

The ME CHW Initiative has developed its own working definition of a Community Health Worker tied to the core roles that a CHW may serve within their place of employment. The stakeholder group has helped inform this guidance through contributions, edits and discussion. This document is intended to be helpful to the CHW Pilot Projects along with any prospective CHW employer.

Identification of Candidates

CEPAC endorsed community based organizations as a key partner in helping to promote job opportunities, identify candidates and connect entities to community members. Attached to this document is a listing of agencies/organizations that would likely be helpful to prospective CHW employers. It expands upon the Maine list prepared by CEPAC.

Attributes of CHWs

In delineating skills to be included in core competency training of CHWs, the stakeholder group recognized that there are personal characteristics/qualities that an employer should look for when recruiting a CHW. These include:

1. **Interpersonal Skills**- relationship building/trust & honesty/compassion & empathy/ respect & tolerance;
2. **Knowledge Base**- Broad Knowledge of the community;
3. **Advocacy Skills**- Determination;
4. **Cultural and Linguistic Competence**- Understanding and working within the cultural context of the community being served/ Bilingualism/Shared life experience, values, socio-economic status and ethnic identity/ personal connections to community members;
5. **Networking/Connector**- Natural ability to link individuals to others or to resources. Often the “go to” person in a neighborhood or community that can be described as a bridger, weaver, natural helper or network maker.

Screening Process of CHW Candidates

The stakeholder group also generated recommendations for screening of CHWs:

1. Ask for examples of how a candidate will tap into a community? What methods will they use to do so? Have they done so in the past?
2. Interview in small groups to gauge empathy and active listening?
3. Utilize an empathy screening tool
4. Have candidate shadow staff/team
5. Use case studies
6. Diverse representation on interview team to gauge interaction with others- regardless of power/position

Language Proficiency Testing

Working in a healthcare setting demands a high level of language proficiency for CHWs serving multilingual communities. The demands are for proficiency in both the language spoken by patients/clients as well as English the predominant language of healthcare providers, agencies, etc. To assess whether a prospective CHW possesses the necessary proficiency to adequately communicate and to fulfill the core roles of being a CHW, the Stakeholder Group made the following recommendations:

1. Allow applicants to share certificates and/or diplomas that document successful completion of English coursework, or;
2. Documentation of proficiency through attainment of certification as a medical interpreter;
3. Successful completion of the TOEFL, Accuplacer or CASAS exam.

Education/Experience/Equivalency

Most of the skills required to fulfill the core roles of a CHW are not tied to a specific degree or diploma. As a result, prospective employers are asked to consider an “equivalent combination of experience and education” when hiring a CHW. The CHWI Stakeholder group acknowledges that organizations/employers will best know the balance of individual attributes/skills/education and experience they seek in their CHWs. Requirements on formal education/degrees may pose barriers for candidates who might otherwise possess the intrinsic attributes, skills and/or experience to be a CHW. Employers might consider using a portfolio review/assessment which allows candidates to provide documentation of their skills, training and education from entities outside of employers or educational institutions.

Post-Hire/Post-Training Recommendations for evaluating effectiveness of training and provide adequate support for the initial stage of employment

1. Use Case studies at end of training and group testing of knowledge base;
2. Conduct 6 month follow-up to assess information retained from training;
3. Use Simulated patient encounter (videotaped) to give feedback @ 6 month interval observe CHW in the community as they work;
4. Build in a mechanism for giving feedback;
5. Conduct Ride-Alongs/Shadowing;
 - a. Emphasize reciprocal learning- exchange of ideas/approaches, not necessarily about “one-way” to do something;
6. Build in mechanism for CHW reflections;
7. Allow for feedback on adequacy of training & preparation;
8. Experiences in the field w/time set aside to do this sharing.

Community Based Organizations (Partners for Recruitment)

Within the CEPAC Report there is a Maine-specific list of potential partners for recruitment of CHWs (See Section II http://cepac.icer-review.org/wp-content/uploads/2011/04/Action-Guide-for-Employers_09_05_13.pdf). What appears below complements the initial list with additional entities identified by the stakeholders.

1. Faith Based Organizations
2. Small Businesses (Auto repair shops, Laundromats, Markets)
3. Patient Advisory Councils/Peer Supports within PCMHs, hospitals, ACOs, etc.
4. WIC Offices: <http://www.maine.gov/dhhs/mecdc/health-equity/wic/families/families-apply-location.shtml>
5. Public Housing: <http://portal.hud.gov/hudportal/HUD?src=/states/maine/renting/hawebsites>
6. Community Colleges: <http://www.mccs.me.edu/>
7. United Way:
<http://apps.unitedway.org/myuw/luindex.cfm?id=browsecities&zip=00000&abbr=ME&app=>
8. Career Centers: <http://www.mainecareercenter.com/>
9. Head Start Programs: <http://umaine.edu/ccids-mhssco/maine-head-start-grantees>
10. Food and Medicine: <http://www.foodandmedicine.org/>
11. Community Partnerships for Protecting Children (Penobscot and Cumberland Counties/
<http://www.cppcmaine.org/>)

Recruitment Guidance and Sample Job Descriptions

Lastly the below are provided as resources for entities preparing to implement a CHW program and/or are readying for the recruitment of a CHW (again, in addition to the CEPAC report).

1. A Handbook for Enhancing CHW Programs (CDC/DCPC):
<http://www.cdc.gov/cancer/nbccedp/pdf/trainpdfs/hb-recruitment.pdf>
2. Community Health Workers Evidence-Based Models Toolbox (HRSA Office Of Rural Health Policy) : <http://www.hrsa.gov/ruralhealth/pdf/chwtoolkit.pdf>
3. Making the Connection: The Role of CHWs in Health Homes (NYS Health Foundation):
<http://www.chwnetwork.org/media/122708/making-the-connection-chw-health-homes-sept-2012.pdf>
4. KEY CONSIDERATIONS FOR OPENING DOORS: Developing Community Health Worker Education Programs- CHW National Education Collaborative (University of Arizona)
<http://www.chw-nec.org/pdf/guidebook.pdf>

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