



**The Community
Health Worker
Core Consensus
Project**

TTUHSC EL PASO

COMMUNITY HEALTH WORKER ASSESSMENT TOOLKIT

**A FRAMEWORK FOR ASSESSING SKILLS PROFICIENCY
AND FOSTERING PROFESSIONAL DEVELOPMENT**

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Introduction

A Case for Assessing CHW Skill Proficiency

The first phase of the Community Health Worker Core Consensus Project (**C3 project**) team, that completed its phase 1 work in 2016, took a field-driven approach to developing a set of recommended roles, skills, and qualities for community health workers (CHWs) in the United States. One extension of this work sought to understand ways of assessing CHW proficiencies in the skills identified during the first phase of the C3 project. The goal was to identify guiding principles and best practices that could lead to field-driven, practice-based recommendations, tools, and resources to empower CHWs to work at the top of their skillset.

Although skill proficiency is key to CHW integration into teams, in a national survey conducted for this project, only 44 percent of respondents (which included CHWs, CHW supervisors, trainers, employers, and other stakeholders) were currently assessing skills. The examination provides insights and guidance to help those in the field assess the skills identified by the C3 project. The use of an assessment strategy allows program managers, supervisors, trainers, and CHWs to track CHW skill development and identify opportunities for professional development.

Assessing CHW skill proficiencies can help:

- Reduce CHW turnover
- Improve CHW capacity to deliver interventions with greater fidelity
- Enhance effectiveness in working with community members and team members

Proficient CHWs are more likely to establish patient-provider-system trust and, as a result, improve patient outcomes. Additionally, CHW supervisors can develop a better understanding of CHW roles and skills and translate this information to clinical managers, leadership, employers, and other stakeholders.

This support has many benefits. It leads to better integration of CHWs into teams. It increases understanding and appreciation of their value in the agencies and communities they serve. It also builds recognition of how they overcome barriers, forge community-clinic linkages, and help community members and patients reach their health goals. These kinds of positive outcomes can greatly improve organizational capacity.

Box 1. Who are Community Health Workers?

CHWs are defined by the *American Public Health Association (APHA)* as follows:

“A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker 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.”

CHWs, also known as promoters, community health representatives, or peer educators, aim to help reduce inequities. CHWs increase understanding among health professionals about the effects of social determinants to health on patients’ lives and their care, and also support individuals and communities in addressing those determinants.

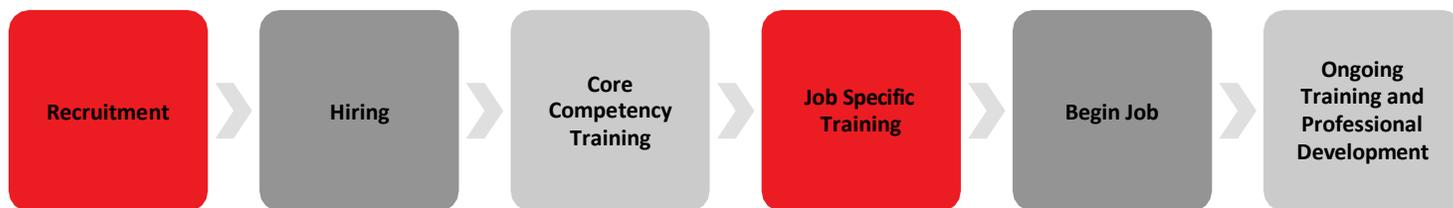


Assessing CHW Skill Proficiencies: When and How to Use This Report

Many programs struggle with how to assess skill proficiency among CHWs in their organization. The report offers key tenets for assessing CHW skills, along with case studies and examples, and various templates that may help in developing a program’s assessment. Just as the initial **C3 report** did, it offers field-driven insight and practice recommendations about these issues, which should be adapted and modified as appropriate to a specific program or organization’s needs. Therefore, this report will be most valuable for CHW employers (supervisors and program managers) and CHWs who are interested in assessing their skills both during the hiring process, as well as on the job. This report does not include specific techniques for assessing CHW skills in a training context. While it is important to assess skills in the training context, it is outside the scope of this project.

The following figure depicts a typical process for CHW recruitment, training, and hiring. After recruitment, CHWs are assessed based on their qualities (e.g., ability to communicate and build trust). CHWs are usually hired based on these attributes and receive formal training thereafter. CHW skills are often then assessed in the training context (e.g., pre- and post-tests at the end of training, observation of role-playing, other techniques) and CHWs often continue to receive training after hire. Targeted training and ongoing performance assessment continues for CHWs on the job (Figure 1). While this process may vary depending on the setting (e.g., core competency training prior to or after hiring), this outline offers a broad overview of key steps in the recruitment, hiring, and training process.

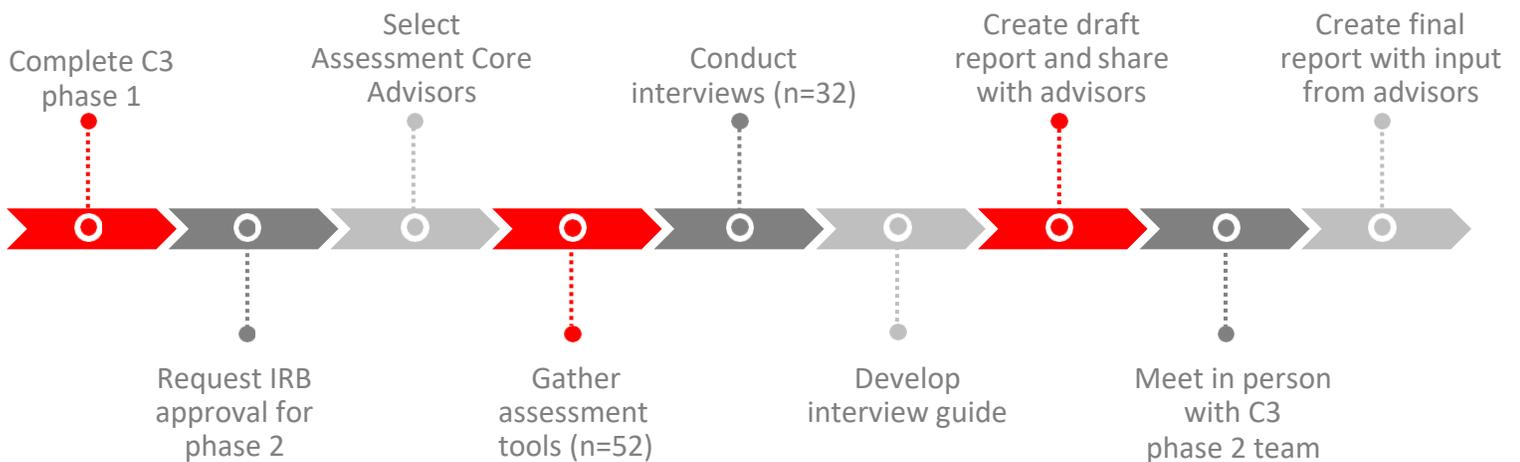
Figure 1. Process for CHW Recruitment, Hiring, and Training



Methods

Figure 2 provides an overview of the steps taken to develop this assessment toolkit. An advisory group from the CHW field was recruited and standardized guides were used to conduct interviews with CHWs, CHW supervisors or managers, and trainers. Tools were gathered from interviewees and survey responders (identified during the outreach work conducted by other members of the C3 team). The C3 advisory group members provided invaluable feedback at various times during the project. For a more robust description of the process, see the full [C3 report](#).

Figure 2. Methods



Building a Framework for CHW Assessment

Guiding Principles for CHW Skill Assessment

Interviewees, advisors, and C3 staff provided insight into best practices for assessing CHW skills. Box 2 offers a summary of important principles to consider when assessing CHW skill proficiencies.

Box 2. Guiding Principles for CHW Skill Assessment

CHW self-assessment is an essential part of improving skill proficiency.

Whenever possible, use innovative, mixed methods and technologies for hiring, training, and skill assessment:

- Include didactic and non-didactic approaches.
- Provide on-the-job opportunities for shadowing, one-on-one training, and coaching by experienced CHWs, supervisors, clinical staff, and others.
- CHWs are partners in skill assessment — prioritize CHW knowledge and life experience.

Conduct CHW assessment with cultural competency and humility:

- Develop the assessment process together with CHWs.
- Establish fair assessment tools and methods that reflect and honor the work of CHWs.

Use assessment throughout the lifecycle of the program:

- Understand that skill proficiency assessment takes time, trust, and patience.
- Use an assessment process during the hiring process to help managers and leadership make the best choices and inform them of the training needs of the people they hire.

CHWs should plan an active role in assessing themselves, their peers, and their work environment:

- Make sure CHWs understand that the purpose of assessment is to allow for professional development, so that they can work most effectively and address any deficiencies (continuous quality control). Assessment may be perceived by CHWs as code for discipline.
- Create opportunities for CHWs to add insight and support to jointly solving problems in staff meetings, case management, huddles, and other team activities.

Involve those served by CHWs in assessment:

- Offer opportunities for community members and patients to give feedback on CHW services.

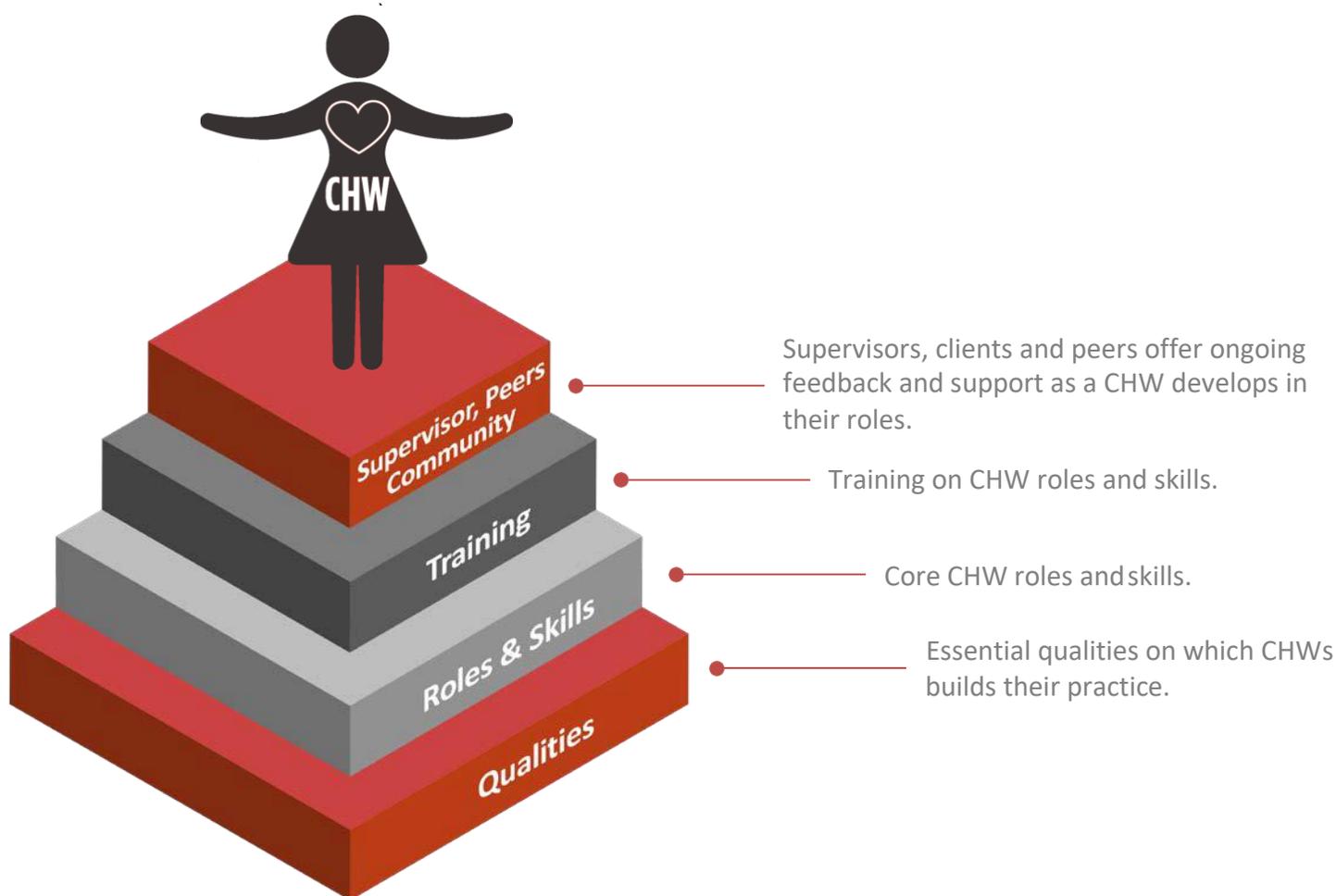
Supervisors should be assessed to continually support CHWs:

- Provide training and practice opportunities for staff new to supervising CHWs.
- Allow CHWs the chance to assess quality of supervision, institutional support for their work, adequacy and quality of training (initial and ongoing), respect, and opportunity for community engagement.
- Encourage supervisor presence and consistent mentoring to minimize CHW turnover and set the foundation for meaningful assessment.
- Determine the factors that affect CHW work, so supervisors can offer appropriate support to ensure CHW success.
- Consider contextual factors (e.g., support from management) that may impact CHW assessment

Supporting Assessment of CHW Skill Proficiency: A 360-degree View

In addition to these **guiding principles**, a visual was developed that outlines the support needed for successful CHWs. CHWs do not work in isolation; to be most effective, they should be supported as described in Figure 3. This image provides a field-driven conceptual model that offers structure for developing tools to appropriately assess CHW proficiency in the C3 skills. This model is rooted in CHW qualities (outer ring), with each subsequent ring representing an additional layer of ongoing, comprehensive support. These layers include the roles and skills fundamental to CHW training. Excellent training prepares CHWs in these specific skills. Supervisors, clients, and peers can then continue to offer ongoing feedback and support as CHWs develop in their role.

Figure 3. Supporting the Assessment of CHW Skill Proficiency: A 360-degree View

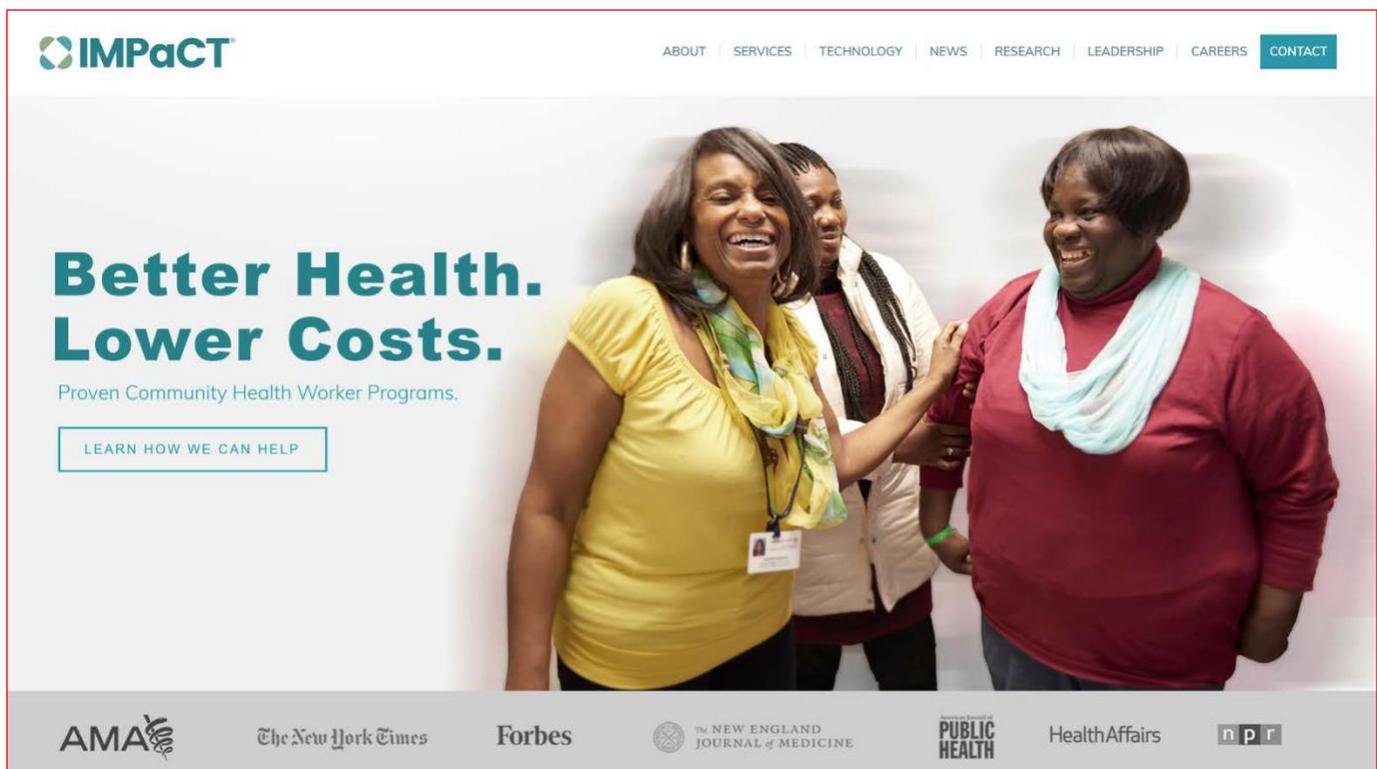


Case Studies

Penn Center for Community Health Workers at the University of Pennsylvania Health System

The **Penn Center for Community Health Workers** was created to improve the health of high-risk populations through the effective use of CHWs. The staff of the Penn Center has focused on designing, implementing, and evaluating a successful CHW model. Working with health system leadership, patients, and clinicians, Penn Center staff created IMPaCT™, a comprehensive, evidence-based CHW model that incorporates these five key CHW program elements:

- Hiring guidelines to decrease turnover
- Clear policies and procedures to promote productivity
- Patient-centered care to allow for scalability
- Integration of CHWs into health care teams for effective communication
- High-quality scientific evidence to validate results



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In the IMPaCT model, CHWs provide tailored support to help high-risk patients achieve individualized health goals. A randomized control trial of the IMPaCT model, published in *JAMA Internal Medicine* (2014), showed improvements in:

- Post-hospital primary care access
- Quality of patient-provider communication
- Patient activation
- Hospital readmissions
- Mental health

Patients want care that is tailored to their needs and goals. In the IMPaCT model, CHWs interview patients using a semi-structured interview guide, striving to be non-judgmental with good listening and interpersonal skills. Patient-centered care (not disease-centered care) is the focus in all three stages of the model:

- 1) **Set goals:** Work with patients to set achievable goals that will improve patient health.
- 2) **Support:** Provide tailored support to help patients achieve their goals.
- 3) **Connect:** Work to connect patients to a long-term source of support to avoid “voltage drop” after the intervention ends. This can include connecting the patient to a primary care practice and a weekly support group facilitated by IMPaCT CHWs and managers. These groups are a powerful resource for patients to support each other and solidify the health improvements they achieved for the long-term.

CHW assessment is integral to the IMPaCT program

Assessments are used extensively during the hiring process. The hiring team, which includes CHWs, managers, and directors, looks for traits and competencies, like interpersonal skills and the ability to forge relationships free of judgment. They use role-play to get a sense of creativity in problem-solving. After hiring, CHWs receive 140 hours of training in the classroom and then shadow senior CHWs on the job.

They are then shadowed by their managers and the director to ensure that core competencies are mastered before they enter the field.

In addition to its month-long, college-accredited classroom training for new CHWs, IMPaCT provides interactive online learning for CHWs and their managers. This training includes documentary-style teaching, where new CHWs learn by watching experienced CHWs work with patients in a variety of settings (hospitals, clinics, homes, and community spaces), along with interactive learning assessments.

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Quality improvement is assessed on an ongoing basis, including a number of checkpoints and benchmarks. In addition to reports, observations, self-assessments, role playing, and simulations, training quizzes and coaching are other sources of feedback for CHWs.

Throughout the program, the director provides planning and oversight; the manager directly supervises CHWs; and the coordinator identifies eligible patients and collects data to evaluate the program’s effectiveness. CHWs have weekly meetings with their managers to discuss patient progress, as well as any problems or issues they are experiencing.

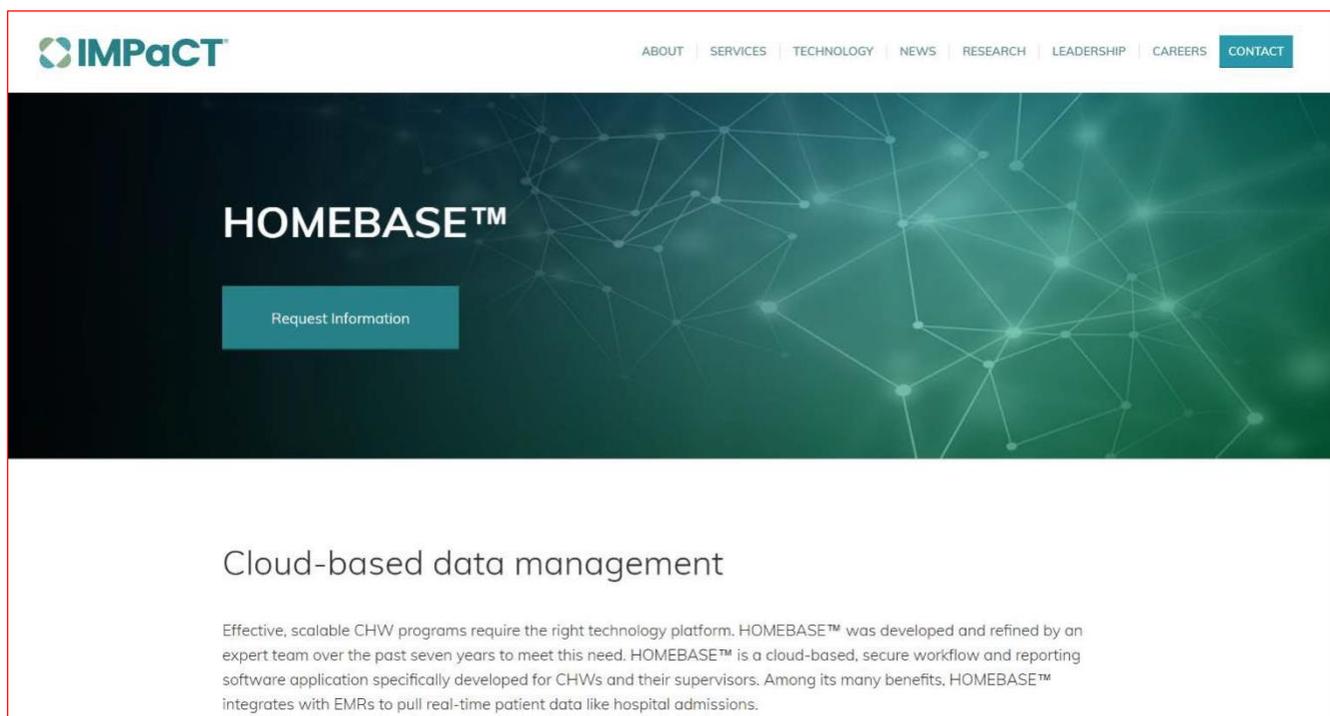
CHWs are assigned to care teams. They routinely provide updates to other care team members, tracking their data electronically. This keeps the rest of the care team in the know. CHWs participate in case discussions and rounds alongside other members of the care team. This helps build connection and trust between CHWs and the rest of the care team.

CHWs have dedicated on-call days to enroll new patients in the hospitals and clinics where they work. CHWs enter their data into HOMEBASE™, a secure, cloud-based technology platform specifically designed for CHW workflow and evaluation. HOMEBASE automatically generates a “Next Steps Report,” a to-do list for patients.

HOMEBASE analyzes data and generates various assessment reports, including a progress report, which follows the “triple aim” framework. The report looks at the reach of the work — for example, the percentage of patients reaching their goals, percentage of hospital readmissions, percentage of patients connected to post-hospital primary care, and likelihood of patients recommending the program.

Supervising managers conduct weekly assessments of CHWs, which rotate on a set schedule. These assessments include calls to patients to assess patient satisfaction and get feedback on the program; reports to verify that CHWs are contacting patients each week; and in-depth chart reviews, where they read CHW notes and look to see if CHWs are using the correct approach (i.e., uses active listening, works on action plans, and takes a patient-centered approach to achieving health goals).

This assessment process has resulted in more consistency in CHW work, patient and system improvements, and a 2:1 return on investment for the IMPaCT program.



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HOMEBASE™

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Cloud-based data management

Effective, scalable CHW programs require the right technology platform. HOMEBASE™ was developed and refined by an expert team over the past seven years to meet this need. HOMEBASE™ is a cloud-based, secure workflow and reporting software application specifically developed for CHWs and their supervisors. Among its many benefits, HOMEBASE™ integrates with EMRs to pull real-time patient data like hospital admissions.

The IMPaCT program is a standardized system that can be adapted across various diseases and settings. The Penn Center offers IMPaCT support to health care organizations outside of Penn Medicine that are seeking to improve an existing CHW program or start a new one. This program has two phases. In the first phase, IMPaCT team members work with community members to design an individualized program. In the second phase, the IMPaCT team helps with successful execution.

The Penn Center also has an open-source toolkit on its website, which provides examples of IMPaCT work practices. For more information, visit: <http://chw.upenn.edu/>.

Kansas City CARE Clinic

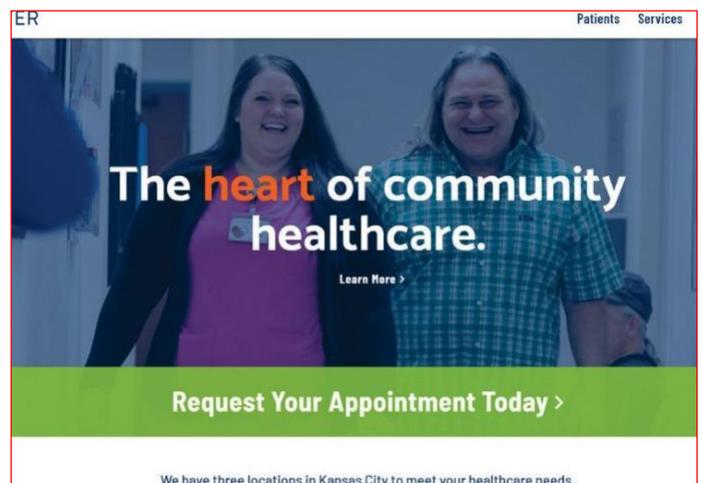
The **Kansas City CARE Clinic** has the largest CHW program in the city. The program works with two insurance companies, four safety net clinics, five hospitals, and 13 community-based organizations. The program hires, trains, and supervises CHWs, and then assigns them within four hospital systems. CARE currently has 27 CHWs. All of the clinic's affiliates send patients for referral to CHW services. Because Kansas City is on both sides of the state line, CARE also serves Missouri patients. This creates an interesting dynamic because the services available, including Medicaid, differ between the two states.

The program is building a care coordination database with Blueprint IT to embed data (e.g., how patients perceive their physical and mental health status at enrollment vs. discharge; the number of CHW visits patients receive; and how often patients visited the emergency department (ED) in the past 90 days vs. when CHWs started working with them). The program uses the Arizona Self-sufficiency Matrix, which scores 14 different domains on a scale of one to five. The lower a patient is on the scoring, the less self-sufficient they are, and the higher their score, the more self-sufficient they are. Staff members are able to compare patients' aggregate scores pre- and post- program to assess whether they have become more self-sufficient as a result of working with CHWs. Staff can look at the domain level to see, for example, if a patient is completing the goals that they are working on with their CHW and what the CHW should focus on if they are not successful.

CARE ensures that new CHWs master the core competencies it has developed, as well as those required by the state of Missouri. Additionally, the CHWs must shadow two peers and subsequently be shadowed by a CHW supervisor, who uses a checklist and signs off on all the skills the CHWs have mastered. There is also a form that the CHWs must sign indicating that they have read and understood the way that the skills are tested, and that they can verbally describe each skill. If it is determined that a CHW is deficient in a certain skill, they are given additional training (see Appendix).

New CHWs are assessed within the first 90 days of hire; this is followed by an annual assessment. The latter is linked to two components: 1) the CHW job description (i.e., do they: adequately review intake assessment forms; determine the appropriateness of the project for each patient; make follow-up phone calls; do diligent documentation; complete all their tasks in a timely manner, etc.); and 2) clinic standards (e.g., organizational abilities, communication skills, customer service, and teamwork). The assessment elements are ranked on a three-point Likert scale, from "exceeds expectations" to "meets expectations" to "needs improvement."

The objective of the program is to ensure that CHWs know how to support patients' needs and are able to make effective use of support tools, such as pillboxes to help with medication adherence. The program also aims to educate CHWs on how to do cold calls and outreach (i.e., ensuring that they know how to introduce themselves; can explain what the program is; are able to engage with patients; can identify patients' needs and goals and walk through the steps of the care plan with the patient; feel comfortable and confident on the phone; understand their boundaries and the safety issues of home visits; and



understand their scope of practice). The program found that CHWs are in need of basic professional skills, such as remembering appointments with patients. CHWs are trained and tested on basic email and computer skills.

The program expects CHWs to provide regular and timely updates to medical providers and social workers and to advise clinics on patient progress. When CHWs get a referral from a social worker or a physician, they need to make sure they are closing that communication loop —whether it's through documentation in the hospital/clinic's electronic medical records (EMR) or having a conversation and saying they were able to meet with a specific patient and exactly what happened as a result of the encounter.

CHWs are accountable for attending and actively participating in all project-related trainings and meetings. They are expected to attend local meetings to build the Kansas and Missouri CHW networks, including monthly forums for regional CHWs. The program is pushing for regional training for CHW supervisors, so they become more knowledgeable on who their CHWs are and how they work. CARE staff recently conducted a session on how to supervise CHWs at the annual University of Kansas Medical Center conference.

For more information about this program, contact Rebecca Anderson at rebeccab@kccareclinic.org.

The image shows a screenshot of the KC CARE Health Center website. At the top, there is a dark blue navigation bar with white text for 'LOCATIONS & HOURS', 'REQUEST AN APPOINTMENT', 'PATIENT PORTAL', and 'DONATE'. Below this is a white header area containing the 'KC CARE HEALTH CENTER' logo on the left, a phone icon with the number '816.753.5144' on the right, and a secondary navigation menu with 'Patients', 'Services', 'Get Involved', 'About', and 'News'. The main content area features a large blue-tinted photograph of two men in conversation. Overlaid on the photo is the text 'The heart of community healthcare.' with 'heart' in orange and 'healthcare.' in white. Below this text is a small 'Learn More >' link. At the bottom of the photo is a green banner with the text 'Request Your Appointment Today >'. Below the banner is a white section with the text 'We have three locations in Kansas City to meet your healthcare needs.'

Tools for Assessing CHW Skill Proficiencies

Job description

The following job description offers a template for recruiting CHWs. This job description should be modified to specific program needs and human resources requirements. CHWs working closely alongside the prospective CHW's supervisor and other key stakeholders ensures proper support for and recognition of the CHW role prior to hiring. In addition to assisting in hiring someone with strong qualifications, this job description can serve as the groundwork for CHW skill assessment.

Community Health Worker Position Description

Job Title: Community Health Worker

Job Code: 002

Position Name: Community Health Worker

Position Code: 012

Department Name: Family Health Clinic

Department Code: 022

Manager Name: Sam Supervisor

JOB SUMMARY: The Community Health Worker will function as a member of a multidisciplinary team that conducts patient/family support to help patients achieve good health practices and/or community outreach. Primary responsibilities include facilitation of health improvement, health promotion, health program development and support, disease prevention activities, and coordination with regional programs and other partners within the community.

ESSENTIAL DUTIES AND CRITICAL TASKS (*site should specify these tasks*):

- Assist clients/patients in completing forms/applications required to receive needed services or community resources, as required by referral agencies.
- Facilitate referrals for appropriate health information and services as recommended by the provider and health plan.
- Speak with diverse populations about health programs in a sensitive and culturally competent manner.
- Advocate for clients/patients to ensure health care program compliance.
- Provide clients/patients with community resources as needed.
- Maintain data and files for clients'/patients' own records, as well as program reporting.
- Provide one-on-one education on diseases and encourage clients/patients to adopt self-management skills.
- Schedule and/or deliver health education classes in designated communities.

- Teach community groups/organizations to promote healthy lifestyle activities.
- Assist with health screenings in the community.
- Distribute and conduct client/patient and community health assessments.
- Act as a health coach for clients/patients to achieve desired health behaviors.
- Assist clients/patients with navigation of the health care system and processes.
- Fulfill other duties, as assigned.

MINIMUM EDUCATION/EXPERIENCE: Current Community Health Worker certification by the **State of XX**. Certification may be obtained within the first six months of employment. High School diploma or GED required. Two years of health/clinical experience or equivalent health-related education required. Knowledge of community resources and experience working with a variety of community-based organizations preferred. Bilingual in Spanish strongly preferred. Demonstrated ability to use Microsoft Office Word, Access, Excel, electronic medical records (EMR), and various other software programs is required.

WORKING ENVIRONMENT: This position generally functions within a health care office setting with frequent time spent on the computer, or interacting with clients, patients, families, and other health care team members via telephone, electronically, or face-to-face. This position also involves working in the community, including travel within the immediate counties and cities served by <<organization>>. Position may require frequent travel between primary locations and other buildings located on campus.

Adapted from The University of Texas Health Sciences Center Tyler.

Interview Guides

Similar to job descriptions, interview guides provide hiring managers with the opportunity to screen for candidates who are the most likely to succeed as a CHW. The following interview guide offers examples of questions that may be appropriate for assessing the candidate's skills. Hiring managers may also consider nontraditional interview methods (e.g., role play, scenarios, simulations), which may provide more insight into the candidate's skills than the traditional question-and-answer interview. These interviews not only help with identifying skills, traits, and previous training and experience, but they also establish the style of future assessments a CHW may experience in the organization.

Interview Guide

Name of Candidate _____ Date of Interview _____

1) Introductions

- a. Introduce interviewers.
- b. Explain the process used to interview and hire.

2) Description of CHW work

3) Warm-up questions

- a. Please tell us a little bit about yourself and what motivates you in life.
- b. Why does this job appeal to you?
- c. What is the best job you have had? Why did you like it?

4) Resume and qualification questions

- a. Tell us what you know about how community health workers help the people in their communities and in clinics.
- b. Tell us about experience you have had keeping records of your work.
- c. What methods do you use to manage your time well?
- d. What methods do you use to best communicate with people?

5) Decision-making and problem-solving questions

- a. Describe a situation in your life where you set a goal and you did not reach it. What did you do?
- b. Describe a time when you solved a conflict or misunderstanding with someone.
- c. Tell us about the most difficult decision you had to make in the past year.
- d. What do you think might be the most challenging part of this position for you to do? How would you react to that challenge?
- e. *Interviewer may include a specific role-play situation or scenario that is relevant to their setting.*

6) Question from candidate

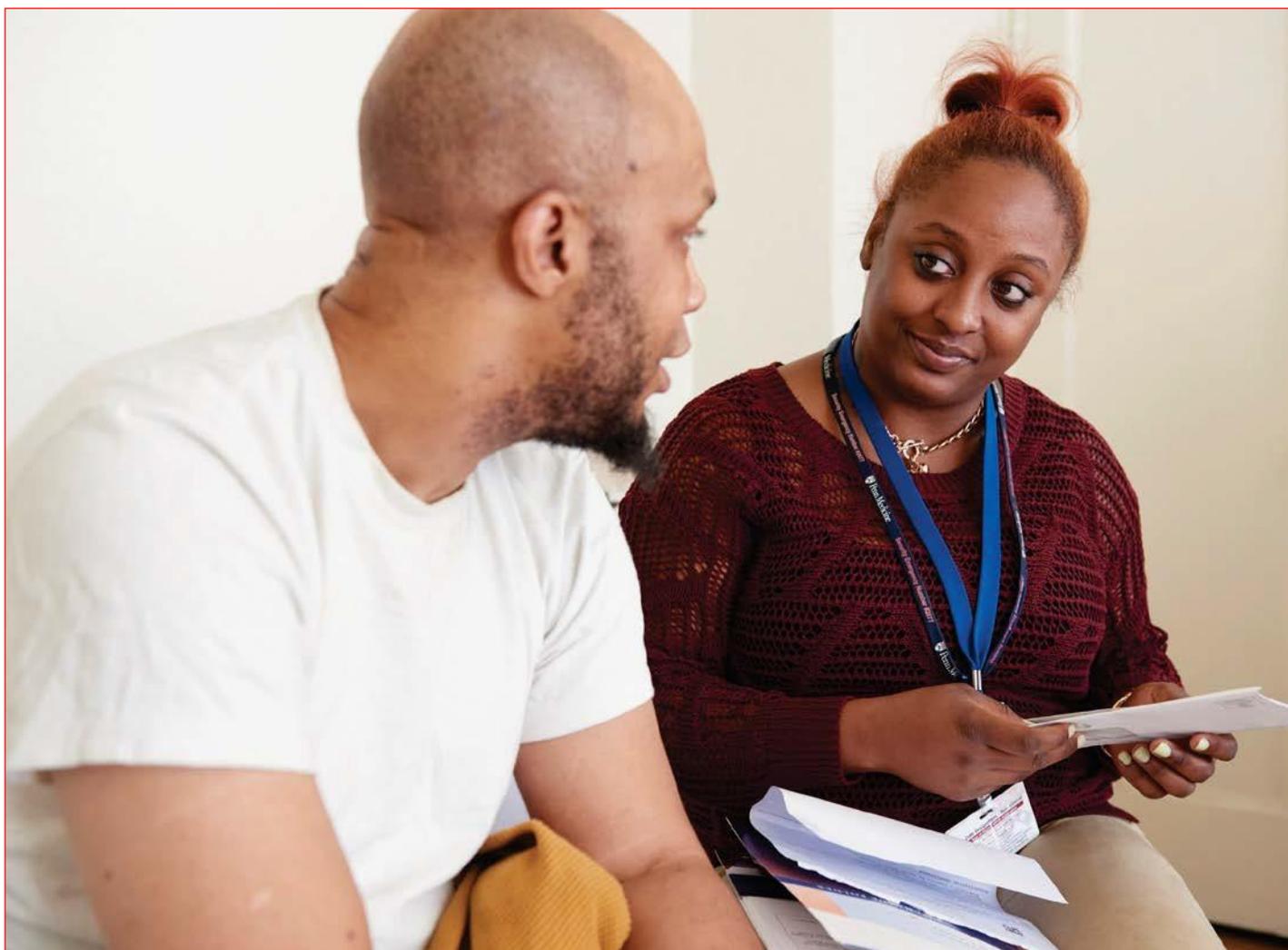
- a. Candidate asks questions related to the position, the interview process, or the organization

Tools for Assessing C3 Skills

The following rubric offers guidance for how to assess and support a CHW's C3 skills. Each skill is individually described to gauge the level of mastery (developing, satisfactory, or proficient). The final column is for comments on opportunities for growth and development of the specific skill. The rubric also includes questions for CHWs. The CHW and their supervisor can fill out the table independently, and then come together to discuss their respective answers. This rubric can be used at the time of hiring and then revisited at regular intervals (e.g., every six months) to track progress and discuss new growth opportunities.

In addition, the included action planning framework can be used following the CHW assessment. This action planning framework helps delineate specific opportunities for CHW skill development and offers a way to prioritize and set timelines for those goals.

Note that these tools are linked specifically to C3 skills and are meant to provide an example of how CHW skill proficiencies may be assessed. These tools can be adapted and modified as appropriate to specific programs, supervisors, and CHW needs.



Rubric for Assessing CHW Performance

Skill*	Criteria			
	Developing	Satisfactory	Proficient	Notes (excellent practice or areas for improvement; include in Action Plan)
Communication skills Use language confidently, communicate using plain and clear language, communicate with empathy, document work				
Interpersonal and relationship-building skills Provide coaching and social support, use interviewing techniques, manage conflict, practice cultural humility				
Service coordination and navigation skills Coordinate care, make referrals, follow up, navigate				
Capacity-building skills Help others identify goals, teach self-advocacy skills, build community				
Advocacy skills Contribute to policy development, speak up for individuals and communities				
Education and facilitation skills Use learner-centered teaching, conduct training and presentations				
Individual and community assessment skills Participate in individual and community assessments				
Outreach skills Conduct case finding, recruitment, and follow-up				
Professional skills and conduct Manage time effectively, practice self-care, use pertinent technology				
Evaluation and research skills Participate in evaluation and research processes				
Knowledge base Knowledge of social determinants, key health issues, public health principles, and community served				

**See full C3 report for a complete list of specific sub-skills and examples.
<https://sph.uth.edu/research/centers/ihp/community-health-workers/>*

Supervisor Self-Assessment Tool

Although we do not provide a specific self-assessment tool for supervisors in this report, supervisor self-assessment is an important aspect of CHWs' success. CHW supervisors can act as mentors, advocates, and coaches. Therefore, it is important to consider the effectiveness of CHW supervisors. This can be accomplished through self-assessment by the supervisor and also assessment of the supervisor by the CHW. Assessment questions may include:

- 1) What skills and qualities are necessary for a good CHW supervisor?
- 2) What are ways I can better support the CHWs I supervise?
- 3) Is the structure of supervision (individual vs. group) appropriate for the CHWs I supervise?
- 4) Is the frequency of supervision (monthly, weekly, biweekly, daily) appropriate for the CHWs I supervise?
- 5) Am I available outside of immediate supervisory time to provide feedback, discuss needs, and problem-solve?
- 6) Am I supervising a manageable number of CHWs (four to eight)?
- 7) Is the amount of time I spend supervising CHWs appropriate (45 minutes to one hour per interaction)?
- 8) How can I improve on the support I am providing to the CHWs I supervise?
- 9) Is the location of supervision (office, in the field, virtual) appropriate and meaningful?
- 10) Am I using **motivational interviewing techniques** in my supervision?
- 11) Am I providing training and professional development opportunities for the CHWs I supervise?

CHW Self-Assessment Tool

The following questions can guide CHWs in self-reflection and growth. Questions are designed to be focused on interaction(s) with a specific client or family but could be adapted to include a CHW's general experiences. The questions can also serve as an assessment of supervisors and the overall effectiveness of the program.

- 1) How did you feel about working with your client and/or their family?
- 2) Did you feel that you were prepared for this particular client?
- 3) Did you feel that you had the resources you needed for this client and/or their family?
- 4) Are there any organizational resources that you needed but did not have?
- 5) Did you have the resources that you needed in the community?
- 6) Do you feel you need additional training to handle situations like this in the future?
- 7) What was the most challenging aspect of working with this client for you?
- 8) What did you enjoy most about working with this client and/or their family?
- 9) Is there anything you would do differently next time?
- 10) Are there any tools that would have made this situation better for you?

Other Tools and Resources

The table below is an overview of the assessment tools identified during found during the research. Taking advantage of all the resources available allows for better communication and engagement with CHWs, trainers and supervisors. In addition, it provides more opportunities for performance feedback to make corrections quickly and effectively. There will be more opportunities to provide feedback to quickly make corrections or reinforce positive performance. These assessment methods may be used at any point (during recruitment and interviewing, for ongoing training, etc.)

Providing Feedback on CHW Performance by Skill

- Checkpoints throughout the program
- Chart audits with feedback
- Client intake tools
- Client tracking tools
- Clinical supervisor assessments
- Coaching
- Community expert/supervisor assessments
- Dashboard (tracks metrics and generates reports)
- Demonstration of practical skills
- Feedback on data entry
- Filming with feedback
- Games
- Goal cards/reports
- Group discussions
- Home visit score sheets/checklists
- Huddles (weekly)
- Individual assessments
- Informal questioning
- Internship assessments
- Interview guides
- Job descriptions
- Learner self-assessments
- Learning modules with checklists
- Monthly reports
- Observations with reviews and feedback
- Online surveys
- Outcome measures
- Patient satisfaction surveys/interviews/reports with scores
- Partnership logs
- Performance checklists
- Portfolios
- Pre- and post-tests
- Peer assessments
- Referral tracking
- Review of CHW notes and encounter forms regarding community members, patients
- Role-playing/scenarios/simulations
- Shadowing by program coordinators/supervisors/lead supervisors/senior CHWs
- Skill tests
- Teacher and trainer assessments
- Tracking community involvement and strategic partnerships
- Verbal feedback
- Videotaped interactions
- Peer assessment
- Referral tracking
- Review of CHW notes and encounter forms regarding community members, patients
- Role playing/scenarios/simulations
- Shadowing by program coordinators/supervisors/lead supervisors/senior CHWs
- Skill tests
- Teacher and trainer assessments
- Tracking community involvement and strategic partnerships
- Verbal feedback
- Recorded interactions

Key Takeaways

In conclusion, please see the [guiding principles](#) for CHW skill assessment offered earlier in this report. The CHW assessment process is important across the course of a CHW program: during the hiring process, after hiring, and on an ongoing basis. A supportive environment that acknowledges CHWs as partners in skill assessment sets the foundation for continuous individual development and a strong CHW program overall. Providing opportunities for CHWs to regularly assess their own experiences and consider ways to improve their work promotes partnership between the supervisor and CHW. This partnership encourages CHWs to provide insight and support in jointly solving other problems that may arise in the organization. Above all, the assessment of CHW proficiencies should be a collaborative, positive process that builds on prior training and experience. This report sought to offer insights from the field about CHW skill assessment. The toolkit can be used as a starting point in considering creative best practices for assessing CHW skills.



Appendix: Orientation Checklist

CHW Name: _____

Start Date: _____

Supervisor: _____

CHW Orientation Activities	CHW/Date	Supervisor /Date
CHW set up voicemail message		
CHW set up Outlook email signature		
CHW has shared Outlook calendar with supervisor		
CHW can reply to and send Outlook emails and calendar invites		
CHW sent introductory email to department (CHW's phone, location, team and supervisor's name).		
CHW can reserve rooms for patient appointments via Outlook and Success EHS.		
CHW can complete mileage documentation		
CHW reviewed and understands <i>Care Coordination Scope policy</i>		
CHW reviewed and understands <i>Care Coordination Referral procedure</i>		
CHW reviewed and understands <i>Care Coordination Enrollment procedure</i>		
CHW reviewed and understands <i>Care Coordination Documentation procedure</i>		
CHW reviewed and understands <i>Care Coordination Home Visit & Safety procedure</i>		
CHW reviewed and understands <i>Care Coordination Discharge procedure</i>		
CHW reviewed and understands <i>Care Coordination Hospital procedure</i>		
CHW reviewed and understands 90-day and Annual evaluation process, including Performance Improvement Plan and progressive discipline process		
CHW can explain what Medicaid is, who may qualify, how to apply		
CHW can explain what Medicare is, who may qualify, how to apply		
CHW can explain what Marketplace/ACA insurance is, who may qualify, how to apply		
CHW can explain what Disability is, who may qualify, how to apply		
CHW can explain what food stamps are, who may qualify, how to apply		
CHW can explain what Section 8 is, who may qualify, how to apply		
CHW can explain what United Way 2-1-1 is, and how to use it		
CHW Training/Agency Visit Checklist	CHW/Date	Supervisor /Date
Kansas City CARE Clinic Orientation (HR)		
Site specific orientation and training		
Metropolitan Community Colleges CHW Course (community)		
North Kansas City Hospital Diabetes Class (community)		
Healthy Homes (community)		
Mental Health First Aid (community)		
Riding the bus (independent learning)		
Presentation: <i>Documentation for Community Health Workers</i>		
Presentation: <i>Public Benefits for Community Health Workers</i>		
Handout: <i>Mandated Reporting for Community Health Workers</i>		
Presentation: <i>Conflict Management</i>		
Presentation: <i>Cultural Diversity</i>		
Presentation: <i>CHWs v. other health professionals</i>		
Handout: <i>Outlook 2010 (independent learning)</i>		
Handout: <i>Outlook 2010 calendar (independent learning)</i>		
Presentation: <i>SMART Goals</i>		
Presentation: <i>Workplace Boundaries</i>		
Presentation: <i>Self-awareness and non-verbal communication</i>		
SUCCESS EHS (clinic staff)		
Blue Print Care Navigator (clinic staff)		
Online Poverty Simulation (independent learning): http://playspent.org/		
Coverage to Care: If you have health insurance, how do you use it? (independent learning) https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Coverage2Care.html#resources		
Khan Academy/Brookings Institute videos (independent)		
<ul style="list-style-type: none"> • Intro to Health care: https://www.youtube.com/watch?v=mG_BZ8GgqJU&index=1&list=PLsJknLqU_J3VvjKvJ9Eyls0oxWwYCVQRy • Medicare: https://www.youtube.com/watch?v=q8oIT3YHm8&index=2&list=PLsJknLqU_J3VvjKvJ9Eyls0oxWwYCVQRy • Medicaid: https://www.youtube.com/watch?v=AXv9B0bcZ1A&index=3&list=PLsJknLqU_J3VvjKvJ9Eyls0oxWwYCVQRy • The Uninsured: https://www.youtube.com/watch?v=gIMvD6x4vqw&index=4&list=PLsJknLqU_J3VvjKvJ9Eyls0oxWwYCVQRy • Paying for Medicines: https://www.youtube.com/watch?v=6unzbhXxM&index=5&list=PLsJknLqU_J3VvjKvJ9Eyls0oxWwYCVQRy • Paying for Medicines, cont: https://www.youtube.com/watch?v=5ahti91eFM&index=6&list=PLsJknLqU_J3VvjKvJ9Eyls0oxWwYCVQRy • What goes into a medical bill: https://www.youtube.com/watch?v=ZkUpfTvsal&index=7&list=PLsJknLqU_J3VvjKvJ9Eyls0oxWwYCVQRy • Health care costs: https://www.youtube.com/watch?v=R64jeug8HOU&index=8&list=PLsJknLqU_J3VvjKvJ9Eyls0oxWwYCVQRy • Private Health Insurance: https://www.youtube.com/watch?v=W6gKc7yjg8&index=9&list=PLsJknLqU_J3VvjKvJ9Eyls0oxWwYCVQRy • Health care for the chronically ill: https://www.youtube.com/watch?v=ZbAh3QoKd3U&index=10&list=PLsJknLqU_J3VvjKvJ9Eyls0oxWwYCVQRy 		
CHW Skills Checklist	Shadowed by/Date:	Supervisor Approval/Date:
Cold calls/outreaching clients: CHW is able to introduce their self; explain why they are calling; explain their role and their program; engage the client in services.		
Assessing clients: CHW is able to explain the purpose of the needs assessment; introduce the needs assessment to the client; ask appropriate questions in each domain; rate answers; document correctly in BluePrint.		
Creating care plan: CHW is able to explain the purpose of the care plan; identify activities and resources to offer the client based on the needs assessment; write SMART goals in collaboration with the client; document correctly in BluePrint.		
BluePrint: CHW is able to explain their workflow with clients at referral, outreaching, enrollment and discharge; CHW can scan documents into BluePrint; CHW can print care plan; CHW can document all workflows correctly in BluePrint.		
Documentation: CHW is able to explain the purpose of documentation; explain and use the PIF format; provide an example of an enrollment note; write a discharge note; complete an encounter note.		
Other EMRs: CHW is able to use EMR to look up clients' chart; document referral, enrollment and discharge notes; use tracking board, face sheets and/or reports to identify clients.		

COMMUNITY HEALTH WORKER ASSESSMENT TOOLKIT

A FRAMEWORK FOR ASSESSING SKILLS PROFICIENCY AND FOSTERING PROFESSIONAL DEVELOPMENT

Caitlin G. Allen directed the C3 Project Assessment Core in collaboration with J. Nell Brownstein. Both were Project Co-Investigators.

The C3 Project is based at Texas Tech University Health Sciences Center El Paso, home to C3 Project Principal Investigator/Director, E. Lee Rosenthal.

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