

STANDARD 1: RECRUITMENT & HIRING (RCT)

Competency 1: CHW Position Core Qualifications

- **Criteria:** The organization has documentation that outlines the qualifications for the CHW position, prioritizing the following:
 - Shared lived experience: The CHW comes from the same community as clients and/or shares life experiences with them, or has knowledge of client experiences based on perspective, personal identities and/or history, beyond professional or educational experience.¹
 - 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.
- **Evidence:**
 - Organization submits CHW job description and job posting to demonstrate inclusion of job specific qualifications and inclusion of, or prioritization of, applicants with lived experience, cultural humility, on-the-job experience over academic credentials, previous work or volunteer experience, demonstrated trust building traits and problem solving skills.
 - Organization submits other documentation (e.g., resumes, applications, bios, interview materials, letters of recommendation, community testimonials) describing the lived experience of CHWs hired in the past 2 years to demonstrate prioritization of individuals with shared lived experiences. This documentation must also reflect additional qualifications such as prior work or volunteer experience helping others, on-the-job experience, cultural humility, empathy, listening skills, problem solving abilities, and respect earned in the community.

Competency 2: Process for Recruitment

- **Criteria:** The organization leverages community-based channels to recruit CHWs.
- **Evidence:**
 - Organization submits copies of notifications to community agencies/partners regarding hiring for CHWs.

¹ Assistant Secretary for Planning and Evaluation. [What is Lived Experience?](#)

Competency 3: Process 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 the interview and selection process after initial candidate screening.
 - Education on the role and description of day-to-day activities.
- **Evidence:**
 - Organization submits written guidance for the CHW interview process, including questions, interview guides, scoring guidelines and a policy on who participates in interviews.

Competency 4: Prioritization of Community Representation

- **Criteria:** CHW selection prioritizes creation of a team of CHWs who can assist clients from many different backgrounds. (This policy does not automatically rule out previously incarcerated individuals.)
- **Evidence:**
 - Organization submits policy that reflects nondiscriminatory recruitment, retention and engagement strategies.
 - Organization submits policy on background checks, if applicable.
 - Organization shares recruitment procedures reflecting recruitment in geographic and demographic areas of the populations/clients served.

STANDARD 2: CHW SCOPE OF WORK (SOW)

Competency 1: CHW Role & Responsibility Defined

- **Criteria:**
 - The scope of work and job roles and responsibilities are aligned with those identified by [The National C3 Council \(formerly the C3 Project\)](#) and support flexibility for CHWs to do their work in a way that best supports their clients' 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 (e.g., family, friends) as necessary.
- **Evidence:**
 - Organization submits CHW job description(s) showing alignment with The National C3 Council's Core CHW Roles and Skills
 - Organization submits organizational staffing tree showing the CHW position in relation to team and organization colleagues.
 - Organization submits written policy on communication and coordination among staff regarding client care and referrals that supports an individual and family-support approach tailored to the population served.

Competency 2: CHW Role Defined within the Team (Elective)

- **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.
- **Evidence:**
 - Organization submits meeting agendas or meeting minutes verifying training for non-CHW staff on the nature of the CHW role has occurred.

Competency 3: Caseloads

- **Criteria:** The organization has a written policy for determining caseload sizes, and considers the CHW role, geographic reach of the CHW, and the complexity of client needs.
- **Evidence:**
 - Organization submits policy for CHW scope of work, determining caseload sizes, how CHWs are assigned/matched with clients, and process for determining the complexity of client needs.

Competency 4: Use of Evidence-Based Practices

- **Criteria:** Methods for CHWs' work with clients are outlined and are based on evidence-based practices, which is defined as, "conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide health care decisions".² CHW hiring, onboarding and training materials emphasize that the CHW role:
 - Is holistic and person-centered.
 - Promotes use of open-ended inquiry for CHWs to get to know their clients as people.
 - Allows the provision of 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 client health-related social needs.
 - Encourages CHWs to elicit clients' own goals for their health and well-being.
- **Evidence:**
 - Organization submits written policy confirming that the organization uses evidence-based practices.
 - Organization submits examples of evidence-based handbooks, templates, handouts or decision-making tools used by CHWs in client encounters. Evidence-based is defined as "the conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide health care decisions."⁷

² Titler, M. G. The Evidence for Evidence-Based Practice Implementation, 2008.

STANDARD 3: SUPPORTS FOR CHWs (SUP)

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 clients/emergencies during and after hours.
 - A 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 for managing situations involving behavioral health, substance exposure, potential medical emergencies and interpersonal violence.
- **Evidence:**
 - Organization submits emergency and safety policies to align with the criteria above.

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 on mutually agreed-on goals, and a timeline for achieving goals.
 - Document their work with clients.
 - Handle safety situations.
 - Create and maintain professional boundaries.
 - Meet at a time that is convenient for their clients (flexible scheduling policy for CHWs).
- **Evidence:**
 - Organization submits CHW handbook or guidance/training materials covering establishing relationships and boundaries with clients, addressing social determinants of health, goal setting, documentation, flexible scheduling, and safety on the job.

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 (PPE), as needed.
- **Evidence:**
 - Organization provides documentation of policy ensuring materials are available to CHWs.
 - Organization shares examples of active client care/action plans (plans must not show client-identifying information).
 - Organization provides template used for action planning, documentation, and conducting initial client interviews.
 - Organization provides a policy on the availability and use of PPE.

Competency 4: CHW Well-Being

- **Criteria:** The organization has clearly defined approaches for supporting CHWs' mental and emotional health (e.g., burnout prevention).
- **Evidence:**
 - Organization submits a policy requiring CHW supervisors to assist CHWs in problem solving related to stress management, burnout, and boundaries.

STANDARD 4: CHW TRAINING (TRN)

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. Training must begin within 30 days of a CHW's start date. The initial 6 competencies listed below are achieved within 6 months of hiring; the remaining 5 competencies must be achieved within 12 months of hiring. The 11 CHW competencies addressed through training are:

Achieved within 6 months of hiring:

- Individual and community assessment skills (safety, learning the community).
- Interpersonal and relationship skills (professional boundaries, cultural humility, trauma-informed care).
- Professional and organizational skills (ethics and mandated reporting, teamwork).
- Service coordination and navigation skills (emergency preparedness).
- Communication skills (active listening, behavior change).
- Evaluation and research skills (verifying facts).

Achieved within 12 months of hiring:

- Capacity building and empowerment skills.
 - Advocacy skills.
 - Education, facilitation and leadership skills.
 - Outreach skills.
 - Knowledge base: Information CHWs need to know specific to their area(s) of work (e.g., a knowledge base in nutrition might include basic nutritional benefits or cautions associated with different types of foods).
- **Evidence:**
 - Organization submits copy of policy on CHW training.
 - Organization submits CHWs' training completion certificates (if completed).

Competency 2: Flexible Training Assessments

- **Criteria:** CHW training assessments are provided at the conclusion of the initial training sessions, and include opportunities to provide verbal responses, if the CHW is not confident in their writing skills, and opportunities for reassessment at a timeline agreed upon by the organization and the CHW.
- **Evidence:**
 - Organization submits a training assessment template with metrics for measuring CHW performance, mechanism for incorporating CHW feedback, and timeline for reassessment.

Competency 3: Ongoing Training

- **Criteria:** The organization has a process for CHWs to receive at least bi-annual training with education materials/topics provided by national, regional or local organizations, or by other CHW training agencies. Training is based on CHW performance and/or feedback and is intended to support CHWs in meeting and exceeding their performance goals. Trainings should deepen understanding of and proficiency in the CHW competencies listed in [Standard 4, Competency 1](#).
- **Evidence:**
 - Organization submits annual CHW training schedule with training topics for the past year or the anticipated year ahead.
 - Organization submits CHWs' training completion certificates, if applicable (i.e., if CHWs have been employed for more than a year).

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).
- **Evidence:**
 - Organization submits documented process on ensuring that CHWs have adequate time to meet with and learn from each other in a peer-to-peer setting, during working hours, in available national, regional, statewide or community-based groups.

STANDARD 5: CHW PERFORMANCE EVALUATIONS (PER)

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 2 weeks of the performance review.
- **Evidence:**
 - Organization submits a performance evaluation timetable or schedule.
 - Organization shares examples of performance evaluations, with de-identified data.
 - Organization shares documentation from performance review meetings (e.g., agendas, follow-up emails).
 - Organization submits CHW benchmarks for success, with a clear focus on both medical and nonmedical outcomes.

Competency 2: CHW Performance Evaluation Content

- **Criteria:** CHWs are actively engaged in defining their performance goals and informing the evaluation process. 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. Supervisors' observations may be informed by direct input from other staff members who may work more closely with the CHWs.
- **Evidence:**
 - Organization submits examples of CHWs involvement in defining their performance goals and informing the evaluation process.
 - Organization shares examples of surveys or other feedback-obtaining mechanisms used with clients.
 - Organization shares documentation of direct observations.

STANDARD 6: CHW PROFESSIONAL AND WORKFORCE DEVELOPMENT (WFD)

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.
- *Evidence:*
 - Organization submits policies and/or templates addressing CHW career objectives, professional development planning and action planning, with personal and professional goals.

Competency 2: Competitive Compensation

- *Criteria:* The organization follows its existing policy for regularly obtaining market analysis regarding CHW rates of pay, and shares the information with CHWs and CHW supervisors.
- *Evidence:*
 - Organization submits policy, documented policy, or market analysis of CHW salaries with positions of similar responsibility within the organization or similar agencies, completed within the past 2 years.

Competency 3: Recognition of CHW Contributions (Elective)

- *Criteria:* Organization staff are provided with data describing CHW impact and information about CHW roles in the larger community.
- *Evidence:*
 - Organization submits minutes from at least one staff meeting held in the last 12 months, or provides correspondence with staff in which data on CHW work in the organization is presented.

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.
- *Evidence:*
 - CHW onboarding protocol, including introductions to all organization programs.
 - Organization submits documentation demonstrating that CHWs are invited to and have opportunities to participate in staff meetings, committees, care teams, or other relevant staff groups (e.g., meeting invitations, CHW-related agendas, internal communications outlining CHW integration).

Competency 5: Empowerment of CHWs

- **Criteria:** The organization encourages CHWs to play active roles in decision-making related to:
 - Advancing fairness and impartiality within the organization.
 - The CHW role and working conditions, including compensation, training, caseloads, work practices, equipment and supplies.
- **Evidence:**
 - Organization submits documented process on CHWs playing an active role in annual program development for programs they support.

STANDARD 7: CHW SUPERVISION (SVN)

Competency 1: Supervisor Qualifications

- **Criteria:** CHW supervision is provided by former CHWs, if possible. If not possible, supervisors must have shadowed CHWs from this organization or another for at least 2 days to gain basic familiarity with the challenges of CHW work. CHW supervisors must have previous community health, public health, social work, or related experience, and a demonstrated commitment to improved health outcomes across communities.
- **Evidence:**
 - Organization submits supervisor job description.
 - Organization submits CHW supervisor resume(s).
 - Organization may submit dates of supervisor shadowing of CHWs, if applicable.

Competency 2: Management & Supervision

- **Criteria:** CHWs have only one supervisor or point of contact. Supervision is offered on a weekly or biweekly schedule to review client cases and provide opportunities for professional growth, stress management, and feedback.
- **Evidence:**
 - Organization submits the name of each CHW and name of their supervisor.
 - Organization submits CHW supervisor calendars for 6 months showing dates of CHW supervision meetings.
 - Organization shares sample agendas and/or minutes from supervision meetings.
 - Organization submits policy requiring CHW supervisors to assist CHWs in self-exploration of stress related to their work.

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. Training must be completed within 180 days and must cover, at a minimum, the following topics:
 - The unique role of CHWs, and how CHWs promote improved health outcomes in communities.
 - 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 and clients.
 - How to use observation, review of performance data and community feedback to improve CHW performance.
 - The description of an effective CHW supervisor, and what CHWs need from quality supervision, which includes input from CHWs.
 - 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 the medical team or primary care practitioner (PCP), when applicable.
- A basic familiarity with concepts of workplace stress and burnout.
- **Evidence:**
 - Organization submits transcripts/certificates of supervisor training, if applicable.
 - Organization shares the supervisor training schedule.
 - Organization submits a signed statement of training received within 180 days of becoming a CHW supervisor.
 - Organization submits a copy of the training agenda and topics covered.

Competency 4: Supervisor Evaluation

- **Criteria:** Written policies related to CHW supervisors specify that CHW supervisors can receive voluntary and anonymous input from the CHWs they supervise as part of their annual performance evaluation, aligned with the organization's HR policy for an equitable approach within the organization.
- **Evidence:**
 - Organization submits verification of one annual evaluation (if available) of all CHW supervisors.
 - Organization submits the CHW supervisor evaluation policy.

REFERENCES

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2. Commitment to Excellence MIHOW Accreditation Program (CEMAP®). 2016. Nashville, TN: Vanderbilt University School of Nursing.
3. *Community Health Worker Program Standards: A Roadmap for the Commonwealth of Virginia*. October 2021. Final Report for the Virginia Department of Health from the Penn Center for Community Health Workers. IMPaCT. University of Pennsylvania. https://www.chwva.org/files/uqg/fd36e6_91ab13cdf6aa4b1f8f155dea98cfa4b3.pdf
4. Office of the Assistant Secretary for Planning and Evaluation. Engaging People with Lived Experience to Improve Federal Research, Policy, and Practice (aspe.hhs.gov).
5. Rosenthal, E.L., P. Menking, J. St. John, D. Fox, L.R. Holderby-Fox, F. Redondo, G. Hirsch, L. Lee, J.N. Brownstein, C. Allen, C. Haywood, J. Ortiz Miller, J. Ibarra, M. Cole, L. Huxley, C. Palmer, S. Masoud, J. Uriarte, C.H. Rush. The Community Health Worker Core Consensus (C3) Project Reports and Website. Texas Tech University Health Sciences Center El Paso. 2014–2022. [Home | CHW Core Consensus Project](#)
6. Titler, M. G. [The Evidence5 for Evidence-Based Practice Implementation](#), 2008.