RESOURCES

Statewide Training Approaches for Community Health Workers

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The National Association of Community Health Workers (NACHW) unifies the voices of Community Health Workers to support communities in achieving health equity and social justice.

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Statewide Training Approaches for Community Health Workers (CHWs)

The purpose of this document is to provide an example of the use of the National Association of Community Health Workers (NACHW) CHW Document Resource Center[1] to investigate the topic of setting standards for statewide core training for community health workers. Brief case examples from six states illustrate different features of and approaches to statewide training standards for the workforce and related infrastructure. Web links (URLs) are included in footnotes for those cited references which are available directly on the Internet (or which are not in the Resource Center).

Who are community health workers and what do they do?

Community health workers, including promotoras(es) de salud in Spanish-speaking communities, and community health representatives (CHR) in tribal health programs have been formally part of the public health and healthcare workforces in the U.S. for at least five decades. The workforce emerged as part of movements to strengthen access to and involvement in healthcare and other programs by engaging and empowering people of color, tribal members, and others living in poorly served, low-income communities in that work.

A community health worker (CHW) 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 [CHW] 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. CHWs work in a variety of settings including community-based organizations, social service agencies, health systems, and state health agencies."*[2]

Community Health Workers, Social Justice, Equity and Standardized Training.

The origins of the CHW workforce are grounded in the roles of traditional community helpers and, more recently, in the movements to address racial and economic injustice in the U.S.: the antipoverty, community health center, and migrant worker health movements of the 1960s and '70s. These commitments remain significant to the identity and practice of the workforce today. Widely used definitions of community health workers—such as the one quoted above—emphasize their special connection to the communities whom they support and serve. This connection is usually a key recruitment and hiring criterion for CHW positions. As a result, the workforce is among the most ethnically and linguistically diverse and mission-driven in healthcare and in public health. The fact that community

[1] https://nachw.org/chw-document-resource-center/

[2] American Public Health Association (APHA) definition In American Public Health Association. (2009). Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities. Retrieved from https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/09/14/19/support-for-community-health-workers-to-increase-health-access-and-to-reduce-health-inequities

health workers often experience social and economic injustices in their own lives like those faced by those they serve has important implications for designing and implementing trainings, and in particular for statewide core competency trainings. First, it is important to consider the accessibility of core trainings to community health workers, which is largely determined by their cost, location, instruction styles and language. Many publicly and privately sponsored core trainings are free, as they are grant funded and/or paid for by employers of community health workers being trained. Likewise, trainings or employment that require years of formal education beyond a minimum of high school or GED completion are considered to pose unnecessary barriers to many strong community candidates for CHW work. Further, adult learning and popular education styles of teaching are considered best practice, as these highlight and value the experiences and knowledge learners bring to their work. Some states require that an experienced community health worker be the main instructor or a co-trainer in a specified percent of the minimum hours of core competency trainings (in Massachusetts, 40% of 80 hours.)

In addition, any training initiative, statewide or otherwise, should weigh at each turn of design and implementation decision making, the appropriateness of course offerings for community health workers who are recruited from socially diverse communities for their shared, lived experience and other qualities invaluable to this field. The planning and design of trainings should be guided by such principles as community based, community-oriented and dedication to advocacy on behalf of one's peers. Related best practices—such as community health worker leadership in such endeavors—will be discussed in a separate section below.

Identifying Key Roles and Scope of Practice.

To strengthen cohesion in and clarify the nature of the field, two national level projects have assessed the nature of the work with a multi-state sample of the workforce at different points in time. The CHW Core Consensus (C3) Project[3] (2014 – 2016) identified a set of contemporary roles, skills, and qualities common across the CHW workforce nationally.

The products of the C3 Project are regarded as invaluable resources in the CHW field and can be used to develop or enhance CHW state-, local-, and organizational-level trainings. It built on earlier work reported in the seminal 1998 Summary of the National Community Advisor Study.[4] The report from the latter study defined roles as "functions that CHWs serve in communities and the health care system."[5] This set of roles effectively defines a scope of practice for the field.

Statewide core competency training

Historically, training for CHWs was offered by employers and/or other public health organizations on specific health topics in one or multiple sessions as needed. Such trainings on specific health and related topics are still common. However, for more than a decade there has been a push to standardize training for community health workers that is focused on core competencies. Due in part to the influence of the two national projects

[3] E.L. Rosenthal; P. Menking; and J. St. John. (2018). The Community Health Worker Core Consensus (C3) Project, A Report of the C3 Project Phase 1 and 2: Together Leaning Toward the Sky. http://www.c3project.org/resources

[4] Rosenthal, E L. A Summary of the Community Health Advisor Study. 1998 https://crh.arizona.edu/publications/studies-reports/cha

[5] Wiggins, N. Core Roles and Competencies of Community Health Advisors. In A Summary of the National Community Health Advisor Study: 1998 https://crh.arizona.edu/publications/studies-reports/cha

described above, which identified the skills and roles of most CHW work, core competencies are similar in content across states. Still, competencies may vary in their titles or number as states adapt them to their CHW workforce.

There is no national standardized core training or curriculum for community health workers. However, numerous state-specific core competency trainings have been developed; these are often made official when approved by the state health department or some other entity with recognized CHW expertise.

Core Competencies of Community Health Workers.

Generally, core competencies are viewed as the essential skills and knowledge that enable individuals to work effectively in their profession. Findings from the Centers for Disease Control and Prevention (CDC) Policy Evidence Assessment Report indicate that CHW core competency training is a strong evidence-based strategy to effectively support the work of community health workers.[6]

The C3 Project regards core competencies as a "combination of skills and qualities." Skills are defined as "the ability, coming from one's knowledge, practice, and aptitude, to do something well;" the C3 Project noted that a role may require multiple skills to fulfill. Qualities are defined by the National Community Advisory Report as "personal characteristics or traits that can be enhanced but not taught." The C3 Project depicted important qualities in a word cloud figure and identified 'connection to the community served' as the most critical quality.[3] One useful summary of core qualities with respect to community relationships lists "connection, credibility, and commitment" as essential.[7]

Qualities are not explicitly named in lists of core competencies; rather, they are usually described as part of what to look for in recruiting and hiring community health workers. The core skills (see sidebar) are those recommended by the C3 Project; they are now widely used as a guide to develop CHW core competency training.[3]

CHW CORE SKILLS:

- Communication Skills
- Interpersonal and Relationship-building Skills
- Service Coordination and Navigation Skills
- Capacity Building Skills
- Advocacy Skills
- Education and Facilitation Skills
- Individual and Community Assessment Skills
- Outreach Skills
- Professional Skills and Conduct
- Evaluation and Research Skills
- Knowledge Base

Additional Features and Content Common to Statewide Core Trainings.

CHW core competency trainings generally occur as a series of sessions over an extended period; minimum hour requirements generally range from 60 to 120 hours, although Texas requires a minimum of 160 hours of training.[8] In addition to statewide

[6] Centers for Disease Control and Prevention. Policy Evidence Assessment Report: Community Health Worker Policy Components. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2014. https://www.cdc.gov/dhdsp/pubs/docs/chw_evidence_assessment_report.pdf

[7] Rush, C. "Community Health Workers: Addressing Remaining Barriers to Full Integration of a Vital Population Health Workforce" (PowerPoint presentation). 13th Annual Health Workforce Research Conference: Association of American Medical Colleges, Arlington, VA, May 4, 2017.

[8] National Academy for State Health Policy. State Community Health Worker Models. 2019. https://nashp.org/state-community-health-worker-models/

core competency trainings, multiple health condition-specific trainings are independently available through a variety of health organizations in all states. Their development is often funded by the CDC and other federal and state agencies. Common topics include chronic diseases, most often diabetes, hypertension, and asthma,[9] as well as maternal-child health, and cancer screening. Such health condition-specific trainings are often included in or can be approved as a part of meeting minimum training hour requirements for core competency trainings. In Massachusetts for example,[16] of the required 80 hours of core competency training must be in special health topics of this type.[8]

Motivational interviewing and information on social determinants of health and health disparities are often included as part of core competency topics, as well as being available as discrete trainings.[10]

Establishing Statewide Core Training for Community Health Workers.

Training standards have been established in some states by the state health department, in others by an independent certification board, and in a few cases by an independent CHW alliance or coalition. For example, the Michigan Community Health Worker Alliance developed and offered a core competency training that is widely respected and utilized by employers and other training providers.[11]

Relationship of Core CHW Training to State Certification.

In many states, the pursuit of statewide core competency training is part of an effort to establish a credential for the workforce, most often voluntary certification, meaning it is not required in order to work as a community health worker in that state.[12] In other states, for example in Washington state, core competency training was developed and offered even though there is, to date, no state certification credential for community health workers. One may pursue the core competency training in their state, whether or not they choose to pursue state certification.

The issue of state certification for individual CHWs has been much debated within the workforce and among those allied with them in policy work. There is widespread agreement in the field that licensure is not appropriate but that some kind of state-approved training standards and, if most community health workers in a state desire it, a voluntary certification credential can be helpful. Common arguments in favor of certification are that it will aid in legitimizing practitioners in the eyes of other healthcare professionals, enhance respect for practitioners, and strengthen sustainability for the workforce. Arguments against certification include the concern it could present too many barriers to community members to enter or remain in the field, and thereby risk undermining the grassroots basis of the workforce.[13]

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[9] Centers for Disease Control and Prevention. Addressing Chronic Disease through Community Health Workers: A Policy and Systems-level Approach, Second Edition 2015. https://www.cdc.gov/dhdsp/docs/chw_brief.pdf

[10] Deangelis K, Flaherty Doré K, Dean D, Osterman P. Strengthening the Healthy Start Workforce: A Mixed-Methods Study to Understand the Roles of Community Health Workers in Healthy Start and Inform the Development of a Standardized Training Program. 2017. https://link.springer.com/content/pdf/10.1007%2Fs10995-017-2377-x.pdf

[11] ASTHO Experts Blog. A Patchwork Quilt of State Approaches to CHW Training. May 30, 2019. https://www.astho.org/StatePublicHealth/APatchwork-Quilt-of-State-Approaches-to-CHW-Training/05-30-19/

[12] Association of State and Territorial Health Officials. Community Health Workers (CHWs) Training/Certification Standards. 2016. http://www.astho.org/Public-Policy/Public-Health-Law/Scope-ofPractice/CHW-Certification-Standards/

[13] Wennerstrom A, Sugarman M, Rush C, Barbero C, Jayapaul-Philip B, Fulmer E, Shantharam S, Moeti R, Mason T. "Nothing About Us Without Us": Insights from State-level Efforts to Implement Community Health Worker Certification. J Health

In states where the majority of community health workers supported establishment of voluntary certification, laws or state-sanctioned procedures govern the certification and training; this includes approving training programs, specifying who can serve as a trainer and other such features, including curricula.[14] As will be explained further below, the American Public Health Association (APHA) encourages that all efforts at establishing standards for the workforce include strong CHW leadership in the deliberations and decision-making.[15]

CHW Leadership in Developing Statewide Core Competency Training.

Ensuring and promoting CHW leadership and involvement is important in all aspects of developing and implementing workforce policies. Since 2014 APHA policy recommends such leadership in establishing standards for training and certification in the field. This policy is endorsed by the NACHW. Specific actions that partner in such work can take are:

- Formally acknowledging the leadership role of CHWs in shaping CHW workforce development[16, 23]
- Establishing a formal advisory group with CHW leadership to guide the consideration and possible development of statewide training[13, 17, 23]
- Requiring a majority of CHW members in all decision-making groups, as endorsed by APHA and NACHW[23]
- Surveying the workforce to gather insight and perspective on workforce development topics, including training.[18, 19, 20]

Partners involved in developing and implementing statewide CHW training

Partners involved in developing and implementing statewide CHW training often have included state health departments, CHW professional organizations, healthcare systems, community-based organizations, social service agencies, and primary care associations.[21] One or more of these kinds of organizations may convene and staff a coalition, a task force, or alliance. As noted, CHWs should be involved in leadership roles, and if there is an established CHW network or association, the association should be a

Care Poor and Underserved 32(2), 892- 909. https://www.muse.jhu.edu/article/794613

[14] Centers for Disease Control and Prevention. About the CDC Community Health Worker Certification Study. Division for Health Disease and Stroke Prevention. https://www.cdc.gov/dhdsp/pubs/toolkits/chw-ta-about.htm

[15] American Public Health Association Policy 201414.Support for Community Health Worker Leadership in Determining Workforce Standards. Nov 18, 2014. https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/15/support-for-community-health-worker-leadership

[16] Wilkinson G, Hirsch G, Banzhaf M, Rodríguez B, Toledo J. How CHW Leadership Strengthens Certification: A View from Two States. 2015. https://chwcentral.org/wp-content/uploads/2015/12/How-CHW-LeadershipStrengthens-Certification.pdf

[17] Unknown. Idaho Community Health Worker (CHW) Project. 2015. https://ship.idaho.gov/LinkClick.aspx?fileticket=xn3Q-odgvY%3D&portalid=93

[18] Centers for Disease Control and Prevention. (n.d.). Engaging the community health worker (CHW) workforce and other stakeholders. https://www.cdc.gov/dhdsp/pubs/toolkits/chw-ta-engaging.htm

[19] Eng HJ, Hernandez-Martinez AC, Dorian J. Four U.S. Border States' Community Health Worker Training Needs Assessment. 2011. https://crh.arizona.edu/sites/default/files/u25/Complete%20Version%20of%25

[20] Michigan Community Health Worker Alliance. Community Health Worker Employer Survey 2018: Final Evaluation Report. 2018. https://www.michwa.org/wp-content/uploads/Employer-Survey-2018_Report_09072018-1.pdf

[21] National Association of Community Health Centers. State Policies and Strategies that Impact Community Health Workers at Health Centers Spotlight on States # 8. 2015. http://www.nachc.org/wpcontent/uploads/2015/10/Spotlight-8_CHW-State-Policies-FINAL.pdf

leading partner. Together, based on numerous in-kind contributions of most members' time, the group determines the direction and general approach to training and possibly credentialing standards for the state. In a few states, this process is initiated by a state law, while in others partner organizations take the lead in developing the process, often those who have been longtime champions of the workforce.

Different features of statewide CHW training: State examples

Oregon: Example of statewide core training established through legislation.

Oregon's state CHW core training standards and training program approval procedures were established as part of the state health reform legislation in 2016, along with those of other peer-oriented occupations collectively referred to as "traditional health workers."[22,23] The Traditional Health Worker Certification Board, located in the Oregon Health Authority, consists of many community health workers, and makes decisions about standards. There is not a single standardized curriculum, but rather multiple curricula have been approved if they meet specified criteria.

New Mexico: Requiring a standard curriculum for core trainings.

In New Mexico, core training with a single approved standardized curriculum is a part of a voluntary certification pathway. In 2015, through the Community Health Workers Act,[24] a Board of Certification of Community Health Workers was established to provide recommendations to the New Mexico Department of Health on the standards for and an approval process for CHW training programs in the state, requirements for continuing education, and the minimum qualifications of CHW trainers.[25]

Rhode Island: Aligning core training with C3 Project core competencies.

In Rhode Island, there is a statewide process for certifying community health workers, but no single standardized core curriculum.[26] Instead, voluntary certification requires education in specific domains that align with the C3 Project core competencies.[2]

Florida: Delivering core training through a wide variety of organizations.

The Florida CHW Coalition[27] identified five performance domains on which their training standards are based: communication and education, resources, advocacy, foundations of health, and professional responsibility.[28] Training is offered through Florida's Area Health Education Centers, community colleges, and community-based and social service organizations, though the Florida Certification Board approves all curricula for community health workers.

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[22] Oregon Health Authority. Division 180: Traditional Health Workers. 2016. https://www.oregon.gov/oha/OEI/Documents/THW-OAR-410-Rule.pdf

[23] 'Traditional health worker' (THW) means a community health worker, peer wellness specialist, personal health navigator, peer support specialist, or birth doula not otherwise regulated or certified by the state of Oregon."

[24] New Mexico State Assembly. 7.29.5. Certification of Community Health Workers 2016. The objective of this rule is to implement the Community Health Workers Act. http://164.64.110.134/parts/title07/07.029.0005.html

[25] New Mexico Department of Health Office of Community Health Workers. CHW/CHR Core Competencies and Training Standards Draft. 2012.

[26] Rhode Island Certification Board. Certified Community Health Worker: Job Analysis and Standards. 2016. https://www.ricertboard.org/sites/default/files/applications/CHW_JA_2016_FINAL.pdf

[27] Florida Community Health Worker Coalition. The Community Health Worker: A Pathway to Improved Health Outcomes A Pathway to a Career. 2015

[28] Florida Community Health Worker Coalition. Path to Florida CHW Certification: The Process – Presentation. 2015

Texas: Delivering training through certified CHW trainers.

In Texas, the Department of State Health Services (DSHS) certifies CHW instructors, training programs, and the curricula used to train.[29] Content covers core competencies across eight areas and training is delivered either in-person or online. Instructors must complete a DSHS- certified instructor training course of at least 160 hours or provide verification of at least "1,000 hours of providing training to CHWs or other health care professionals and paraprofessionals in the most recent six years."[30] Instructors can be community health workers as well as others who qualify.[25]

Washington: Delivering core training via hybrid online and in-person training.

In Washington State, CHW core training is offered by the State Department of Health as a hybrid program of online and in-person learning and includes both core competencies and health topic/disease specific skills.[31] CHWs must complete the core competency sections before registering for the health specific modules. Washington does not have state certification for individual CHWs.

CHW document resource center

Further information about statewide training approaches and programs can be found within the NACHW CHW Document Resource Center.[1]

- Documents on training programs and content can be found in two areas of the database. Selecting the filter under "CHW Workforce Development" for "CHW training programs," "Training - Content, modes, delivery," or "Training - Continuing education" will display training-related items not related to certification-related training programs.
- Selecting the filter under "Considering/Developing CHW Certification" for "Training and training programs" or "Specialty tracks and supervisor training" will display training items related specifically to certification.

Please note that specific training curricula are not included in the database at this time.

Additional resources can also be found in CDC's Diabetes Website. One resource is the Community Health Worker (CHW) Forum that was led by the Division of Diabetes Translation to gather community health workers, CHW allies, and state health department representatives to explore issues related to developing a statewide infrastructure to promote long- term sustainability and financing of community health workers. One resource that came out of this forum was a "Job Aid" document, "Increasing Capacity to Engage and Sustain Community Health Workers in Diabetes Management and Type 2 Diabetes Prevention" (available in English and Spanish).[32] Also see further information on workforce assessment in CDC's "Job Aid" document, which is intended in part to identify gaps in the CHW infrastructure and

[29] Association of State and Territorial Health Officials. Statewide Training and Certification Program Strengthens the Community Health Worker/Promotor(a) Workforce in Texas. 2017. https://www.astho.org/Maternal-and-Child-Health/Texas-CHW-State-Story/

[30] Texas Department of Health and Human Services 2017 Annual Report: Promotor(a) or Community Health Worker (CHW) Training and Certification Advisory Committee April 2018. 2018. https://www.dshs.texas.gov/legislative/2019-Reports/CommunityHealthWorkerAnnualReport2018.pdf

[31] Washington State Department of Health. Community Health Worker Training. Accessed at https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/CommunityHealthWorkerTrainingSystem

[32] https://www.cdc.gov/diabetes/pdfs/programs/stateandlocal/CHW_JobAid 508.pdf

to build sustainability. For additional CDC CHW resources on various other topics, visit the CDC CHW Resources Gateway.[33]

Disclaimer statement

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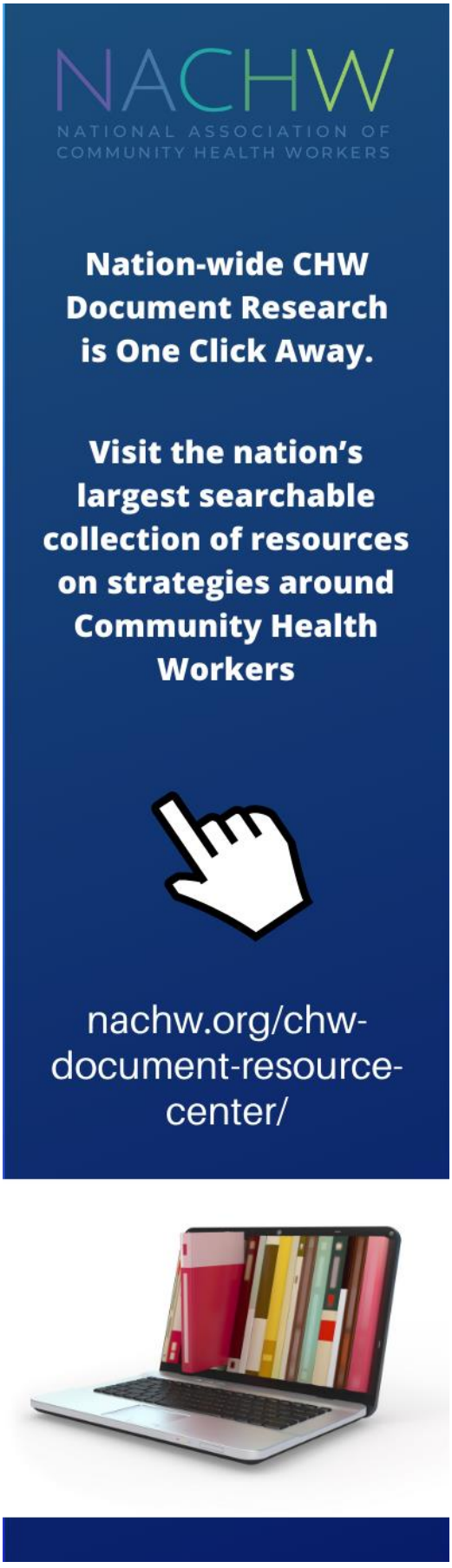

[33] https://www.cdc.gov/publichealthgateway/chw/index.html

C3 Project CHW Roles and Competencies Review Checklist

Use the following checklists to assess how CHW role and skills linked to CHW trainings, practice, and/or policies align with the Community Health Worker Core Consensus Project.

ROLES

Table 1: COMMUNITY HEALTH WORKER ROLES/SCOPE OF PRACTICE

☐ Checklist for personal, programmatic, and policy review	**Community Health Worker Core Consensus Project** Roles/Scope of Practice
Role: Functions that CHWs serve in communities and the health care system. For example, CHWs provide health education. **Scope of Practice:** An all-inclusive list of roles and tasks which an occupation includes in its scope of work. The exact mix of these roles and tasks for any one individual will vary based on the needs of those served and host organizations.	
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 address 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 peers and among CHW groups
☐ **7. Providing Direct Service**	a. Providing basic screening tests (e.g. height, weight, 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

**Asterisks denote new roles from 1998-2016; several sub-roles have been expanded*

C3 Project, 2018 | www.C3Project.org

Table 2: COMMUNITY HEALTH WORKER COMPETENCIES: SKILLS	
☐ Checklist for personal, programmatic, and policy review	**Community Health Worker Core Consensus Project** Skills
Skill: The ability, coming from one's knowledge, practice, and aptitude, to do something well. A core role or a task that must be performed may be supported by multiple skills.	
SKILLS	**SUB-SKILL/DESCRIPTION**
☐ **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, telecommunication 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 resource inventory
☐ **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

**Asterisks denote new skills from 1998 -2016; several sub-skills have been expanded*

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Figure 1:
The CHWs Roles and Competencies Support Pyramid