

DACUM Research Chart for Community Health Worker  
**DACUM Panel**

Samira Causevic, Clinical Service Coordinator  
San Francisco Department of Public Health  
Community Health Equity and Promotion  
San Francisco, CA

Ann Cowels, Faculty  
Mission College  
Santa Clara, CA

Arturo Flores, Community Health Worker  
Health First CPMC/ Sutter Health  
San Francisco, CA

Shirley Foreman, Social Service Coordinator  
Providence Senior Housing  
San Francisco, CA

Roanae Kent, Program Coordinator  
Urban Strategies  
San Francisco, CA

Sinevia Melipaei, WEHL Program Coordinator  
Urban Strategies  
San Francisco, CA

Francis Julian Montgomery, Care Support  
Community Coordinator  
San Francisco Health Plan  
San Francisco, CA

Robert Newt, Street Outreach  
San Francisco Violence Intervention Program  
San Francisco, CA

Elbina Rafizadeh, Faculty  
Mission College and CSU East Bay  
Santa Clara, CA

Chloe Turner  
Women Rising Program Coordinator  
Community Works  
San Francisco, CA

Carol West, Community Health Worker  
CHW Initiative of Sonoma County  
Petaluma, CA

**Produced by Health Workforce  
Initiative**



**Health Workforce Initiative**

**DACUM Facilitators**

Cynthia Harrison  
Sue Hussey  
Trudy Old

**DACUM Observer**

Paul Rueckhaus, Faculty Coordinator,  
Allied Health Career Advancement  
Skyline College  
San Bruno, CA

**Date:** October 28-29, 2015

# DACUM Research Chart for Community Health Worker

Duties		← Tasks			
<b>A</b>	<b>Perform assessment of needs for patient /client/community</b>	A-1 Establish rapport	A-2 Compile intake documents (HIPPA, disclosures, and consents, etc.)	A-3 Perform initial intake	A-4 Evaluate eligibility for services
<b>B</b>	<b>Assist with development of an action plan</b>	B-1 Assist to prioritize goals and objectives for action plan	B-2 Facilitate and/or implement the action plan	B-3 Document goals and objectives of action plan	B-4 Provide education and information
<b>C</b>	<b>Perform panel management</b>	C-1 Review panel information	C-2 Prioritize level of care in groups (high risk to low risk)	C-3 Initiate lab orders and referrals	C-4 Conduct phone outreach
<b>D</b>	<b>Perform individual case management</b>	D-1 Review case files	D-2 Prioritize case load acuity	D-3 Identify individual barriers	D-4 Present harm reduction options
<b>E</b>	<b>Communicate with patient/client and care team</b>	E-1 Facilitate and/or implement care for patient/client/population via email, phone, or in-person	E-2 Participate in care team meetings	E-3 Facilitate presentations, meetings, and process groups	E-4 Document encounters
<b>F</b>	<b>Perform community health education</b>	F-1 Identify community needs	F-2 Coordinate street/community outreach	F-3 Develop culturally and linguistically appropriate materials	F-4 Develop lesson plans
<b>G</b>	<b>Advocate for health and well-being of patients/clients/ community/self</b>	G-1 Identify needs, barriers, and/or access	G-2 Contact stakeholder to facilitate change	G-3 Present the needs/barrier/access data to stakeholders	G-4 Facilitate ongoing community action
<b>H</b>	<b>Build a referral and resource network</b>	H-1 Research agencies and services	H-2 Establish community partnerships	H-3 Utilize community partner services	H-4 Coordinate cross referrals
<b>I</b>	<b>Perform administrative activities</b>	I-1 Support daily office functions	I-2 Adhere to grant requirements and MOUs	I-3 Maintain schedules, time sheets, and documentation	I-4 Enter data
<b>J</b>	<b>Participate in personal and professional development</b>	J-1 Attend networking events	J-2 Pursue continuing educational opportunities	J-3 Build infrastructure for professional association	J-4 Attend mandatory job trainings
<b>K</b>	<b>Perform qualitative and quantitative research</b>	K-1 Administer research survey tools (Pre and Post tests)	K-2 Facilitate focus groups	K-3 Collect research data	

A-5 Interview patient/client	A-6 Set goals and objectives	A-7 Address emergency needs			
B-5 Summarize goals and objectives of action plan	B-6 Provide resources and referrals	B-7 Conduct follow up of action plan	B-8 Revise action plan if needed		
C-5 Provide and/or arrange transportation	C-6 Accompany patients/clients to appointments	C-7 Conduct follow up (in-person or phone)			
D-5 Develop a support and accountability plan	D-6 Support self efficacy	D-7 Document and track interventions			
E-5 Complete discharge planning					
F-5 Conduct health fairs	F-6 Conduct workshops	F-7 Provide updates and reports at community	F-8 Implement evaluation survey tools	F-9 Analyze survey and/or evaluation data	
G-5 Present model projects	G-6 Empower self and/or community advocacy	G-7 Implement a self care routine	G-8 Build a support network	G-9 Monitor advocacy opportunities (local, state, and federal)	
H-5 Track referral outcomes	H-6 Conduct ongoing evaluation of resources				
I-5 Generate reports	I-6 Mentor interns and new hires	I-7 Secure funding			
J-5 Participate in job evaluation process					

## **Community Health Worker (CHW):**

A community health worker is a trusted, knowledgeable, informally or formally educated and/or trained front line health professional. They bridge cultural and linguistic barriers and have a deep understanding of the communities they serve to improve health outcomes and access to services

### **Tools, Equipment, Supplies and Materials**

Copier  
Shredder  
iPad  
Projector  
Office supplies  
Personal protective equipment  
Laptop/computer  
Car  
Fax machine  
Clock  
Pagers  
Smartphone/cell phone  
Land line  
Language line  
Intake forms  
Referral forms  
Resource applications  
Sphygmomanometer  
Desk and chair  
ADA accessibility (e.g., elevator)  
Confidential meeting space  
Reference materials (physical and digital; in threshold languages)  
Computer programs  
Microsoft Office Suite  
Desktop publishing software  
Google Drive  
Drop Box  
Electronic medical records  
Locked briefcase and keys  
Spending account  
Clerical forms  
Clipboards  
Tabling supplies for outreach  
Brochure holders  
Folding table  
Banner  
Refreshments  
Client Incentives  
SMART (specific, measureable, achievable, Realistic, timely) tool

### **Worker Behaviors**

Honest  
Team player  
Assertive  
Patience  
Flexible  
Resourceful  
Empathetic  
Respectful  
Professional  
Confident  
Detail-oriented  
Critical thinker  
Integrity  
Problem solver  
Courteous  
Inquisitive  
Reliable  
Helpful  
Responsible  
Determined  
Inspirational  
Well-groomed  
Nonjudgmental  
Cultural humility  
Accountable  
Hopeful  
Ethical  
Change agent  
Credible  
Trustworthy

### **Acronyms:**

ADA American with Disabilities Act  
CPR Cardiopulmonary Resuscitation  
HIPPA Healthcare Information Privacy Protection Act  
MOU Memo of Understanding

## **General Knowledge and Skills**

### **General Knowledge**

Knowledge  
Health behavior theory  
Health care system  
Life domains  
Medical terminology  
Cultural competency  
Chronic diseases  
Mental health conditions  
Community resources  
HIPPA  
Client rights and confidentiality  
State rules and regulations  
Agency policies and procedures  
Community hospital procedures  
Cultural awareness  
Health information technology  
Local geography  
Person-centered care  
Recovery  
Mental health first aid  
WRAP facilitation  
Whole health care  
Social determinants of health  
Environmental health  
Life experience  
SMART (specific, measurable, achievable,  
Realistic, timely) tool  
Demographic  
Immigration  
Gender spectrum

### **Skills**

Collaboration  
Interviewing/ Motivational Interviewing  
Interpersonal  
Multiple languages  
Communication

- Written
- Oral
- Non-Verbal
- Listening

Computer literacy  
Conflict resolution  
Multitasking  
Time management  
Communicative flexibility  
De-escalation  
English language writing at 5th grade level  
Persuasion  
Data interpretation  
Presentation  
Public speaking  
Telephone  
Driving  
Lifting  
CPR  
First aid  
Facilitation  
Math  
Leadership  
Critical thinking  
Customer service  
Patient relations  
Analyze data from multiple sources  
Active listening  
Motivational interactive engagement  
Proficient language competency  
Code switching  
Computer literacy  
Navigate electronic medical records  
Code Shifting/ Code Switching

## **Future Trends and Concerns**

### **Future Trends**

Increasing workload  
Mobile health and applications  
Certification  
Specialization  
Integration within hospital and healthcare models  
Expansion throughout states  
Regional collaboration

### **Concerns**

Worker low pay/wages  
Billable services  
Soft unstable funding  
Overlap with other jobs or workers  
Inconsistent roles across counties and/or agencies  
Ill-defined roles  
Lack of training programs  
How to market the position  
Lack of standardized curriculum  
Lack of professional association  
High demand  
Reintegration substance use, mental health, physical health  
Duplication of services  
Criminal justice history  
Background check issues  
Policy development without CHW input  
Requirement to work at top of scope of practice