Nevada Certification Board (NCB) Community Health Worker (CHW) Competencies

Column Two: For each of the competencies below,

- 1. Please indicate where the competency is addressed in your training curriculum.
- 2. Please provide a brief summary of the material.
 - Please share where to reference these items in your curriculum (modules, lectures, activities, etc.).
 - For written material, please include the section/chapter, page(s) reference, and number of hours.

For example,

- 1. Advocacy
- a. Relate to the individual as an advocate.
- Chapter 6, Pg. 45-48, 50. 0.5 hours. Trainees review person-centered approaches to peer support and define the differences between little 'a' advocacy and big 'A' advocacy, i.e., advocacy on the individual level vs. systemic advocacy.

Column Three: Please document:

- A. Time allotted for each competency
- B. Time allotted for each component (a, b, c, ...)

In 2023, the Nevada Certification Board (NCB) adopted the Community Health Worker Core Consensus (C3) Project

Role: Functions that CHWs serve in communities and the health care system. For example, CHWs provide health education.

Scope of Practice: An all-inclusive list of roles and tasks which an occupation includes in its scope of work. The exact mix of these roles and tasks for any one individual will vary based on the needs of those served and host organizations.

C3 Project, 2018 | www.C3Project.org

PART 1: COMMUNITY HEALTH WORKER C3 ROLES AND SUB-ROLES

1. CULTURAL MEDIATION		
To be considered proficient, an individual will exhibit knowledge and skills in the following competency areas	1.	A.
specific to CULTURAL MEDIATION :	2.	В.
a. Educating individuals and communities about how to use health and social service systems (including		
understanding how systems operate)		
b. Educating systems about community perspectives and cultural norms (including supporting		
implementation of Culturally and Linguistically		
Appropriate Services [CLAS] standards) c. Building health literacy and cross-cultural		
communication		
2. CULTURALLY APPROPRIATE HEALTH EDUCATION AND	INFORMATION	
To be considered proficient, an individual will exhibit knowledge and skills in the following competency areas	1.	A.
specific to CULTURALLY APPROPRIATE HEALTH EDUCATION AND INFORMATION:	2.	В.
a. Conducting health promotion and disease prevention		
education in a manner that matches linguistic and		
cultural needs of participants or community		1
cultural needs of participants or community b. Providing necessary information to understand and		
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NCB Competency Crosswalk for Foundational Training Approvals - CHW

To be considered proficient, an individual will exhibit	1.	A.
knowledge and skills in the following competency areas		
specific to CARE COORDINATION, CASE MANAGEMENT,	2.	В.
AND SYSTEM NAVIGATION:	2.	Б.
Double in the construction and for a con-		
a. Participating in care coordination and/or case		
management		
b. Making referrals and providing follow-up		
c. Facilitating transportation to services and helping address barriers to services		
d. Documenting and tracking individual and population		
level data		
e. Informing people and systems about community		
assets and challenges		
<u> </u>		
4. COACHING AND SOCIAL SUPPORT		
To be considered profisions an individual will exhibit	1	
To be considered proficient, an individual will exhibit	1.	A.
knowledge and skills in the following competency areas	1.	A.
knowledge and skills in the following competency areas specific to PROVIDING COACHING AND SOCIAL	1. 2.	A. B.
knowledge and skills in the following competency areas		
knowledge and skills in the following competency areas specific to PROVIDING COACHING AND SOCIAL SUPPORT:		
knowledge and skills in the following competency areas specific to PROVIDING COACHING AND SOCIAL SUPPORT: a. Providing individual support and coaching		
knowledge and skills in the following competency areas specific to PROVIDING COACHING AND SOCIAL SUPPORT:		
knowledge and skills in the following competency areas specific to PROVIDING COACHING AND SOCIAL SUPPORT: a. Providing individual support and coaching b. Motivating and encouraging people to obtain care		
knowledge and skills in the following competency areas specific to PROVIDING COACHING AND SOCIAL SUPPORT: a. Providing individual support and coaching b. Motivating and encouraging people to obtain care and other services		
knowledge and skills in the following competency areas specific to PROVIDING COACHING AND SOCIAL SUPPORT: a. Providing individual support and coaching b. Motivating and encouraging people to obtain care and other services c. Supporting self-management of disease prevention		
knowledge and skills in the following competency areas specific to PROVIDING COACHING AND SOCIAL SUPPORT: a. Providing individual support and coaching b. Motivating and encouraging people to obtain care and other services c. Supporting self-management of disease prevention and management of health conditions (including		
knowledge and skills in the following competency areas specific to PROVIDING COACHING AND SOCIAL SUPPORT: a. Providing individual support and coaching b. Motivating and encouraging people to obtain care and other services c. Supporting self-management of disease prevention and management of health conditions (including chronic disease) d. Planning and/or leading support groups		
knowledge and skills in the following competency areas specific to PROVIDING COACHING AND SOCIAL SUPPORT: a. Providing individual support and coaching b. Motivating and encouraging people to obtain care and other services c. Supporting self-management of disease prevention and management of health conditions (including chronic disease)		
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specific to ADVOCATING FOR INDIVIDUALS AND	2.	B.
COMMUNITIES:		
a. Advocating for the needs and perspectives of		
communities		
b. Connecting to resources and advocating for basic		
needs (e.g. food and housing) c. Conducting policy advocacy		
c. conducting poncy advocacy		
6. BUILDING INDIVIDUAL AND COMMUNITY CAPACITY		
To be considered proficient, an individual will exhibit	1.	A.
knowledge and skills in the following competency areas		
specific to BUILDING INDIVIDUAL AND COMMUNITY CAPACITY:	2.	В.
a. Building individual capacity		
b. Building community capacity		
c. Training and building individual capacity with peers and among CHW groups		
0 0 1		
7. PROVIDING DIRECT SERVICE		
To be considered proficient, an individual will exhibit knowledge and skills in the following competency areas	1.	A.
specific to PROVIDING DIRECT SERVICE :		
	2.	В.
a. Providing basic screening tests (e.g. height, weight,		
blood pressure) b. Providing basis sorvises (a.g. first aid, diabetis foot		
b. Providing basic services (e.g. first aid, diabetic foot checks)		
c. Meeting basic needs (e.g., direct provision of food		
and other resources)		
8. IMPLEMENTING INDIVIDUAL AND COMMUNITY ASSE	SSMENTS	
C. IIII LEWISING INDIVIDUAL AND COMMONITY ASSE	55	

To be considered proficient, an individual will exhibit	1.	A.
knowledge and skills in the following competency areas specific to IMPLEMENTING INDIVIDUAL AND		
COMMUNITY ASSESSMENTS:	2.	В.
a. Participating in design, implementation, and		
interpretation of individual-level assessments (e.g. home environmental assessment)		
b. Participating in design, implementation, and		
interpretation of community-level assessments (e.g.		
windshield survey of community assets and challenges,		
community asset mapping)		
9. CONDUCTING OUTREACH		
To be considered proficient, an individual will exhibit	1.	A.
knowledge and skills in the following competency areas	1.	Λ.
specific to CONDUCTING OUTREACH:		
	2.	B.
a. Case-finding/recruitment of individuals, families, and		
community groups to services and systems b. Follow-up on health and social service encounters		
with individuals, families, and community groups		
c. Home visiting to provide education, assessment, and		
social support		
d. Presenting at local agencies and community events		
10. PARTICIPATING IN EVALUATION AND RESEARCH		
To be considered proficient, an individual will exhibit	1.	A.
knowledge and skills in the following competency areas		, w
specific to PARTICIPATING IN EVALUATION AND		
RESEARCH:	2.	B.

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a. Engaging in evaluating CHW services and programs b. Identifying and engaging community members as research partners, including community consent processes c. Participating in evaluation and research: i) Identification of priority issues and evaluation/research questions ii) Development of evaluation/research design and methods iii) Data collection and interpretation iv) Sharing results and findings v) Engaging stakeholders to take action on findings		
PART 2: C Skill: The ability, coming from one's knowledge, practice, by multiple skills.	OMMUNITY HEALTH WORKER COMPETENCIES: SKILLS and aptitude, to do something well. A core role or a task	k that must be performed may be supported
1. COMMUNICATION SKILLS		
12. To be considered proficient, an individual will	1.	A.
exhibit knowledge and skills in the following		
competency areas specific to COMMUNICATION SKILLS :	2.	В.
a. Ability to use language confidently		
b. Ability to use language in ways that engage and		
motivate		
c. Ability to communicate using plain and clear		
language		
d. Ability to communicate with empathy		
e. Ability to listen actively		
f. Ability to prepare written communication including		
electronic communication (e.g., email,		
telecommunication device for the deaf)		
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h. Ability to communicate with the community served (may not be fluent in language of all communities served)		
2. INTERPERSONAL AND RELATIONSHIP-BUILDING SKILLS	5	
To be considered proficient, an individual will exhibit knowledge and skills in the following competency areas	1.	A.
specific to INTERPERSONAL AND RELATIONSHIP- BUILDING SKILLS:	2.	В.
 a. Ability to provide coaching and social support b. Ability to conduct self-management coaching c. Ability to use interviewing techniques (e.g. motivational interviewing) 		
d. Ability to work as a team membere. Ability to manage conflictf. Ability to practice cultural humility		
3. SERVICE COORDINATION AND NAVIGATION SKILLS		
To be considered proficient, an individual will exhibit knowledge and skills in the following competency areas specific to SERVICE COORDINATION AND NAVIGATION	1.	A.
SKILLS:	2.	B.
 a. Ability to coordinate care (including identifying and accessing resources and overcoming barriers) b. Ability to make appropriate referrals 		
c. Ability to facilitate development of an individual and/or group action plan and goal attainment d. Ability to coordinate CHW activities with clinical and other community services		

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e. Ability to follow-up to track care and referral		
outcomes		
4. CAPACITY BUILDING SKILLS		
To be considered proficient, an individual will exhibit knowledge and skills in the following competency areas specific to CAPACITY BUILDING SKILLS :	1.	A.
	2.	В.
 a. Ability to help others identify goals and develop to their fullest potential b. Ability to work in ways that increase individual and community empowerment c. Ability to network, build community connections, and build coalitions d. Ability to teach self-advocacy skills e. Ability to conduct community organizing 		
5. ADVOCACY SKILLS		
To be considered proficient, an individual will exhibit knowledge and skills in the following competency areas	1.	A.
specific to ADVOCACY SKILLS:	2.	В.
a. Ability to contribute to policy developmentb. Ability to advocate for policy changec. Ability to speak up for individuals and communities		
6. EDUCATION AND FACILITATION SKILLS		

To be considered proficient, an individual will exhibit		
knowledge and skills in the following competency areas		
specific to EDUCATION AND FACILITATION SKILLS:		
a. Ability to use empowering and learner-centered		
teaching strategies		
b. Ability to use a range of appropriate and effective		
educational techniques		
c. Ability to facilitate group discussions and decision-		
making		
d. Ability to plan and conduct classes and presentations		
for a variety of groups		
e. Ability to seek out appropriate information and		
respond to questions about pertinent topics		
f. Ability to find and share requested information		
g. Ability to collaborate with other educators		
h. Ability to collect and use information from and with		
community members		
7. INDIVIDUAL AND COMMUNITY ASSESSMENT SKILLS		
To be considered proficient, an individual will exhibit	1.	A.
knowledge and skills in the following competency areas		
specific to INDIVIDUAL AND COMMUNITY	2.	В.
ASSESSMENT SKILLS:		
a. Ability to participate in individual assessment		
through observation and active inquiry		
b. Ability to participate in community assessment		
through observation and active inquiry		
tinough observation and active inquiry		
8. OUTREACH SKILLS		

To be considered proficient, an individual will exhibit knowledge and skills in the following competency areas specific to OUTREACH SKILLS : a. Ability to conduct case-finding, recruitment, and follow-up b. Ability to prepare and disseminate materials c. Ability to build and maintain a current resource inventory		
9. PROFESSIONAL SKILLS AND CONDUCT		
To be considered proficient, an individual will exhibit	1.	A.
knowledge and skills in the following competency areas		
specific to PROFESSIONAL SKILLS AND CONDUCT :	2.	B.
a. Ability to set goals and to develop and follow a work plan b. Ability to balance priorities and to manage time c. Ability to apply critical thinking techniques and problem solving d. Ability to use pertinent technology e. Ability to pursue continuing education and lifelong learning opportunities f. Ability to maximize personal safety while working in community and/or clinical settings g. Ability to observe ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA]) h. Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements i. Ability to participate in professional development of		
peer CHWs and in networking among CHW groups j. Ability to set boundaries and practice self-care		

10. EVALUATION AND RESEARCH SKILLS		
To be considered proficient, an individual will exhibit	1.	A.
knowledge and skills in the following competency areas		
specific to EVALUATION AND RESEARCH SKILLS :	2.	В.
a. Ability to identify important concerns and conduct evaluation and research to better understand root causes b. Ability to apply the evidence-based practices of Community Based Participatory Research (CBPR) and Participatory Action Research (PAR) c. Ability to participate in evaluation and research processes including: i) Identifying priority issues and evaluation/¹research questions ii) Developing evaluation/research design and methods iii) Data collection and interpretation iv) Sharing results and findings v) Engaging stakeholders to take action on findings		
11. KNOWLEDGE BASE		
To be considered proficient, an individual will exhibit knowledge and skills in the following competency areas	1.	A.
specific to KNOWLEDGE BASE :		
	2.	В.
a. Knowledge about social determinants of health and		
related disparities		
b. Knowledge about pertinent health issues		
c. Knowledge about healthy lifestyles and self-care		

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d. Knowledge about mental/behavioral health issues	
and their connection to physical health	
e. Knowledge about health behavior theories	
f. Knowledge of basic public health principles	
g. Knowledge about the community served	
h. Knowledge about United States health and social	
service systems	
Total number of training hours (a minimum of forty hours is required):	