FOUNDATIONS *for* COMMUNITY HEALTH WORKERS

EDITED BY
TIM BERTHOLD
DAROUNY SOMSANITH

THIRD EDITION

with website

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THIRD EDITION

Tim Berthold and Darouny Somsanith, Editors

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Contents

Acknowledgments

We are grateful for the dedication of our **27 authors.** Short biographical statements are provided for each author in the next section of the book.

Thank you to everyone who contributed a **CHW Profile**: Cristina Arellano, Joe Calderon, Estela Munoz de Cardenas, Lorena Carmona, Dante Casuga, Mattie Clark, Faith Fabiani, Durrell Fox, Abdul'Hafeedh bin 'Abdullah, Fadumo Jama, Michelle James, Pennie Jewell, Floribella Martinez-Redondo, Francis Julian Montgomery, Avery Nguyen, Silvia Ortega, Nilda Palacios, Monica Rico, Tahrio Sanford, Sengthong Sithounnolat, Porshay Taylor, Kim Lien Tran, and David Valentine.

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We dedicate this book to community health workers: past, present, and future. We also dedicate this book to our beloved colleague and author, **Lorena Carmona**, who passed away just a few months before its publication. Lorena was a gifted and dedicated CHW leader. She will be missed and remembered by everyone who knew her.

Contributors

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Savita Malik, EdD, MPH.   Savita Malik has been at the intersection of public health and education for more than 20 years. She is faculty at San Francisco State University and a co-founder and current curriculum and faculty developer for the Metro College Success Program.

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Jill R. Tregor, MPH.   Jill Tregor is an adjunct instructor with the Community Health Worker and Alcohol and Drug Counselor certificate programs at City College of San Francisco. She has many years of experience working with community-based organizations addressing hate-motivated violence, women's health, and domestic violence.

About the Companion Website

This book is accompanied by a companion website.

http://www.wiley.com/go/communityhealthworkers3E

The website includes:

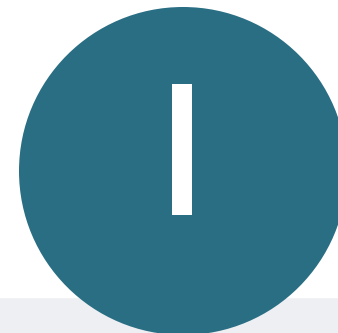- Training guides and Video index

Introduction

Foundations for Community Health Workers is a resource for training, teaching, and credentialing CHWs. It is inspired by the curriculum for the CHW Certificate Program at City College of San Francisco (CCSF). The CCSF program (CCSF CHW Program, 2023) was established in 1992 and is still going strong.

2023 graduates of the CCSF CHW Program.

Guiding principles that inform this book include a commitment to health equity and social justice, cultural humility, and person- and community-centered practice that respects the experience, wisdom, and autonomy of CHWs and the communities they serve.

The book is designed for CHWs in training and is divided into five sections:

- Part One provides information about the broad context that informs the work of CHWs. It includes an introduction to the role and history of CHWs, the discipline of public health, and the principles of health equity.

- Part Two addresses the core competencies or skills that most CHWs rely on day-to-day. This section includes chapters on ethics, person-centered practice, cultural humility, motivational interviewing, case management, action planning, and home visiting.

- Part Three addresses key professional skills for career success including stress management, conflict resolution, code switching, providing and receiving constructive feedback, and how to develop a resume and interview for a job.

- Part Four applies key competencies to specific health topics including working with people who are returning home from incarceration, supporting clients with the management of chronic health conditions, healthy eating and active living, and supporting survivors of trauma.

- Part Five addresses competencies that CHWs use when working at the group and community levels, including health outreach, facilitating trainings and groups, research and evaluation skills, and community organizing and advocacy.

One book cannot possibly address all the knowledge and skills required of CHWs. Our intention is to provide an introduction to the competencies most commonly required when working with clients and communities. This textbook does not attempt to provide information about all the specific health issues that CHWs will address in the field (such as type two diabetes, pediatric asthma, substance use, depression and other mental health conditions, and the challenges of being unhoused). Health knowledge changes rapidly as new research findings are released, and many reputable health organizations provide regularly updated information online. Our approach is to cover the key skills that CHWs provide in the field and to let employers take the lead in providing additional training on specific health topics and issues that they will address on the job.

The Community Health Worker Core Consensus (C3) Project (The C3 Project, 2023) has partnered with the *Foundations* textbook in its third edition to help readers understand how the skills that are featured within each textbook chapter map to the skills identified by the C3 Project.

Why the C3 Project?

- The C3 Project (2014–2018) built and now works to maintain a national consensus about CHW core roles and competencies (qualities and skills). The Project's goal is to expand cohesion in the CHW field and contribute to the visibility and greater understanding of the full potential of CHWs to improve health, community development, and access to systems of care.

- The C3 Project findings reflect a consensus-driven process that emphasized the input of CHW leaders working at the local, state, and national levels about CHW roles and competencies. CHW guidance was prioritized as a first step before Project findings were released to a wider national audience. The C3 Project team believes it is the Project's commitment to CHW participation and oversight that has fostered the wide use and support of the C3 Project core roles and competencies.

- The C3 Project core roles and competencies originated from a national study in the 1990s led by the same leadership team. In order to carry out the C3 Project, the research team used the 1994–1998 National Community Health Advisor Study (NCHAS) recommended core roles and competencies as a baseline and compared them to emerging CHW roles and competencies identified in selected policy and training sources—including *just one curriculum—the Foundations textbook itself*. The focus of the C3 Project comparison, or "crosswalk" as it is known, was to identify what new roles and skills had emerged (or disappeared) in the two decades since the original NCHAS.

From that research and supporting consensus-driven review, the C3 Project identified:

- **CHW roles or scope of practice:** Ten (10) core roles that CHWs play; together these roles form the CHW "scope of practice." The *Foundations* textbook is intended to build CHW's capacity to play these many roles in service to individuals, families, and communities.

- **CHW qualities**: Qualities are the natural and nurtured inner passion and motivation that CHWs possess—a core element of qualities is CHWs' connection to the community served. The C3 Project endorsed qualities identified in the NCHAS that were reaffirmed in consensus-driven work in New York. In the future, the C3 Project will assess these qualities more fully.

- **CHW skills**: Eleven (11) core skills range from communication to capacity-building skills. These eleven (11) skills combined give CHWs a strong foundation for their work and service.

The following table shows where each of the C3 Project's Core CHW Skills is covered in the Foundations book.

ALIGNING THE C3 PROJECT AND THE *FOUNDATIONS FOR CHWs* TEXTBOOK	
C3 CHW COMPETENCIES: CORE SKILLS	***FOUNDATIONS* CHAPTER(S)**
1. Communication Skills	Chapters 6, 7, 9, 13, 20, and 21
2. Interpersonal and Relationship-building Skills	Chapters 5, 6, 7, 9, 13, and 18
3. Service Coordination and Navigation Skills	Chapters 8, 10, 11, 16, 17, and 18
4. Capacity-building Skills	Chapters 1, 9, 15, 21, 22, and 23
5. Advocacy Skills	Chapters 2, 4, 10, and 23
6. Education and Facilitation Skills	Chapters 19, 20, and 21
7. Individual and Community Assessment Skills	Chapters 3, 8, 9, 11, 16, 17, 22, and 23
8. Outreach Skills	Chapters 19 and 23
9. Professional Skills and Conduct	Chapters 5, 7, 12, 13, and 14
10. Evaluation and Research Skills	Chapters 2, 3, and 22
11. Knowledge Base	Chapters 1, 2, 3, 4, 5, 6, 15, 16, 17, and 18

Each chapter in the *Foundations* textbook displays a brief chart at the start to allow you to make a crosswalk to the C3 Project Skills that most align with the content in the Foundation textbook chapter.

In addition to the C3 skills crosswalk in each chapter, to learn more about the C3 Project, see Chapter 1 on the role of CHWs and Chapter 2 on the history of the CHW field. We have included the C3 Project Review Checklist of CHW Roles and Competencies at the end of the book. You can use this resource to assess your progress in learning essential professional skills; you can reach the C3 Project team at: info@c3project.org

The new edition of *Foundations* includes **23 Profiles of working CHWs**—one in each chapter. Each profile captures the motivations and contributions of a CHW along with their tips and suggestions for those starting out in the profession.

The book includes **short educational videos** (QR codes are provided in the hard copy edition of the book and direct links in the e-book version) highlighting key CHW concepts and skills. These videos feature interviews with CHWs and public health experts, as well as role-plays that show CHWs working with clients. The role

plays are designed to demonstrate key CHWs skills. We have also included "counter" role plays that highlight common mistakes or approaches that we wouldn't recommend for CHWs. We use these videos to generate discussion in our classrooms and to engage students in applying key concepts for working effectively with clients. All videos are posted to the Foundations for CHWs YouTube Channel at https://www.youtube.com/@foundationsforcommunityhea6889/search

Please watch the following two videos ▶ that were created by students who graduated from the City College CHW Certificate Program. These are called "digital stories," and they briefly describe what motivated each video maker to become a CHW.

A companion *Training Guide to Foundations for Community Health Workers* is available for free at Wiley (Wiley, 2023). The Training Guide presents step-by-step training plans and assessment resources corresponding to each chapter of the *Foundations* textbook. Additional educational videos are also provided.

CHW DIGITAL STORY: ROBERT'S STORY
(*Source:* Foundations for Community Health Workers/http://youtu.be/Acaf7cKFGy0/last accessed 21 September 2023.)

CHW DIGITAL STORY: LUCIANA'S STORY
(*Source:* Foundations for Community Health Workers/http://youtu.be/FS9leOmwACk/last accessed 21 September 2023.)

This book is rooted in a deep hope for a world characterized by social justice and equitable access to the basic resources—including education, employment, food, housing, safety, health care, and human rights—that everyone needs in order to be healthy. CHWs play a vital role in helping to create such a world. They partner with clients and communities and support them to take action to bring this hope closer to reality.

Tim Berthold and Darouny Somsanith

Co-editors

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The Community Health Worker Core Consensus Project (C3). (2023). The Community Health Worker Core Consensus Project (C3). https://www.c3project.org/ (accessed 6 June 2023).

Wiley. (2023). Foundations for Community Health Workers Training Guide. https://bcs.wiley.com/he-bcs/Books?action=index&bcsId=10183&itemId=1119060818 (accessed 6 June 2023).

COMMUNITY HEALTH WORK: THE BIG PICTURE

The Role of Community Health Workers—Serving with Skills and Compassion

Darouny Somsanith and Susan Mayfield-Johnson

Introduction

Welcome to our book! In this first chapter, you will be introduced to the key roles and competencies of Community Health Workers (CHWs) and the common qualities and values shared by successful CHWs.

You may already possess some of the qualities, knowledge, and skills common among CHWs.

- Are you a trusted member of your community?
- Have you ever assisted a family member or friend to obtain health care services?
- Are you passionate about changing the factors that are harming your community's health?
- Have you participated in efforts to advocate for social change?
- Do you hope that, in your work, you can work with your community members to become healthy, strong, and in charge of their lives?

If you answered yes to any of these questions, you have some of the qualities and characteristics of a successful CHW.

WHAT YOU WILL LEARN

By studying the information in this chapter, you will be able to:

- Describe CHWs and what they do
- Identify where CHWs work, the communities they work with, and the health issues they address
- Explain the core roles that CHWs play in the fields of public health, healthcare, and social services
- Discuss the core competencies that CHWs use to assist individuals and communities
- Describe personal qualities and attributes that are common among successful CHWs
- Discuss emerging models of healthcare and opportunities for CHWs
- Discuss the importance of language access for clients and communities with limited English language skills

C3 Roles and Skills Addressed in Chapter 1

C3 Roles	C3 Project	C3 Skills
6. Building Individual and Community Capacity	Chapter 1	4. Capacity Building Skills 11. Knowledge Base
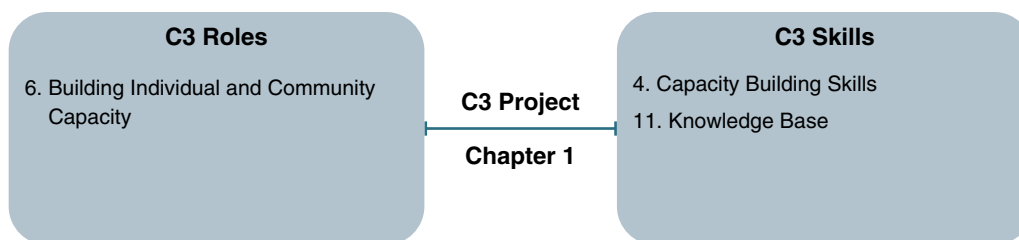
WORDS TO KNOW

Advocate (noun and verb)

Affordable Care Act (ACA)

Core Roles and Competencies

Credentialing, Health Inequities

Mortality, Social Determinants of Health

Scope of Practice

Social Justice

1.1 Who Are CHWS and What Do They Do?

CHWs help individuals, families, groups, and communities to improve their health, increase their access to health and social services, and reduce health inequities. CHWs generally come from the communities they serve and are uniquely prepared to provide culturally and linguistically appropriate services. They work with diverse and often disadvantaged communities at high risk of illness, disability, and death.

CHWs provide a wide range of services, including outreach, home visits, health education, and person-centered counseling and care management. They support clients in accessing high-quality health and social services programs. They facilitate support groups and workshops and support communities to organize and advocate (to actively speak up and support a client, community, or policy change) for social change to advance the community's health and welfare. CHWs also work with public health, healthcare, and social services agencies to enhance their capacity to provide culturally sensitive services that truly respect the diverse identities, strengths, and needs of the clients and communities they serve.

As a result of the contributions of CHWs, clients and communities learn new information and skills, increase their confidence, and enhance their ability to manage health conditions and advocate for themselves. Most importantly, the work that CHWs do reduces persistent **health inequities** or differences in the rates of illness, disability, and death (**mortality**) among different communities (Hurtado et al., 2014).

The term community health worker describes both volunteers who contribute informally to improve their community's health and those who are paid for providing these services. Regardless of compensation, CHWs serve as "frontline" health and social service workers and are often the first contact a community member has with a health or social service agency. Typically, CHWs are trusted members of the community they serve, having deep knowledge of the resources, relationships, and needs of that community.

As helping professionals, CHWs are motivated by compassion and the desire to assist those in need. Their core professional duties are to work for equity and **social justice**, a belief that all people deserve to be valued equally and provided with equitable access to essential health resources such as housing, food, education, employment, health care, and civil rights. Many CHWs take on this work because they have experienced discrimination and poverty themselves. Others simply see a need and want to improve conditions in their communities. Regardless of how the CHW comes to the work, every CHW is an **advocate**—someone who speaks up for a cause or policy or on someone else's behalf—working to promote health and better the conditions that support wellness in local communities.

The American Public Health Association adopted an official definition for CHWs in 2009, developed by CHWs, researchers and advocates:

> *A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. (American Public Health Association, 2009).*

In 2010, U.S. Department of Labor, Bureau of Labor Statistics, approved a standard occupational code—SOC 21-1094—and further defined CHWs as professionals who:

> *Assist individuals and communities to adopt healthy behaviors. Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs. (Bureau of Labor Statistics, 2023).*

Having a standard occupational code allowed for CHW positions to be reported as part of employment statistics. Prior to this, CHWs were included in the broad category of "social and human service assistants," which undercounted their total numbers in the U.S. workforce, as many were not counted at all in official statistics. Complicating this further is the estimated 250 job titles that are associated with the CHW profession, which made it hard to truly capture this classification of worker.

CHW

Denise Octavia Smith: How are we unique? At the heart of being a CHW—and I know a lot of CHWs that did not work with this title for many years or maybe even decades doing this work—what has always set us (CHWs) apart is this sort of Venn diagram of our lived experience, our commitment to community well-being, both individual and the larger community of families, and ecosystems that sort of supported this burden. I would say we build both the capacity for people to find what they need to achieve health and well-being, and we advocate to change those things that prevent health and well-being. Right? It's like when these things all come together, you would call it a community health worker.

You may know a CHW already. You might be one. Health departments, community-based organizations, hospitals and clinics, faith-based organizations, foundations, and researchers value the important contributions of CHWs to promoting the health and well-being of low-income and at-risk communities. CHWs work under a wide range of professional titles. Some of the most popular are listed in Table 1.1.

Table 1.1 Common Titles for CHWs

Case manager/Case worker	Health ambassador
Community health advocate	Health educator
Community health outreach worker	Health worker
Community health worker	Lay health advisor
Community health representative	Public health aide
Community outreach worker	Patient navigator
Community liaison	Peer counselor
Community organizer	Peer educator
Enrollment specialist	Promotor/a *de salud*

● *Can you think of other titles for CHWs?*

What Do YOU Think?

A team of CHWs planning their work

Please watch this video interview [▶] about *Becoming a CHW.*

(*Source:* Foundations for Community Health Workers/http://youtu.be/BASkvuq1epw)

CHW

Lisa Renee Holderby-Fox: My first job as a CHW was doing home visiting with high-risk pregnant women and teens. I was living in an area of Massachusetts that had the highest infant mortality rate for Black women and Latinas. They were looking to hire individuals who had common experiences. I had been a teen parent and had needed the same services as many of those I'd be working with. Many times, I did not know what was out there or what was available for additional support. It was a lot of trial and error for me. I thought that if I could help someone else and help them get the services and support they needed, it would be a really interesting job. I applied and was hired.

The first person I worked with was referred by her primary care provider. She was diabetic and pregnant, and he (the provider) called her "noncompliant." He said that she wasn't eating well; she wasn't taking her insulin the way she should take it, and that put her at higher risk during pregnancy and delivery. That's why he referred her to our program.

She was in the hospital because of her diabetes when I met her. She had a really tough exterior, but I don't know, there was something interesting about her. I wanted to get to know more, get to know her a little better, and maybe I could offer some assistance. When I did my first home visit, she had no electricity. Without electricity, she couldn't keep food in the fridge or store her insulin. I was able to get her electricity back on, and we got a second-hand fridge from a local agency (they just gave it to us).

Over time, I saw that she was taking her insulin, eating better, and had a successful delivery. After giving birth, she disclosed partner abuse. I knew I could not tell her to leave because that is not what women want to hear in that moment. That's not what I wanted to hear when I was in an abusive relationship, so I just worked with her over time, gave her resources, and let her know gradually that there was something better for her out there, that she deserved more, and she finally left him. She was a great mom, and I was able to see all of that happen. That's when I knew I had a purpose and a place in this work. As I got to work with more women who had a variety of different needs, it just became apparent to me that I had something to give.

It has been difficult to determine how many CHWs are working in the United States due to the wide variety of CHW job titles and duties. In the last 15 years, several national studies have attempted to take inventory of CHWs, most notably the 2007 study by the U.S. Department of Health and Human Services and the University of Texas in San Antonio (USDHHS, 2007) and the two National Community Health Worker Advocacy Surveys (Arizona Prevention Research Center, 2014) completed in 2010 and 2014. The following data comes from the U.S. Bureau of Labor Statistics data from 2022 to get an overview of the profession (Bureau of Labor Statistics, 2023):

- The growth rate for CHWs over the 10-year period from 2021 to 2031 is forecasted to be 16%. This growth rate is faster than average, when compared to other occupations.

- In May 2021, there were an estimated 61,000 CHWs working in the United States. However, this number is likely to be an undercount of CHWs in the United States due to the diverse job titles that CHWs hold, as well as the undercounting of Promotores de Salud or others working in a volunteer or contract capacity. In 2014, the Center for Disease Control (CDC) estimated the workforce to be closer to 100,000 (Centers for Disease Control and Prevention, 2014), and there has been substantial growth in the profession since then.

- CHWs earn an average wage of $22.97/hour and $47,780/year. Note that wages vary considerably across the United States.

- The top ten industries with the highest employment of CHWs were: local government (excluding schools), individuals and family services, outpatient care centers, general medical and surgical hospitals, insurance carriers, social advocacy organizations, community food housing and emergency services, grantmaking and giving services, home health care services, and skilled nursing facilities.

From the 2007 HRSA study, we find that most CHWs work within the field of public health (see Chapter 3) and primarily with low-income communities. They address a wide range of health issues, including homelessness, violence, environmental health, mental health, recovery, and civil and human rights issues, as well as more traditional health issues (cancer prevention, asthma, and HIV disease). They work with children, youth and

their families, adults and seniors, men and women, and people of all sexual orientations and gender identities. CHWs are flexible and can work with individual clients and families, with groups, and at the community level. More about the history of Community Health Work will be shared in Chapter 2.

MODELS OF CARE

The CHW National Workforce Study identified five "models of care" that incorporate CHWs. These models are common in both healthcare and community settings:

1. **Member of a care delivery team:** CHWs work with other providers (e.g., doctors, nurses, and social workers) to care for individual patients.

2. **Navigator:** CHWs are called upon to use their extensive knowledge of the complex health care system to assist individuals and patients in accessing the services they need and gain greater confidence in interacting with their providers.

3. **Screening and health education provider:** CHWs administer basic health screening (e.g., pregnancy tests, blood pressure checks, and rapid HIV antibody tests) and provide prevention education on basic health topics.

4. **Outreach/enrolling/informing agent:** CHWs go into the community to reach and inform people about the services they qualify for and encourage them to enroll in these programs and benefits.

5. **Organizer:** CHWs work with other community members to advocate for change on a specific issue or cause. Often their work aids community members to become stronger advocates for themselves.

- *When did you first become aware of CHWs?*

- *Are CHWs working in your community?*

- *Do some or all of the five models of care resonate with your understanding of the CHW profession?*

What Do YOU Think?

1.2 CHWs and Public Health

CHWs often work within the field of public health. Unlike medicine, public health works to promote the health of entire communities or large populations, and to prevent the further impact of disease and illness within the community (see Chapter 3). Public health understands the primary causes of illness and health to be more than just access to health care, but also whether or not people have access to basic resources and rights, including food, housing, education, employment with safe working conditions and a living wage, transportation, clean air and water, and civil rights. Collectively, the broad range of factors and conditions that influence and contribute to health are called the "**social determinants of health**."

Across the world, CHWs are working to promote the health of local communities. Due to their close understanding of the unique needs of the communities they serve, it is no surprise that during the COVID-19 pandemic, CHWs became expert public health professionals that people turned to for information, support, and assistance.

The field of public health not only provides services to prevent illness and improve care, but it also influences the social determinants of health by advocating for policies to assure basic resources and rights for all people. CHWs share in this advocacy work. For example, one of the core values listed on the website of the Community Health Worker Network of New York City states, "Community health workers are agents of change who pursue social justice through work with individuals and communities to improve social conditions" (CHW Network of New York City, 2023).

To achieve the goal of eliminating health inequities, attention must shift to address the social determinants of health that contribute to disease. Included in the list of social determinants of health are social support, social cohesion, and universal access to medical care. Social support refers to support on the individual level when resources are provided by others, and social cohesion refers to support on a community level when the trust and respect between different sections of society result in cherishing people and their health. CHWs impact these social determinants of health as they build supportive relationships with community members and community groups to promote access to resources and health care (Hispanic Health Council, 2018).

1.3 Roles and Competencies of CHWs

The roles that CHWs take on, and the competencies that CHWs need to fulfill those roles, continue to evolve in response to changing public health strategies and healthcare delivery models. CHWs have proven to be effective in promoting improved patient health outcomes and reducing health care costs in programs focused on prevention, chronic conditions management, healthy maternity, and health care access or enrollment (Crespo, Christiansen, Tieman & Wittberg, 2020). CHWs help to ensure that services are culturally and linguistically appropriate, especially when they are involved in designing those services. As more CHWs are employed in healthcare and public health, and as new mechanisms for funding and institutionalizing CHW positions emerge, the demand for greater clarity in defining CHW roles and competencies has also increased.

The **Community Health Worker Core Consensus Project (C3 Project)** has taken on the task of convening a national consensus of these roles and skill sets through their collaborative work with CHWs, allies, and employer partners (C3 Project, 2023). The C3 Project built upon the work of the landmark 1998 Community Health Advisor Study (Rosenthal, Wiggins, Brownstein, Rael & Johnson, 1998). One of the first major studies of the CHW profession, it documented the duties that CHWs perform, identified core CHW roles and skill sets, and discussed the values or personal characteristics that many CHWs share (see Chapter 2 for more details of this study). A summary of the C3 Roles and Competencies or Skills can be found in Table 1.2.

It should be noted that defining what CHW does is not without controversy. Other health professionals may raise concerns when they see an overlap between their profession and that of CHWs in areas such as health education, counseling, systems navigation, and case management. Some CHWs, as they serve in so many different capacities and models of care, worry that too tight a definition of the CHW role could leave out some valuable CHW practices. Yet CHWs and others who work with them advocate for a clearer definition of the CHW role to better define a CHW's scope of practice. A **scope of practice** refers to the range of services and duties that a specific category of worker, such as CHWs, is competent to provide. While many CHWs express mixed feelings about how far the field should be formalized, all agree that the work they do deserves more recognition from government and other professionals, and increased funding.

The official classification of CHWs by the U.S. Department of Labor, Bureau of Labor Statistics, in 2010 was a significant step toward national recognition of the CHW occupation. This recognition has facilitated mechanisms for reimbursements of CHW services from state and federal programs such as Medicaid and Medicare. Reimbursement of CHW services under Medicaid was formally allowed under the **Affordable Care Act** of 2010 (the ACA), and each state has the option to establish policies to do this. Even before the ACA passed, states could seek a Medicaid waiver to allow "fee for service" reimbursement for certain CHW services. As this textbook goes to print, 20 state Medicaid programs now reimburse for CHW services (with an additional 3 states allowing reimbursement on a narrower scope of services). Reimbursement for CHW services through large public insurance programs like Medicaid establishes a more sustained and stable funding stream for CHWs jobs, instead of a reliance on grants that come and go. Formal recognition of the occupation also makes other avenues of financing CHW jobs more feasible.

Table 1.2 CHW Core Consensus (C3) Project Roles and Competencies

C3 ROLES	C3 COMPETENCIES/SKILLS
1. Cultural Mediation Among Individuals, Communities, and Health and Social Services 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 Individuals and Community Capacity 7. Providing Direct Services 8. Implementing Individual and Community Assessments 9. Conducting Outreach 10. Participating in Evaluation and Research	1. Communication Skills 2. Interpersonal and Relationship-Building Skills 3. Service Coordination and Navigation Skills 4. Capacity Building Skills 5. Advocacy Skills 6. Education and Facilitation Skills 7. Individual and Community Assessment Skills 8. Outreach Skills 9. Professional Skills and Conduct 10. Evaluation and Research Skills 11. Knowledge Base

The C3 Project is an important reference for the CHW profession. As CHW coalitions and public health advocates have worked to develop mechanisms for greater employment of CHWs and reimbursement of CHW services under the ACA, states have defined CHW roles differently. While there has been substantial overlap with the roles and competencies identified in the 1998 study, some roles have been added or defined in more detail (such as outreach and participatory research). New terminologies such as system navigation and care coordination have emerged—these concepts were present in the 1998 study, but not articulated as such, and more sophisticated methods of providing these services have been developed together by CHWs and other health professionals in the last ten years. The C3 Project works collaboratively with CHWs and allies throughout the nation to provide a unifying national reference on CHWs roles and skills. Identifying CHW competencies allows trainers and employers to better support CHWs in their work.

Below we present the 10 core roles and 11 core competencies identified by the C3 Project. We address each of these roles and competencies in this book. The Introduction includes a chart that shows which C3 Roles and Competencies are addressed in each chapter of the book.

What are Core Roles and Competencies?

Core roles are the major functions a person performs on the job. For example, the core roles of a farmer include clearing fields, planting, and harvesting crops. The core roles of CHWs include providing outreach, health education, person-centered counseling, case management, community organizing, and advocacy.

Core competencies are the knowledge and skills a person needs in order to perform a job well. Again, a farmer must be able to operate equipment, assess timing for planting, and prepare the soil. Core competencies for CHWs include knowledge of public health, behavior change, ethics, and community resources and the ability to provide health information, facilitate groups, resolve conflicts, and conduct an initial client interview or assessment. CHW educational programs seek to strengthen CHW competencies or skills.

10 CORE CHW ROLES

1. **Cultural mediation among individuals, communities, and health and social services systems.** Intimate knowledge of the communities they work with permits CHWs to serve as cultural brokers between their clients and health and social services systems. As a bridge that links community members to essential services, CHWs ensure that the clients receive quality care.

CHW

> **Avery Nguyen:** As a non-binary CHW working exclusively with female clients, I do not disclose my transgender identity to all but one of my clients. The one client who knows I'm trans, I disclosed to because she is also trans, and it is a major part of how she sees herself and how she navigates the world. While from different class backgrounds, regional upbringing and generations, I feel so grateful that I have the opportunity to connect with this client and advocate/represent her. Knowing from personal experience and witnessing it with her, I am very protective of my client against transphobia, overt or otherwise. Overall, working with clients who have chronic illness, I help them navigate the various medical systems they need to go through to get the care they need. This can be so exhausting, and people can get burnt out. I'm thankful when I can reduce the burden on my clients.

2. **Providing culturally appropriate health education and information.** Because CHWs usually come from the communities they serve, they are familiar with the cultural identities of the clients they work with (e.g., language, values, customs, sexual orientation, and so on) and are better prepared to provide health information in ways that the community will understand and accept. Health education can be provided one-on-one, in small groups, or through large presentations.