

Tennessee Community Health Worker Program Accreditation Standards

STANDARD ONE: RECRUITMENT & HIRING

COMPETENCY 1: JOB DESCRIPTION

- **CRITERIA:** The organization has a written policy that outlines the qualifications for the CHW position, prioritizing the following:
 - Lived experience: the CHW comes from the same community as clients and/or shares life experiences with them
 - Respect earned in the community
 - Cultural humility
 - On the job experience over academic credentials
 - Previous work or volunteer experience helping others
 - Demonstrated trust-building traits like empathy and strong listening skills
 - Demonstrated problem-solving skills

COMPETENCY 2: PROCESSES FOR RECRUITMENT

- **CRITERIA:** The organization leverages community-based channels to recruit CHWs.

COMPETENCY 3: PROCESSES FOR INTERVIEWING

- **CRITERIA:** Written guidance for conducting CHW candidate interviews includes:
 - Standardized interview guides
 - Interactive techniques (e.g., behavioral scenarios)
 - Scoring guidelines based on the qualifications and interview responses for the position
 - Requirements for participation of currently employed CHWs (if available), community members, and/or Board members in interview and selection process after initial candidate screening
 - Education on the role and description of day-to-day activities

COMPETENCY 4: PRIORITIZATION OF DIVERSITY, EQUITY AND INCLUSION

- **CRITERIA:** CHW selection prioritizes the creation of a diverse team of CHWs who can assist clients from many different backgrounds. This policy does not automatically rule out previously incarcerated individuals.

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STANDARD TWO: CHW SCOPE OF WORK

COMPETENCY 1: CHW ROLE & RESPONSIBILITY DEFINED

- CRITERIA:
 - The scope of work and job roles and responsibilities are aligned with those identified with the C3 project (<https://www.c3project.org/roles-competencies>) and support flexibility for CHWs to do their work in a way that best supports their client's needs.
 - CHWs are offered clear guidance on methods for communication and coordination among team members to support client assistance and referrals. CHWs use a person-centered approach to developing a care plan for each client, integrating key supports (ex. family or friends) as necessary.

COMPETENCY 2: CHW ROLE DEFINED WITHIN THE TEAM

- CRITERIA: To support effective integration, non-CHW staff receive training on the nature of the CHW role. How CHWs fit into the team structure is clearly explained.

COMPETENCY 3: CASELOADS

- CRITERIA: Written policy for determining appropriate caseload sizes and takes into account the CHW role, geographic reach of the CHW, and the complexity of client needs.

COMPETENCY 4: USE OF EVIDENCE BASED PRACTICES

- CRITERIA: Methods for CHW work with clients are outlined and based on evidence-based practices. CHW hiring, onboarding, and training materials emphasize that the CHW role:
 - Is holistic and person-centered
 - Emphasizes use of open-ended inquiry for CHWs to get to know their clients as people
 - Allows CHWs to provide tailored support (including but not limited to care coordination, system navigation, social support, and advocacy)
 - Focuses on understanding and addressing the root causes of patients'/clients' health-related social needs
 - Encourages CHWs to elicit patients' own goals for their health and well-being

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STANDARD THREE: SUPPORTS FOR CHWs

COMPETENCY 1: EMERGENCY PROTOCOLS

- **CRITERIA:** The organization has emergency protocols in place to safeguard CHWs and clients. Emergency situations and safety needs are anticipated through:
 - Written protocols for managing client/emergencies during and after hours
 - Written policy for communication and decision-making during emergencies (e.g., climate emergencies, pandemics) that includes how and when CHWs will be informed of changes (e.g., chain of communication guidance) and access to emergency hotlines
 - Written procedures that protect CHW safety, including procedures for tracking when CHWs are conducting home visits, clinical encounters, and community activities, and processes for identifying and resolving concerns related to CHW safety
 - Written protocols related to dealing with behavioral health, substance exposure, potential medical emergencies, and interpersonal violence

COMPETENCY 2: JOB SUPPORTS

- **CRITERIA:** Written materials provide CHWs with guidance on how to:
 - Meet and get to know clients
 - Provide tailored care and support to clients based on the client health-related social needs
 - Build relationships with clients based upon mutually agreed upon goals and a timeline for achieving goals
 - Document their work with clients
 - Handle safety situations
 - Create and maintain professional boundaries
 - Flexible scheduling policy that allows CHW to meet at a time that is convenient for their clients

COMPETENCY 3: DOCUMENTATION TOOLS & SUPPLIES

- **CRITERIA:** The following materials are provided to CHWs to support their work:
 - Tools/technology to minimize administrative burden and support data collection
 - Personal protective equipment, as needed

COMPETENCY 4: CHW Well-Being

- **CRITERIA:** The organization has clearly defined approaches for supporting CHWs' mental and emotional health (e.g. burnout prevention).

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STANDARD FOUR: CHW TRAINING

COMPETENCY 1: INITIAL TRAINING

- **CRITERIA:** The organization ensures that CHWs complete initial training either in-house or through external training sessions before working independently with clients. This training must begin within 30 days of CHW start date. The initial six competencies listed below are achieved within 6 months of hiring, and the remaining five competencies are achieved within 12 months of hiring. The 11 CHW competencies addressed through training are:
 1. Individual and community assessment skills (safety, learning the community)
 2. Interpersonal and relationship skills (professional boundaries, cultural humility, trauma-informed care)
 3. Professional and organizational skills (ethics and mandated reporting, teamwork)
 4. Service coordination and navigation skills (emergency preparedness)
 5. Communication skills (active listening, behavior change)
 6. Evaluation and research skills (verifying facts)
 7. Capacity building and empowerment skills
 8. Advocacy skills
 9. Education, facilitation, and leadership skills
 10. Outreach skills
 11. Knowledge base- information CHWs need to know specific to their area(s) of work.
For example, knowledge base in nutrition might include the basic nutritional benefits or cautions associated with different types of foods.

COMPETENCY 2: FLEXIBLE TRAINING ASSESSMENTS

- **CRITERIA:** CHW training assessment is provided at the conclusion of their initial training sessions and includes opportunities to provide verbal responses if the CHW is not confident in their writing skills and opportunities for re-assessment at a timeline agreed upon by the organization and CHW.

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COMPETENCY 3: ONGOING TRAINING

- **CRITERIA:** The organization has a process for CHWs to receive quarterly training with education materials/topics provided by national, regional, or local organizations or other CHW training agencies. Training is based on CHW performance and/or feedback to support CHWs in meeting and exceeding their performance goals. Trainings should deepen an understanding of and proficiency in the CHW competencies listed under Standard Four, Competency One.

COMPETENCY 4: PEER SUPPORT

- **CRITERIA:** The organization creates opportunities for CHWs to support and learn from other CHWs in or outside their working teams and organization (e.g. peer-to-peer mentorship).

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STANDARD FIVE: CHW PERFORMANCE EVALUATIONS

COMPETENCY 1: PERFORMANCE EVALUATION

- **CRITERIA:** The organization 's policy for CHW evaluation provides an initial performance review after the first 90 days of CHW work, followed by an annual review of performance. Results are shared with CHWs within two weeks of the performance review.

COMPETENCY 2: CHW PERFORMANCE EVALUATION CONTENT

- **CRITERIA:** CHWs are involved in designing their performance evaluation. CHW performance review is based on clearly defined benchmarks for success, direct but anonymous feedback from clients, and supervisors' direct observation of at least three client interactions using a monitoring tool of the organization's choice.

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STANDARD SIX: CHW PROFESSIONAL AND WORKFORCE DEVELOPMENT

COMPETENCY 1: CONVERSATIONS TO SUPPORT PROFESSIONAL DEVELOPMENT

- **CRITERIA:** The organization has policies to initiate and document conversations with CHWs regarding their career objectives, including the creation of a professional development plan outlining responsibilities and salaries at each level, and requirements for progression.

COMPETENCY 2: COMPETITIVE COMPENSATION

- **CRITERIA:** The Organization follows its existing policy for regularly obtaining market analysis regarding CHW rate of pay and shares the information with CHWs and CHW supervisors.

COMPETENCY 3: RECOGNITION OF CHW CONTRIBUTIONS

- **CRITERIA:** Organization staff are provided with data describing CHW impact and information about CHW roles in the larger community, through meetings or other means.

COMPETENCY 4: CHW INTEGRATION

- **CRITERIA:** The organization formally integrates CHWs into organization -wide functions including staff meetings, committees, care teams or other relevant staff groups.

COMPETENCY 5: EMPOWERMENT OF CHWs

- **CRITERIA:** The organization encourages CHWs to play active roles in decision-making related to:
 - Advancing racial and social justice and equity within the organization
 - The CHW role and working conditions, including compensation, training, caseloads, work practices, equipment, and supplies

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STANDARD SEVEN: CHW SUPERVISION

COMPETENCY 1: SUPERVISOR QUALIFICATIONS

- **CRITERIA:** CHW supervision is provided by former CHWs if possible. If not possible, supervisors have shadowed CHWs from this organization or another for at least two days to gain basic familiarity with the challenges of CHW work. CHW supervisors must have previous community health, public health, or social work, or related experience and demonstrated commitment to health equity.

COMPETENCY 2: MANAGEMENT & SUPERVISION

- **CRITERIA:** CHWs have only one supervisor or point of contact, and supervision is offered on a weekly or biweekly schedule to review client cases and provide opportunities for professional growth and feedback.

COMPETENCY 3: SUPERVISOR TRAINING

- **CRITERIA:** CHW programs provide robust supervisor training. Immediate supervisors of CHWs begin initial training, provided in-house or through referrals to external training, within 15 days of beginning to supervise CHWs. The training must be completed within 180 days and must cover at a minimum, the following topics:
 - Unique role of CHWs and how CHWs promote equity through their work
 - How to provide effective and supportive oversight of CHW work
 - How to offer CHW supervision and support that enhances CHWs' ability to be effective in light of community, client, and client diversity
 - How to use observation, review of performance data and community feedback to improve CHW performance
 - Description of a good CHW supervisor and what CHWs need from quality supervision, which includes input from CHWs
 - Concepts of health equity and cultural humility and techniques for practicing these concepts
 - Assessing and de-escalating safety situations, mental health and substance use crises, and reports of interpersonal violence or child abuse
 - Assessing reported medical situations for collaboration with medical team or PCP when applicable
 - Basic familiarity with concepts of workplace stress and burnout

COMPETENCY 4: SUPERVISOR EVALUATION

- **CRITERIA:** Written policies related to CHW supervisors specify that CHW supervisors can receive voluntary and anonymous input from CHWs they supervise as part of their annual performance evaluation, aligned with the organization's HR policy for an equitable approach within the organization.

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References:

1. Commitment to excellence MIHOW accreditation program (CEMAP©). Nashville, TN: Vanderbilt University School of Nursing, 2016.
2. Community health worker program standards: A roadmap for the Commonwealth of Virginia. Final report for the Virginia department of health from the Penn Center for Community Health Workers. IMPaCT. University of Pennsylvania. October 2021. https://www.chwva.org/files/ugd/fd36e6_91ab13cdf6aa4b1f8f155dea98cfa4b3.pdf
3. Rosenthal EL, Menking P, St. John J, Fox D, Holderby-Fox LR, Redondo F, Hirsch G, Lee L, Brownstein JN, Allen C, Haywood C, Ortiz Miller J, Ibarra J, Cole M, Huxley L, Palmer C, Masoud S, Uriarte J, Rush CH. The Community Health Worker Core Consensus (C3) Project Reports and Website. Texas Tech University Health Sciences Center El Paso. 2014-2022. <https://www.c3project.org/>