

Policy Statement on Community Health Workers

Massachusetts Department of Public Health

Community Health Worker Task Force

4/02

I. MDPH DEFINITION OF A COMMUNITY HEALTH WORKER

A Community Health Worker (CHW) is a public health outreach professional who applies his or her unique understanding of the experience, language and/or culture of the populations he or she serves in order to carry out at least one of the following roles:

- bridging/culturally mediating between individuals, communities and health and human services, including actively building individual and community capacity;
- providing culturally appropriate health education and information;
- assuring that people get the services they need;
- providing direct services, including informal counseling and social support; and
- advocating for individual and community needs.

(adapted from Rosenthal, E.L., The Final Report of the National Community Health Advisor Study. The University of Arizona. 1998)

A CHW is distinguished from other health professionals because he or she:

- is hired primarily for his or her understanding of the populations he or she serves, and
- conducts outreach at least 50% of the time in one or more of the categories above.

***Explanation of CHW Roles** *(adapted from National Community Health Advisor Study)*

- **Bridging/Cultural Mediation Between Communities and Health and Human Services, including Actively Building Individual and Community Capacity.** This includes: educating community members about how to use the health care and human services systems; educating health and human service providers about community needs and perspectives; collecting information from clients that is often inaccessible to other health and human service providers; translating literal and medical languages; building individual capacity by sharing information, building concrete skills, and helping clients to change their behavior; and building community capacity by bringing about community participation in health.
- **Providing Culturally Appropriate Health Education and Information.** This includes: teaching health promotion and disease prevention; and providing education and information to help individuals manage chronic illness.
- **Assuring That People Get the Services They Need.** This includes: case finding; making referrals and motivating people to seek care; taking people to services; and providing follow-up.
- **Providing Direct Services, including Informal Counseling and Social Support.** This includes: helping people meet basic needs such as food, housing, clothing, and employment; providing individual support and informal counseling, and leading support groups; and, less frequently, providing clinical services.
- **Advocating for Individual and Community Needs.** This includes: acting as a spokesperson for clients or intermediary between clients and systems; and advocating for community needs.

II. MDPH POLICY GUIDELINES FOR COMMUNITY HEALTH WORKERS

MDPH recognizes CHWs as professionals that are a critical component of the public health work force, and encourages the use of CHWs in the planning, implementation and evaluation of community-based programs.

Expectations of DPH-funded Agencies with CHWs

All DPH funded programs with CHWs shall:

- **Develop an overall Outreach Plan:** An agency requesting DPH funding for programs that involve CHWs shall develop an overall outreach plan that includes: the program objectives; target populations; outcome/output measures; program content and strategies; internal and external linkages; consumer/community input; the roles and responsibilities of CHWs and orientation for other agency staff about the outreach program. Job descriptions shall be written for CHWs.

Note: If an agency plans on using CHWs who will be funded by more than one DPH Bureau or program within that Bureau (e.g., HIV/AIDS, breast and cervical cancer, pregnant and parenting support program, etc.) or by other, non-DPH sources, it is encouraged to develop an integrated, cross-categorical outreach program which ensures effective integration and utilization of resources.

- **Develop an Internal Agency Plan for the training, supervision and support of CHWs**

This plan shall include the following components:

Materials Development. The agency should develop and disseminate administrative guidelines to CHWs (including street and home safety procedures; mandated reporting; CHW accountability and work schedules; etc.). It shall also develop a code of ethics with CHWs regarding confidentiality and other professional standards necessary for working with clients and community groups (sample codes of ethics are available from the DPH AIDS Bureau and the Bureau of Communicable Disease Control). These policies and procedures should be linked to overall agency policies.

Training and continuing education for CHW staff. This training shall include (at a minimum): CHWs' roles and responsibilities; administrative guidelines and a code of ethics; skills building; public health topics; and information on community resources. Training should be provided as needed to ensure that CHWs have the knowledge and skills required to serve all members of targeted communities. Participation of CHWs in DPH-sponsored trainings and other trainings should be promoted.

On-going supervision and support to ensure integration of CHW staff into the agency.

On-going support and supervision of CHWs are crucial. Regular program and clinical supervision including individual and team support are necessary. CHW supervisors should have outreach experience and accompany CHWs in the field as they perform their outreach activities at least twice per year.

Networking opportunities. The agency shall assure that CHWs have structured networking time with other CHWS. CHWs should attend quarterly networking meetings with CHWs from other agencies as a function of their employment. The agency that receives DPH outreach funding from multiple Bureaus or programs shall provide quarterly internal CHW internal meetings. As appropriate, CHWs should have reasonable access to the Internet to support further networking.

Compensation and work environment. The agency's outreach plan should describe the consideration the agency gives to the fair compensation of CHWs including reasonable pay scales, access to employee benefits, job security and promotion of career opportunities. Attention should be paid to ensuring safe, secure, and to the degree possible, comfortable work environments, and accommodation for CHWs with disabilities or special needs.

Integration into health care delivery team. CHWs should participate in case meetings, program planning activities, and agency team meetings. CHWs should actively contribute to programmatic reporting and assessment documents and DPH site visit.

III. MDPH OPERATIONAL MEASURES FOR DPH-FUNDED AGENCIES EMPLOYING CHWS

In addition to program performance measures, the following operational measures are designed to support the professional capacity of CHWs:

Operational Measure #1: Training

- 1) Each community health worker shall attend a minimum of 28, with a goal of 42, hours of relevant professional training per year per DPH-funded FTE and be paid while attending training.

For the purposes of documenting this operational measure,

- Training includes: formal in-service trainings, conferences, including the annual "Ounce of Prevention Conference," regional Community Health Worker Network meetings, and other trainings offered external to the agency.
- Training does not include agency staff meetings or on-the-job orientation.
- The agency must maintain a list of CHWs and the names, dates and lengths of the trainings they attended and must be prepared to produce this evidence on request.

Operational Measure #2: Supervision

- 2) Each community health worker shall receive a minimum of one hour of supervision during every two-week period.

For the purposes of documenting this operational measure,

- Supervision includes: face-to-face individual and/or group sessions, which may be clinical and/or administrative in nature.
- Supervision does not include written performance reviews or staff meetings.
- The agency must maintain a list of CHWs and who provides their supervision, as well as the length and dates of supervisory sessions and must be prepared to produce this evidence on request.