STATE INNOVATION MODEL COMMUNITY HEALTH WORKER INITIATIVE

Best Practices for Clinical Integration: Guide and Resource CHW TRAINING

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Executive Summary

CHW Training

Many of the skills that are central to the Community Health Worker (CHW) profession are not reflected by formal education or certification. However, CHWs typically do receive training to prepare them for their work.[1] Comprehensive initial and ongoing training, supervision and support are critical to the success of a CHW program and should never be devalued or minimized.[2]

Life Experience Matters

"The expertise a CHW possesses that makes them so invaluable is largely derived from life experiences. The crux of a CHW's work is in their ability to reach community members as both a trusted peer and representative of a health care organization. A successful CHW is able to connect with, relate to, motivate, inspire, and gain trust of the community they serve. They are also able to advocate for the clients and be their voice on the clinical team. In order to do this, a CHW must rely heavily on "soft skills" that are not easily taught in the classroom. For that reason, CHW employers do not always look for formal education or credentials when vetting candidates for a CHW position.[3]"

Comprehensive training

Once the care team members have been identified, it's time to implement a comprehensive orientation and training program that clearly defines individual roles and responsibilities and builds a strong organizational culture that supports the CHW for optimal performance. The order and process of when things occur often has an impact on the outcome, so it's important to take careful considerations when establishing a timeline and expectation for the CHW to be up and running within the organization. This section will provide a recommended timeline for CHW training that will maximize the CHW's ability to retain important information.

Importance of Training

CHWs bring a unique and important skillset to clinical care, however many of these skills are not taught in the classroom, and may not be reflected by formal education or certification. Additional training of the CHW core competencies, or other skills should be viewed as complementary. A worker who understands the specific health conditions their patients face and understands the complexities and barriers of the systems they navigate, is the most equipped to support the myriad of needs of your patient population.

The training CHWs receive will be one of the most important factors assuring success of the CHW in this role. The training opportunities should be robust and ongoing, allowing for growth. Sinai Urban Health Institute's report on [Best Practices Guidelines for Implementing and Evaluating Community Health Worker Programs in Health Care Settings](#) stated that:

> "The CHW field strongly supports on-the-job training to enhance CHW's knowledge and skill and to prepare them for their job roles. Initial CHW training should be comprehensive and include relevant knowledge and skill-based teaching, core competency curriculum, and cross-training on any relevant co-morbidities or health conditions commonly found in the population served. In addition, it is very important to implement on-going training so that CHWs can stay current on the knowledge and skills needed for their position."[4]

Training also provides opportunities for CHWs to advance in their career, highlighting the shared commitment of the employer and the CHW to their professional development and advancement. A demonstrated investment in the professional development of CHWs on your team, whether it's providing an understanding of a health condition beyond the lay definition, trainings in management, or an introduction to public health, may increase job performance and job satisfaction.

CHW Training can take many forms. In this manual, we highlight:

1. CHW Core Competencies
2. Types of training beyond the Core Competencies
3. Local and remote training opportunities
4. Continuing Education for CHWs

CHW Core Competencies

CHW Core Competencies were originally described in the "National Community Health Advisor Study" (NCHAS) in 1998, authored by E. Lee Rosenthal, and funded by the Annie E. Casey Foundation. This was the first document to identify the roles, skills and qualities, which together make the scope of practice and core competencies for CHWs. It is through this framework, that CHWs are enabled to sustain the communities, families, and individuals they serve. In 2015 the Community Health Worker Core Consensus project (C3) began a national initiative to update the CHW core competences [C3 Report], aiming to help guide organizations and employers across sectors, with the development of CHWs and CHW programs.

Definitions

Roles, skills and qualities have been defined for CHWs:

- **CHW Roles**, or Scope of Practice, highlight the range of activities CHWs do every day. Though technically not a "competency," Capacity to perform these roles are based in the CHWs' application of their skills and qualities in a given setting.
- **CHW Skills** are specific tasks and activities that CHWs have the capacity to perform through formal, or informal, education. Job-specific skills should inform plans for training.
- **Qualities of CHWs** are personal characteristics or attributes that allow CHWs to support communities, families, and individuals. Qualities *cannot be taught* and should be used to identify CHWs. Nevertheless, qualities can and should be *enhanced* through training

The Connecticut SIM CHW Advisory Committee has approved the updated ten roles and 11 skills formalized through the C3 project, and acknowledge the importance of the CHW qualities – specifically the essential quality—"a connection or close understanding of the community served."[C3]

Roles

As described in the C3 Project, CHW roles provide a framework through which the range of CHW activities can be understood, across organizations and settings. [C3 Project] In a recent C3 Report, three additional roles were added to the initial eight from the NCHAS report.

- Cultural Mediation among Individuals, Communities and Health and Social Service Systems
- Providing Culturally Appropriate Health Education and Information
- Care Coordination, Case Management, and Systems Navigation
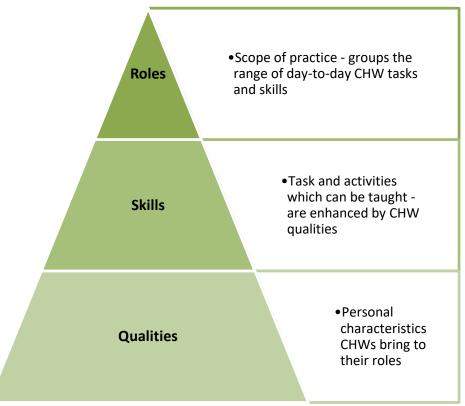- Providing Coaching and Social Support

- Advocating for Individuals and Communities
- Building Individual and Community Capacity
- Providing Direct Service
- Implementing Individual and Community Assessments*
- Conducting Outreach*
- Participating in Evaluation and Research*

*   These are the new roles identified in the C3 Report 2016

Skills and Qualities

Skills are tasks and activities that can be taught to be performed by CHWs. CHW qualities are the intrinsic traits that should be enhanced and nourished to allow CHWs to support their communities. CHW skills and qualities together make the core competencies. The general recommendation is that CHWs should be trained in the core competencies that are required for certification. These skills and qualities are considered essential to CHW work, across sectors, settings, and roles.

Figure 1. Supporting CHWs to Sustain Those They Serve.
Adapted from C3 Project Progress Report

Roles
- Scope of practice - groups the range of day-to-day CHW tasks and skills

Skills
- Task and activities which can be taught - are enhanced by CHW qualities

Qualities
- Personal characteristics CHWs bring to their roles

Skills

While the core skills may not align directly to each CHW role, most CHW roles will comprise of a combination of the skills. Because skills can be taught, and are measurable, they provide an important foundation for the

formalization and professionalization of the field. For instance, many state certification programs use the original NCHAS skills to develop the curriculum and benchmarks for their certification programs. Skills can also be used to evaluate CHW growth at the organization, and for internal promotions.

The 10 Core Skills

The 10 Core Skills are:

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

Qualities

Core CHW qualities were not updated in the recent C3 report, however this key quality was highlighted as necessary for CHW work:

—"a connection or close understanding of the community served."[C3]

Additional selected NCHAS qualities of CHWs are:

- Connected to the Community
- Strength, courage, and maturity
- Friendly, outgoing, sociable
- Patient
- Open-minded/non-judgmental
- Compassionate and empathetic
- Dependable

Qualities can be enhanced through training, though not taught. CHW qualities play the largest role in identifying potential candidates for the position [C3]. However, together with formalized skill training, these qualities allow CHWs to fulfill their roles. For instance, close connections, patience, and compassion are key traits important for the CHW role, along with intrinsic communication skills. Expanding their communication and capacity building skills to include motivational interviewing adds value for both the CHWs' development, as well as their patients' outcomes.

Beyond the Core Competencies

In addition to the Core Competencies, CHWs benefit from additional training, including on-the-job training to orient them to your organization, disease-specific trainings to help CHWs understand their patients' needs and the work of the other members of the care team, or additional trainings that could help them advance in their position.

On-the-job training

On-the-job training should take place in addition to training on the core competencies. Like other onboarding programs, an introduction to the specific organization's mission, policies & procedures, and the patient population is an important part of integration.

For instance, one of the most consistent components of successful CHW integration into a clinical care team has been access to the electronic health record (EHR) of patients,[5] such that CHW notes could be available for other team members and vice versa. This type of training can only be done once on-the-job.

Job-shadowing is also a critical tool to introduce new CHWs to their role within the organization. This allows CHWs to have a more robust understanding of the other roles of the clinical care team members, helping relate this information to patients, especially those who have had previously challenging relationships with clinicians. Check out the *Orientation to Practice Guide* for more in-depth information for on-the-job orientation and training.

> **Box 1. Training CHWs to use Electronic Health Records**
>
> The arrival of Electronic Health Records (EHR) has been revolutionary in coordinating care for patients, allowing nurses, physicians, medical assistants, and other allied health workers to collect information in one place that could be easily accessible across facilities within and across healthcare system.
>
> Both CHWs and employers have cited access to EHRs as an important component of integration for CHWs to the clinical care team. By having access to the EHRs, the CHW can including important social and economic barriers that may be critical information for direct practitioners. Likewise,
>
> Above all, access to EHRs solidify CHWs as members of the clinical care team for patients. Since prior experience may not prepare CHWs on how to use EHRs, their importance, or issues around HIPAA, specific training in this field will be critical on multiple levels.
>
> Source: Allen CG, et al.

Additional topics that may be covered while on the job include:

- Team member introduction and roles
- Job-specific responsibilities
- Administrative items (such as HR and timesheets)

Role-playing has been found to be an effective way of allowing CHWs to test out their new skills. The creators of the *Foundations for Community Health Workers* text-book highly recommend role-playing to help CHWs practice motivational interviewing and discussing new or difficult topics. Role-playing activities should be flexible and iterative – allowing CHWs to stumble through new concepts without fear or repercussions.

Role-playing can also be used for CHWs to and the care team to begin to learn about each other and their respective but complementary roles. This can help build trust and support.

Skill-Enhancement Training

Trainings that build directly upon the core competencies, that incorporate a sound evidence base, offer excellent opportunities to enhance the services provided by CHWs at your organization. These skill-enhancement trainings will likely translate to on-the-job duties provided by CHWs. Trainings that are likely usefu for CHWs in the clinical setting are Medical Interpretation, Motivational Interviewing (MI), and Mental Health First Aid (MHFA).

Medical Interpretation and Translation Training

One of the greatest barriers for hard-to-reach populations in the clinical setting can be language barriers. CHWs have been hired specifically to serve as translators and interpreters to help bridge a critical gap in multilingual settings. While it's common for friends and loved-ones to serve as translators for patients, Formal interpretation is preferred due to 1) issues of privacy and disclosure for the patient, and 2) specific medical terminology which may be difficult for ad-hoc translators. Eastern CT AHEC provides a 48-hour intensive training in Medical interpretation. The link is: Medical/Community Interpretation Program.

Motivational Interviewing

Motivational Interviewing is a technique used to help promote behavior change by helping clients strengthen and use their own intrinsic motivation to set goals and adopt healthier behaviors. Though it was initially used for substance abuse counseling, MI is now across fields for disease management. (CDC)[6]

Mental Health First Aid

Mental Health First Aid is a training designed to help lay individuals identify and help someone who is experiencing mental distress. This is an incredibly important skill for CHWs, as they tend to work with hard-to-reach populations in home or community settings, who have gone without

care for long periods of time. On a clinical care team, CHWs can help bridge gaps in the presentation of mental distress (i.e. anger vs. anxiety), or may be exposed to more concerning behaviors because their trusted status   To find a course, use this link: [Mental Health First Aid - Find a Course.](#)

Disease Specific Training

Different organizations will have CHWs fulfill different roles in their care team, however in cases where CHWs are working directly with patients to help manage their condition, an enhanced knowledge of the common conditions their patients face will improve the CHWs ability to liaise between medically-trained team member and their patients. This can be particularly important for CHWs who also provide translation services – as a medical terminology translation adds an additional layer of difficulty.

Disease-specific training can include basic understandings of disease etiology, treatment, and maintenance. Particularly if the CHW is providing health coaching or health education, an understanding of the condition itself will be critical.

It is important to not distinguish between the "clinical" and "non-clinical" staff, and not to assume that because a CHW has not been formally trained, that they are incapable of, or unwilling to learn complex clinical topics. During the time of WebMD and Wikipedia, lay access to medically in-depth topics is ubiquitous. As such, assuring CHWs have access to verifiable information. A good resource is UpToDate– an evidence based web platform designed to provide information for clinicals, students, patients, and caregivers alike. While some features of UpToDate require a subscription, free patient access is also available. More in-depth access to UpToDate can be purchased through a subscription for your organization or may available through institutional access for nurses and clinicians. The link to UpToDate is as follows: [Free Beyond-the-Basics UpToDate](#) [UpToDate Subscription Options](#)

CHW Certification and Continuing Education

CHW Certification has been an important aim for formal recognition and standardization of CHW work. Many states have taken on the certification of CHWs on a local-level, partnering with community colleges to provide training, certificates, and continuing education units. Many of the states which adopted CHW certification early-- Like all professions, additional skillsets will help CHWs grow within their role and within the organization. When building your CHW-integrated care team, try to identify additional skills that may be of interest to your CHWs as well as your organization. For instance, if you plan to have a CHW manage less experienced CHWs, make sure to identify training opportunities that will help them grow in this role.

Developing a Training Plan for your CHWs

Training remains a singularly important component of success for CHWs in their many roles on the team. Developing a training plan that outlines training opportunities early in the onboarding process helps keep CHWs and their supervisors on track, as well as prioritizes their professional development.

Figure 1. depicts a sample CHW training plan and timeline. Notice that over time, the trainings both prepare CHWs for their job and advancement in their field. As such, the trainings build upon each other, allowing time for CHWs to implement their new skills in the field, as well as prepare for the future. In many cases, it is good to spread the trainings out over a course of several months so that the CHW has time to utilize, practice and implement the knowledge they have learned. Once they are more comfortable in their position, it is easier to take on more knowledge and skills.
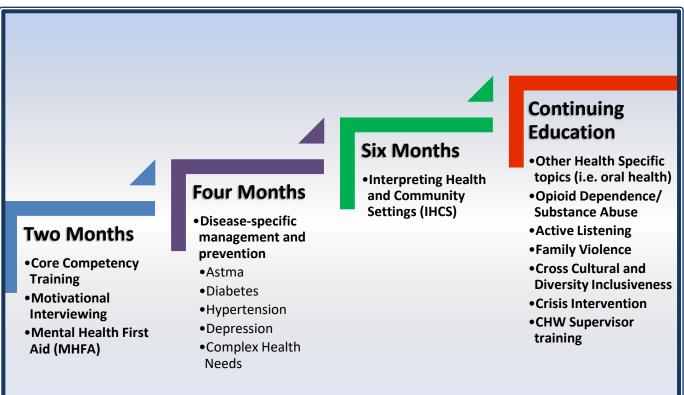
Figure 1. Suggested CHW training plan and timeline

Two Months
- Core Competency Training
- Motivational Interviewing
- Mental Health First Aid (MHFA)

Four Months
- Disease-specific management and prevention
  - Astma
  - Diabetes
  - Hypertension
  - Depression
  - Complex Health Needs

Six Months
- Interpreting Health and Community Settings (IHCS)

Continuing Education
- Other Health Specific topics (i.e. oral health)
- Opioid Dependence/ Substance Abuse
- Active Listening
- Family Violence
- Cross Cultural and Diversity Inclusiveness
- Crisis Intervention
- CHW Supervisor training

In addition to a generic training plan that can be reused for all the CHWs in your organization, remember to ask the CHWs their future goals in your organization. While some may aspire to become a CHW managers, others may value the contact with patients above all. Understanding the

highlights and goals of an individual will help employers and CHWs create a plan together. One that fosters trust and collaboration which may help with retention and satisfaction.

Local Training Opportunities for CHWs

Southwestern AHEC compiles an extensive list of available trainings that range various topics, are available online or in-person, and contains contact and cost information to help your organization navigate your options.

The Southwestern AHEC Training Workbook can be found here:

Furthermore, there are currently four organizations in Connecticut that provide 48 – 160 hour trainings in the core competencies.

Southwestern AHEC | Community Health Worker Core Competency Training

48-80 hours of interactive case discussions, group exercises and role plays. Provides individuals with core knowledge and skills to perform a variety of roles within the community and clinical settings. MHFA, Motivtional Interviewing. (Custom designed for employer needs)

Gateway Community College | Community Health Worker Training - Continuing Education

•Roles of the CHW, introduction to health/ health care policy in the US, promoting health equality, conflict resolution skills, client centered counseling for behaviour change, home visiting/ Mental Health&first aid and suicide prevention

Housatonic Community College | Community Health Worker (CHW) MHFA Certification - Continuing Education

•120 hours of lecture(incluide a mental health&first aid certificationtraining) 50 intership experience.Program will prepare student for activities to increase Community health knoledge&self-sufficiency(outreach,education,informal counseling, socialsupport , advocacy and how to make home visits.

Capital Community College | Community Health Worker Training - Continuing Education

•Roles of the CHW, how to provide culturally health education&outreach, advocate for clients&more. During this class you will take the Mental Health First Aid Certification.

Online Training Opportunities for CHWs

Several organizations committed to the workforce development and continuing education of CHWs. Online resources provide convenient, accessible, and often free opportunities for CHWs to develop in their roles. These trainings also expand the services CHWs can provide for your patients.
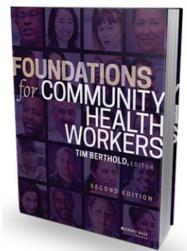
Centers for Disease Control (CDC) Train

The CDC has long been a proponent of CHWs and has several dedicated resources for training of both CHWs and employers. The CDC Train website provides a repository of online trainings of this sort. A quick search for "CHW" will reveal a range of core competency, and disease-specific trainings. Link to the Course Catalog: Course Catalog

Foundations for Community Health Workers

Foundations for Community Health Workers is the premiere textbook for training CHWs, and is used in certification courses around the US, including in Connecticut. Even if CHWs in your organization can't attend courses which use this textbook, both the curriculum as well as some training videos are available online:

Curriculum

YouTube Videos

Healthy Housing Solutions for Community Health Workers

CHWs who perform home visits as an extended role, can be trained to help patients maintain a healthy living environment.

Healthy Housing Solutions Continuing Education Courses
Healthy Homes for CHWs

Rural Health Info Hub

Though highlighted specifically for CHWs who work in rural settings, this directory of CHW trainings and curriculums can be applied across settings. Community Health Worker Toolkit

University of Massachusetts – Amherst

The Western Massachusetts Public Health Training Center (WMPHTC) offers online training for CHWs, as well as other frontline workers. Organizations may reach out to WMPHTC directly to inquiry about trainings offered through this group.

UMass-WMPHTC Training

UMass-WMPHTC Training Inquiry Form

Texas Department of State Health Services

DSHS - Certified Continuing Education Courses (CEUs) for Community Health Workers

More in-depth information on in-state and out-of-state trainings can be found through the <mark>Southwestern AHEC Training Workbook.</mark>

CHW Networks

Formalized CHW networks provide opportunities for CHWS to meet each other and to cross-train. Like other professional societies, CHW networks help formalize the occupation, provide support, and education.

Connecticut has developed its own CHW network called Community Health Workers Association of Connecticut (CHWACT). We highly encourage your CHWs to join!

Additional networks of interest to CHWs on your team include – many offer further training resources on their website.

List of CHW Networks by location			
Nearby CHW Networks			
State	**Location**	**CHW Network Name**	**Link**
Connecticut	State-wide	Community Health Worker Association of Connecticut	http://www.cpha.info/?page=CHWACT
Massachusetts	State-wide	Massachusetts Association of Community Health Workers	http://www.machw.org/
New York	Buffalo	Community Health Worker Network of Buffalo	http://www.chwbuffalo.org/
New York	New York City	Community Health Worker Network of NYC	http://www.chwnetwork.org/
New York	Rochester	Community Health Worker Association of Rochester, Inc.	http://chwrochester-ny.org/
Rhode Island	State-wide	Community Health Worker Association of Rhode Island	https://www.facebook.com/Community-Health-Worker-Association-of-Rhode-Island-212360668811849/
Other CHWs in the United States			
State	**Location**	**CHW Network Name**	**Link**
Illinois	Chicago	Chicago CHW Local Network	https://chwnetwork.wordpress.com/
Minnesota	state-wide	Minnesota Community Health Worker Peer Network	http://wellshareinternational.org/program/mnchwpeernetwork/
Oregon	state-wide	Oregon Community Health Worker Network	http://www.nwrpca.net/community-health-worker-

			networks.html#oregon_chw_network
Washington	state-wide	Washington Community Health Worker Network	http://www.nwrpca.net/community-health-worker-networks.html#washington_chw_network
Arizona	state-wide	Arizona Community Health Workers Association	http://www.azchow.org/category/news/training/credentialing/
Michigan	state-wide	Michigan Community Health Worker Alliance	http://www.michwa.org/
Texas	Multiple regions	Multiple	https://www.dshs.texas.gov/mch/chw/CHW-Page.aspx
New York	New York City	Community Health Worker Network of NYC	http://www.chwnetwork.org/
Illinois	Chicago	Chicago CHW Local Network	https://chwnetwork.wordpress.com/
Minnesota	state-wide	Minnesota Community Health Worker Peer Network	http://wellshareinternational.org/program/mnchwpeernetwork/

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[2] Cook, Scott C. and Keesecker, Nicole M. (n.d.) Finding Answers: Disparities Research for Change. Integrating Community Health Workers into Health Care Teams to Improve Equity and Quality of Care. Robert Wood Johnson Foundation and the University of Chicago. Retrieved from: http://www.solvingdisparities.org/sites/default/files/FA%20CHW%20Brief%20-%20Final%20(1).pdf

[3] MHP Salud (2016). Making the Case for Community Health Workers on Clinical Care Teams: A Toolkit. Retrieved from: http://2ow7t71bjuyu4dst8o28010f.wpengine.netdna-cdn.com/wp-content/uploads/2012/10/Making-The-Case-for-Community-Health-Workers-on-Clinical-Care-Teams.pdf

[4] Sinai Urban Health Institute. (2014). Best practices guidelines for implementing and evaluating community health worker programs in health care settings. Retrieved from: http://www.sinai.org/sites/default/files/SUHI%20Best%20Practice%20Guidelines%20for%20CHW%20Programs.pdf.

[5] Allen, C.G., Escoffery, C., Satsangi, A. and Brownstein, J.N., 2015. Peer Reviewed: Strategies to Improve the Integration of Community Health Workers Into Health Care Teams:"A Little Fish in a Big Pond".

[6] https://www.cdc.gov/diabetes/ndep/pdfs/ndep_motivational_interviewing_webinar_slides.pdf.

Appendix 1. C3 CHW Roles and Sub-roles

	Roles	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

Appendix 2. C3 CHW Skills and Sub-skills

	Skills	Sub-skills
1	Communication	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	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	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	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	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	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	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	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

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	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

[5]

[6]