

Definition of the Maine Community Health Worker

A trained and trusted public health worker who is respected by the people s/he serves and applies his/her unique understanding of the experience, socio-economic needs, language and/or culture of the communities served to:

- Act as a bridge between providers and individuals to promote health, reduce disparities, and improve service delivery; and
- Advocate for individual and community needs

CHWs are **distinguished** from other health professionals because they:

- Are hired primarily for their understanding of the populations and communities they serve;
- Conduct outreach a significant portion of the time; and
- Have experience in providing services in community settings

Core Roles of Community Health Workers

Role 1: Bridge the gap between communities and the health and social service systems. *For example, by:*

- A. Outreach to engage and empower community members
- B. Educate community members about how to use the health care and social service systems
- C. Educate the health and social service systems about community needs and perspectives
- D. Gather information
- E. Communicate with identified populations
- F. Improve quality of care by aiding communication between provider and patient to clarify cultural practices

Role 2: Promote wellness by providing culturally appropriate health information to clients and providers. For example:

- A. Health promotion and disease prevention
- B. Assist *guide/help/inform* clients in managing their chronic illness

Role 3: Assist in navigating the health and human services system. For example:

- A. Connect with people needing services
- B. Make referrals and coordinate services
- C. Teach people the knowledge and skills needed to obtain care
- D. Facilitate continuity of care by providing follow-up
- E. Manage paperwork (e.g., help with application for public assistance)

Role 4: Advocate for Individual and Community Needs. For example:

- A. Articulate and represent needs of community and individuals to others
- B. *Be an advocate for clients when they are unable to speak for themselves (i.e not medical interpretation)*
- C. Involve participants in self and community advocacy.

Role 5: Provide Direct Services. For example:

- A. Link to community resources to meet basic needs (*i.e. housing, food, job placement, legal representation, education*)
- B. Provide individual social and health care support
- C. Organize and/or facilitate support groups
- D. Refer and link to preventive services through health screenings and healthcare information
- E. *Refer and link to medical care (home if not connected)*

Role 6: Build Individual and Community Capacity. For example:

- A. Build individual capacity to achieve wellness
- B. Build community capacity by addressing social determinants of health
- C. Identify individual and community needs
- D. Mentor other CHWs – capacity building
- E. Seek professional development (continuing education)

This document draws upon the work of CHWs and CHW Associations in Minnesota and Massachusetts. See CEPAC Reports for more information and details on the source documents: http://cepac.icer-review.org/?page_id=1066



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