3. Core Roles and Competencies

Purpose of the Core Roles and Competencies Section

The primary objectives of this section of the Study were (1) to identify the core roles that Community Health Advisors play in their communities and the health care system, and (2) to determine the core competencies they need to be most effective.

The lack of a “standard definition and conceptualization of who [CHAs] are and what they do” (Witmer, 1995) is one of the principal barriers to an expanded role for CHAs within the health care system. This barrier must be overcome to allow CHA services to grow as one of the most effective ways to address intractable health problems plaguing communities today. Most of these — infant mortality among African Americans, asthma among poor children, diabetes in Native American and Latino communities, violence among inner-city youth — are the result of environmental, social, and economic conditions. “Traditional medical services have had little success in addressing these determinants of health.” (JAMA, October, 1996)

For many reasons, managed care organizations (MCOs) are increasingly motivated to address the basic determinants of health. Many are looking to CHAs, who can “reduce the geographic, social and cultural distance between the service and its target population, . . . can concentrate upon the sorts of changes that may influence the true nature of the health problem, and can achieve aims within acceptable costs.” (World Health Organization, 1987) A working consensus about the roles and competencies of CHAs will help facilitate their integration into the health care system and thus enhance its ability to address the basic determinants of health.

Core Roles and Competencies: Research Questions and Definitions

What are the core roles of CHAs within communities and the health care system?

Role. We define “roles” as the functions that CHAs serve in communities and the health care system. For example, CHAs provide health education. The concept of roles includes the responsibilities of CHAs and the activities CHAs carry out.

What are the core competencies CHAs need to be optimally effective in these roles?

Competency. We define “competency” as something that a person is capable of doing or being. Included in our definition of competencies are both skills and qualities. In this context, “qualities” mean personal characteristics or traits that can be enhanced but not taught. Patience, compassion, and persistence are examples of qualities. The word “skills,” on the other hand, is used to describe abilities gained through study or practice.
Core Roles and Competencies: Findings

The task of defining the roles and competencies of Community Health Advisors must be approached with care. Strict adherence to a list of roles and competencies could rob the CHA model of its responsiveness to the unique needs of individuals and communities. In contrast, a lack of role definition can also lead to failure to recognize and best utilize the unique skills of CHAs.

A number of other studies of the roles and competencies of CHAs are currently being conducted or have recently been completed. The consistency of results from those studies along with the results of this Study lends credence to the belief that, despite the wide variety of CHA programs, there is a core of roles and competencies that cross programmatic, geographic, racial/ethnic and other lines. In this Study, we identified seven core roles, eight “skill clusters,” and a long list of common qualities.

Seven Core Roles of Community Health Advisors in the United States

Summary of Findings
Seven CHA Core Roles

- Cultural mediation between communities and health and human services system.
- Informal counseling and social support.
- Providing culturally appropriate health education.
- Advocating for individual and community needs.
- Assuring people get the services they need.
- Building individual and community capacity.
- Providing direct services.

Core Role 1: Bridging/Cultural Mediation Between Communities and the Health and Social Service Systems

CHAs play an important role as bridges and mediators between the communities in which they work and the health care system. This role corresponds to four functions, which are outlined below.

Educating community members about how to use the health care and social service systems.

CHAs help community members get the services they need and help systems operate more smoothly by teaching people where and when to seek services. For example, CHAs teach people when they need to see a doctor and when they can safely treat an illness at home.

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3 The Community Health Training and Development Center (CHTDC) in San Francisco recently conducted a statewide survey of 185 agencies employing CHAs to collect information about core tasks and other topics. The survey found that “the majority [of CHAs] provide health education, information, referrals, translation services and advocacy for their communities.” The five skill areas respondents felt were most important for training programs for CHAs are: communication skills, interviewing, counseling, advocacy, and referral skills. According to supervisors who responded, the greatest asset of CHAs is their relationship to the community. Agency directors and supervisors in this survey identified roles and skills very similar to those identified by the CHAs in our study.
Gathering information for medical providers. The trust many CHAs establish with their clients enables them to collect information that is often inaccessible to other health and social service providers. When this information is passed on, with clients’ permission, to medical personnel, it can lead to more accurate diagnoses and treatment, thereby improving health outcomes.

Educating medical and social service providers about community needs. CHAs can help health and social service systems staff become more culturally competent. The information that CHAs pass on can be used in a variety of ways. It can bring about actual changes in the services the system offers and changes in how services are offered. Clinic hours have been changed, triage practices adapted, and toys added to waiting rooms due to CHA education of providers. As a result of learning about cultures and practices in a community from CHAs, changes in provider attitudes and beliefs may occur.

Translating literal and medical languages. CHAs facilitate patient-provider communication. Sometimes, bilingual CHAs provide literal translation from one language to another. They may also translate letters and correspondence from health and social service agencies. Perhaps most importantly, CHAs “translate” medical and other terminology into lay language, teaching clients how to follow medication or other treatment regimens.

Core Role 2: Providing Culturally Appropriate Health Education and Information

CHAs make health education physically accessible by taking it directly into the community. This may involve handing out pamphlets on street corners, conducting door-to-door outreach, facilitating on-going health education classes, or presenting information at community meetings. Two functions associated with this role appear below.

Teaching concepts of health promotion and disease prevention. In a classic public health mode, CHAs focus on helping people stay healthy and intervening so that existing problems do not get worse. For example, CHAs stress the importance of screening tests and regular medical check-ups, thus increasing the likelihood of early detection of health problems. Many CHAs also make health education culturally accessible by using empowering and interactive adult education methods.

Helping to manage chronic illness. Another focus of health education by CHAs is management of chronic illnesses such as diabetes and hypertension. One program offers a “Cooking Class Support Group” for Latina women with diabetes. The women participate in an interactive class, do exercises geared to their ability level, and prepare appropriate nutritious meals.

Core Role 3: Assuring That People Get the Services They Need

CHAs do not stop at simply putting people in contact with services. Often, they go much further to make sure the services are actually obtained. For example, one outreach worker described his role as “going all the way . . . to get this person to the right place to get the services they need.” Three functions associated with this role are outlined below.
**Case finding.** Because of their close contact with community members, CHAs are in a unique position to recognize as-yet-undiagnosed symptoms of illness or health needs and connect people to the health care system. *Case finding* is the first step in assuring that people obtain needed services.

**Making referrals.** CHAs refer clients to a broad range of health and social services, including clinics, hospitals, welfare offices, food banks and churches.

**Providing follow-up.** CHAs promote continuity of care by providing follow-up. Examples include tracking pregnant women to make sure they get prenatal care or physically locating people who need lab results but lack a telephone.

**Core Role 4: Providing Informal Counseling and Social Support**

A plethora of literature has demonstrated the importance of social support in preventing mental health problems and improving physical health outcomes. Respondents affirmed that CHAs help protect mental and physical health by providing social support via two primary functions.

**Providing individual support and informal counseling.** Conditions of poverty, unemployment, discrimination and isolation in many of the communities where CHAs work mean that the coping resources of individuals are stretched to the limit. Relatives and friends who face many of the same obstacles may be unable to offer support in times of need. Under these conditions, the supportive relationships that CHAs build with their clients are crucial.

**Leading support groups.** “Leading support groups” is among the ten most common CHA activities according to the survey. A wide range of CHA-led support groups were mentioned in our site visits. Examples include a support group for homeless women, support and health education groups for young people, cancer survivor support groups, and a cooking class for diabetic women.

**Core Role 5: Advocating For Individual and Community Needs**

**Advocating for individuals.** At a basic level, CHAs act as *advocates or spokespersons* for clients. This function is related to their work as literal and medical translators. CHAs also can serve as *intermediaries* between clients and sometimes immobile bureaucracies. CHAs often help clients resolve problems with erroneous or overdue bills for health and other services.

**Advocating for community needs.** CHA advocacy for *community needs* may involve specific issues such as improvement of conditions in a migrant labor camp.

**Core Role 6: Providing Clinical Services and Meeting Basic Needs**

**Providing clinical services.** In the U.S., the CHA role in providing clinical services is minimal compared to CHA roles in the developing world. Yet, especially in remote areas, CHAs in the U.S. do provide needed basic services, thus making them accessible. In Michigan’s Camp Health Aide Program, CHAs are trained to provide first aid to migrant farmworkers who often live far from population centers.
Meeting basic needs. CHAs with whom we spoke stressed the fact that, before they can share specific health information, they often must assure that people have the basic determinants of good health: enough food, adequate housing and employment. When resources exist, CHAs help people meet basic needs by referring them to or taking them to appropriate agencies.

Core Role 7: Building Individual and Community Capacity

CHAs can help promote the community participation and empowerment that can result in substantial, long-lasting changes in health status. They do this by building capacity in both individuals and communities.

Building individual capacity. CHAs increase the capacity of individuals to protect and improve their health by sharing valuable information about how to prevent illness. They also teach people concrete skills essential to maintaining good health, such as how to prepare traditional foods with less fat. A very important way CHAs build individual capacity is by actively helping clients to change their behavior.

Building community capacity. According to the CHA model developed and promoted by the WHO, one of the CHA’s primary responsibilities is to bring about community participation in health. CHAs help communities assess their own needs and then act on meeting them. We heard several examples of CHA involvement in bringing about community-wide change. In one community, CHAs helped families form support groups that later advocated with the school system for program changes.

Core Competencies of Community Health Advisors - Skills and Qualities

All our data suggest that the combination of qualities, skills and knowledge CHAs need to be effective in their roles does not fit neatly into a traditional competency-based framework. One of the few defining characteristics of CHAs that has been widely agreed-upon over time and throughout the world is membership in the community in which they work. Though community membership can be defined in various ways, none of the definitions of “community membership” is analogous to what have traditionally been defined as competencies. While it can imply a number of concrete skills, community membership is essentially a characteristic or quality.

For readers of this Study, information about “qualities” (included in this summary and further detailed in the full report) will probably be most useful for recruiting and hiring CHAs. The skills outlined can serve two purposes. First, the skills list can be used to determine the basic content of CHA training courses. Second, these measurable skills could serve as the basis for the development of a CHA certificate of competence. Study participants have provided valuable guidelines that, although not definitive, point the way toward a competency profile that is holistic and true to the nature of CHA work.

Core Skills of Community Health Advisors

There is marked correspondence between responses to the survey questions and responses to similar questions used in discussion groups. Based on both the qualitative and quantitative data, we developed eight “skill clusters” that respondents felt are necessary for CHAs working in a variety of situations.
Cluster 1: Communication Skills. Virtually all respondents agreed that to work effectively as a CHA, people need good communication skills. Listening skills were seen as essential for a variety of functions. Ability to use written language and explain health concepts using appropriate language were also considered of strong value.

Cluster 2: Interpersonal Skills. The qualities of friendliness and sociability are also interpersonal skills that were seen as important for CHAs. Two additional types of interpersonal skills were seen as essential: ability to work as part of a team and ability to work appropriately with diverse groups of people. The ability to understand and respect a variety of perspectives is essential to CHAs' role as mediators between communities and the health care system.

Cluster 3: Knowledge Base. According to CHAs and their supervisors, CHAs need at least three types of knowledge to be optimally effective. First, CHAs need broad knowledge about the community. This involves understanding of community norms, needs, problems and dynamics. Some urban CHAs used the term “street smarts” to describe the community knowledge CHAs need. Knowledge about the specific health issues the CHA addresses is critical, as well as the ability to find information that the CHA does not know, since CHAs are often asked about a variety of issues. Finally, knowledge of local service systems and resources is fundamental to helping assure that people get services they need.

Cluster 4: Service Coordination Skills. At its most basic level, this skill begins with knowledge - knowing what services are available, where they can be located, agency hours of operation, and who is eligible. CHAs also must develop an active referral network to be of assistance to clients, and this involves the ability to network and build coalitions. Appropriate use of a referral network depends on the CHA understanding the limitations of his or her role and when he/she needs to refer to other providers.
Cluster 5: Capacity-Building Skills. One of the two sub-categories within this cluster is defined as empowerment skills. Empowerment is related to assessment in that CHAs must be able to help people identify their own problems. Many CHAs emphasized the need to “work with the ideas of the people.” Along with identifying problems, CHAs work with clients to identify strengths and resources. To do so, CHAs must view clients as capable people, not as victims. CHAs must then walk the “fine line between enabling and empowering,” according to one CHA supervisor.

Qualities of Community Health Advisors

In discussion groups, we initially asked about “qualities and skills” at the same time to allow respondents to answer in their own terms. The majority of responses cited qualities and not skills. Even after further probing, participants still tended to emphasize qualities over skills. One explanation for the emphasis on qualities is that CHAs may not recognize all the skills they possess. They are often regarded by other health and social service workers as “unskilled” and may have internalized this view. Alternately, CHAs may know what they are able to do, but not think of these abilities as “skills,” per se. Another explanation is that adaptive qualities such as patience, a desire to learn and grow, and respect for the opinions of others are “competencies” most needed in their work. This does not obviate the need for skills. It simply means that both kinds of competencies must be taken into account, though they may be used in different ways.

The list of “qualities” below will probably be most useful for recruiting and hiring CHAs.

Qualities of Community Health Advisors

1. Connected to the community (a community member or possessing shared experience with community members).
2. Strong and courageous (healthy self-esteem and the ability to remain calm in the face of harassment).
3. Friendly/outgoing/sociable.
4. Patient.
5. Open-minded/non-judgmental.
6. Motivated and capable of self-directed work.
7. Caring.
8. Empathic.
10. Respectful.
11. Honest.
12. Open/eager to grow/change/learn.
15. Flexible/adaptable.
16. Desires to help the community.
17. Persistent.
18. Creative/resourceful.

CHA Core Roles and Competencies: Recommendations

Recommendation: We recommend the adoption of the preceding core roles and competencies by those working in the CHA field. We also recommend that practitioners and researchers further refine and validate these roles and competencies. We recommend that the Study’s outline of roles and competencies be used in concert with a community needs assessment when designing CHA programs. CHAs may not play all seven roles, depending on the assessment and other factors. Competencies include both the qualities and the skills that CHAs need in order to be effective. While competencies do not correspond directly to roles, many competencies are useful in a variety of roles.