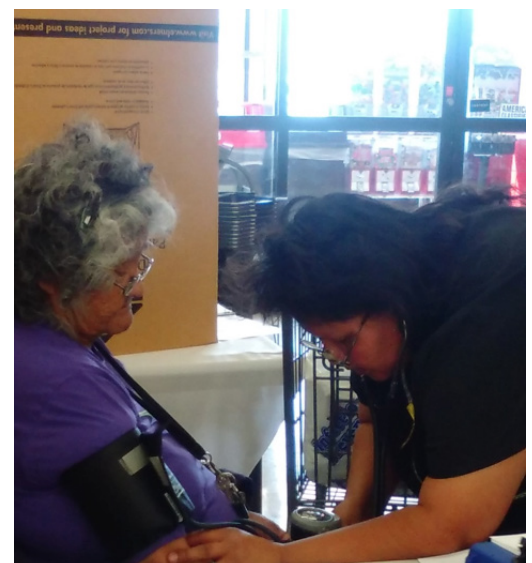
CHWs are defined by the American Public Health Association CHW Section as follows:

> A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

> A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

Within this definition, the reference to "[being] a trusted member of and/or [having] an unusually close understanding of the community served" is among the most noted and distinctive attributes of CHWs as a profession, valued by community organizations, employers, and community members alike. Along with that trust, CHWs possess a unique relationship and ability to communicate with those they serve, which increases their effectiveness and their value as members of interprofessional teams delivering patient- and community-centered care as well as in community development initiatives.

While the duties of an individual CHW position may not require all of the roles, skills, or qualities identified, we note that some CHWs may have additional important roles that fall outside of those recommended here. With that in mind, these recommended roles, skills, and qualities are intended to serve as a starting point to aid public and private entities working on developing CHW policies and administrative resources (e.g., standards and position descriptions) to support health and other initiatives carried out in accordance with local CHW and other leaders.

	Role	Sub-Roles
1	**Cultural Mediation among Individuals, Communities, and Health and Social Service Systems**	a. Educating individuals and communities about how to use health and social service systems (including understanding how systems operate) b. Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services [CLAS] standards) c. Building health literacy and cross-cultural communication
2	**Providing Culturally Appropriate Health Education and Information**	a. Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community b. Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)
3	**Care Coordination, Case Management, and System Navigation**	a. Participating in care coordination and/or case management b. Making referrals and providing follow-up c. Facilitating transportation to services and helping to address other barriers to services d. Documenting and tracking individual and population level data e. Informing people and systems about community assets and challenges
4	**Providing Coaching and Social Support**	a. Providing individual support and coaching b. Motivating and encouraging people to obtain care and other services c. Supporting self-management of disease prevention and management of health conditions (including chronic disease) d. Planning and/or leading support groups
5	**Advocating for Individuals and Communities**	a. Advocating for the needs and perspectives of communities b. Connecting to resources and advocating for basic needs (e.g. food and housing) c. Conducting policy advocacy
6	**Building Individual and Community Capacity**	a. Building individual capacity b. Building community capacity c. Training and building individual capacity with CHW peers and among groups of CHWs
7	**Providing Direct Service**	a. Providing basic screening tests (e.g. heights & weights, blood pressure) b. Providing basic services (e.g. first aid, diabetic foot checks) c. Meeting basic needs (e.g., direct provision of food and other resources)
8	**Implementing Individual and Community Assessments**	a. Participating in design, implementation, and interpretation of individual-level assessments (e.g. home environmental assessment) b. Participating in design, implementation, and interpretation of community-level assessments (e.g. windshield survey of community assets and challenges, community asset mapping)
9	**Conducting Outreach**	a. Case-finding/recruitment of individuals, families, and community groups to services and systems b. Follow-up on health and social service encounters with individuals, families, and community groups c. Home visiting to provide education, assessment, and social support d. Presenting at local agencies and community events

10	**Participating in Evaluation and Research**	a. Engaging in evaluating CHW services and programs
		b. Identifying and engaging community members as research partners, including community consent processes
		c. Participating in evaluation and research:
		   i) Identification of priority issues and evaluation/research questions
		   ii) Development of evaluation/research design and methods
		   iii) Data collection and interpretation
		   iv) Sharing results and findings
		   v) Engaging stakeholders to take action on findings

	Skill	Sub-skill
1	**Communication Skills**	a. Ability to use language confidently b. Ability to use language in ways that engage and motivate c. Ability to communicate using plain and clear language d. Ability to communicate with empathy e. Ability to listen actively f. Ability to prepare written communication including electronic communication (e.g., email, tele-communication device for the deaf) g. Ability to document work h. Ability to communicate with the community served (may not be fluent in language of all communities served)
2	**Interpersonal and Relationship-Building Skills**	a. Ability to provide coaching and social support b. Ability to conduct self-management coaching c. Ability to use interviewing techniques (e.g. motivational interviewing) d. Ability to work as a team member e. Ability to manage conflict f. Ability to practice cultural humility
3	**Service Coordination and Navigation Skills**	a. Ability to coordinate care (including identifying and accessing resources and overcoming barriers) b. Ability to make appropriate referrals c. Ability to facilitate development of an individual and/or group action plan and goal attainment d. Ability to coordinate CHW activities with clinical and other community services e. Ability to follow-up and track care and referral outcomes
4	**Capacity Building Skills**	a. Ability to help others identify goals and develop to their fullest potential b. Ability to work in ways that increase individual and community empowerment c. Ability to network, build community connections, and build coalitions d. Ability to teach self-advocacy skills e. Ability to conduct community organizing
5	**Advocacy Skills**	a. Ability to contribute to policy development b. Ability to advocate for policy change c. Ability to speak up for individuals and communities
6	**Education and Facilitation Skills**	a. Ability to use empowering and learner-centered teaching strategies b. Ability to use a range of appropriate and effective educational techniques c. Ability to facilitate group discussions and decision-making d. Ability to plan and conduct classes and presentations for a variety of groups e. Ability to seek out appropriate information and respond to questions about pertinent topics f. Ability to find and share requested information g. Ability to collaborate with other educators h. Ability to collect and use information from and with community members
7	**Individual and Community Assessment Skills**	a. Ability to participate in individual assessment through observation and active inquiry b. Ability to participate in community assessment through observation and active inquiry
8	**Outreach Skills**	a. Ability to conduct case-finding, recruitment and follow-up b. Ability to prepare and disseminate materials c. Ability to build and maintain a current resources inventory

	Skill	Sub-skill
9	**Professional Skills and Conduct**	a. Ability to set goals and to develop and follow a work plan b. Ability to balance priorities and to manage time c. Ability to apply critical thinking techniques and problem solving d. Ability to use pertinent technology e. Ability to pursue continuing education and life-long learning opportunities f. Ability to maximize personal safety while working in community and/or clinical settings g. Ability to observe ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA]) h. Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements i. Ability to participate in professional development of peer CHWs and in networking among CHW groups j. Ability to set boundaries and practice self-care

10	**Evaluation and Research Skills**	a. Ability to identify important concerns and conduct evaluation and research to better understand root causes
		b. Ability to apply the evidence-based practices of Community Based Participatory Research (CBPR) and Participatory Action Research (PAR)
		c. Ability to participate in evaluation and research processes including:
		  i) Identifying priority issues and evaluation/research questions
		  ii) Developing evaluation/research design and methods
		  iii) Data collection and interpretation
		  iv) Sharing results and findings
		  v) Engaging stakeholders to take action on findings

11	**Knowledge Base**	a. Knowledge about social determinants of health and related disparities b. Knowledge about pertinent health issues c. Knowledge about healthy lifestyles and self-care d. Knowledge about mental/behavioral health issues and their connection to physical health e. Knowledge about health behavior theories f. Knowledge of basic public health principles g. Knowledge about the community served h. Knowledge about United States health and social service systems

References

1. American Public Health Association. Support for Community Health Worker Leadership in Determining Workforc Standards for Training and Credentialing- Community Health Workers Policy Statement of Self Determination. 2014; http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/15/ support-for-community-health-worker-leadership. Accessed February 1, 2015.

2. Rosenthal EL, Wiggins N, Ingram M, Mayfield-Johnson S, De Zapien JG. Community health workers then and now: an overview of national studies aimed at defining the field. Journal of Ambulatory Care Management. 2011; 34(3):247-259.

3. Rosenthal EL, Wiggins N, Brownstein JN, Johnson S, Borbon IA, Rael R. Final Report of the National Community Health Advisor Study: Weaving the Future. University of Arizona, 1998; http://crh.arizona.edu/publications/studies-reports/cha

4. Wiggins N, Borbón A. Core Roles and Competencies of Community Health Advisors in the Final Full Report of the National Community Health Advisor Study: Weaving the Future. 1998. http://crh.arizona.edu/publications/studies-reports/cha