

Promoting Policy and Systems Change to Expand Employment of Community Workers (CHWs)

Session 1: Introduction to Community Health Workers (CHWs)

Session Overview

The objectives for this session include:

- Explain seven reasons for current interest in CHWs
- Name five sources of official definitions of CHW
- Describe common elements of most definitions
- Describe what is distinctive about CHWs
- List five common CHW roles and functions
- Describe distinctions between CHWs and related occupations
- Identify models of care employing CHWs
- Describe employment settings in which CHWs practice
- Discuss management and supervisory challenges

Audio Transcript

This session describes the unique characteristics that distinguish CHWs from workers in related occupations. These characteristics are the root of the benefits of employing CHWs. The distinction between CHWs and other workers can be difficult for many stakeholders to understand. Many people in health care administration tend to sort occupations into two general categories: clinical and administrative. As you will see, CHWs fit into neither. Their unique role presents challenges in communicating with stakeholders about CHWs and in designing coherent public policy.

In this session, we will explore the reasons behind the current growth in interest in CHWs and highlight the common elements in five official definitions of CHWs. We will look at what is distinctive about CHWs and at the range of roles and functions they perform. Limited understanding of these roles and functions among stakeholders is a major contributor to the inertia that has impeded policy change.

We will also look at the basic distinctions between CHWs and some related occupations; later in the series, we'll explore these distinctions in terms of boundaries and scope of practice. Finally, we will look at models of care; the types of organizations in which CHWs practice; and the management and supervisory challenges involved in employing CHWs.

We should note that because the vast majority of CHWs are women—although there are also many male CHWs—we will refer to CHWs using female pronouns.

Why the Current Interest in CHWs?

The current interest in CHWs can be attributed to:

- Diversity of population
- Growing prevalence of chronic diseases
- Growing complexity of health care
- Recognition of social/behavioral determinants
- Commitment to reducing health inequities
- Cost pressures on system
- Shortages of clinical personnel limiting time with patients

Audio Transcript

Although CHWs have been around at least since the 1960s, interest has grown in the last 10 years, largely because of two pivotal publications: the National Community Health Advisor Study, published by the University of Arizona in 1998, and the Community Health Worker National Workforce Study, published by Health Resources and Services Administration, or HRSA, in 2007. Links to both these studies are provided on the page of web references mentioned a few minutes ago.

Central to this new interest is the recognition that despite greater understanding of treatment methods, pharmaceuticals and technology, and even disease prevention and management, our health care system is limited because of deficiencies in relationships and communication.

With an increasingly diverse population, cultural differences can make providing quality health care more difficult and can complicate prevention efforts. As chronic diseases consume more of our attention and resources, we see that clinical encounters alone are not sufficient to prevent and manage these conditions. And the increasingly complex health care system is challenging for everyone to understand, not just for those of different cultural backgrounds, limited education, or low health literacy.

Social and behavioral determinants influence health status, and these determinants are not affected by traditional efforts to improve the quality of health care. Improvement can take an entire community—or an entire society—and communities must be mobilized to make this improvement.

The effort to eliminate persistent health inequities will require multiple approaches, and various authorities, including the Institute of Medicine, have recommended that CHWs be engaged in these efforts.

CHWs also can contribute to efforts to contain health care costs—a priority in the U.S. because the cost of health care drives a good deal of decision making.

And finally, the debate over health care reform has brought into sharp focus the crisis in health care personnel, especially for primary care. If substantial numbers of previously uninsured individuals obtain coverage, providers must be available to serve them.

Current clinical personnel, particularly physicians and nurses, will be hard-pressed to spend adequate time with patients in regular clinical encounters, let alone to participate significantly in important non-direct care activities, such as health education and follow-up contacts.

Official Definitions of CHW

Definitions of CHWs can be found in the following sources.

- American Public Health Association (APHA)
- U.S. Department of Labor
- Texas Department of State Health Services
- Patient Protection and Affordable Care Act
- Health Resources and Services Administration (HRSA) CHW National Workforce Study

Audio Transcript

We will now briefly review a definition of CHWs from the American Public Health Association, or “APHA,” one of the five sources of official definitions listed on this slide. The five definitions are very similar; after reviewing the APHA definition we will look at common elements among them.

American Public Health Association (APHA)

A CHW is a:

- Trusted member of, or deeply understands, the community he/she serves
- Liaison between health and social services and the community

A CHW builds individual and community capacity through:

- Outreach
- Community education
- Informal counseling
- Social support
- Advocacy

Audio Transcript

In a 2009 policy statement, the APHA defined a CHW as a frontline public health worker who either is a trusted member of the community she serves or has an unusually deep understanding of that community. Because of this relationship, the CHW is able to serve as a liaison between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities, such as outreach, community education, informal counseling, social support, and advocacy.

This definition is based on the 2006 recommendation from APHA to the Bureau of Labor Statistics which led to the creation of a new Standard Occupational Classification for CHWs which took effect in 2009. A number of elements of this definition also appeared in the one adopted by the Department of Labor. The APHA definition, however, goes a bit further than most to emphasize the capacity-building function of CHWs. Many

definitions of CHW exclusively cover the service provision functions of the CHW, such as those listed on this slide.

Common Elements of Definitions

The common elements of all of the definitions studied included that each:

- Suggests membership in, or a special relationship with, community
- Defines roles and functions
- Suggests an underlying purpose, such as to:
 - Improve access
 - Promote equity

Audio Transcript

Many other definitions of CHW exist. Most of these definitions include some of the following elements:

- They suggest or require that the CHW have some form of special relationship with the community served. This is an important topic, which we will address in Session 2
- They specify a few basic roles or functions performed by CHWs
- They suggest that the occupation of CHW exists for some underlying purpose, such as improving access to care or promoting health equity

CHW Job Titles

Dozens of Job Titles—All CHWs?	
Case Work Aide	Lactation Consultant/Specialist
Community Care Coordinator	Lay Health Advisor
Community Health Advocate	Lead Abatement Education Specialist
Community Health Educator	Maternal/Infant Health Outreach Worker
Community Health Promoter	Neighborhood Health Advisor
Community Health Representative	Outreach Specialist
Community Health Worker	Patient Navigator
Community Outreach Worker	Peer Educator
<i>Consejera/Animadora</i> (counselor/organizer)	<i>Promotor(a) de Salud</i> (health promoter) (health promoter)
Environmental Health Aide	Public Health Aide
Family Service Worker	
HIV Peer Counselor	

Audio Transcript

These are some of the more than 60 job titles we have found for CHWs. Various surveys have found that relatively few CHWs actually carry the job title of “community health worker.” You may be familiar with the term “promotora de salud,” or “health promoter,” which is one of the most common titles and is popular in Latino communities. In the next session, we will briefly discuss whether the promotora is actually a different occupation from the CHW, but it should be noted that because the term is so popular, its distinct meaning may be diluted. One anecdotal example involves a California credential called the “Certified Application Assistor.” CAAs are trained to help individuals and families apply for public benefits such as Medicaid. In one county, however, some Latina CAAs with no other qualifications have been calling themselves “promotores” because the title is familiar and respected in the community.

It may not be feasible to persuade all employers to change related job titles to “community health worker,” but stating in similar job descriptions that the positions are considered CHWs can be a significant step forward.

What Is Distinctive About CHWs?

CHWs are different because they:

- Do not provide clinical care
- Relate to community members as peers rather than purely as clients
 - Rely on *relationships and trust* rather than clinical expertise
 - Expertise based on *shared culture and life experience* with population served
- Generally do not hold another professional license

Audio Transcript

We noted earlier that the occupation of CHW is different from conventional occupations, even within health care and public health. The first distinction is that CHWs generally do not provide clinical care, beyond some simple screening tasks such as measuring blood pressure and demonstrating medical devices like blood glucose monitors. A few exceptions exist, mainly in remote rural areas, such as the tribal Community Health Representatives and the Community Health Aide/Practitioners in Alaska.

The next three points, however, begin to get at the essence of the occupation. CHWs are effective because of their ability to create trusting relationships with community members. This quality is more important than their clinical knowledge, which is generally limited to the essentials of their specific job. They typically are not allowed to give any form of medical advice and often refer patients to a clinical supervisor when detailed clinical questions arise.

They do, however, have what might be termed “experience-based expertise,” and their understanding of the culture and social structure of the community is helpful to the system as well as to the client. This understanding is usually based on sharing cultural background and similar life experience with the community, rather than on sociological theory or advanced social work methods.

Another distinction, and a strength of CHWs, is their ability to relate to community members as peers rather than viewing them as patients or clients. The conventional professional-to-client relationship can create barriers to communication based on differences of power, status, and culture. A CHW can avoid these distinctions and, in many cases, can engender greater trust, candor, and cooperation on the part of the patient.

And finally, although some licensed nurses, social workers, and foreign-trained and other medical professionals choose to practice as CHWs, the vast majority of CHWs do not hold a license in another profession—hence the common use of the term “lay workers” to describe them.

CHW Roles and Functions

The roles and functions of CHWs are as follows:

- Cultural mediation between communities and health and human services system
- Culturally appropriate health education and information
- Ensuring people get the services they need
- Informal counseling and social support
- Advocating for individual, community needs
- Providing direct services, mainly in remote areas, and meeting basic needs
- Building individual and community capacity

For more information, visit the following link:

<http://rho.arizona.edu/Publications/CAH.aspx>

Audio Transcript

The 1998 National Community Health Advisor Study, referenced earlier, is no longer in print, but the executive summary is available at the Web address shown on this slide. The study was the first systematic attempt to delineate CHW roles and functions, which it defined as:

- Cultural mediation between communities and the health and human services system
- Providing culturally appropriate health education and information
- Ensuring that people get the services they need
- Informal counseling and social support
- Advocating for individual and community needs
- Providing direct services, mainly in remote areas, and meeting basic needs
- Building individual and community capacity

Note the overlap of these roles and functions with those found in the definition reviewed a moment ago. You can see how this list of functions has influenced such definitions.

CHWs vs. Patient Navigators

CHWs	PNs
Are not always assigned specific patients	Are assigned specific patients
Have varying occupational backgrounds	Duties are a subset of CHW duties
Are a distinct occupation	Are a role or function

The differences between CHWs and Patient Navigators include:

- PNs are assigned to specific patients; CHWs often are not
- PN duties are a subset of CHW duties
- PNs may have other occupational background
- PN is a role or function; CHW is a distinct occupation

Audio Transcript

Let's pause for a moment to review one of the persistent definitional issues for this field. The term "patient navigator" is attributed to Dr. Harold Freeman, who created the navigator model at Harlem Hospital in New York in the early 1990s. The patient navigator accompanies and coaches a patient from the point of a positive screening test for cancer through diagnosis and treatment, helping the patient navigate the complexities of cancer treatment. The approach is also useful for patients with other complex medical needs. The concept of the patient navigator has steadily gained popularity, particularly in the field of cancer treatment.

We will see in a moment how the duties of the patient navigator overlap the range of duties of the CHW, but many stakeholders have treated the distinction between CHWs and patient navigators very casually. Some believe they are the same; some believe they are "just different." These interpretations are clearly not sufficient in a serious policy discussion.

The first important distinction between CHWs and navigators is that navigators are typically assigned to specific patients and follow them for an extended period during diagnosis and treatment. Although CHWs may work with patients in a similar manner, they also may have a variety of short-term interactions with patients and with community members who are not currently patients of the provider organization. They may, for example, encourage community members to participate in cancer screening, whereas the navigator's role begins when a patient receives a positive screening test.

Looking back to the range of roles and functions just discussed, it is clear that the duties of the patient navigator are a subset of CHWs' potential roles and functions. For example, patient navigators seldom have outreach or community organizing responsibilities.

That said, many patient navigator programs employ CHWs. Although the 2005 Patient Navigator Act did not mention CHWs or the characteristics of CHWs as navigators, HRSA has embraced CHWs as navigators in implementing this act. In its funding announcements in 2008 and 2010, HRSA required applicants wishing to use non-CHWs as navigators to justify their choice.

At the same time, it is not uncommon for nurses, social workers, or others, such as health educators or dental hygienists, to assume the role of patient navigator. These are perfectly valid program design choices.

It follows, then, that patient navigation is a role or function and not a distinct occupation. In other words, not all CHWs are navigators, and vice versa.

Overlapping Roles in Related Occupations

There are some overlapping roles in occupations related to CHWs. These include:

- Care management and coordination (nurses, social workers)
- Health education (nurses, health educators, diabetes educators, dental hygienists)
- Counseling (social workers, therapists)
- Patient follow-up (nurses, medical assistants)
- Direct care (nursing assistants, personal care aides)

Audio Transcript

CHWs often work as part of a team with people in related occupations. In these instances, specific tasks may be delegated to CHWs, but the clinical responsibilities of the CHW are always limited.

The first overlapping role, care management and coordination, is a good example of the potential for a team approach involving CHWs, although some CHWs provide informal care coordination with a fair degree of autonomy and consult with a clinical professional only for backup.

Distinctions may be more subtle in areas like health education and counseling, in which the CHW's role is often informal and peer-oriented. In the case of counseling, the CHW often acts more as a peer advisor and provider of social support than as a therapist. Patient follow-up by CHWs is often provided in a community or home-visit setting, whereas nurses and medical assistants follow up primarily by telephone.

People unfamiliar with CHWs may turn to direct care occupations, such as nursing assistants or home health aides, for a familiar frame of reference. Although practitioners of these occupations operate primarily in a community or home-visit setting, their services are commonly limited to direct service as prescribed or ordered by another health professional.

Distinctions Between CHWs and Related Occupations

There are some distinctions between CHWs and related occupations. These include:

- CHWs rarely design clinical interventions except as members of a team
- Other professionals often supervise CHWs
- Organizations rely on CHWs' knowledge of the community
- Communities value CHWs' understanding of "the system"

Audio Transcript

Although generalizing about distinctions between CHWs and other occupations may be difficult, some observations can be made. CHWs generally do not design clinical interventions autonomously. A CHW may, however, be involved in design as a member of a clinical team and contribute her understanding of the patient's or family's context and of the larger community.

Distinctions between the CHW and other occupations become more significant when other professionals supervise CHWs. In these instances, supervisors need to know where their responsibilities end and those of the CHW begin. Clarifying boundaries and a distinct scope of practice for CHWs is also important in establishing state policy.

When establishing a scope of practice, it's useful to remember that CHWs are commonly relied on for their knowledge of the community, rather than for particular clinical expertise. In the community, however, the CHW is looked upon as an authority on how "the system" works.

Another distinction is in accountability. CHWs are considered to be operating in support of other members of the clinical team and are generally not held accountable for the clinical outcomes of individual patients. They generally do not carry professional liability or malpractice insurance. Even so, they often have a sense of emotional accountability for the results of individual patients or their families.

Nonetheless, because of the limited clinical training provided to CHWs, stakeholders are frequently concerned about the quality of services CHWs provide. Quality of service is a sensitive issue, even in the act of providing health information, and is an important area of responsibility for the CHW supervisor. Good CHW training and supervision includes instilling a clear understanding of quality assurance and accountability for delivering accurate information.

Proactive vs. Reactive Care

Do CHWs provide proactive or reactive care?

- Many stakeholders think of CHWs in limited terms, mainly outreach (proactive)
- Many CHWs also are assigned to patients or receive referrals (reactive)
- Roles touch entire continuum of care

Audio Transcript

Many of the stakeholders with whom you may be dealing will have been exposed to CHWs only in their outreach role, which is proactive and population based. CHWs in this role have limited responsibility for relationships with specific individuals or families.

However, one area for growth in CHW activity is in ongoing work with specific patients and families who are assigned to a CHW by another member of the patient care team. In contrast with the proactive outreach functions, this area of activity might be considered reactive, or responsive, to the specific needs of identified patients and families. It allows CHWs to be involved in the entire continuum of care.

The next slide depicts this range of CHWs' roles as they relate to the conceptual model of the continuum of care.

CHW: Proactive Roles

Title: CHW: Proactive Roles (with arrows pointing down to Health Education, Eligibility and Enrollment, and Patient-PCP Engagement)			
Health Education	Eligibility and Enrollment (with an arrow pointing down to Continuum of Health Care)	Patient-PCP Engagement (with an arrow pointing down to Continuum of Health Care)	ER Interventions (with an arrow pointing down to Continuum of Health Care)
Continuum of Health Care			
Screening & Preventative Care	Routine Primary Care (with an arrow pointing down to CHW: Reactive Roles)	Secondary Care (Specialists) (with an arrow pointing down to CHW: Reactive Roles)	Tertiary Care (Hospitals, etc) (with an arrow pointing up to ER Interventions and an arrow pointing down to CHW: Reactive Roles)
		CHW: Reactive Roles Follow-up Adherence Coaching	
Chronic Disease Management			
Patient Navigation			

Audio Transcript

The continuum of care is depicted in the bar at the center of the slide. The upper part of the slide presents the proactive roles of CHWs, which appear above the bar. We will talk about these roles, then turn to the reactive roles below the bar to complete a visual of the total capacity of CHWs.

Acting proactively, CHWs engage in outreach to provide direct community-based health education, to help individuals and families establish eligibility for programs and benefits, and to engage patients in screening, preventive care, and primary care.

In a role that is gaining popularity, CHWs also may help individuals who visit emergency rooms to engage more appropriate sources of care for non-emergency conditions. A number of studies have demonstrated the effectiveness of this approach. Although this role is generally proactive, sometimes individuals are referred to a CHW by an emergency department.

This lower half of the diagram shows activities for which a clinical care provider may refer a patient or family to a CHW. In these scenarios, the CHW’s role is primarily reactive and is limited to the patients or families assigned to her.

In these activities, we begin to see the CHW's potential to improve communication between provider and patient. Studies have documented CHWs' ability to improve patient knowledge, attitudes, and self-reported behaviors. Other studies have shown reductions in cost and improvements in clinical outcomes, both from increased patient adherence to treatment and from simple behaviors such as keeping appointments. And finally, the potential involvement of CHWs in post-discharge follow-up is important because of the recent increase in interest in reducing hospital readmissions.

Again, we must keep in mind that the CHW is not providing clinical care, but instead is providing support, coaching, and reinforcement of information and recommendations from clinical personnel. In many cases, the CHW also provides resources and referral for non-medical services to remove barriers to participation in the health care system, enabling the individual or family to engage more actively in clinical care.

Where the individual arrows in this diagram might describe a specific program, for example, connecting patients more effectively with their primary care providers, there is potential for more broadly based programs in which the patient and CHW interact with a wider range of providers. As indicated by the bracketed notations at the bottom of this diagram, successful chronic disease management, although based in a primary care setting, often involves contact with specialists. Likewise, patient navigation may include contacts with the full range of providers and include inpatient care.

Taken together, the roles shown in this graphic describe the full range of engagement of CHWs with the health care system. Later we will discuss models in which CHWs operate entirely outside the system.

Health Care Organizations that Employ CHWs

CHWs are not commonly employed directly by state government but they are employed by:

- Community health centers
- Hospitals
- Managed care organizations
- Community-based organizations
- Specialty vendors to states such as:
 - Medicaid enrollment
 - Chronic disease management

Audio Transcript

Having looked at the range of CHW activities and models of care, we will now discuss the kinds of organizations that employ CHWs.

Few CHWs are actually employed directly by state governments, although this situation may change. At present, CHWs are more often employed by programs supported by the state. A number of states have prominent programs, generally funded under Medicaid waivers, in which CHWs assist in education and care coordination in maternal and child health. In New York, this program is actually called the Community Health Worker Program. The widely respected "Kentucky Homeplace" program offered CHW services

in rural Appalachia to improve access to care. The program received significant state appropriations for several years, until recent budgetary pressures forced its termination. Other state-funded CHW programs operate in fields such as reproductive health and immunizations.

A range of health care organizations employ CHWs, including community health centers, hospitals, managed care organizations, community-based organizations, and specialty vendors that deal with Medicaid enrollment and chronic disease management.

Other Organizations that Employ CHWs

Not all organizations that employ CHWs are directly involved in health care.

Other organizations that employ CHWs include:

- Non-health care agencies such as:
 - Early childhood education (Head Start)
 - Parenting and child abuse prevention
 - Emergency preparedness programs
 - Services for formerly incarcerated individuals and families of those currently incarcerated
- Employee benefits programs in large companies or institutions

Audio Transcript

Not all organizations that employ CHWs are directly involved in health care, and it is important to remember that these organizations may also be interested in policy and systems changes that affect the employment of CHWs. Head Start, for example, employs a category of workers known by various titles, such as “family support worker,” who may meet the CHW definition. Emergency preparedness programs would benefit from the capabilities of CHWs as trusted communicators in specific communities. Large employers in other industries and labor unions have shown some interest in controlling health benefits costs by employing CHWs to work with their employees.

Other Key Elements of CHW Roles

CHWs often play multiple roles. Key elements of CHW roles include:

- Job descriptions often present limited range of roles
- Movement between roles is fluid
- Example: Ohio’s Community Health Access Program (<http://chap-ohio.net>)
- CHWs need flexibility: they tend to “do whatever it takes”

Audio Transcript

We have reviewed a wide range of roles and settings for CHW activities. The reality on the ground, however, is that most positions for CHWs are created with a limited range of roles in mind. Sometimes this limitation is dictated by a funding source, especially if the CHWs are employed in a research context, where their intervention is very narrowly defined.

However, CHWs often play multiple roles even during one encounter with an individual or family. They may, for example, shift from providing basic health education to providing resources and referral or counseling and social support. Most research studies do a poor job of capturing this range of activity and the ancillary benefits received by the individuals and families.

One exception is Ohio's Community Health Access Program, or CHAP, which serves pregnant women at high risk of premature and low-birth-weight delivery. The CHAP model uses a series of 50 protocols, called "pathways," for common situations CHWs encounter when working with these women. The pathways include some nonmedical issues, such as housing. As well as being a valuable guide to CHWs, the pathways link to the program's data collection system. After working with a client, the CHW returns to her office and pulls up a computer display that looks exactly like the pathway flowchart on her reference cards. She can record her time and actions in that format, thereby capturing the nonmedical interventions that may contribute to a successful outcome.

Because of their high level of commitment to the communities they serve, CHWs often report taking action outside of their assigned duties because "that's what the family needed." This "whatever it takes" attitude may contribute significantly to their success, but it can often be difficult to identify a direct causal link between these actions and ultimate outcomes. This attitude may also translate into a resistance to strict service protocols, which can be problematic in programs based on research grants. At least one published study has devoted significant attention to the ways in which CHW practices undermined the integrity of the research protocol. For example, some CHWs assigned to make a fixed number of home visits to each family made additional, unreported visits to address the perceived needs of the family.

In the next few slides, we will address some of the management and supervisory challenges presented by the distinctive operating style of CHWs.

Management and Supervisory Challenges

It should not be assumed that a person with basic supervisory skills, even with advanced clinical background, is qualified or prepared to supervise CHWs effectively as this can be a very challenging task. Some of these management and supervisory challenges include:

- Organizational maturity is required: CHWs do not fit conventional job categories
- Recruitment and selection: finding the right people
- Distinctive demands on supervisors of CHWs

Audio Transcript

Given all we have learned about the subtleties of the CHW field, how do organizations manage and supervise CHWs effectively?

One commentator asserts that the employing organization needs to have a certain “organizational maturity” to integrate CHWs. As we mentioned earlier, health care administrators often classify their personnel as either clinical or administrative, and CHWs are neither.

Experts on the CHW workforce often advise employers that if they can hire the “right people,” they will be halfway home. It is important to remember that conventional channels may not attract the best candidates. Also, since the occupational identity of CHWs is still developing, many appropriate candidates will not be aware of the occupation or may not view a CHW position as a possible “fit” for them. To find well-suited candidates, an employer may need to present more user-friendly and less bureaucratic job announcements. Many employers report great success using informal recruitment channels, particularly working through recognized community leaders and institutions such as faith communities. The National Community Health Advisor Study has an excellent overview of what employers should look for in CHW candidates.

Employer organizations also must be aware of the distinctive requirements for supervisors of CHWs. It should not be assumed that a person with basic supervisory skills, even with advanced clinical background, is qualified or prepared to supervise CHWs effectively.

Supervising CHWs: Key Roles

The following are important key roles of supervising CHWs:

- Communication with providers
- Quality assurance
- Leader-coach-model in skill development
- Development of work readiness and world-of-work behaviors

Audio Transcript

At this writing, no formalized training programs exist to prepare supervisors to work with CHWs. This slide and the next two cover some of the important roles, skills, and methods supervisors of CHWs need.

CHW supervisors are usually responsible for communication with providers in other organizations, or even within the same organization, particularly on clinical matters. Supervisors are responsible for upholding their organization’s standards for the quality of services. They must negotiate quality assurance measures with CHWs and monitor the CHWs’ compliance, and they will usually be held accountable for errors made by CHWs. Supervisors also have an ongoing role in developing CHWs’ skills. CHWs are expected to build a respectful and empowering relationship with community members and to cultivate the community’s capacity to meet its own needs, and the supervisor is expected to serve as a model by using such practices in her relationship with the CHWs themselves. Finally, some CHWs may have limited work experience, and supervisors

must be able to introduce them into the world of work by reinforcing expectations such as professional appearance, promptness, and completion of agreements.

Supervising CHWs: Key Skills and Methods

The following are key skills and methods of supervising CHWs:

- Support and nurturing skills
- Appropriate use of:
 - Personal life experiences
 - Clinical knowledge and experience
- Communicating standards and mission commitment
- Encouraging personal problem solving

Audio Transcript

Partly because many CHWs come from challenging backgrounds similar to those of the people they serve, and partly because of the unique stresses associated with working as a CHW, supervisors often must provide more support and nurturing than they may be accustomed to. CHWs may tend toward burnout because they are trying to do too much. They also may experience stress because of personal boundary issues: As members of the community, they may have personal relationships with many of their clients, and they must keep these relationships distinct. Good training includes an emphasis on setting boundaries and avoiding burnout, but the supervisor will still have to deal with these issues.

CHW supervisors must strike a balance between relating to CHWs on a personal level and as an expert authority. A CHW working with a community member will usually not say, “Here’s what you have to do,” but rather, “I was in a situation like this myself, and here’s what I did; maybe you’d like to try that.” A supervisor will usually approach a CHW in much the same way. Using examples from one’s personal life experience has value as a teaching tool, but if it is carried too far, it can shift too much focus to oneself.

In addition, the supervisor is responsible for communicating the organization’s expectations of commitment to its mission in a way that respects the CHW’s other values and beliefs. The supervisor must keep in mind that the CHW’s loyalties may be divided between the community and the organization.

Personal problem solving is part of personal growth and professional development. Again, supervisors need to support and coach CHWs in solving personal and work-related problems just as CHWs are expected to encourage and empower community members to solve problems.

Finally, any supervisor will need to deal with differences in levels of performance. In the case of CHWs, this process must be handled with particular sensitivity to avoid appearances of disproportionate attention either to the “stars” or to those with the poorest performance. This dynamic can be difficult among workers who may have limited work experience, and who in many cases have experienced limited career encouragement and even the effects of discrimination and racism.

Session Takeaways

The following are takeaways for this session:

- The CHW is very different from other occupations
- The roles and work settings are more diverse than most people realize
- Managing and supervising CHWs presents unique challenges

Audio Transcript

We suggest you take a moment to reflect on the take-away messages of this first session. Here are some that you might consider:

- The CHW is very different from other occupations
- The roles and work settings are more diverse than most people realize
- Managing and supervising CHWs presents unique challenges

The next session goes a step further into the subtleties of this unique workforce.

Thanks for participating!