

# The Evolving Role of Community Health Workers

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## 1 BACKGROUND

- CHW workforce is expanding and integration into health systems is growing.
- Employers asking about required competencies.
- CHWs debating how best to preserve their unique contribution in the face of changing employment relationships.

## 2 RESEARCH QUESTIONS

**Part I:** What kinds of employers? What are their hiring criteria? How are programs funded? What are primary work sites? How is the type and degree of integration correlated with these variables?

**Part II:** What are implications for competencies?

## 3 METHOD

### Literature review

- 78 CHW programs identified through web sites, articles, interviews and surveys (22). Convenience sample. Not all variables obtainable for all programs.
- 22 key informant interviews (used to enhance data base and add policy context)
- 3 case studies that examine the identify major categories of analysis regarding the nature of integration approach
- Comparative analysis of existing competency lists

### ACKNOWLEDGEMENT

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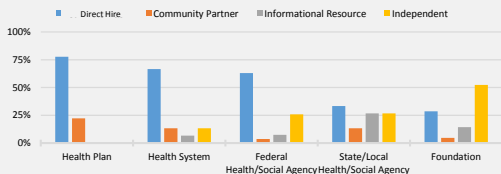
### CONTACT INFORMATION

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## Lead Organization by Type of Integration



## Type of Integration by Funding Source

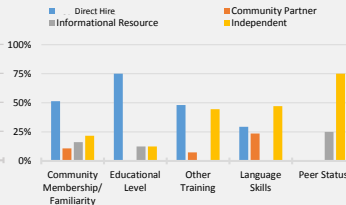


## 8 DISCUSSION

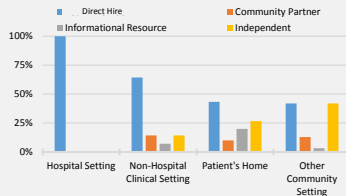
- Funding through health plans still below 10%. Stability for CHWs may depend on growing this source.
- Peer status and community membership are key elements of CHW in most forms of integration, but in direct hire situations, education and training more important.
- Whether CHW integration effectively helps address social determinants may depend on a) financing and b) how integration occurs.
- Need to develop strong occupational identity, with competencies that relate to integration needs- including ability to defend their unique contribution.
- Need for a support structure for the "CHW identity" – a CHW as supervisor, or a supervisor sensitized to the tendency of health care services to shape jobs and relationships around its needs, as opposed to the needs of disadvantaged community.

## 4 RESULTS

### Hiring Criteria by Type of Integrations



### Primary Site of Intervention by Type of Integration



## 5

### Part II: How do Current Competency Lists Relate to These Issues?

- Content analysis of existing lists (MN, MI, TX, NY, NM, OH, Texas, Boston, MA, City College of SF)
- Consistency across lists (despite confusion around tasks vs. skills vs. knowledge)

## 6

### What is the Unique Contribution of CHWs? Organizing Existing Competencies into Modes of Impact

Current Competencies	Mode of Impact
<ul style="list-style-type: none"> <li>Outreach Methods and Strategies</li> <li>Culturally Based Communication</li> <li>Cultural Responsiveness &amp; Mediation</li> </ul>	1. Outreach
<ul style="list-style-type: none"> <li>Interpersonal Skills</li> <li>Teaching</li> <li>Health coaching</li> <li>Capacity building</li> <li>Informal counseling</li> <li>Community capacity building</li> </ul>	2. Trust building
<ul style="list-style-type: none"> <li>Knowledge base about the community, health issues, and available services and resources</li> <li>Community Assessment</li> <li>Advocacy</li> </ul>	3. Community and Individual Empowerment
	4. Addressing Social Determinants

## 7

### What is the Unique Contribution of CHWs? Organizing Existing Competencies into Modes of Impact

Proposed New Competencies	Mode of Impact?
<ul style="list-style-type: none"> <li>Ability to articulate unique contributions (occupational identity relating to 1<sup>st</sup> 4 Modes of Impact)</li> <li>Knowledge of legal and ethical responsibilities in health systems</li> <li>Writing and technical communication skills for documentation and reporting</li> <li>Knowledge of health system for care coordination and system navigation services</li> <li>Ability to work in teams</li> <li>Ability to balance empathy for the provider with advocacy for the patient (high level negotiating, diplomacy and conflict resolution skills)</li> <li>Leadership skills – in the community &amp; in the system as a representative of the community</li> </ul>	5. Ability to integrate into health systems while maintaining unique occupational identity