CHW CORE ROLES AND COMPETENCY ALIGNMENT AND ACTION PLANNING

WORKBOOK

Developed for the Centers for Disease Control and Prevention's Community Health Workers for COVID Response and Resilient Communities Grantees by the Center for Community Health Alignment and the National Council on CHW Core Consensus Standards to compliment the National C3 Council Envision Equity webinar series.

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The National Council on Community Health Worker Core Consensus Standards
The C3 Council

CENTER FOR COMMUNITY HEALTH ALIGNMENT

envision equitable healthy communities
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This resource was prepared as a workbook for implementing the Community Health Worker (CHW) Core Roles and Skills from the *National Council on CHW Core Consensus Standards (National C3 Council),* formerly the C3 Project, into CHW programs with a focus on building and strengthening CHW skills and qualities in different settings. This workbook was developed collaboratively by the National C3 Council and the Center for Community Health Alignment (CCHA).

Specifically, the workbook was prepared using the training materials developed for a series of three National C3 Council Webinars geared to COVID Response and Resilient Communities (CCR) initiative Grantees. The series and the related workbook were sponsored by Envision Equity held from June 2023 – August 2023.

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BACKGROUND

This workbook aims to deepen the understanding, application, and implementation of the National Council on Community Health Worker (CHW) Core Consensus (C3) Standards' roles and competencies (qualities and skills) to strengthen the capacity of organizations to sustain CHW services and programs. This workbook was developed collaboratively by the C3 Council team and the Center for Community Health Alignment (CCHA) as a part of work with Envision Equity, funded by the Centers for Disease Control and Prevention.

This workbook was developed to complement a series of three C3 Council webinars and trainings. These trainings aimed to deepen the understanding and integration of the C3 Council's CHW roles and competencies for COVID Response and Resilient Communities (CCR) initiative grantees throughout the U.S, who are strengthening CHW services and programs in their communities. Though it was designed for CCR grantees as a priority audience, we hope that this workbook may support others seeking to start or strengthen CHW services and programs.

This workbook provides an array of resources to support implementation of CHW services and programs in alignment with C3 Council recommendations. CCHA and the C3 Council picked from a range of materials to offer tools and resources geared to new and established CHW programs. All the resources included were developed by one or more of the following three Council partners: the C3 Council, CCHA, and Envision Equity. Unless otherwise noted, the materials presented here were developed for the C3 Council Webinar series by the C3 Council team or by the CCHA and C3 Council Workbook authors team.

Center for Community Health Alignment

The Center for Community Health Alignment (CCHA) is a community focused organization within the University of South Carolina's Arnold School of Public Health. The Center for Community Health Alignment (CCHA) is led by a team of diverse, experienced Community Health Workers. CCHA provides training, technical assistance, capacity building and advocacy for and by the CHW workforce. CCHA's mission is to use evidence-based models and meaningful engagement strategies to co-create solutions with community leaders that address health inequities beginning with South Carolina and have expanded nationally.

CCHA encourages greater utilization of the available health resources, reduces barriers to critical services and expands community resources, helping build more resilient communities. For too long, the perspectives of individuals who are most impacted by health inequities have been missing from conversations about their own health and well-being. The most lasting health solutions are produced through the alignment of services and resources. CCHA provides support to organizations and communities in pursuit of improved health and increased equity.

Our work is customized based on the needs of our partners and is a consultative process informed by the collective expertise of CHWs and other professionals experienced in implementing effective CHW programs. CCHA Technical Assistance (TA) staff work alongside organizations to identify needs and to support the design, implementation, evaluation, and expansion of CHW programs that adhere to best practices from the CHW field. The strength of our services lies in the experience and expertise of our TA staff and CHW Subject Matter Experts (SMEs) on CHW model integration, population-specific knowledge, and expertise working with diverse groups.

Envision Equity

envision is a multi-state partnership of long term CHWs and allies guided by the principle of 'nothing about us without us'. Our value-centered mission is to support CHW programs and networks in expanding and maximizing CHW leadership and the potential of the CHW workforce. We have decades of collective experience and skills in all aspects of CHW work and support. Our work has financial and administrative support from the Centers for Disease Control and Prevention (CDC) Community Health Workers for COVID Response and Resilient Communities (CCR) Program.

The envision team uses multiple proven strategies to ensure CCR recipients and other CHW programs have the opportunity to do their best work and achieve their goals. We do that by providing training, technical assistance (TA), and facilitating peer to peer connections. Alongside program consultation, we deliver interrelated services through webinars, small group training, and communities of practice that help CHW programs enhance their skills, improve their outcomes, and learn from one another.

At envision, we believe that health happens on the front porch, at the clinic, and everywhere in between. We meet people where they are. We use a collective approach to building a workforce and support a strategy of equity and sustainability.

National Council on CHW Core Consensus Standards

The National Council on CHW Core Consensus Standards' primary aims are to expand cohesion in the field and to contribute to the visibility and greater understanding of the full potential of Community Health Workers (CHWs) to improve health, community development, and access to systems of care.

Importantly, the National C3 Council offers a single set of CHW roles and competencies for reference by those both inside and outside the field as they work to build greater support for and sustainability among CHWs in all settings. Central to the National C3 Council's work was the analysis of previously accepted CHW roles and competencies from the National Community Health Advisor Study (Rosenthal, Wiggins, Brownstein et al, 1998) compared to current benchmark documents. Many National C3 Council team members were central to the NCHAS, as seen in a brief history of the C3 Council in Figure 1 below.

This crosswalk led to the development of a contemporary expanded list of recommended roles and competencies. The term "competencies" is used here to include qualities and skills. Notably, the C3 Council team decided not to propose new qualities, instead choosing to endorse existing research on qualities. From that research, clearly the "connection to the community served" emerged as the most critical quality. Given well established qualities, the National C3 Council's work focused on the identification of contemporary roles and skills.

Following the crosswalk development of the proposed lists of recommended roles and skills, the National C3 Council team actively solicited feedback from CHW associations and networks across the country. Only after incorporating input from a majority of existing CHW networks, the National C3 Council team disseminated a recommended list of 10 roles and 11 skills and as noted above, endorsed existing knowledge about qualities.

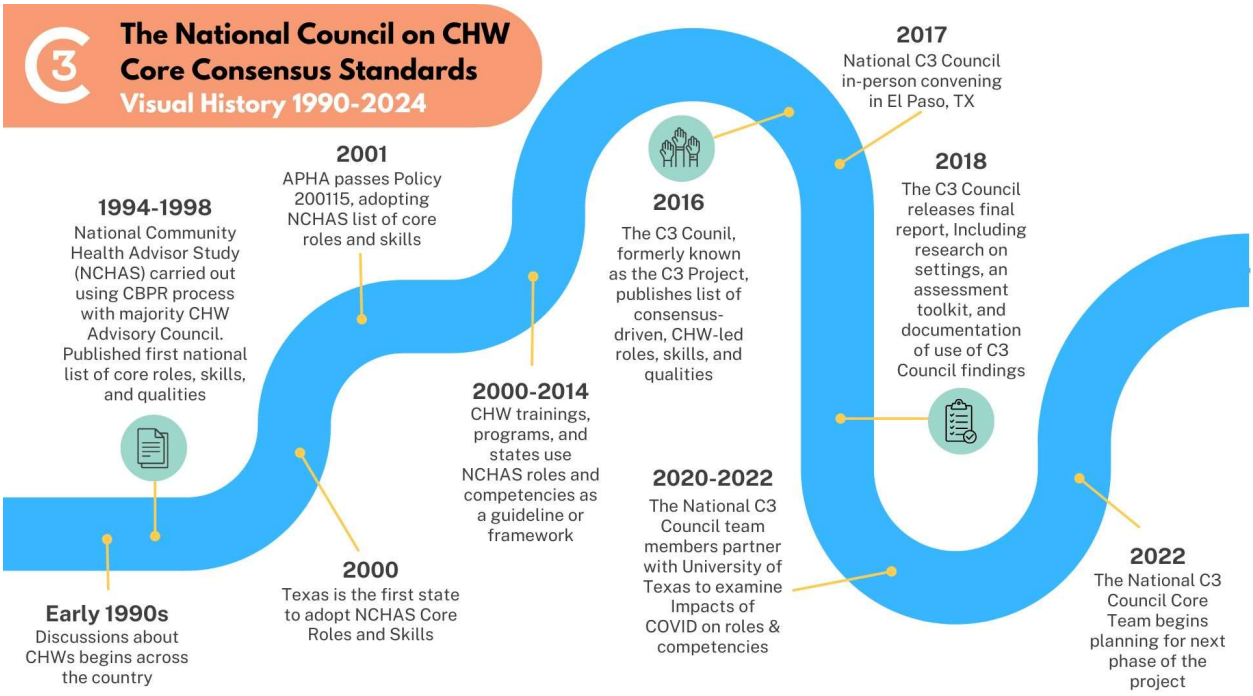


Figure 1: A Visual History of the C3 Council – developed by P. Menking in collaboration with E.L. Rosenthal, 2024

National C3 Council CHW Core Roles and Competencies

The overarching C3 Council roles and competencies (qualities and skills) cover a wide range and prepare CHWs to work in many setting to promote health and health care access as well as community development. The **roles** describe the work that CHWs do, also known as their **scope of work**. We assess roles in our programs and policies to ensure that CHWs are working to their full capacity and performing **all of the roles** that make them CHWs. The **qualities** help us understand the innate characteristics CHWs need to **connect with and serve their community**. We assess qualities to ensure we are recruiting and hiring the right people to serve in CHW roles. The **skills** describe what CHWs need to **be able to do** to fulfill their scope of work. We assess skills to ensure that we are adequately training CHWs to do their job well.

Core Roles

1. Cultural Mediation Among Individuals, Communities, and Service Systems
2. Providing Culturally Appropriate Health Education and Information
3. Care Coordination, Case Management, and System Navigation
4. Providing Coaching and Social Support
5. Advocating for Individuals and Communities
6. Building Individual and Community Capacity
7. Providing Direct Service
8. Implementing Individual and Community Assessments
9. Conducting Outreach
10. Participating in Evaluation and Research

Core Qualities

The C3 Council did not research CHW qualities but rather endorsed existing research. The C3 Council emphasized a CHW's connection to the community they serve as the most essential CHW quality. See Figure 2 for more CHW qualities endorsed by the National C3 Council.

Figure 2: National C3 Council CHW Qualities from E.L. Rosenthal; P. Menking; and J. St. John. The Community Health Worker Core Consensus (C3) Project: A Report of the C3 Project Phase 1 and 2, *Together Leaning Toward the Sky*: A National Project to Inform CHW Policy and Practice Texas Tech University Health Sciences Center El Paso, 2018

Core Skills

1. Communication
2. Interpersonal & Relationship Building
3. Service Coordination & Navigation
4. Capacity Building
5. Advocacy
6. Education & Facilitation
7. Individual & Community Assessment
8. Outreach
9. Professional Skills & Conduct
10. Evaluation and Research
11. Knowledge Base

How to Use this Workbook

This workbook is designed to be used by CHWs, CHW supervisors, and administrators of CHW programs and can be completed as an individual activity or as a group exercise. You may complete all activities or just those that feel most important to your work.

Here are a few examples of when this workbook can be useful:

- Developing a CHW program in an organization that is new to the CHW field
- Aligning a CHW-related policy with the national CHW field
- Reviewing an existing CHW program to better utilize the full potential of the CHW scope of work
- Integrating CHWs into an existing clinical or community-based service-provision team

When completing this workbook as a group, be sure to seek feedback from CHWs and ensure CHWs make up the majority of your working group.

Guide to the Workbook Sections:

- **Section I - Background** contains information about the two key partners in this workbook – the Center for Community Health Alignment and the National Council on CHW Core Consensus Standards, including the C3 Council lists of roles, qualities, and skills.
- **Section II - Tools for Planning CHW Field Alignment** presents activities to help you reflect on your programs' current values, its alignment or opportunities for alignment with the National C3 Council roles and skills. to support successful CHW service implementation and assessment.
- **Section III – CHW Training and Assessment** shares a series of tools from the National C3 Council Assessment Toolkit aimed at enhancing implementation of CHW services and programs through hiring and CHW assessment.
- **Section IV – Tools for Action** will help you translate the information gained from this workbook into goal setting and action planning to improve your program's alignment with the National C3 Council.
- **Section V – Additional Resources and Toolkits** lists additional resources and toolkits to further the learning. This includes links to access the three webinars delivered by the National C3 Council team in Summer 2023 along with the presentation slides and the materials for each training.

TOOLS FOR PLANNING CHW FIELD ALIGNMENT

In this section, you will find exercises to help you evaluate if your current CHW programs or planned new CHW programs are in alignment with the National C3 Council roles and skills and other CHW field best practices.

Readiness Reflection Exercise

Are you new to the CHW field? Is your organization starting a new CHW program or are you hoping to strengthen an existing program or intervention? Work through these questions to assess your readiness to launch or make improvements.
This tool is recreated from the Center for Community Health Alignment's CHW Model Toolkits, available at https://communityhealthalignment.org/chw-toolkit/

Has your organization engaged community members, including potential participants, to identify community resources and needs and explore the potential of CHWs to address current health and access issues they want to address?	Yes No Not Sure
Notes:	
Do the staff and leadership of your organization understand CHW roles and competencies?	Yes No Not Sure
Notes:	
Has your organization identified a champion(s) to facilitate planning and implementing a CHW integrating a full range of CHW roles and competencies in your program or intervention?	Yes No Not Sure
Notes:	
Has your organization determined the "community" from which you will recruit CHWs capable of implementing a full range of CHW roles and competencies that they bring to your organization and are supported to develop?	Yes No Not Sure
Notes:	
Has your organization or team worked internally and with potential participants to identify which priorities and needs CHWs will address using their competencies?	Yes No

	Not Sure
Notes:	
Has your organization identified or developed tools (i.e., timeline, protocols, and funding) to assess and implement new or modified CHW services or programs including the level to which they integrate CHW roles and competencies?	Yes No Not Sure
Notes:	

Analyze Core CHW Roles and Competencies in Clinical vs Community Settings

This is a general level-setting exercise to help you review the National C3 Council roles and competencies by mapping them to their application in clinical, community or both settings. Are the CHWs on your team working (i.e. interacting with community members) in a clinical or community setting – or both?

Go through each role and skill and determine the percentage of time the CHW will be performing this role or using this skill in either a clinical or community setting. Then use the final column to describe the type of work the CHW will be doing that falls under this role or skill. For more detail, you can refer to the sub-roles and sub-skills printed in this workbook, beginning on page 17.

CHW Core Roles	Percentage time in Community	Percentage time in Clinical	Examples of Work Done
Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems			
Providing Culturally Appropriate Health Education and Information			
Care Coordination, Case Management, and System 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			
Participation in Evaluation and Research			

CHW Core Skills	Community	Clinical	Examples of Skills Used
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			

CHW Roles and Competencies Program/Services Assessment

This tool will help you map your program's use of the National C3 Council's core CHW roles and skills. Assessing your program for alignment with the National C3 Council roles and competencies can help you consider:

1. Are the CHWs in your organization working at the top of their scope of work acting on all their roles? Are they empowered to provide a wide range of services to improve individual and community health or are they confined to a few roles only?
2. Are the CHWs in your organization adequately trained on core CHW skills or are there gaps in the training they are provided?
3. Are you recruiting and hiring CHWs who embody the core CHW qualities, including connection to the community they serve?

First, review the detailed list of the National C3 Council Core roles and skills reproduced from the C3 Project Final Report - The Community Health Worker Core Consensus (C3) Project: A Report of the C3 Project Phase 1 and 2, Together Leaning Toward the Sky.

Core CHW Roles	Description/Sub-Skills
1. Cultural Mediation Among Individuals, Communities, and Health & Social Service Systems	a. Educating individuals and communities about how to use health and social service systems (including understanding how systems operate) b. Building health literacy and cross-cultural communication c. Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services [CLAS] standards)
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 Services	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: a. Identification of priority issues and evaluation/research questions b. Development of evaluation/ research design and methods c. Data collection and interpretation d. Sharing results and findings e. Engaging stakeholders to take action on findings
Core CHW Skills	**Description/Sub-Skills**
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 g. Ability to document work h. Ability to communicate with the community served
2. Interpersonal & 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 & 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 & 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 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 resource inventory
9. Professional Skills and Conduct	a. Ability to set goals and develop/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 lifelong 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:
	  a. Identifying priority issues and evaluation/ research questions
	  b. Developing evaluation/research design and methods
	  c. Data collection and interpretation
	  d. Sharing results and findings
	  e. 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

Now that you have considered settings where CHWs are performing the National C3 Council roles, use that data to fill out the following questions. This assessment will help you to understand the extent to which your program is using the full extent of the National C3 Council's recommended roles.

ROLES

1. Check off the roles performed by you as a CHW or by CHWs in your program:

    Cultural Mediation Among Individuals, Communities, and

    Health and Social Service Systems

    Providing Culturally Appropriate Health Education and Information

    Care Coordination, Case Management, and System Navigation

    Providing Coaching and Social Support

    Advocating for Individuals and Communities

    Building Individual and Community Capacity

    Providing Direct Service

    Implementing Individual and Community Assessments

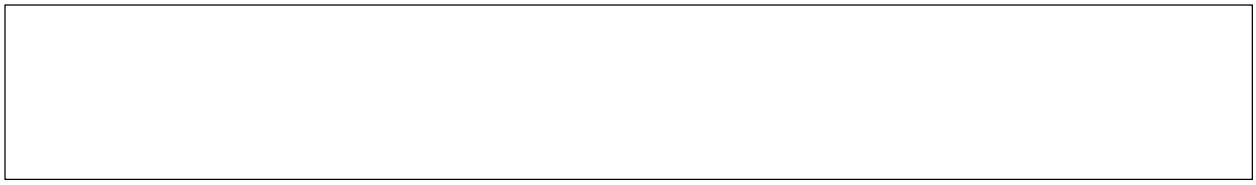
    Conducting Outreach

    Participating in Evaluation and Research

2. Which CHW roles from the National C3 Council resonate most with the day-to-day activities of CHWs in your program or in your community?

3. Which roles are missing from the CHW services you currently provide? Do you feel your program would improve if you use more of the roles? How could you change your programs to ensure CHWs are working to their full capacity?

4. Which roles does your program include that are not included in the National C3 Council list? Why are these important to your program? *Please let the National C3 Council know about these additional roles that you value at info@C3Council.org.*



Next we will look at alignment with National C3 Council skills and qualities. By answering the following questions, you will better understand if there are gaps in the training CHWs are provided and the qualities you are looking for in your hiring and recruiting process.

5. Question: Check off the CHW skills in the following list of National C3 Council skills that your organization or those you support are adequately training CHWs to be able to perform. If the CHWs on your team are trained by another organization, check in with them to see what competencies their curriculum is built around:

    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

QUALITIES

1. What qualities are important for CHWs serving in your community and organization?

SKILLS

1. Which CHW skills from the National C3 Council resonate most with the day-to-day activities of CHWs in your program or in your community?

2. Which skills are missing from the CHW training you provide or that is provided by other local organizations? Do you feel your local CHW workforce would improve if training was provided on these missing skills? How so?

3. Which skills does your program include that are not included in the National C3 Council list? Why are these important to your program? *Please let the National C3 Council know about these additional skills that you value at info@C3Council.org.*

State Policy Alignment Assessment

While the National C3 Council's Core Roles and Skills are the most widely used in the CHW field nationally, many states use their own list. It is important to use the National C3 Council to align with the CHW field nationally while also ensuring that you are meeting any important requirements in your own state.

1. Does your state, island nation, or tribal government have guiding language and regulations affecting CHW practice? If not, what is the status of this in your state? If you are unsure, where can you follow-up to find out or answer these questions?

2. Are CHWs visible to policy makers? How can you use the National C3 Council roles and competencies to educate others in your state about CHWs?

3. What, if any, are your state's recognized or adopted competencies?

4. Which skills are missing from the CHW training provided in your state? Do you feel your local CHW workforce would improve if you provided training or supported CHWs to engage in training offered on these missing skills? How so?

5. Which skills does your state include that are not included in the National C3 Council list? Why are these important to your region? *Please let the National C3 Council know about these additional skills that you value at info@C3Council.org.*

Send your results to info@C3Council.org to inform the National C3 Council's future work!

Applying the National C3 Council to Training, Deploying, and Engaging CHWs

Use the following case scenarios to consider how the National C3 Council roles and skills apply to the work of the CCR grants. CHWs should be empowered to perform a broad range of roles and use a variety of skills, regardless of work setting. Encouraging CHWs to take advantage of their full scope will improve outcomes in CHW training, deployment, and engagement.

CASE: CHW TRAINING

You are reviewing a CHW curriculum for a new CHW training center funded by the CCR grant. You are examining the list of National C3 Council core roles and skills and are trying to decide which skills to focus the most attention on in the curriculum.

1. Which core skills will best support the following roles identified as critical by the CCR grant?

   Conducting Outreach

   Providing Culturally Appropriate Health Education and Information

   Advocating for Individuals and Communities

   Care Coordination, Case Management, and System Navigation

2. How might you incorporate hands-on learning around the skills identified in question 1?

CASE: CHW SERVICES DEPLOYMENT

You are supporting and/or talking to a local safety net clinic about the integration of CHWs into their operations. You want to ensure they are structuring their programing to support CHWs' full scope of work while also meeting the goals of the CCR grant.

1. What National C3 Council Core Roles support the CCR deployment strategies of integrating CHWs into emergency preparedness, vaccine deployment, and managing the spread of COVID-19?

2. Do you feel that your program and the programs you support are adequately tapping into the full scope of CHW work for the CCR grant? If not, what roles are missing?

CASE: CHW ENGAGEMENT

Your community is facing various structural barriers to health, including lack of access to healthy foods and healthcare, no public transportation, and few opportunities for healthy movement and recreation. As part of the CCR grant, you are a CHW leader or are encouraging CHW leadership around addressing these structural barriers to a healthy community.

1. What National C3 Council Roles and Skills would you uplift to enhance CHW leadership skills around improving overall community health through engagement with policy makers, researchers, and community leaders?

2. Do you feel your program is adequately supporting these core roles and skills through the CCR grant?

3. If not, what is missing?

Case Studies of CHW Integration

These case studies from the Center for Community Health Alignment show how CHWs in South Carolina are helping individuals, healthcare systems, and entire communities build on their strengths and break down barriers, so everyone has a chance to be healthier. These case studies can be found on their website - communityhealthalignment.org/chwi-intro-overview/

As you read through each case, reflect on the following questions:

1. How are these organizations aligning their work with CHW field best practices and the National C3 Council core roles and competencies?
2. What qualities are the CHWs exhibiting?
3. What qualities are the CHW supervisors exhibiting?
4. What roles are the CHWs playing and what skills are supporting their ability to do that work well?

Case Study 1: Maintaining a Team of CHWs

It is important for organizations to identify CHW supervisors who understand the role and core competencies of CHWs. Supportive and ongoing supervision is a best practice and motivates strong teams of CHWs who can significantly impact their communities. Supervisors can also be champions and advocates within health systems and clinical teams, as well as critical connectors within communities being served by CHWs. Supervisors are trained CHWs and/or recognized community leaders who have worked in the community and can support CHWs who will also hold them accountable.

IMPACT

CHW supervisors should stay connected with the community to ensure the best care for participants. They can help build relationships with other organizations, acting as a mediator not only for the individuals served by the CHWs but for their CHWs too. Nora Curiel Muñoz, a CHW supervisor in Spartanburg, South Carolina, noted that one of the essential parts of her job as a supervisor is to act as a sounding board for her CHWs, listening to challenges they face with participants or partner sites. “I supervise five CHWs daily, and we have different programs they are supporting for participants here in Spartanburg, but I also attend a lot of meetings with partners, and my role is advocating for the people of the community with those partners,” she said..

Nora helps her team of CHWs navigate challenging cases, making sure that they have the support and knowledge to help them advance positive outcomes for participants. She remarks that she reinforces empathy and patience among her team of CHWs and encourages them to celebrate successes when they happen. “I have the most wonderful team you can imagine. I know they are kind and that they care about the people they are helping.” Nora’s connection to her team allows her to be supportive and empathetic, listening to their needs and doing her best to meet them. Her understanding of her community as a CHW enables her to give her team a greater understanding of what programs and partnerships are available to reduce social determinants of health.

OUTCOMES

Marek Calhoun is a retired police officer who has made community health work his passion. Supervising a large team of CHWs isn’t the same as being a first responder, he says, but it also isn’t that different. Marek says he can apply his understanding of the community from years of police work to his current role as a CHW supervisor at CareSouth Carolina, a federally qualified health center in the Pee Dee region of South Carolina. *“When I got into this position, it was my opportunity to change some things, to make sure we got out in the community and got the word out about the help people can get,”* Marek said.

"When I came into this position, we started participating in more events. We started doing more outreach and getting the word out about what CareSouth is and what type of programs and services we have to offer for our patients and community."

As a supervisor, Marek encourages his team of CHWs to be effective by being prepared. "I encourage my team each day to be preparing for the next day – to always be prepared for when a patient comes in. They should be looking at their schedule for the next day and the day after that - to always be planning and mapping things out." Marek has also chosen his team carefully, ensuring they will be a good fit for CHW in his community. He has built a team with strong existing connections to the community. *"They're already invested here; you don't have to develop that buy-in/ They already have a vested interest in the community because they're from that community. They're friends. They're family; all of those folks live in their community. Now they're working in that community - they're invested in helping their community,"* Marek said. Marek says he only sees a growing need for CHWs in communities throughout South Carolina. *"It's going to be where you can't move through the health system without having a CHW. Every organization won't be able to function without one*," he said. *"You need to have a CHW, or someone under that umbrella of community health work, to navigate for individuals from the community. To navigate with patients, to navigate customers in your business, to help them get what they need to live and have a better quality of life - all to improve health and wellness in communities all over."*

Case Study 2: CHWs and Clinical Teams

The growing partnerships between CHWs and clinical teams are integral to community health. CHWs have a more trusting relationship with individuals than most healthcare professionals and clinical teams and serve as the bridge to helping participants navigate the healthcare system.

They also can spend more time with participants than a health professional and can take more time to explain complex health and medical information than a doctor or nurse might. CHWs have regular contact with participants, including often seeing them in their homes, giving them a deeper understanding of the participant's physical and mental health. The CHW will spend time with the participant going over what was told to them by the medical professional, helping decipher medical jargon, and helping them understand all that was told to them by a doctor or nurse. If there's a problem, the CHW will follow up with the clinical team, Patti explained.

"It allows for the patient to talk to someone they are more comfortable with, but it also allows us to be more informed about what's going on with their care after they leave the office," she added. Sometimes the information provided by the CHW can be lifesaving. *"We had a patient that was having some major postpartum depression. She did not recognize it, but the CHW called me, and we connected them with some behavioral health resources, and it made a big difference; it probably saved her life,"* said Patti Smith, a retired midwife, and nurse in Orangeburg, South Carolina. *"Working with CHWs has been very beneficial for us."*

OUTCOMES

Dr. Stephen Smith is in charge of a large clinical team in Society Hill, South Carolina, and has seen firsthand how CHWs can create better outcomes for participants in various ways.

"They have a big impact on improved outcomes - big time. What CHWs do kind of falls into a lot of different categories. They're helping make sure participants are getting and taking their medicines. They

help with transportation - whereas I usually don't realize that the patient had help getting here," Dr. Smith remarked.

Patti Smith explains: *"We're more of the professional clinician, and they're more personable. For instance, we tell a patient their medication, diagnosis, and treatment and send them on their way. CHWs come in, and they can really explain to the patient what has been prescribed and why, they can make sure the patients understand what is going on,"* she explains*. "Unlike us who only see them in the office, CHWs are going into their homes, and they will stay as long as they need to. They only have a 15 to a 30-minute visit with us, but they have an hour to two hours with the CHWs,"* she said.

Dr. Stephan Smith added that having access to transportation in rural communities is critical to patients getting the care they need. *"Having that access and help with transportation is so important."* Dr. Smith shared that CHWs also help his team improve the care they provide for patients, noting that working closely with CHWs allows clinical teams to understand participants' whole health better.

"You have a much clearer idea of what's happening in the home, what barriers might exist, why they might not be taking the prescribed medications, why they keep coming back with issues."

Working with CHWs increases that understanding and allows clinical teams to adapt and work with the CHW and participants to follow through with their care plan. They can answer questions, solve problems, and create a whole network of support systems to improve individuals' whole health.

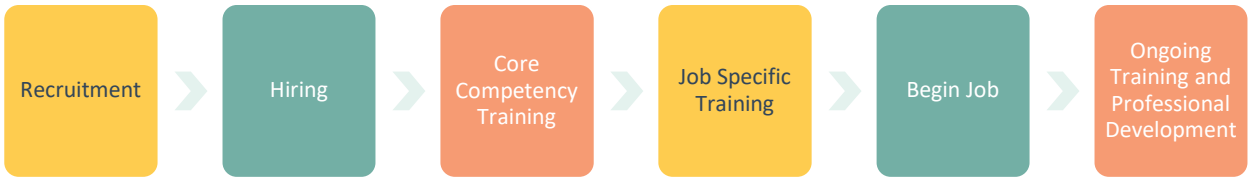
"I can write the prescription, but then the question is, does the patient here in Society Hill have access to be able to get it? They can schedule an appointment, but can they actually get here? Do they know how to access insurance benefits that they qualify for? This is where the CHWs come in, and it's a game changer," Dr. Smith said.

CHW TRAINING & ASSESSMENT

After working through the planning and assessment activities, let's work on implementing the National C3 Council roles, qualities, and skills into your program and/or services. The following tools are a selection from the National C3 Council's CHW Assessment Toolkit that will help you assess your alignment to the National C3 Council recommendations in your supervision and CHW performance assessment. You can find the full version of the assessment toolkit on the National C3 Council website, www.C3Council.org. The toolkit is useful for:

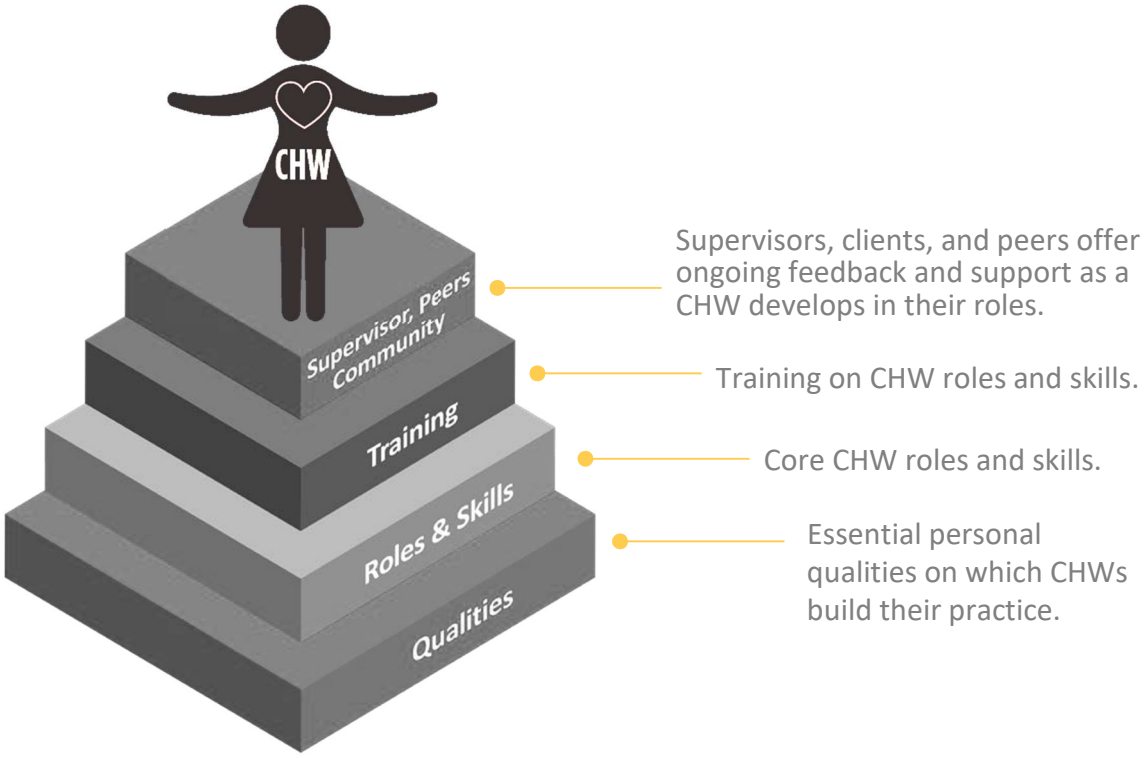
- Developing CHW hiring programs
- Assessing CHW job performance in alignment with the National C3 Council
- Integrating CHWs into teams
- Building recognition of how CHWs overcome barriers

Steps for CHW Recruitment, Hiring and Training



Allen, C., J.N. Brownstein, M. Cole, G. Hirsch. The Community Health Worker Assessment Toolkit: *A Framework for the Assessment of Skill Proficiency to Promote Ongoing Professional Development.* A product of the Community Health Worker Core Consensus (C3) Project. Texas Tech University Health Sciences Center El Paso, 2018.

Supporting the Assessment of CHW skill proficiency: A 360-degree view



Guiding Principles for CHW Skill Assessment

Take the following guiding principles into consideration as you design an assessment framework and system for your CHW program. Check the box next to those you feel you are adequately addressing and use the notes box below to record your thoughts on areas of improvement.
These principles are from the National C3 Council's *Community Health Worker Assessment Toolkit: A Framework for the Assessment of Skill Proficiency to Promote Ongoing Professional Development*.

Whenever possible, use innovative, mixed methods and technologies for hiring, training, and skill assessment:

- Include didactic and non-didactic approaches.
- Provide on-the-job opportunities for shadowing, one-on-one training, and coaching by experienced CHWs, supervisors, clinical staff, and others.
- CHWs are partners in skill assessment — prioritize CHW knowledge and life experience.

Conduct CHW assessment with cultural competency and humility:

- Develop the assessment process together with CHWs.
- Establish fair assessment tools and methods that reflect and honor the work of CHWs.

Use assessment throughout the lifecycle of the program:

- Understand that skill proficiency assessment takes time, trust, and patience.
- Use an assessment process during the hiring process to help managers and leadership make the best choices and inform them of the training needs of the people they hire.

CHWs should play an active role in assessing themselves, their peers, and their work environment:

- Make sure CHWs understand that the purpose of assessment is to allow for professional development, so that they can work most effectively and address any deficiencies (continuous quality control). Assessment may be perceived by CHWs as code for discipline.
- Create opportunities for CHWs to add insight and support to jointly solving problems in staff meetings, case management, huddles, and other team activities.

Involve those served by CHWs in assessment:

- Offer opportunities for community members and patients to give feedback on CHW services.

Supervisors should be assessed to continually support CHWs:

- Provide training and practice opportunities for staff new to supervising CHWs.
- Allow CHWs the chance to assess quality of supervision, institutional support for their work, adequacy, and quality of training (initial and ongoing), respect, and opportunity for community engagement.
- Encourage supervisor presence and consistent mentoring to minimize CHW turnover and set the foundation for meaningful assessment.
- Determine the factors that affect CHW work, so supervisors can offer appropriate support to ensure CHW success.
- Consider contextual factors (e.g., support from management) that may impact CHW assessment.

Notes:

Rubric for Assessing CHW Performance in National C3 Council Skills

Skill	Criteria			
	Developing	Satisfactory	Proficient	Notes
Communication skills Use language confidently, communicate using plain and clear language, communicate with empathy, document work				
Interpersonal and relationship-building skills Provide coaching and social support, use interviewing techniques, manage conflict, practice cultural humility				
Service coordination and navigation skills Coordinate care, make referrals, follow up, navigate				
Capacity-building skills Help others identify goals, teach self-advocacy skills, build community				
Advocacy skills Contribute to policy development, speak up for individuals and communities				
Education and facilitation skills Use learner-centered teaching, conduct training and presentations				
Individual and community assessment skills Participate in individual and community assessments				
Outreach skills Conduct case finding, recruitment, and follow-up				
Professional skills and conduct Manage time effectively, practice self-care, use pertinent technology				
Evaluation and research skills Participate in evaluation and research processes				
Knowledge base Knowledge of social determinants, key health issues, public health principles, and community				

Table 1: Allen, C., J.N. Brownstein, M. Cole, G. Hirsch. The Community Health Worker Assessment Toolkit: A Framework for the Assessment of Skill Proficiency to Promote Ongoing Professional Development. Texas Tech University Health Sciences Center El Paso, 2018

Supervisor Self-Assessment Worksheet

Fill out this reflection worksheet to determine if you are providing supportive, National C3 Council aligned supervision to CHWs or if there are clear areas of improvement needed. This questionnaire is reproduced from the National C3 Council's *Community Health Worker Assessment Toolkit: A Framework for the Assessment of Skill Proficiency to Promote Ongoing Professional Development*.

1. What skills and qualities are necessary for a good CHW supervisor?

2. What are ways I can better support the CHWs I supervise?

3. How is the structure of supervision (individual vs. group) appropriate and inappropriate for the CHWs I supervise?

4. Is the frequency of supervision (monthly, weekly, biweekly, daily) appropriate for the CHWs I supervise? How could it be improved?

5. Am I available outside of immediate supervisory time to provide feedback, discuss needs, and problem-solve? How can I be more available?

6. Am I supervising a manageable number of CHWs (four to eight)?

7. Is the amount of time I spend supervising CHWs appropriate (45 minutes to one hour per interaction)? How can I improve the time spent?

8. How can I improve on the support I am providing to the CHWs I supervise?

9. Is the location of supervision (office, in the field, virtual) appropriate and meaningful? If not, how can it be improved?

10. How am I using motivational interviewing techniques in my supervision?

11. How am I providing and/or supporting training and professional development opportunities for the CHWs I supervise?

CHW Self-Assessment Worksheet

Fill out this reflection worksheet or ask the CHWs you supervise to fill it out after seeing a client to reflect on strengths and identify areas for improvement. This can be used as part of an occasional spot assessment or regularly to keep more consistent tabs on program goals and CHW performance.
This assessment is reproduced from the National C3 Council's *Community Health Worker Assessment Toolkit: A Framework for the Assessment of Skill Proficiency to Promote Ongoing Professional Development*.

1. How did you feel about working with your client and/or their family?

2. Did you feel that you were prepared for this particular client? If not, how can you be better prepared for future clients?

3. Did you feel that you had the resources you needed for this client and/or their family? What resources were most helpful?

4. What, if any, organizational resources do you need but did not have?

5. Did you have the resources that you needed in the community?

6. Do you feel you need additional training to handle situations like this in the future? If so, what type of training is needed?

7. What was the most challenging aspect of working with this client for you?

8. What did you enjoy most about working with this client and/or their family?

9. Is there anything you would do differently next time?

10. Are there any tools that would have made this situation better for you?

CHW Assessment Case Scenarios and Discussion Questions

The following case scenarios are a sample from those used during the Envision sponsored training - *CHW Core Consensus Project 201: Applying National C3 Council Resources and Tools to Assess CHW Core Competencies & Roles* (linked in the final section). Use them to reflect on which skills are most relevant to assess in common CHW programs and how you might plan to assess them.

Case Scenario 1: Health Education in an Underserved Community

A CHW is assigned to a predominantly Hispanic community with a high prevalence of Type 2 Diabetes. They must use their understanding of the community's culture, language, and health beliefs to develop culturally appropriate health education materials and workshops. They then conduct outreach to promote the workshops and provide education about diabetes management and prevention.

Reflection Questions:

1. What CHW roles and skills would be appropriate to assess in this scenario? Why? How would you determine what roles and skills to assess? Are there roles or skills that may have a higher priority to assess than others? Why or why not?

2. What C3 tools and resources might help you assess the CHW's roles and skills in this scenario? How would you use them? Describe any changes or adaptions you might make to a specific tool or resource to best meet the assessment needs in this scenario.

Ideas for Assessment Tools

1. Workshop Evaluation: This tool could include observation criteria for evaluating the CHW's Interpersonal and Relationship-Building Skills during health workshops. It should measure the CHW's ability to communicate clearly, build relationships, and interact effectively with community members.
2. Material Review: This tool would be a checklist to assess the appropriateness, cultural sensitivity, accuracy, and relevance of the health education materials developed by the CHW.
3. Community Feedback Survey: This tool would collect community feedback regarding the effectiveness and clarity of the educational workshops and materials.

Case Scenario 2: Care Coordination in a Clinical Setting

A CHW in a clinic is tasked with helping patients navigate the healthcare system. They coordinate care, schedule appointments, explain procedures, and ensure patients have transportation and other necessary resources.

Reflection Questions:

1. What CHW roles and skills would be appropriate to assess in this scenario? Why? How would you determine what roles and skills to assess? Are there roles or skills that may have a higher priority to assess than others? Why or why not?

2. What C3 tools and resources might help you assess the CHW's roles and skills in this scenario? How would you use them? Describe any changes or adaptations you might make to a specific tool or resource to best meet the assessment needs in this scenario.

Ideas for Assessment Tools

1. Patient Satisfaction Survey: This tool would collect feedback from patients on the CHW's communication, coordination of care, and ability to facilitate system navigation.
2. Clinical Staff Feedback: This tool would collect feedback from other clinic staff on the CHW's professionalism, effectiveness in care coordination, and communication.
3. Case Review: This tool would analyze specific cases managed by the CHW, assessing their efficiency and effectiveness in managing patient care.

Case Scenario 3: Direct Service in a Disaster Response

A CHW in a community affected by a natural disaster helps to coordinate immediate healthcare services and support. They work with local authorities and NGOs to ensure community members have access to medical services, food, and shelter.

Reflection Questions:

1. What CHW roles and skills would be appropriate to assess in this scenario? Why? How would you determine what roles and skills to assess? Are there roles or skills that may have a higher priority to assess than others? Why or why not?

2. What C3 tools and resources might help you assess the CHW's roles and skills in this scenario? How would you use them? Describe any changes or adaptations you might make to a specific tool or resource to best meet the assessment needs in this scenario.

Ideas for Assessment Tools

1. Disaster Response Evaluation: This tool collects feedback from authorities and NGOs about the CHW's role in coordinating services, their professionalism, and knowledge about the needed services and resources.
2. Community Feedback Survey: This tool collects feedback from community members about the help they received from the CHW and how well their immediate needs were met.
3. Service Coordination Review: This tool evaluates the effectiveness of the services coordinated by the CHW, including timeliness, adequacy, and relevance to the needs of disaster-affected individuals.

TOOLS FOR ACTION

The two tools in this section will help you to absorb the information and reflections from the previous activities and move into goal setting and action to improve your program's alignment with the National C3 Council roles and skills.

Action Planning for National C3 Council Alignment

1. What have you learned about the CHW core roles and skills and their purpose in the CHW field?

2. How are you planning to use/apply this new knowledge in your program and/or organization to better align with National C3 Council roles and competencies?

3. What gaps do you need to fill in order to implement the National C3 Council roles and skills into your work?

4. How can you share this information with other partners and teams and your local CHW field? What action steps will you take to promote alignment with C3 roles and competencies?

Developing a National C3 Council Implementation Action Plan

Draft an Action Plan for implementing National C3 Council core roles and competencies in your organization, program, training, policy, or intervention. Use your answers from the previous reflection exercise to guide your goal setting and then write statements for each element of the action plan. You may refer to the example below:

- **National C3 Council Role or Skill -** CHW role #2. Providing Culturally Appropriate Health Education and Information
- **Goal**: Incorporate accurate standards based on developmentally appropriate health and education. Better understand existing community beliefs.
- **Tasks**: Meet with the community we're working with to learn about beliefs and culture.
- **Resources**: Check with the community to find out what resources they know about. Meet with other organizations that may be used as a resource. Resources could be: staff, funding, training curricula, space for training, etc.
- **Time frame**: 3-6 months.
- **Success**: Success will be measured by assessing the goals set using a checklist of standards.
- **Potential challenges**: Trust is a large barrier between communities and our organization.

National C3 Council Role or Skill: _____	
Goal (what would you like to happen)	
Tasks (what needs to happen to achieve the goal)	
Resources needed (what or who can help you complete the task to achieve the goal)	
Timeline (by when would you like to see the goal achieved)	
Indicators of success (how will you identify your success)	
Potential challenges (what barriers do you foresee that could make this goal difficult to achieve?)	

ADDITIONAL RESOURCES AND TOOLKITS

Envision Sponsored National C3 Council Webinar + Trainings

Recordings of each of the three trainings can be found here, along with the presentation slides and training materials. A brief description of each training is found below:

1. **CHW Core Consensus (C3) Project 101: An Introduction to National Consensus-Driven CHW Core Roles, Qualities, and Skills**

   This capacity building webinar covers the decades-long history of field-driven CHW roles and competencies, including the qualities and skills foundational to successful CHW practice. Through guided activities, participants align the National C3 Council CHW core roles and competencies to their roles, scope of work, and areas of responsibility.

2. **CHW Core Consensus (C3) Project 201: Applying National C3 Council Resources and Tools to Assess CHW Core Competencies & Roles**

   Continuing the conversation and knowledge shared during the **101 training,** this capacity building training will strengthen participants' abilities to apply National C3 Council resources and tools. By the end of this training participants will be able to assess how the ten National C3 Council core roles and eleven National C3 Council core skills function in well-developed CHW programs and services. Participants engage in activities where they apply their knowledge and skills to utilization of National C3 Council tools.

3. **CHW Core Consensus (C3) Project 301: Rolling up our Sleeves to Make it Happen!**

   The final training in the National C3 Council training series will continues the conversation and knowledge shared in previous trainings. Participants apply the National C3 Council roles and competencies into practice with considerations of various settings, analyze Core CHW Roles, apply National C3 Council roles to a role play, and draft an action plan for utilizing National C3 Council core roles and competencies for role integration in various settings

Additional Resources and Further Reading

- CHW Case studies from the Center for Community Health Alignment
- South Carolina CHW Prioritization Index
- C3 Project CHW Roles and Competencies Review Checklist
- The Community Health Worker Core Consensus (C3) Project: Together Leaning Towards the Sky: A Report of the C3 Project: Phase 1 and 2
- Videos from the National C3 Council (found in English and Spanish at www.C3Council.org/resources):

Additional Resources

- Communication toolkit to foster collaboration: Build bridges to other sectors by articulating shared goals, problems that stand in the way to reaching them, and the solutions that come from partnering with public health professionals. *Public Health Reaching Across Sectors, 2020*
- Designing Community Health Worker Programs: Prepare your team to implement CHW programs. *Center for Community Health Alignment, 2020*
- Working Effectively with Community Health Workers: Develop new or existing workflows. *Center for Community Health Alignment, 2020*
- Understanding screening and responding to social determinants of health: Facilitate a planning process for screening and responding to social determinants of health needs. *Center for Community Health Alignment, 2020*
- CHW Assessment Toolkit: Assess CHW skills proficiency and foster professional development. *CHW Core Consensus Project, 2018*

NOTES

Contact the Center for Community Health Alignment:
www.communityhealthallignment.org

Contact the National C3 Council:
info@C3Council.org
www.C3Council.org

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