

## **Competency #1: Communication**

### **Rationale for why competency is important/should be covered:**

Effective and purposeful communication is listening carefully and communicating respectfully in ways that help build trust and rapport with clients, community members, colleagues, and other professionals. Effective communication includes a mix of listening, speaking, gathering and sharing information, and resolving conflict. CHWs are open about their roles, responsibilities, and limits. CHWs protect client privacy and confidentiality. They convey knowledge accurately, clearly, and in culturally aware and responsive ways. They are able to use language and behavior that is responsive to the diversity of cultures they encounter in their work, including with clients, community members, and other professionals. Communication is a cross-cutting competency that links to almost all of the others and critical to a CHW's success.

### **Competency includes ability to:**

- 1-1. Be respectful and culturally aware during interactions with clients, colleagues, other CHWs and community and clinical partners;
- 1-2. Use language that conveys caring and is non-judgmental. Be sensitive to literacy level and local or regional vocabulary or terminologies.
- 1-3. Practice careful listening, repeating back important information as necessary to confirm mutual understanding, continually working to improve communication and revisit past topics as trust develops with client. Including- active listening, teach-back methods, etc.
- 1-4. Pay attention to expressive (non-verbal) behavior.
- 1-5. Ask neutral, open-ended questions to request relevant information.
- 1-6. Speak clearly and honestly.
- 1-7. Explain terms or concepts whose meanings may not be obvious to clients, community members, or professional colleagues.
- 1-8. Clarify mutual rights and obligations, as necessary, such as client confidentiality or CHW reporting responsibilities.
- 1-9. Use written and visual materials to convey information clearly and accurately, including familiarity with "plain language" training and health numeracy.
- 1-10. Take care to prevent situations involving conflict. Address conflicts that may arise in a professional and safe manner.
- 1-11. Practice difficult conversations.

## **Competency #2: Individual and Community Assessment**

### **Rationale for why competency is important/should be covered:**

Individual and community assessments should be covered because it is often the first step that CHWs must take to better understand the people that they are working with before they can provide them with care. CHWs are valued because of their unique understanding of the clients and communities that they serve. Assessment is one approach that helps inform this unique understanding. Assessment tools allow CHWs to learn about the health status of their clients and community as well as the social, economic and environmental determinants of health at play. Through assessment, CHWs also gain valuable information regarding the needs, strengths, and resources of the individuals or groups of people they are targeting. Only with a firm grasp of this information can CHWs determine the priorities that clients, community partners, and colleagues in the healthcare sector share and then begin to design interventions that advance these shared interests. Therefore assessment helps ensure that programs and services that CHWs plan and carry out are effective in improving health and well-being and center on the needs of the patients/clients and communities they represent.

### **Competency includes ability to:**

- 2-1. Basic understanding of assessment methods and procedures.
- 2-2. Gather, synthesize, and interpret relevant information from different sources to better understand clients, their families and their communities. Understand the relationship between needs identified in a community assessment and those of a specific client.
- 2-3. Assess barriers to accessing health care and other services and resources for overcoming these barriers.
- 2-4. Help people to identify their needs, goals, barriers to change, and supports for change, including personal strengths and problem-solving abilities.
- 2-5. Share and disseminate community assessment results with colleagues and community partners to inform planning and improvement interventions.
- 2-6. Ability to access existing and relevant data sources to inform the assessment process.

## **Competency #3: Outreach/Engagement**

### **Rationale for why competency is important/should be covered:**

At the cornerstone of outreach is removing the barrier of place. Outreach is in and about the community; it meets people where they are at. CHWs build connections between individuals and the resources and systems of care in their community. Key components of these connections include: engaging with individuals, building relationships and trust, creating awareness of the benefits of working with a CHW, increasing awareness of resources, all of which is achieved through outreach.

### **Competency includes ability to:**

- 3-1. Be able to define (as the process of contacting, engaging with, and helping people learn about and use resources) and use a range of outreach methods to connect with individuals and groups in diverse settings.
- 3-2. Be able to identify strategies for learning about community resources and collecting and sharing information about (including: care and services, health education, healthy behaviors, disease prevention/management and wellness related information) resources.
- 3-3. Identify components and strategies for effective culturally responsive outreach.
- 3-4. Develop and implement outreach plans in collaboration with colleagues, based on individual, family, and community needs, strengths, and resources.
- 3-5. Develop and adopt outreach materials and craft a message that effectively engages (easily understood) individuals and communities (verbal, written, visual).
- 3-6. Initiate and sustain trusting relationships with individuals, families, and social networks.
- 3-7. Establish and maintain cooperative relationships with community-based organizations and other resources to promote client services, care, education, and advocacy.
- 3-8. Conduct outreach with attention to possible safety risks for self, clients, and colleagues. Implement strategies for maintaining safety during home visits and in the community. Follow organization/employer's Safety Policies.

## **Competency #4: Care Coordination and System Navigation**

### **Rationale for why competency is important/should be covered:**

Coordination of care and system navigation for individuals and families means that CHWs help people understand and use the services of health providers and other service organizations. They also help address practical problems that may interfere with people's abilities to follow provider instructions and advice. CHWs help bridge cultural, linguistic, knowledge and literacy differences among individuals, families, communities and providers. They help improve communications involving community members and organization or institutional professionals. CHWs understand and share information about available resources, and support planning and evaluation to improve health services.

### **Competency includes ability to:**

- 4-1. Obtain and share up-to-date eligibility requirements and other information about health insurance, public health programs, social services, and additional resources to protect and promote health.
- 4-2. Work collaboratively as part of a care team, be able to problem-solve barriers associated with CHWs interfacing with external care teams, traditional care settings, etc.
- 4-3. Assist in developing and implementing care plans, in cooperation with clients and professional colleagues. (Care plans should be based on needs and resource assessments. Plans should describe how each party involved will help meet the goals and priorities defined in collaboration with clients.)
- 4-4. Provide care coordination, which may include but not be limited to facilitating care transitions, supporting the completion of referrals, and providing or confirming appropriate follow-up.
- 4-5. Provide support for clients to use provider instructions or advice, and convey client challenges to providers.
- 4-6. Make referrals and connections to community resources to help individuals and families meet basic social needs.
- 4-7. Inform care providers, to the extent authorized, about challenges that limit the ability of clients to follow care plans and navigate the health care system, including barriers outlined in the Americans with Disabilities Act.

## **Core Competency #5: Professionalism**

### **Rationale for why competency is important/should be covered:**

Professionalism is needed as a key/core competency skill for CHWs to be able to:

- Handle ethical challenges as they address legal and social challenges facing the clients and communities they serve.
- Protect client confidentiality and privacy rights in the context of employer and legal reporting requirements.
- Balance care for clients with care for self. CHWs understand that it is necessary to be aware of one's own emotional and behavioral responses to clients and community members and to manage personal feelings productively in order to maintain effectiveness.
- Act decisively in complex circumstances but also utilize supervision and professional collaboration.
- Balance rules and regulations (organizational/funder/government) while exercising creativity and integrity in helping community members meet their individual and family needs.

### **Competency includes the ability to:**

- 5-1. Practice in compliance with the "*National Code of Ethics for Community Health Workers.*"
- 5-2. Observe and promote the scope and boundaries of the CHW role in the context of the organization team and policy, with community partners and others in the healthcare system.
- 5-3. Respect client rights under the Health Insurance Portability and Accountability Act (HIPAA) and applicable organization rules.
- 5-4. Understand issues related to abuse, neglect, and criminal activity that may be reportable under law and regulation according to organization policy.
- 5-5. Maintain appropriate boundaries that balance professional and personal relationships, recognizing dual roles as both CHW and community member.
- 5-6. Seek assistance from supervisors as necessary to address challenges related to work responsibilities.
- 5-7. Establish priorities and organize one's time, resources, and activities to achieve them.
- 5-8. Utilize and advocate as necessary for supervision, training, continuing education, self-care, networking, and other resources for professional development and lifelong learning for self and colleagues.

## **Competency #6: Advocacy/Capacity Building**

### **Rationale for why competency is important/should be included:**

These two distinct but inter related approaches to community health work are important because they empower people to develop the confidence and ability to exercise their rights, access resources, and assume control over decisions that affect their health. When CHWs engage in advocacy and capacity building they strengthen the autonomy and resilience of patients/clients and communities. By increasing the capacity of people and organizations that are able to respond to health problems, CHWs ensure that patients/clients can use the health care system to meet their needs while becoming less reliant on CHW services. Bolstering someone else's skills helps them as individuals and has a multiplier effect on the community. Ultimately, when CHWs engage in advocacy and capacity building they create the conditions and relationships that improve health and wellbeing for the specific people but also the community at large. If CHWs do not invest time in expanding the capability of patients/clients to address their own needs and advocate for themselves, it limits their impact and jeopardizes the sustainability of the CHW model.

### **Competency includes ability to:**

- 6-1. Encourage clients to identify and prioritize their personal, family, and community needs.
- 6-2. Encourage clients to identify and use available resources and services to meet their needs and goals.
- 6-3. Provide information and support for people to advocate for themselves over time and to participate in the provision of improved services.
- 6-4. Advocate on behalf of clients and communities, as appropriate, to assist people to attain needed care or resources in a reasonable and timely fashion. Inform health and social service entities of patients/clients' needs and the barriers that patients/clients face in accessing care or services.
- 6-5. Build clients' ability to participate in making decisions (i.e. shared decision making) about their care.
- 6-6. Apply principles and skills needed for identifying and developing community leadership.
- 6-7. Build and maintain networks, and collaborate with appropriate community partners in capacity building activities. Find common ground and negotiate with partners that may have different values or objectives.
- 6-8. Use a variety of strategies, such as role-modeling, to support clients in meeting objectives (such as self-care or healthy behaviors).
- 6-9. Understand how to change public awareness, organizational rules, institutional practices, and public policy.
- 6-10. Communicate clear expectations around client rights and responsibilities in achieving their goals. May include drafting written agreements.

## **Competency #7: Use/Understand Health Systems & Health Equity**

### **Rationale for why competency is important/should be covered:**

In order for CHWs to work with individuals to achieve optimal health, they require an understanding of the health care, public health, insurance, and social service systems that impact their community. CHWs help people understand and use the services of health providers and other service organizations. They also help address barriers that may interfere with people's abilities to follow provider instructions and advice. To this end, CHWs need to understand how health inequities impact the health of the population and individuals and strategies for addressing inequities.

### **Competency includes ability to:**

- 7-1. Discuss the basis for US health care, including relevant provisions of the ACA, and the medical model.
- 7-2. Understand basic overview (eligibility, enrollment, scope of services) for ACA private insurance programs, Medicaid and Medicare.
- 7-3. Identify basic ADA requirements and how the Act helps people with disabilities overcome challenges.
- 7-4. Explain what public health is and describe current public health challenges.
- 7-5. Describe the public health infrastructure and why it is important for prevention.
- 7-6. Define "health equity" and "determinants of health" and structural factors that influence the health of a community.
- 7-7. Describe strategies that can be adapted, implemented, and evaluated to address health inequities within context of community.
- 7-8. Promote health equity and efforts to reduce health disparities through engagement with clients, professional colleagues, and community partners.

## **Competency #8: Health Teaching/Coaching/Behavior Change**

### **Rationale for why competency is important/should be covered:**

For many people health coaching can be life changing. Many people want to make changes in their behaviors but are not able to follow through because they don't know how. CHWs provide a vital service by coaching patients/clients through these changes in lifestyle and developing new lifelong healthy habits and behaviors that can improve the quality of life for patients/clients and families.

Education for healthy behavior change means providing people with information, tools, and encouragement to help them improve their health and stay healthy over time. CHWs respect people's experience and their abilities to learn, and take advantage of resources. CHWs support individuals in setting priorities for their own behavior change. CHWs work with clients, families, community members, and providers to address issues that may limit opportunities for healthy behavior. The CHW acts as educator and coach, using a variety of techniques to motivate and support behavior change to improve health.

### **Competency includes ability to:**

- 8-1. Apply information from client and community assessments to health education strategies.
- 8-2. Develop health improvement plans in cooperation with clients and professional colleagues that recognize and build upon client's strengths, willingness and abilities to work on achieving their goals.
- 8-3. Apply multiple techniques for helping people understand and feel empowered to address health risks for themselves, their family members, or their communities. (Examples may include non-directional support, motivational interviewing, teach-back, active listening, harm reduction, popular education, community-based participatory research, group work, policy development, and other strategies.)
- 8-4. Coordinate education and behavior change activities with the care that is provided by professional colleagues and team members.
- 8-5. Facilitate constructive discussion in informal and group settings with clients and their families.
- 8-6. Provide on-going support and follow-up as necessary to support healthy behavior change.
- 8-7. Communicate with providers and service organizations to help them understand community and individual conditions, culture, and behavior to improve the effectiveness of services they provide.



## **Competency #9: Documentation**

### **Rationale for why competency is important/should be covered:**

Documentation is a key skill that touches almost all of the core roles of a CHW. It enhances the coordination of effective services (including writing summaries of client and community assessments) and can inform care. CHWs often present information to organization colleagues or community partners about their clients and issues they face. Increasingly there is a need for CHWs to communicate and document across systems of care to support more timely information sharing and support unified data sets which ultimately supports the sustainability of the CHW workforce.

### **Competency includes ability to:**

- 9-1. Organize one's thoughts and exhibit writing capability at the level necessary for communicating effectively and timely with clients, other community members, supervisors, and other professional colleagues.
- 9-2. Comply with reporting, record keeping, and documentation requirements in one's work (i.e. to support continuation of care, prepare grant reports).
- 9-3. Ability to identify and use best practices for documentation (i.e. assuring confidentiality and privacy).
- 9-4. Recognize and use appropriate technology, for work-based communication or patient/client documentation and communication, according to employer requirements and guidelines.
- 9-5. Recognize the importance of documentation to program evaluation, sustainability and to help clients achieve their goals.

## **Competency #10: Cultural Competency/Responsiveness**

### **Rationale for why competency is important/should be covered:**

Unequal treatment and implicit bias are well recognized factors that adversely affect health status. A core role of a Maine CHW is to, “Promote wellness by providing culturally appropriate health information to clients and providers.” As our systems of care becomes more proactive in addressing differences of culture and language (i.e. CLAS standards/NCQA etc.) CHWs will likely be asked to play a pivotal role in providing care and services that are culturally responsive. In many instances, CHWs share language, culture, race and other forms of identity with the patients/clients they serve. As a cultural broker they regularly bridge the world of differences that may exist between the community and the exam room and advocate for care that reflects a sense of cultural humility.

### **Competency includes ability to:**

- 10-1. Explain how one’s own culture and life experience influence one’s work with clients, community members, and professional colleagues from diverse backgrounds.
- 10-2. Describe different aspects of community and culture and how these can influence peoples’ health.
  - 10-2.1. Understand Barriers to Care for Disparate Populations (i.e. Refugee and Immigrants)
- 10-3. Describe ways the organizational culture within provider agencies and institutions can affect access, quality, and client experience with services.
- 10-4. Employ techniques for interacting sensitively and effectively with people from cultures or communities that differ from one’s own.
- 10-5. Support the development of authentic, effective partnerships between clients and providers by helping each to better understand the other’s perspectives.
- 10-6. Make accommodations to address language needs accurately and sensitively (i.e. for spoken language differences and/or hearing-impaired or local/regional terminologies or vocabulary).
- 10-7. Be aware of potential conflict between roles of medical interpreter and CHW.
- 10-8. Advocate for and promote the use of culturally and linguistically appropriate services and resources within organizations and with diverse colleagues and community partners.
- 10-9. Advocate for client self-determination and dignity.



*Paul R. LePage, Governor*

*Mary C. Mayhew, Commissioner*

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