



HEALTHY START

Community Health Worker Definition & Core Competencies

July 2016



Developed by JSI for the Healthy Start EPIC Center

Introduction

This document provides a definition of the community health worker (CHW) staff position in Healthy Start programs and specifies a set of core competencies for Healthy Start CHWs. CHWs go by many names in local Healthy Start programs, including navigator, parent advocate, family educator, outreach worker, and other titles, but these positions generally encompass the fundamental definition and competencies presented here. The core competencies represent the fundamental knowledge, experience, and skills needed to fulfill the roles and responsibilities of a CHW in Healthy Start, and effectively serve Healthy Start participants.

The CHW definition and core competencies can serve to guide a more systematic and standardized approach to the development of the CHW workforce in Healthy Start. In addition to serving as the foundation for development of an online “basic training” course for Healthy Start CHWs, these competencies can be used in a number of other ways: by Healthy Start grantees to develop CHW job descriptions and to inform local Healthy Start CHW trainings, by the Healthy Start EPIC Center to inform additional training and technical assistance for Healthy Start frontline staff, and by the Division of Healthy Start and Perinatal Services (DHSPS) to inform broader Healthy Start workforce development initiatives.

Background

The following process was followed to develop the Healthy Start CHW core competencies. In summer 2015, the Healthy Start EPIC Center conducted an organizational survey of Healthy Start grantees to gain an understanding of the roles and activities of CHWs in Healthy Start programs across the nation.¹ In fall 2015, the Healthy Start EPIC Center conducted discussion groups with CHWs and supervisors/trainers from a sample of Healthy Start grantees to further explore survey findings. A national scan was then done to review CHW competencies developed by states, CHW associations, and health and educational institutions. From the scan results the Healthy Start EPIC Center selected the *Massachusetts Board of Certification of Community Health Workers' Core Competencies for CHWs*² as a base to work from, as they were comprehensive and reflective of consensus in the field. These competencies were then tailored to reflect CHW scope of work within the Healthy Start program based on survey findings and discussion groups with Healthy Start CHWs and supervisors/trainers. Finally we added several knowledge-oriented competencies including the Healthy Start competency, and perinatal health competencies corresponding to four perinatal periods: preconception/interconception, prenatal, postpartum, and parenting and child development.³

The draft competencies were reviewed and revised using a consensus process, by the CHW Course Advisory Group, composed of Healthy Start grantees, a Healthy Start CHW, and DHSPS representatives. A similar process

was followed to come up with the Healthy Start CHW definition which is based on the widely accepted *American Public Health Association (APHA)* definition⁴ and tailored to fit Healthy Start.

A key consideration to keep in mind when reviewing these competencies is the variation that exists across Healthy Start grantees both in the composition of their program teams, and in the relative emphasis placed on the different roles which comprise the CHW scope of work. For example, most Healthy Start programs employ CHWs as part of their team, while other programs subcontract out for CHW services. In some local Healthy Start programs CHWs work in conjunction with case managers and/or nurses; in other Healthy Start programs CHWs are the primary frontline staff working directly with participants. In some programs outreach and participant recruitment is the main CHW task with health education and connection to services taking a lesser role, while in others these roles take more equal weight. In addition, some local Healthy Start programs have CHWs take a very active role in community engagement and Community Action Network (CAN) activities, while in other programs, CHWs' primary community level activity is community education or outreach. Yet as reflected and formalized in these competencies, all Healthy Start CHWs play some role in outreach, screening and assessment, care coordination (connection to services), health education, and participant empowerment and community engagement.

Healthy Start Community Health Worker Definition

A Healthy Start community health worker (CHW) is a frontline public health worker who is a trusted member of and/or has a unique understanding of the community served. The CHW will work to establish and maintain trust, enabling the CHW to serve as a liaison between health/social services and Healthy Start participants in the community. The CHW will facilitate access to services and work to provide high quality and culturally competent service delivery in their scope.

A Healthy Start CHW also supports participant and community capacity, using their experience and knowledge, by increasing perinatal health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.



Healthy Start Community Health Worker Competencies

1. HEALTHY START

- a. The *Healthy Start competency* includes the ability to:
 - i. Understand the core services, philosophy, and goals of Healthy Start, as well as the populations the program serves.
 - ii. Identify and understand the five Healthy Start approaches and corresponding benchmarks.
 - iii. Understand the roles each team member plays in achieving Healthy Start program goals.
 - iv. Understand the unique structure of the local Healthy Start program and how the CHW role fits in with the local Healthy Start team.



2. PERINATAL HEALTH



a. The ***preconception/interconception health competency*** includes the ability to:

- i. Explain what preconception/interconception care is, why it is important, and discuss its basic components.
- ii. Assist participants in developing and carrying out a reproductive life plan.
- iii. Educate about pre-pregnancy behaviors that can help achieve a healthy pregnancy and birth outcome.
- iv. Identify medical and social risk factors that might put a future pregnancy at risk.



b. The ***prenatal health competency*** includes the ability to:

- i. Explain what prenatal care is, why it is important, and discuss its basic components.
- ii. Educate about healthy behaviors in pregnancy.
- iii. Identify warning signs and symptoms that mother and/or baby may be at risk and take action if necessary to connect participants to appropriate services.
- iv. Help mother (and father/partner) prepare for labor and delivery, breastfeeding, care of the newborn baby, and family planning after delivery.



c. The ***postpartum health competency*** includes the ability to:

- i. Explain what postpartum care is, why it is important, and discuss its basic components.
- ii. Identify warning signs and symptoms that mother and/or baby may be having a serious medical problem and take action if necessary to connect participants to appropriate services.
- iii. Recognize signs of postpartum depression and assist women in obtaining care.
- iv. Educate about the importance of breastfeeding, answer questions about breastfeeding, encourage continuing breastfeeding for at least 6 months, and navigate referrals as appropriate.
- v. Discuss reproductive life planning, the importance of spacing pregnancies, and contraceptive methods and how to obtain them.

d. The *parenting and child development competency* includes the ability to:

- i. Explain the importance of well child visits including immunizations, and assist participants in finding a medical home for their infant/child and keeping recommended appointments.
- ii. Educate about infant safety, including safe sleep practices for baby.
- iii. Discuss the importance of and promote father/partner engagement with the infant/child.
- iv. Identify and recognize milestones in child development and take action if necessary to connect participants to appropriate services.
- v. Discuss the importance of ongoing parent-child interactions, including reading to infants/children every day.



3. CHW ROLES



a. The ***outreach competency*** includes the ability to:

- i. Establish and maintain cooperative, trusting relationships with individuals, families, and clinical/community-based organizations.
- ii. Identify and share appropriate Healthy Start information and encourage and/or navigate referrals from clinics, community-based organizations, community members, and current participants.
- iii. Use a range of outreach methods to engage individuals and groups in diverse settings.
- iv. Remain aware of possible safety risks for self, participants, and team members when conducting outreach.
- v. Understand organizational policies and procedures and ensure outreach is conducted consistent with these policies and procedures.



b. The ***participant screening and community assessment competency*** includes the ability to:

- i. Gather information from different sources, including Healthy Start assessment tools, to better understand participants, their families and their communities.
- ii. Assess barriers to accessing health care and other services.
- iii. Help participants to identify their goals, barriers to change, and supports for change, including personal strengths and problem-solving abilities.
- iv. Use Healthy Start forms and/or data collection tools as required.
- v. Understand organizational policies and procedures and ensure screening and assessment is conducted consistent with these policies and procedures.

c. The *health education competency* includes the ability to:

- i. Understand fundamentals of behavior change.
- ii. Support healthy behaviors by recognizing and building upon participant needs, goals, strengths, and current abilities to work on achieving their goals.
- iii. Apply person-centered approaches for helping people understand and feel empowered to address health risks for themselves, their family members, or their communities.
- iv. Facilitate constructive discussion in informal and group settings with participants and their families.
- v. Provide ongoing support and follow-up as necessary to support healthy behavior change.
- vi. Understand organizational policies and procedures and ensure health education is conducted consistent with these policies and procedures.



d. The *care coordination competency* includes the ability to:

- i. Obtain and share up-to-date eligibility requirements and other information about health insurance, public health programs, social services, and additional community resources to protect and promote maternal, child, and family health.
- ii. Navigate referrals/connections to Healthy Start programming, clinical care, and community resources to help participants and their families meet medical and basic social needs.
- iii. Assist participants in decision making about their health and health care.
- iv. Understand the roles each team member plays in care coordination.
- v. Understand organizational policies and procedures and ensure care coordination is conducted consistent with these policies and procedures.



e. The *participant empowerment and community engagement (advocacy) competency* includes the ability to:

- i. Encourage participants to identify and prioritize their personal and family needs and use available resources to meet their needs and goals.
- ii. Provide information and support for participants to advocate for themselves over time and to participate in the provision of improved services.
- iii. Apply principles and skills needed for identifying and developing community leadership and encouraging participant involvement with the community action network (CAN).
- iv. Understand organizational policies and procedures and ensure advocacy is conducted consistent with these policies and procedures.



4. FOUNDATIONAL SKILLS



a. The *effective communication competency* includes the ability to:

- i. Use language that conveys caring and is non-judgmental.
- ii. Practice motivational interviewing, active listening, repeating back important information as necessary to confirm mutual understanding, continually working to improve communication and revisiting past topics as trust develops with participants.
- iii. Clarify mutual rights and obligations and set clear boundaries, as necessary, such as participant confidentiality or CHW reporting responsibilities.
- iv. Explain terms or concepts that may not be clear to participants, community members, or Healthy Start team members, using written and visual materials as reinforcement when needed.
- v. Take care to prevent situations involving conflict. Address conflicts that may arise in a professional and safe manner.



b. The *cultural responsiveness and mediation competency* includes the ability to:

- i. Explain how one's own culture and life experience influence one's work with participants, community members, and Healthy Start team members from diverse backgrounds.
- ii. Describe different aspects of community and culture and how these can influence participants' health beliefs and behavior.
- iii. Employ techniques for interacting sensitively and effectively with people from cultures or communities that differ from one's own.
- iv. Advocate for and promote the use of culturally and linguistically appropriate services and resources within the Healthy Start program and with diverse community partners.
- v. Advocate for participant self-determination and dignity.
- vi. Set and maintain clear boundaries with participants as necessary.



c. The *public health competency* includes the ability to:

- i. Understand the use of data and evidence-based practices in efforts to support participants in reaching their goals and achieving Healthy Start program goals.
- ii. Describe the social factors (social determinants) that influence health and health equity and the relationship of health to social justice.
- iii. Promote efforts to reduce maternal and child health disparities through engagement with participants, fathers/partners, community partners, and Healthy Start team members.

NOTES AND REFERENCES

- 1 Key survey findings are available online: healthystartepic.org
- 2 Available online: mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/community-health-workers/ma-board-of-certification-of-community-health-workers.html
- 3 The Healthy Start competency reflects the need for Healthy Start CHWs to understand Healthy Start program goals and objectives (benchmarks), scope, core services, participants served, and the composition of Healthy Start staff teams. The perinatal health competencies reflect the need for CHWs to understand healthy behaviors as well as health risks that arise for the mother, infant and family in each phase, and support services to address risks and meet needs.
- 4 Available online: apha.org/apha-communities/member-sections/community-health-workers

