

IMPLEMENTATION GUIDE

Addressing Maternal Morbidity and Mortality (MMM) in the United States Through Community Health Worker (CHW) Programs and Core Competencies

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Author and Acknowledgements

Jacqueline McLeeland is a public health advocate with a passion for public health, research, and regulatory systems. She has an undergraduate degree in Sociology, a Master of Business Administration, and is currently pursuing graduate degrees in public health and legal studies. Jacqueline completed her CHW training in April 2020 while establishing the newly founded maternal health non-profit, Push Birth Partners (Push). The mission of Push is to improve maternal health experiences and outcomes by incorporating the role of community health workers (CHWs). This project is a result of the practicum experience for a public health graduate program.

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Disclaimer:

The opinions and conclusions expressed in this document are those of the authors. They do not purport to reflect the positions or views of the NCHWTC or its affiliates.

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I. Overview

Purpose of this Guide

This guide and any accompanying documents were established as part of a public health project plan for quality improvement initiatives in maternal health outcomes. The information and tools presented demonstrate how the key constructs and elements that are pertinent to the role of a community health worker (CHW), and the execution of a CHW program, can help mitigate maternal morbidity and mortality (MMM) in the United States. The information that follows meets two of the ten essential public health services: 1) to inform, educate, and empower people about health issues and 2) research for new insights and innovative solutions to a specific health problem while highlighting the core competencies of CHWs.

The primary focus of this project is to develop an Implementation Guide which illustrates key elements of CHWs/CHW programs and how these elements can be applied to help reduce maternal morbidity and mortality (MMM) occurrences in the U.S. Some steps carried out to support this effort include:

- Evaluation of core competencies of CHWs/CHW programs.
- Analysis of current data and statistics on maternal health and quality improvement needs and efforts.
- Review of scholarly literature and evidence-based research on MMM.
- Assessment of CHWs and public health initiatives.

Background

The hypernym (blanket term) “community health worker” implies anyone who is an outreach worker. Alternative titles include, patient navigator, health advisor, promotores(as) de salud, and others. Three definitions of community health workers are cited below to demonstrate commonalities across the board. However, specific roles and responsibilities may vary to suit the needs of individuals and communities.

The CHW Section of the American Public Health Association (APHA) defines a CHW 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.”

The Centers for Disease Control and Prevention (CDC) defines a CHW as follows:

“A frontline public health worker who is a trusted member or has a particularly good understanding of the community served. A CHW serves as a liaison between health and social services and the community to facilitate access to services and to improve the quality and cultural competence of service delivery.”

The Texas Department of State Health Services (DSHS) defines a CHW as follows:

“A liaison who, with or without compensation, provides cultural mediation between health care, social services and the community. A promotor(a) or community health worker: is a trusted member, and has a close understanding of, the ethnicity, language, socio-economic status, and life experiences of the community served.”

History of CHWs

The Chinese barefoot doctor programme in China and the village health volunteers in Thailand during the 1950's and 1960's are some of the earliest known community health worker programs. These programs rendered basic health services within their communities due to the inability of allopathic health services to deliver basic health care. As an advocate for both community rights and health equity, these workers spearheaded a program that would later become a nationwide initiative (Lehmann, 2007).

CHWs are often utilized primarily in underserved communities to which health care needs are not fulfilled through existing health care services. Although the recession of the 1980's derailed CHW programs with many policymakers showing a disinterest in such programs, others were determined to see a resurgence of the CHW initiative.

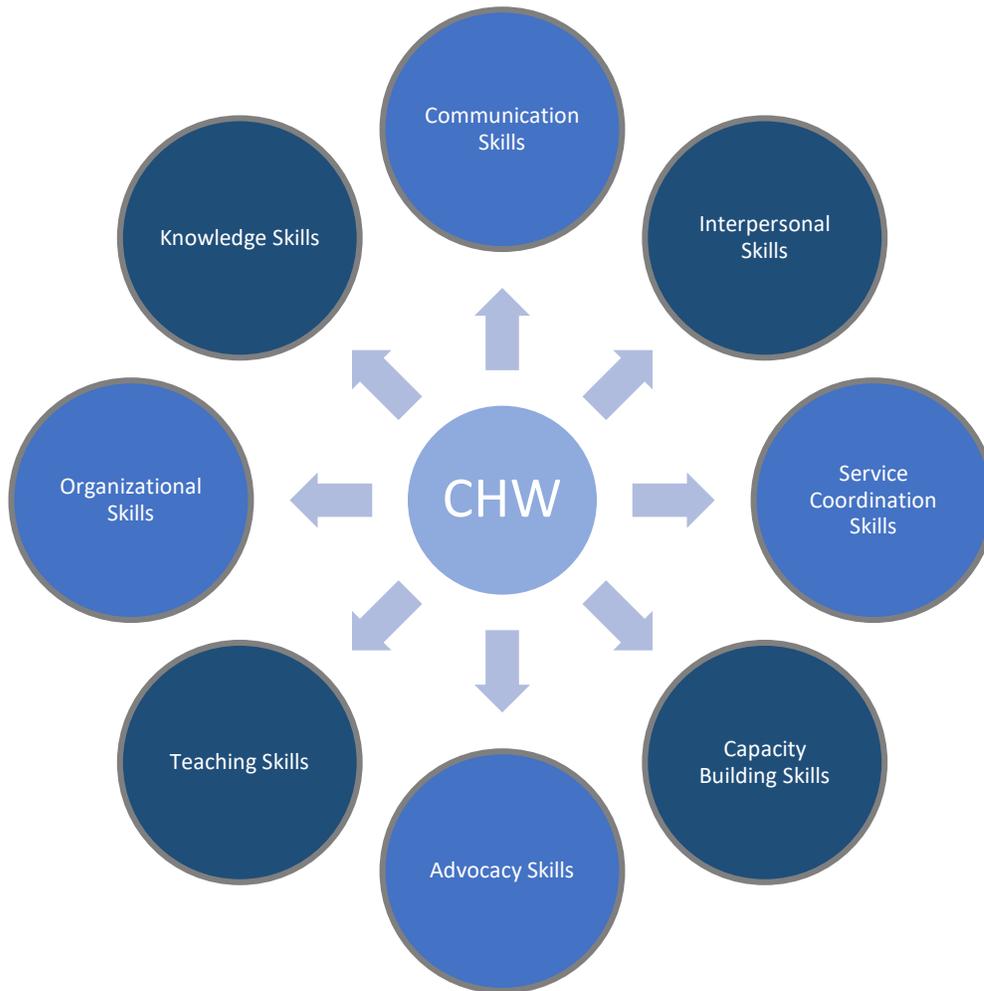
Today, CHWs are often employed by various health care organizations, including clinics, hospitals, health or social service nonprofits, area health education centers, schools or universities, local health departments, health plans, and others.

Program Models

There are various program models that may be implemented by organizations, health initiatives, and communities. The following are six CHW program models identified by the [Rural Health Information Hub](#). Programs are not mutually exclusive and may overlap as elements from one program model can be incorporated into other program structures.

- **Promotora de Salud/Lay Health Worker Model**
CHWs are members of a target population with specialized training to provide health education.
- **Member of Care Delivery Team Model**
CHWs work alongside medical professionals to address health issues.
- **Care Coordinator/Manager Model**
CHWs help patients with complex health conditions navigate healthcare systems.
- **Health Educator Model**
CHWs deliver education to a target population.
- **Outreach and Enrollment Agent Model**
Similar to Health Educator model, with greater outreach and enrollment responsibilities.
- **Community Organizer and Capacity Builder Model**
CHWs promote community action and builds community support for new activities.

II. CORE COMPETENCIES OF CHWS/CHW PROGRAMS



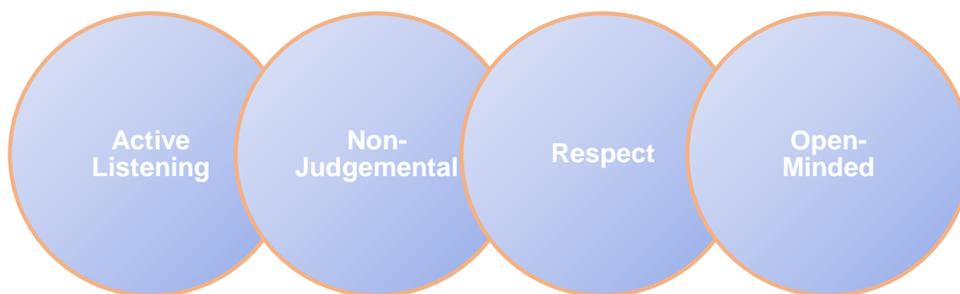
The core competencies emphasized throughout this guide are set forth by the Texas DSHS and are commonly identified as key elements of other CHW programs. The core competencies are universally applicable to the CHW workforce and establishing an effective CHW program to help mitigate MMM, irrespective of geographical location. **Note:** although requirements may vary in each state, any reference to a CHW throughout this document implies an individual who has completed a state approved CHW certification program and/or met the “experience” qualification set forth by the state in which service will be rendered.

Core Competency 1: Communication Skills

Effective communication is the ability to constructively and empathetically convey information to individuals, groups, and stakeholders within the communities and populations served. This entails an understanding of the basic principles of verbal/non-verbal communication, possessing cultural proficiency, active listening, speaking when appropriate, and observing to successfully process and deliver information in a timely manner.

CHWs provide tailored support for the individuals, families, and communities they advocate for. The training they receive in effective communication equips them with the skills needed to help deliver a patient-centered experience. Building trust within the communities/population of interest are part of their training while helping to build confidence that will enhance the ability of individuals to advocate for themselves or on behalf of a family member.

Essential Characteristics of Communication Skills

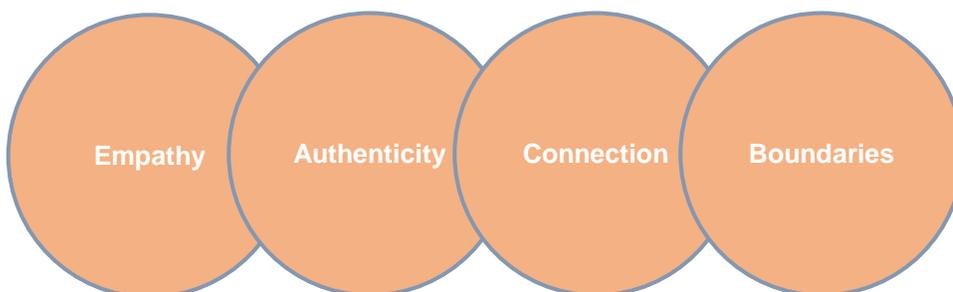


Core Competency 2: Interpersonal Skills

Interpersonal skills are “people skills”. It is how individuals interact, work with others, and how people communicate. Many factors can influence one’s social interaction including our attitudes, beliefs and values, manners, and our lived experience, which shape us over time. Interpersonal skills entail those behaviors that affect how we connect with other people and are influenced by the environment we are raised, the things we are exposed to, and our personal observations and experiential takeaways.

CHWs are encouraged to practice authentic self-awareness by having a clear understanding of themselves from their own perspective and the perspective of others and their interaction with others. Doing so will aid in continued development of positive behavior while making the necessary adjustments to the habits and behaviors that may be offensive or affect other people.

Essential Characteristics of Interpersonal Skills

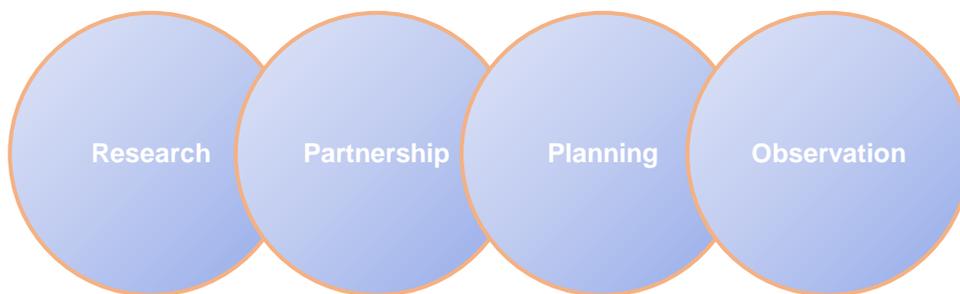


Core Competency 3: Service Coordination Skills

Service coordination is an active partnership and engagement of various sources and entities that come together to share resources in an effort to provide support to individuals and families. This is an ongoing process that enables access to existing and future services needed for improving the overall health of communities.

CHWs must be equipped with the tools necessary to better serve their community. In doing so, CHWs are continuously strengthening current relationships, creating new ones, and organizing; therefore, building an infrastructure of various support systems to improve care for the development and improvement of community service. Such tasks and responsibilities take careful planning and research to carry out effective initiatives and interventions while ensuring such services meet the needs of the people who benefit from them.

Essential Characteristics of Service Coordination Skills

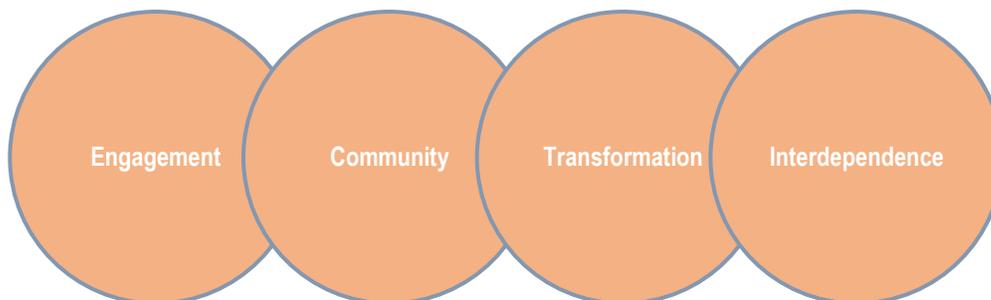


Core Competency 4: Capacity Building Skills

Capacity building is the process of engaging leaders, governments, policy makers, and partners to help strengthen ties between organizations, stakeholders, and communities to create an environment for change. Therefore, creating a system of sustainable institutions, organic change, and a network of capable people.

The ability and willingness to identify inequalities is vital to the role of CHWs. Such attribute aids CHWs in recognizing where gaps exist. This allows CHWs to set goals necessary to address the challenges that are preventing individuals and families from meeting their needs. By including the community, CHWs help to foster a system of participation and collaboration, allowing individuals and entities to understand their role in leading social change, improving lives, and strengthening communities.

Essential Characteristics of Capacity Building Skills

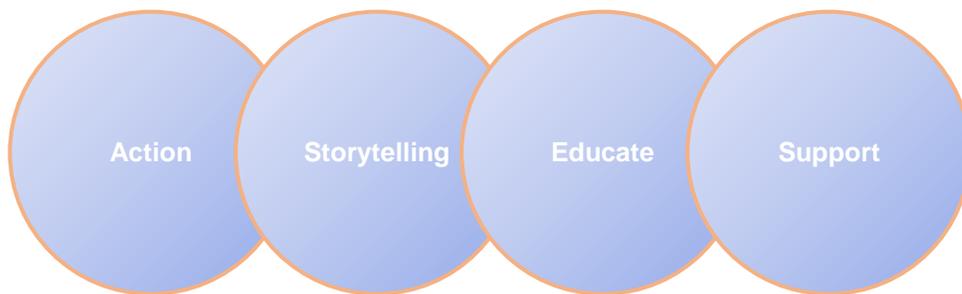


Core Competency 5: Advocacy Skills

Advocacy is action taken, often on behalf others, to help bring about change (i.e., justice and support) by influencing policies and practices of individuals, systems, and organizations. It is the ability to tell a story about the change you want to see in the world. Advocacy can be carried out by individuals and groups that represent a specific community and for the purpose of changing public policy for those impacted by certain situations.

CHWs are advocates who help to raise awareness, educate, and seek justice on a given issue through action for/with the population and communities they work within. They are constantly asking the question, “why”, to help get to the root cause of a situation and to provide solutions. Rather than enabling, CHW advocacy initiatives help to inform and empower communities to advocate and take action for themselves, affect policies, and encourage improvement for current and future generations.

Essential Characteristics of Advocacy Skills

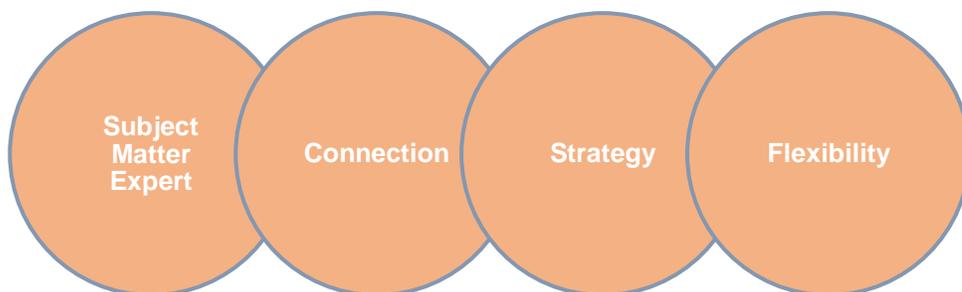


Core Competency 6: Teaching Skills

Teaching skills is the utilization of effective communication to convey knowledge through various means and platforms, including one-on-one or group settings. A key component of teaching skills is the ability to identify and understand different learning styles.

Often what sets the role of a CHW apart is having a unique understanding and/or connection to both the community they work with and the subject matter at hand. Cultural humility and responsiveness are advantageous to CHWs when determining how to adjust their teaching strategies to fit the needs of stakeholders. CHWs must take into consideration factors such as setting goals and expectations, preparation and organization, delivery of material, and the learning environment.

Essential Characteristics of Teaching Skills

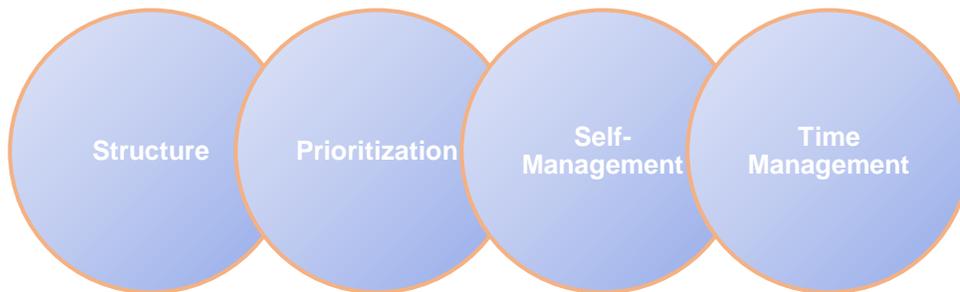


Core Competency 7: Organizational Skills

Organizational skills is the ability to manage your tasks, time, and resources effectively. This entails having self-discipline and prioritizing appropriately through an arranged structure and pattern. Organizational skills help to improve productivity and ensure deadlines are met. Poor or undeveloped time management can result in higher stress levels and negatively impact the quality of work.

CHWs understand the importance of organizational skills and the benefits of adopting healthy organizational habits. Such advantages include managing expectations, completing tasks, minimizing complications and errors, and helps to maintain balance. In any regulated setting, CHWs minimize the risks of noncompliance issues when consistently practicing good organizational skills.

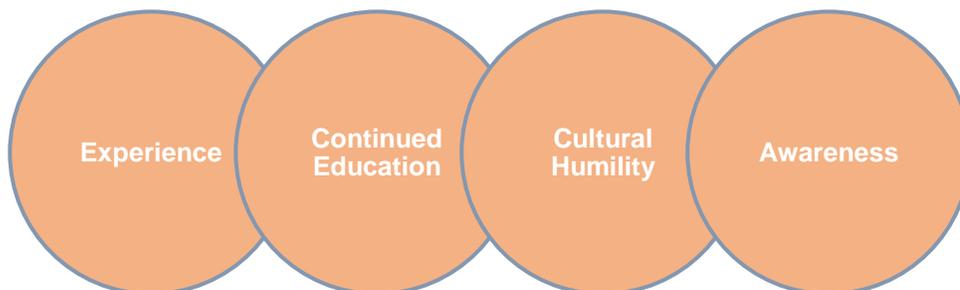
Essential Characteristics of Organizational Skills



Core Competency 8: Knowledge Base on Specific Health Issues

CHWs demonstrate experience and knowledge by having a thorough understanding of the community, barriers, and social determinants. This awareness, understanding of health and social services systems, and what is happening within the community allow CHWs to better plan and determine measures needed to improve health and access to care for individuals and families.

Essential Characteristics of Knowledge Base Skills



III. DATA ANALYSIS: THE UNITED STATES

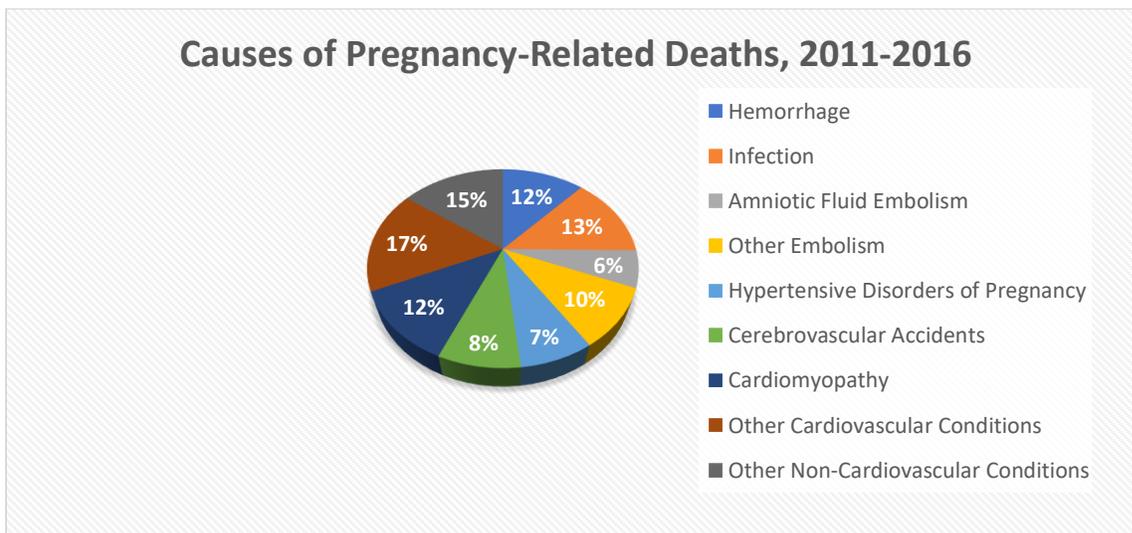
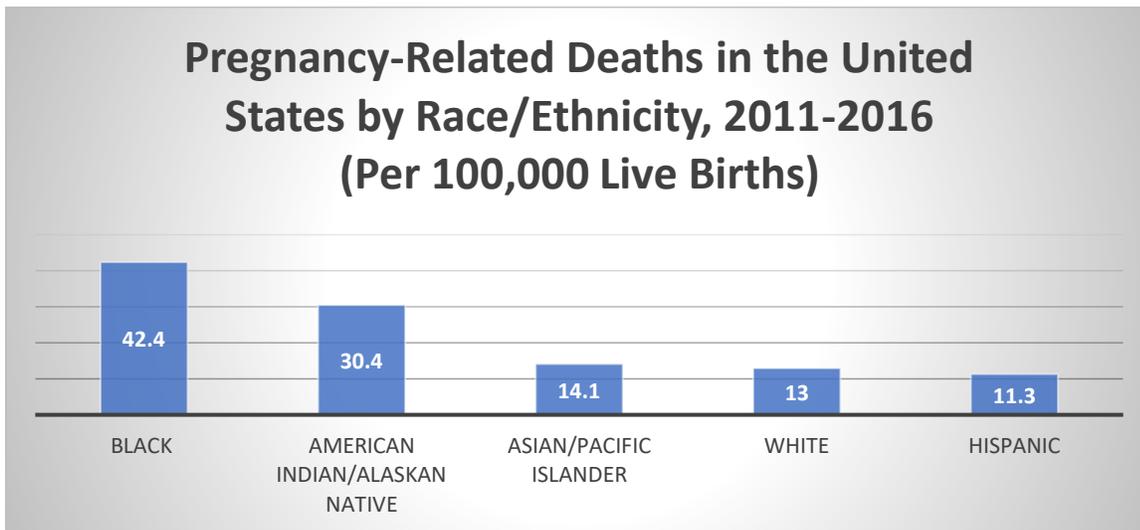
More women die in childbirth in the U.S. compared with other developed countries.

In recent years, the maternal mortality rate has more than doubled.

Over 60% of these deaths are considered preventable (the Maternal Mortality and Morbidity Task Force classifies a death as “*potentially preventable if it finds that there was at least some chance of the death being avoided by one or more reasonable changes to the circumstances of the patient, provider, facility, systems or community factors*”).

Maternity care exceeded 60 billion in 2012 yet each year an estimated 1200 women in the USA suffer complications during pregnancy or childbirth and over 60,000 suffer severe maternal morbidity (SMM).

Racial disparities is a continued concern as black women are three to four times higher than those of white women, despite socio-economic status, to die from complications of childbirth. (Note: variability in the risk of death by race/ethnicity indicates that more can be done to understand and reduce pregnancy-related deaths).



Not captured in chart: Anesthesia Complications, 0.3% (Centers for Disease & Prevention, 2020)

Factors to Consider

Hospitals lack a standard approach to managing obstetric emergencies and the complications of pregnancy and childbirth are often identified too late.

A growing number of women present with chronic conditions, such as hypertension, diabetes and obesity, which contribute to pregnancy-related complications. These women could benefit from the closer coordination of antenatal and primary care – including case management and other community-based services that help them access care and overcome cost and other obstacles. In the U.S., women who lack health insurance are three to four times more likely to die of pregnancy-related complications than their insured counterparts.

General lack of good data and analysis on maternal health outcomes.

Contributing Factors

- Pregnancy and childbirth later in life
- Chronic conditions
- Delayed diagnosis
- Increase in cesarean sections
- Access to medical care
- Delayed prenatal visits
- Mental health disorders
- Substance abuse
- Poor coordination of care

Maternal Mortality and Morbidity Review Committee Recommendations

The Maternal Mortality and Morbidity Review Committee (formerly Maternal Mortality and Morbidity Task Force), created in 2013, is a multidisciplinary committee with the Department of State Health Services (DSHS) and carry out the following activities:

- Studies and reviews cases of pregnancy-related deaths and trends in severe maternal morbidity.
- Determines the feasibility of the review committee studying cases of severe maternal morbidity.
- Makes recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas.

The findings are submitted in a joint report to the Texas state government each even-numbered year as of September 1, 2016. The committee's findings in the 2018 report were consistent with those of other states. The following are the committee's recommendations based on their review of maternal health trends in Texas.

Maternal Mortality and Morbidity Task Force Recommendations: 2018 Report	
Recommendation #1	Increase access to health services during the year after pregnancy and throughout the interconception period to improve the health of women, facilitate continuity of care, enable effective care transitions, and promote safe birth spacing.
Recommendation #2	Enhance screening and appropriate referral for maternal risk conditions.
Recommendation #3	Prioritize care coordination and management for pregnant and postpartum women.

Recommendation #4	Promote a culture of safety and high reliability through implementation of best practices in birthing facilities.
Recommendation #5	Identify or develop and implement programs to reduce maternal mortality from cardiovascular and coronary conditions, cardiomyopathy, and infection/sepsis.
Recommendation #6	Improve postpartum care management and discharge education for patients and families.
Recommendation #7	Increase maternal health programming to target high-risk populations, especially Black women.
Recommendation #8	Initiate public awareness campaigns to promote health enhancing behaviors.
Recommendation #9	Champion integrated care models combining physical and behavioral health services for women and families.
Recommendation #10	Support strategies to improve the maternal death review process.

(Maternal Mortality and Morbidity Task Force, 2018)

IV. Taking Action: Health and Human Services

According to Health and Human Services, hospitals and maternal health service providers can utilize certain steps to begin taking action towards improved maternal health.

Data Analysis	Address Social Determinants	Community Engagement	Build Partnerships
<ul style="list-style-type: none"> • Collect and evaluate key maternal health data • Develop plans to improve visibility and outcomes 	<ul style="list-style-type: none"> • Breakdown and analyze the data • Identify gaps, disparities, and areas for improvement 	<ul style="list-style-type: none"> • Involve mothers, families, and advocates • Encourage their continued input and feedback 	<ul style="list-style-type: none"> • Engage the community and stakeholders • Create a space for open and collective dialogue

(Adams & Bhatt, 2020)

IV. CHWs in Public Health

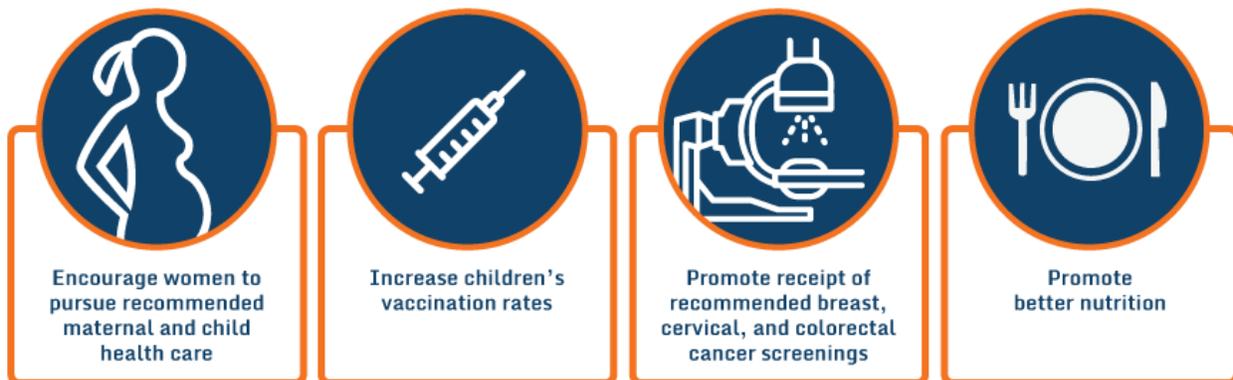
CHW Health Initiatives

A key aspect of CHWs is their connection to the community served and/or the cause to which they advocate for, allowing them to provide a more tailored support system for individuals and families. These characteristics have been a vital component of public health programs that have instituted the use of CHWs. Often described as intermediaries who bridge the gap between health services/providers and members of various communities, the uniqueness of CHWs have resulted in effective outcomes in health care programs. According to the Centers for Disease Control and Prevention (2015), “CHWs’ effectiveness in promoting the use of primary and follow-up care for preventing and managing disease, have been extensively documented and recognized for a variety of health care concerns.” Some evidence-based programs include:

- The Community Outreach and Cardiovascular Health (COACH), which paired nurse practitioners with CHWs, demonstrated decrease in per patient cost, \$157 and \$190, associated with reduction in systolic blood pressure and diastolic blood pressure, respectively.
- The review of 18 studies in diabetes involving the use of CHWs, the reviewers found positive results in behavioral and lifestyle changes as well as a decrease in the use of emergency departments.
- A reduction of 35% symptom frequency among adolescents in an asthma control study when participants worked with CHWs (Centers for Disease Control and Prevention, 2015).

CHWs and Maternal and Child Health

Rigorous studies in recent years continue to demonstrate the benefits that CHWs have had on the health care system, including appropriate use of preventative and primary care. Klein & Hostetter (2015), identifies areas in which CHWs have contributed to improved health behavior and outcomes in maternal and child health.



(Image Source: Klein & Hostetter, 2015)

V. Next Steps: Core Competency Assessment

This assessment is a useful tool to assist hospitals, birthing facilities, health services providers, and public health programs evaluate the quality of their maternal health initiatives. It reflects the core competencies of CHWs/CHW programs and provides a starting point to rate their view of the current environment within their organization/program. This is an opportunity to reflect on where adjustments are needed, promote open discussions, and work collaboratively towards ongoing and consistent quality improvement measures. Utilize the Comments/Feedback/Actionable Items section to notate qualitative and constructive responses/deliverables. The assessment is versatile and structured to be applied on an individual, organizational, departmental, and/or program basis.

CHW Core Competencies Maternal Health Program Assessment						
Assessment Variable (Check One): <input type="checkbox"/> Individual (self) <input type="checkbox"/> Organization <input type="checkbox"/> Department <input type="checkbox"/> Program						
Staff/Department/Program Name:						
Competency	Description	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Communication Skills	<ul style="list-style-type: none"> • Information is constructively and empathetically conveyed to individuals, groups, and stakeholders. • Understanding of the basic principles of verbal/non-verbal communication, possessing cultural proficiency, active listening, speaking when appropriate, and observing to successfully process and deliver information in a timely manner. • Strong presence and promotion of essential characteristics: <ul style="list-style-type: none"> ❖ Active listening ❖ Non-judgmental ❖ Respect ❖ Open-minded 					
Comments/Feedback/Actionable Items:						
Interpersonal Skills	<ul style="list-style-type: none"> • Team members are encouraged to practice authentic self-awareness by having a clear understanding of themselves from their own perspective and the perspective of others and their interaction with others. • Individually have a clear understanding about how people are shaped by their environment, attitudes, beliefs, values, manners, and lived experience. • Strong presence and promotion of essential characteristics: <ul style="list-style-type: none"> ❖ Empathy ❖ Authenticity ❖ Connection ❖ Boundaries. 					
Comments/Feedback/Actionable Items:						

CHW Core Competencies Maternal Health Program Assessment						
Assessment Variable (Check One): <input type="checkbox"/> Individual (self) <input type="checkbox"/> Organization <input type="checkbox"/> Department <input type="checkbox"/> Program						
Staff/Department/Program Name:						
Competency	Description	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Service Coordination Skills	<ul style="list-style-type: none"> • Actively building partnerships and engaging with various sources and entities. • Careful planning and ongoing research to establish effective initiatives while building an infrastructure of various support. • Strong presence and promotion of essential characteristics: <ul style="list-style-type: none"> ❖ Research ❖ Partnership ❖ Planning ❖ Observation 					
Comments/Feedback/Actionable Items:						
Capacity Building Skills	<ul style="list-style-type: none"> • Actively seeking to create an environment of sustainability and change by engaging leaders, governments, policy makers, and partners. • Demonstrates the ability and willingness to identify inequalities and address those challenges that hinder the needs of individuals, families, and communities. • Strong presence and promotion of essential characteristics: <ul style="list-style-type: none"> ❖ Engagement ❖ Community ❖ Transformation ❖ Interdependence 					
Comments/Feedback/Actionable Items:						
Advocacy Skills	<ul style="list-style-type: none"> • The willingness to speak for change and help influence policies and practices of individuals, systems, and organizations that impact maternal health. • Raising awareness by educating others and taking action for the health and well-being of populations and communities. • Strong presence and promotion of essential characteristics: <ul style="list-style-type: none"> ❖ Action ❖ Storytelling ❖ Educate ❖ Support 					
Comments/Feedback/Actionable Items:						

CHW Core Competencies Maternal Health Program Assessment						
Assessment Variable (Check One): <input type="checkbox"/> Individual (self) <input type="checkbox"/> Organization <input type="checkbox"/> Department <input type="checkbox"/> Program						
Staff/Department/Program Name:						
Competency	Description	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Teaching Skills	<ul style="list-style-type: none"> • Effectively communicating to transfer information and knowledge through various platforms. • The ability to identify different learning styles and perspectives and the willingness to adjust accordingly. • Strong presence and promotion of essential characteristics: <ul style="list-style-type: none"> ❖ Subject Matter Expert ❖ Connection ❖ Strategy ❖ Flexibility 					
Comments/Feedback/Actionable Items:						
Organizational Skills	<ul style="list-style-type: none"> • The ability to manage resources effectively and prioritize through structure and pattern. • The ability and willingness to adopt healthy habits to aid in planning and organizational effectiveness. • Strong presence and promotion of essential characteristics: <ul style="list-style-type: none"> ❖ Structure ❖ Prioritization ❖ Self-Management ❖ Time Management 					
Comments/Feedback/Actionable Items:						
Knowledge Base Skills	<ul style="list-style-type: none"> • Possesses a thorough understanding of the community and maternal health challenges, barriers, and social determinants. • Leaders and operational team are aware and understand the social services systems and what is happening within the community. • Strong presence and promotion of essential characteristics: <ul style="list-style-type: none"> ❖ Experience ❖ Continued Education ❖ Cultural Humility ❖ Awareness 					
Comments/Feedback/Actionable Items:						

Appendix A. Texas Department of State Health Services (DSHS) Community Health Worker Core Competencies

Community Health Worker (CHW) Core Competencies
<p>Communication Skills</p> <ul style="list-style-type: none"> - Understand basic principles of verbal and non-verbal communication - Listen actively, communicate with empathy and gather information in a respectful manner - Use language confidently and appropriately - Identify barriers to communication - Give information to clients and groups in a clear and concise way - Speak and write in client’s preferred language and at appropriate literacy level - Document activities and services and prepare written documentation - Collect data and provide feedback to health and human services agencies, funding sources, and community-based organizations - Gather information in a respectful manner - Assist in interpreting and/or translating health information
<p>Interpersonal Skills</p> <ul style="list-style-type: none"> - Represent others, their needs, and needs of the community - Be sensitive, honest, respectful, and empathetic - Establish relationships, and assist in individual and group conflict resolution - Understand basic principles of culture, cultural competency, and cultural humility - Recognize and appropriately respond to the beliefs, values, cultures, and languages of the populations served - Set personal and professional boundaries - Provide informal counseling - Use interviewing techniques (e.g. motivational interviewing) - Work as a team member - Act within ethical responsibilities as set forth in Rules regarding Training and Certification of CHWs, Section §146.7. Professional and Ethical Standards http://www.dshs.texas.gov/mch/chw/progrule.aspx - Maintain confidentiality of client information and act within the Health Insurance Portability and Accountability Act (HIPAA) requirements - Model behavior change - Ability to network
<p>Service Coordination Skills</p> <ul style="list-style-type: none"> - Identify and access resources and maintain a current resource inventory - Help improve access to resources - Conduct outreach to encourage participation in health events - Coordinate CHW activities with clinical and other community services - Develop networks to address community needs - Coordinate referrals, follow-up, track care and referral outcomes - Help others navigate services and resources in health and human services systems - Provide education, assessment and social support to clients and communities
<p>Capacity-Building Skills</p>

- Identify problems and resources to encourage and help clients solve problems themselves
- Collaborate with local partnerships to improve services, network and build community connections
- Learn new and better ways of serving the community through formal and informal training
- Assess the strengths and needs of the community
- Build leadership skills for yourself and others in the community
- Facilitate support groups
- Organize with others in the community to address health issues or other needs/concerns

Advocacy Skills

- Participate in organizing others, use existing resources, and current data to promote a cause
- Identify and work with advocacy groups
- Inform health and social service systems and carry out mandatory reporting requirements
- Stay abreast of structural and policy changes in the community and in health and social services systems
- Speak up for individuals or communities to overcome intimidation and other barriers
- Utilize coping strategies for managing stress and staying healthy

Teaching Skills

- Use methods that promote learning and positive behavior change
- Use a variety of interactive teaching and coaching methods for different learning styles and ages
- Organize presentation materials
- Identify and explain training and education goals and objectives
- Plan and lead classes
- Evaluate the success of an educational program and measure the progress of individual learners
- Use audiovisual materials and equipment to enhance teaching
- Prepare and distribute education materials and present at community events
- Facilitate group discussions and decision making in ways that engage and motivate learners

Organizational Skills

- Plan and set individual and organization goals
- Plan and set up presentations, educational/training sessions, workshops, and other activities
- Effectively manage time and prioritize activities, yet stay flexible
- Maintain and contribute to a safe working environment
- Gather, document, and report on activities within legal and organization guidelines

Knowledge Base on Specific Health Issues

- Gain and share basic knowledge of the community, health and social services, specific health issues
- Understand social determinants of health and health disparities
- Stay current on health issues affecting clients and know where to find answers to difficult questions
- Understand consumer rights
- Find information on specific health topics and issues across all ages [lifespan focus], including healthy lifestyles, maternal and child health, heart disease & stroke, diabetes, cancer, oral health and behavioral health
- Use and apply public health concepts

Sources:

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