Key Considerations for Developing Core Competencies for Health Center Enabling Services Staff:

A Guide for Health Centers

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Stakeholder Interviews

To understand the Enabling Services (ES) core competencies within care teams, a series of guided interviews were performed. These interviews were conducted with different entities around the nation to obtain valuable and factual information about their ES staff and their process for developing core competencies development. NACHC would like to express great appreciation to all the contributors of this guide. Thank you for your willingness to give your time so generously. Undoubtedly, your contribution will be a great asset to other health organizations wishing to develop or strengthen their ES core competencies.

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Introduction

Since their inception, Community Health Centers (CHCs) have provided and integrated **Enabling Services (ES)** to address Social Determinants of Health (SDOH). The ES workforce is generally composed of Community Health Workers (CHWs), Case Managers, Patients and Community Education Specialists, Transportation Workers, Eligibility Assistance Workers, Interpretation Staff, and other programs and related services staff.[1] The services performed by ES staff provide support to the clinical care teams and facilitate patients' access to care. The important role ES staff occupy on the daily functions of CHCs requires defining capabilities or advantages in the form of core competencies. These competencies consist of a combination of observable and measurable knowledge, skills, abilities, and personal attributes that contribute to improved staff performance and, consequently, organizational success.[2]

This guide will provide a brief introduction to ES and the different types of ES staff in CHCs. Additionally, it will present information on ES core competencies established in CHCs, including a list of key steps to develop these competencies, best practices, and recommendations, and links to additional resources.

The information provided in this guide is a result of guided interviews with multiple CHCs, staff from Primary Care Associations (PCA) and National Cooperative Agreement (NCA) organizations, and a Community Health Foundation (CHF). Throughout this guide, the group of interviewees will be referred to as "entities" and "interviewees" interchangeably. In addition, interview responses will be denoted by an "icon".

References

1. *Health Resources and Services Administration (HRSA) (2018). 2018 Uniform Data System Manual. Available at* https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/reporting/2018-uds-reporting-manual.pdf *(Accessed May 31, 2019)*
2. *University of Nebraska- Lincoln (2018). The Definition of Competencies and Their Application at NU. Available at* https://hr.unl.edu/compensation/nuvalues/corecompetencies.shtml/ *(Accessed May 31, 2019)*

Enabling Services

What are Enabling Services?

Enabling Services (ES) are described as "non-clinical services that support and assist primary care to enable individuals to access health care and improve health outcomes".[1,2] These services include case management, eligibility assistance, health education, outreach, translation, and transportation, among other services. CHCs provide primary and preventive care to diverse populations, including low-income, racially and ethnically diverse, and uninsured populations.[3] These special populations may face a myriad of cultural, economic, and linguistic barriers that may inhibit patients from achieving good health. Therefore, ES staff have the potential to bridge this gap and link patients to care and continuity of care for improved health outcomes.

As described by interviewed entities, ES staff provide support and empowerment to patients who may face barriers to good health. Through their unique approach, ES staff address patients' social determinants of health (SDOH) and act as a bridge to health and social services. ES staff are essential to the care team as they address patients' needs in a holistic way. Undoubtedly, through a wide array of benefits, ES staff contribute to fulfill the organizational mission and vision.

The following were identified by interviewees as the main outcomes of using ES:

Increase in patient's:

- Education
- Self-sufficiency
- Engagement
- Empowerment
- Medication adherence

Improvement in patient's:

- Health outcomes
- Attendance to medical appointments

Contribution to the:

- Sustainability of programs and profession
- Development of culturally appropriate tools and resources

"Their contribution to our care team is invaluable and much needed to help our patients."

– Health Center leader

Enabling Services Staff Titles

CHCs report on the efforts of ES staff annually through the Uniform Data System (UDS), an integrated reporting system administered by the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA).[4] According to the UDS, the following are the full-time equivalent (FTE) ES staff categories:

Community Health Workers

Lay members of communities who work in association with the local health care system in both urban and rural environments and who usually share ethnicity, language, socioeconomic status, and life experiences with the community members they serve. Staff may be called community health workers, community health advisors, lay health advocates, *promotoras*, community health representatives, peer health promoters, or peer health educators.[5]

Case Managers

Staff who assist patients in the management of their health and social needs, including the assessment of patient medical and/or social service needs; establishment of service plans; and maintenance of referral, tracking, and follow-up systems. Case managers may, at times, provide health education and/or eligibility assistance in the course of their case management functions. This includes individuals who are trained as, and specifically called, case managers, as well as individuals called care coordinators, referral coordinators, and other local titles.[5]

Patient and Community Education Specialists

Staff who are health educators, with or without specific degrees.[5] Their main role is to teach behaviors that promote wellness and implement strategies to improve the health of individuals and communities. In addition, they assess the health needs of the patients and develop programs and resources to teach people about health topics or the management of health conditions.[6]

Outreach Workers

Staff conducting case finding, education, or other services to identify potential patients or clients and/or facilitate access or referral of potential health center patients to available health center services.[5]

Eligibility Assistance Workers

Staff who provide assistance in securing access to available health, social service, pharmacy, and other assistance programs, including Medicaid, Medicare, Health Insurance Marketplace, WIC, Supplemental Security Income (SSI), food stamps through the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), PAPs, and related assistance programs.[5] Staff may be called Navigators, Certified Application Counselors (CACs), In-Person Navigators, Assisters, or other titles.

Interpreters

Staff whose full-time or dedicated time is devoted to translation and/or interpretation services.[5]

Transportation Workers

Staff who provide transportation for patients (van drivers) or arrange for transportation, including persons who provide long-distance transportation to major cities in extremely remote clinic locations.[5]

Other

UDS provides this section to report all other staff performing enabling services not described above.[5] This category may include Medical-Legal Partnership (MLP) staff who provide legal advice, advocacy, and services that combat health-harming social conditions and health-harming legal needs such as housing, public benefits, insurance, and domestic violence.[7]

While these are the main ES staff titles, there are multiple other titles within CHCs. In **Table 1**, interviewed entities provided the different titles ES staff possess within their CHCs. These titles have been organized under one of the aforementioned categories.

Table 1

Enabling Services Staff	**Community Health Workers**	■ *Promotores de Salud* ■ Lay Health Workers ■ Community Health Workers
	Case Managers	■ Case Manager ■ Mental Health Substance Abuse Case Manager ■ Health Coordinator ■ Medical Home Coordinator
	Patient and Community Education Specialists	■ Peer Educator ■ Health Educator ■ Health Coach ■ Lifestyle Coach/Educator
	Outreach Workers	■ Outreach Community Health Worker ■ Outreach and Enrollment Worker
	Eligibility Assistance Workers (Navigators)	■ Navigator ■ Eligibility Assistance Specialist ■ Public Benefits Assistant ■ Certified Application Counselors
	Interpretation Workers	■ Translator ■ Medical Interpreter* *A Medical Interpreter serves as a liaison between patients and their healthcare providers. In addition to possessing language skills, Medical Interpreters should be knowledgeable of medical terminology to correctly interpret both parties.
	Transportation Workers	■ Transportation Worker
	Other - Legal Aid/MLP Workers	■ Housing Legal Aid Worker

References

1. *Northwest Regional Primary Care Association (2017). Achieving Health Equity through Enabling Services. Available at:* https://www.nwrpca.org/news/330796/Achieving-Health-Equity-through-Enabling-Services--You-do-it.-Now-prove-it.htm *(Accessed June 3, 2019)*

2. *Health Resources and Services Administration (HRSA) (2018). Health Center Program Terms and Definitions. Available at* https://www.hrsa.gov/sites/default/files/grants/apply/assistance/Buckets/definitions.pdf *(Accessed June 3, 2019)*

3. *MetLife Foundation (2005). Enabling Services at Health Centers: Eliminating Disparities and Improving Quality. Available at* https://www.aapcho.org/wp/wp-content/uploads/2012/03/ES-Metlife-Report.pdf *(Accessed June 3, 2019)*

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5. *Health Resources and Services Administration (HRSA) (2018). 2018 Uniform Data System Manual. Available at* https://bphc.hrsa.gov/sites/default/files/bphc/datareporting/reporting/2018-uds-reporting-manual.pdf *(Accessed June 3, 2019)*

6. *Society for Public Health Education (2019). Health Education Specialist. Available at* https://www.sophe.org/careers/health-education-profession/ *(Accessed June 5, 2019)*

7. *National Center for Medical Legal Partnership (2014). HRSA recognizes civil legal aid as "enabling services," allows health centers to use funding for MLP. Available at* https://medical-legalpartnership.org/enabling-services/ *(Accessed June 5, 2019)*

Core Competencies

What are Core Competencies?

Core Competencies encompass the knowledge, skills, characteristics, and personal attributes that enable individuals or organizations to perform effectively in a particular profession or situation.[1] Core competencies shift the focus from "what" staff must accomplish to "how" required tasks must be accomplished.[2] Within an organization, core competencies are considered the collective learning across different professions or departments. In fact, these competencies should coalesce around the strengths of individuals working within the organization. The process of developing and integrating core competencies help organizations to enhance workforce development planning, meet training needs, and improve performance.[3] Overall, core competencies are essential in improving the quality of in-house operations and, consequently, improving client/patient success.

The following are competencies that have been identified essential for ES Staff to possess:

- Outreach Methods and Strategies
- Individual and Community Assessments
- Effective Communication
- Cultural Responsiveness and Mediation
- Education to Promote Health Behavior Change
- Care Coordination and System Navigation
- Use of Public Health Concepts and Approaches
- Advocacy and Community Capacity Building
- Documentation and Data
- Professional Skills and Conduct
- Adaptability
- Teamwork
- Goal Setting

Please refer to ***Table 2*** for a description of core competencies and examples provided by interviewed entities.

References

1. *Arma International (2017). Records and Information Management Core Competencies, 2nd Ed. Available at* https://www.idahorecords.com/sites/default/files/imce/ts/Records%20and%20Information%20Management%20Core%20Competencies.pdf *(Accessed June 7, 2019)*
2. *International Journal of Scientific and Research Publications (2017). Theorizing the Concept of Core Competencies: An Integrative Model beyond Identification Hirindu. Available at* http://www.ijsrp.org/research-paper-0217/ijsrp-p6237.pdf *(Accessed June 7, 2019)*
3. *Public Health Foundation (2014). Core Competencies Tools. Available at* http://www.phf.org/programs/corecompetencies/Pages/Core_Public_Health_Competencies_Tools.aspx *(Accessed June 10, 2019)*

Table 2

Core Competency	Description	Examples for Implementation *Enabling Services Staff…*	Relevant Resources
Outreach Methods and Strategies	Outreach is the process of contacting, engaging with, and helping people to learn about and use resources to improve their health and well-being.[1]	■ Meet people where they are at by building relationships based on listening, trust, and respect. ■ Establish and maintain relationships with community organizations to provide patients with access to social resources.[1]	■ Health Outreach Partners (HOP)-Outreach Starter Kit
Individual and Community Assessment	Individual and community assessments are the collection, synthesis, and use of information to help understand the needs, strengths, and resources of the individuals and communities served. The information collected is used to strengthen, plan, and implement effective initiatives, programs, and resources based on expressed prioritites.[1]	■ Perform individual and community assessments prior to the implementation of a program to assess needs and priorities. ■ Provide continuous assessments to document patient's behavior and knowledge changes.	■ "Mobilizing for Action through Planning and Partnerships (MAPP)," National Association of County and City Health Officials (NACCHO) ■ MHP Salud- Incorporating CHWs into Community Health Assessments Guide ■ Health Outreach Partners (HOP)- Community Health Needs Assessment: A Comprehensive Guide to Understanding and Responding to the Needs of Your Community
Effective Communication	Effective and purposeful communication is listening carefully and communicating respectfully in ways that help build trust and rapport with patients, care team, community members, and other professionals.[1]	■ Use culturally appropriate language and behavior to effectively communicate with patients, community members, and colleagues. ■ Maintain open communication with all members of the care team. ■ Participate in routine meetings to keep abreast of patient's needs and processes.	■ Association of Asian Pacific Community Health Organizations (AAPCHO)- In Language Resource Evaluation Toolkit ■ Association of Asian Pacific Community Health Organizations (AAPHO)-A Patient Guide to Language Access ■ MHP Salud + Farmworker Justice (FJ)- Recommendations for Promotores(as) de Salud and Language Access Services at your Health Center Brief Guide

Core Competency	Description	Examples for Implementation *Enabling Services Staff…*	Relevant Resources
Cultural Responsiveness and Mediation	The ability to educate and support providers in working with clients from diverse cultures and help clients and community members interact effectively with professionals working in different organizations to promote health, improve services, and reduce disparities.[1]	■ Awareness of the cultural barriers that patients are facing and can support with patient-provider and provider-patient communication. ■ Ability to explain medical processes to patients using culturally appropriate language and behaviors.	■ MHP Salud- A Guide to Developing Easy to Understand Materials for Any Audience
Education to Promote Health Behavior Change	The use of education to promote health behavior change is providing individuals with information, tools, and encouragement to help them improve their health and quality of life. It includes working with patients closely to identify barriers that affect their healthy behavior.[1]	■ Use a variety of educational methods to motivate and support behavior change among patients. ■ Coordinate education and behavior change activities with care team. ■ Educate patients about internal and external resources that support health behavior change. ■ Support the development of educational tools and resources to support health behavior change.	■ "Characteristics of an Effective Health Education Curriculum," Centers for Disease Control and Prevention
Care Coordination and System Navigation	Care coordination and system navigation involves helping patients understand and use the services of health providers and other service organizations and completing forms to access health and social services.[1]	■ Obtain and share up-to-date eligibility requirements and other information about health insurance, public health programs, social services, and additional resources to protect and promote health.[1] ■ Monitor the process of all applications/forms submitted with their guidance and support. ■ Are knowledgeable of the departments within the clinic to effectively coordinate care.	■ Health Information Technology Evaluation and Quality Center (HITEQ)- Multi-lingual Patient Portal Status and Resources for Health Centers ■ Migrant Clinicians Network (MCN)-Health Network: A Care Coordination Program for Mobile Patients - National Webinar

Core Competency	Description	Examples for Implementation *Enabling Services Staff…*	Relevant Resources
Use of Public Health Concepts and Approaches	Public health encompasses protecting and promoting population health, preventing illness and injury, eliminating health inequities, and working to improve the health of vulnerable communities and populations. The public health concept and approaches involve the understanding that a person's health is influenced by his/her social groups (i.e. family, community) and other social determinants of health.[1]	◼ Support the development of plans for individuals and families considering their social factors that influence health.[1] ◼ Implement educational approaches based on the adult learning theory. ◼	◼ Association of Asian Pacific Community Health Organizations (AAPCHO)- Two Sides of the Same Coin: Addressing Social Determinants of Health and Enabling Services Data Collection-Webinar Resources ◼ MHP Salud- Community Health Workers and the Social Determinants of Health Brief ◼ National Center for Farmworkers Health (NCFH)- Social Determinants of Health Self- Assessment
Advocacy and Community Capacity Building	Advocacy is working with or on behalf of people to exercise their rights and gain access to resources. Capacity building is helping individuals and communities to develop the confidence and ability to assume increasing control over decisions and resources that affect their health and well-being.[1]	◼ Advocate on behalf of patients and communities, as appropriate, to assist people to attain needed care or resources in a reasonable and timely fashion.[1] ◼ Encourage patients to identify and use available resources to meet their needs and achieve health goals. ◼ Help to build patient's self-efficiency and self-efficacy.	◼ National Nurse-Led Care Consortium-Building Capacity for Social Determinants of Health Programming at FQHCs
Documentation and Data Collection	Documentation and data collection involve the effective documentation of work activities, including writing summaries of client and community assessments and using electronic record data platforms.[1] The data and information obtained can be used to understand patient's needs and formulate interventions that improve their health.	◼ Record patient's information and share with clinical team. ◼ Use data results to show needs and success to the clinic's leadership or decision-makers.	◼ Association of Asian Pacific Community Health Organizations (AAPCHO)- Enabling Services Data Collection Implementation Packet ◼ MHP Salud- Return on Investment Educational Tool

Core Competency	Description	Examples for Implementation *Enabling Services Staff…*	Relevant Resources
Professional Skills and Conduct	Professional skills and conduct involve the accountability, responsibility, and trust the profession serves. It also encompasses the ability to handle ethical challenges as they affect individuals and communities served.[1]	■ Conduct themselves in a professional manner with patients, community members, and colleagues (care team). ■ Observe the scope and boundaries of their role in the context of the agency team and agency policy.[1]	■ MHP Salud- Making the Case for Community Health Workers on Clinical Care Teams Toolkit ■ MHP Salud- Community Heal Worker Clinical Integration Toolkit
Adaptability	Adaptability includes the changes of behavioral style or method of approach when necessary to achieve a goal. It involves adjusting as appropriate to the needs of the situation.[2]	■ Adapt to organizational changes quickly and easily. ■ Show willingness to learn new methods, procedures, or techniques, resulting from organizational-wide change. ■ Shift strategy or approach in response to the demands of a situation.[1]	■ MHP Salud- Making the Case for Community Health Workers on Clinical Care Teams Toolkit ■ MHP Salud- Community Health Worker Clinical Integration Toolkit
Teamwork	Teamwork is the ability and desire to work cooperatively with others on a team to achieve a common aim.[3]	■ Listen and respond constructively to other team members' ideas. ■ Share their expertise with others. ■ Seek opportunities to work on teams to develop experience and knowledge.	■ MHP Salud- Community Health Worker Clinical Integration Toolkit
Goal Setting	Goal setting is the aiming of an action to attain a specific standard of proficiency, within a specific time limit.[4]	■ Coordinate efforts to achieve all organizational and patient goals. ■ Work towards meeting programmatic goals to show program success. ■ Prioritize goals according to patients or organizational needs.	■ MHP Salud- Making the Case for Community Health Workers on Clinical Care Teams Toolkit ■ MHP Salud- Community Heal Worker Clinical Integration Toolkit

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2. *Syracuse University (2018). Competency Library. Available at* http://performance.syr.edu/competency-library/#adapt *(Accessed June 10, 2019)*
3. *Workforce (2002). 31 Core Competencies Explained. Available at* https://www.workforce.com/2002/09/03/31-core-competencies-explained/ *(Accessed June 10, 2019)*
4. *U.S. Office of Personnel Management (2019). Performance Management Competencies: Setting Goals. Available at* https://www.opm.gov/policy-data-oversight/performance-management/performance-management-cycle/planning/setting-goals/ *(Accessed June 13, 2019)*

Table 2 Resources with links:

- Health Outreach Partners (HOP)-Outreach Starter Kit: https://outreach-partners.org/resources/outreach-starter-kit/

- "Mobilizing for Action through Planning and Partnerships (MAPP)," National Association of County and City Health Officials (NACCHO): https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

- "Incorporating CHWs into Community Health Assessments Guide," MHP Salud: https://mhpsalud.org/portfolio/incorporating-promotoresas-de-salud-into-community-health-assessments/

- Health Outreach Partners (HOP)- Community Health Needs Assessment: A Comprehensive Guide to Understanding and Responding to the Needs of Your Community: https://outreach-partners.org/2015/02/09/community-health-needs-assessment-a-comprehensive-guide-to-understanding-and-responding-to-the-needs-of-your-community-2/

- "Language Resource Evaluation Toolkit," Association of Asian Pacific Community Health Organizations (AAPCHO): https://www.aapcho.org/resources_db/in-language-resource-evaluation-toolkit/

- "A Patient Guide to Language Access," Association of Asian Pacific Community Health Organizations (AAPCHO): https://www.aapcho.org/resources_db/a-patient-guide-to-language-access/

- "Recommendations for Promotores(as) de Salud and Language Access Services at your Health Center Brief Guide," MHP Salud + Farmworker Justice (FJ): https://mhpsalud.org/portfolio/recommendations-promotoresas-de-salud-language-access-services-health-center/

- "A Guide to Developing Easy to Understand Materials for Any Audience," MHP Salud: https://mhpsalud.org/portfolio/a-guide-to-developing-easy-to-understand-materials-for-any-audience/

- "Characteristics of an Effective Health Education Curriculum," Centers for Disease Control and Prevention (CDC): https://www.cdc.gov/healthyschools/sher/characteristics/index.htm

- "Multi-lingual Patient Portal Status and Resources for Health Centers," Health Information Technology Evaluation and Quality Center (HITEQ): https://hiteqcenter.org/Resources/Electronic-Patient-Engagement/Adoption-Evaluation-Framework/Multi-lingual-Patient-Portal-Status-and-Resources-for-Health-Centers

- "A Care Coordination Program for Mobile Patients - National Webinar," Migrant Clinicians Network (MCN)-Health Network:: https://www.migrantclinician.org/toolsource/resource/webinar-health-network-care-coordination-program-mobile-patients-national-webina

- "Two Sides of the Same Coin: Addressing Social Determinants of Health and Enabling Services Data Collection-Webinar Resources," Association of Asian Pacific Community Health Organizations (AAPCHO): https://www.aapcho.org/resources_db/two-sides-of-the-same-coin-addressing-social-determinants-of-health-and-enabling-services-data-collection-webinar-resources/

- "Community Health Workers and the Social Determinants of Health Brief," MHP Salud: https://mhpsalud.org/portfolio/chws-social-determinants-health/

- "Social Determinants of Health Self- Assessment," National Center for Farmworkers Health (NCFH): http://www.ncfh.org/uploads/3/8/6/8/38685499/8._sdoh_self-assessment_tool_%5b05.07.2018%5d.pdf

- "Building Capacity for Social Determinants of Health Programming at FQHCs," National Nurse-Led Care Consortium: https://nurseledcare.phmc.org/past-webinars/item/339-building-capacity-for-social-determinants-of-health-programming-at-fqhcs.html

- "Enabling Services Data Collection Implementation Packet," Association of Asian Pacific Community Health Organizations (AAPCHO): https://www.aapcho.org/resources_db/enabling-services-data-collection-implementation-packet/

- "Return on Investment Educational Tool," MHP Salud: https://mhpsalud.org/portfolio/roi-toolkit/

- "Making the Case for Community Health Workers on Clinical Care Teams Toolkit," MHP Salud: https://mhpsalud.org/portfolio/making-the-case-for-community-health-workers-on-clinical-care-teams-a-toolkit/

- "Community Heal Worker Clinical Integration Toolkit," MHP Salud https://mhpsalud.org/portfolio/chw-clinical-integration/

Key Steps to Developing Enabling Services Core Competencies

Determining and developing ES core competencies within CHCs helps to:

- Identify skills, abilities, knowledge, experience, and processes needed for staff to provide effective services

- Identify skills and competency gaps

- Evaluate ES staff performance more effectively

- Provide needed training and professional development

- Use same standards to recruit and select new staff

- Develop strategic responsiveness to gain competitive advantage[1]

The following step-by-step list developed by HRSG, a world leader in the field of competency-based talent management, provides information on how to effectively develop core competencies. For the purpose of this guide, this list was adapted to reflect ES within CHCs.

Step 1 - Review your Mission and Vision Statements

It is important for CHCs to review and analyze their organizational mission and vision as strong core competencies are usually developed from clear perspectives set in these statements.

Step 2 - Understand what your CHC Does

Having a clear understanding of what the CHC's primary functions and goals are, how they are accomplished, and who is responsible for them is essential to identify core competencies.

Step 3 - Draft your Core Competencies

To draft core competencies, the following methods may be used: accessing online resources such as competency-based software, researching core competencies developed by similar CHCs, and obtaining leadership, care team, and patients' feedback to obtain unique insight into the core employee competencies that will drive the CHC to success.

Step 4 - Validate your Core Competencies

Once core competencies have been defined, it is important to receive feedback from every employee impacted by these competencies. Additional feedback from patients and other community individuals may be helpful to validate these competencies and draft a final version.

Step 5 - Preach the Core Competencies

Core Competencies should be visible for all care team members, patients, and the community to see. This will serve as guidance for the ES staff and as a reminder of the aim of the CHC.

Step 6 - Implement the Core Competencies

Core Competencies must be integrated into the regular/daily functions of ES staff within CHCs. This will ensure that these competencies endure and provide value.[2]

References

1. *Society for Human Resource Management (2019). Core Competencies. Available at* https://www.shrm.org/resourcesandtools/tools-and-samples/hr-qa/pages/corecompetencies.aspx *(Accessed June 17) 2019)*
2. *HRSG (2019). Key Steps to Selecting Core Competencies. Available at* https://resources.hrsg.ca/blog/6-key-steps-to-selecting-core-competencies *(Accessed June 18, 2019)*

Best Practices and Recommendations

Training and Professional Development

Interviewed entities identified training and professional development to be an important factor to ensure the success of the ES core competencies. At the same time, having established ES core competencies helps to identify opportunities for training and professional development.

"We aim to have CHWS prepared to the best of their ability to serve our patients and community better and help us achieve organizational goals"
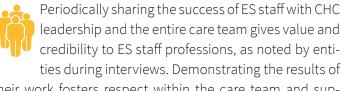
Job / Position Descriptions

Most interviewed individuals mentioned that core competencies help them draft and define ES staff job / position descriptions, as they are able to include required duties that align with the organizational goals established through core competencies.

Evaluation

As mentioned by several interviewees, having set core competencies aids in the evaluation of ES staff performance and quality of work; as it could be used as a standard to measure their success in the position.

Sharing ES Staff Success

Periodically sharing the success of ES staff with CHC leadership and the entire care team gives value and credibility to ES staff professions, as noted by entities during interviews. Demonstrating the results of their work fosters respect within the care team and supports the sustainability of these positions.

ES Profession Advocates

Interviewees described the benefit of having supportive leadership members and/or medical providers is essential to strengthen the ES profession. Further, receiving support from these professionals fosters respect and increases the trustworthiness and credibility of ES staff.

"Having supportive leadership, like our CEO, is like giving a quality stamp to the CHW program"

"Critical factor in buy-in is having provider champions at each site; because providers listen to their peers"

Conclusion

The information in this guide has demonstrated the value of ES staff and the importance of implementing and developing ES core competencies in CHCs.

Developing ES Competencies is a process that will take time, effort, and resources to establish successfully. The 6-Step Process proposed in this guide is a dynamic, ongoing process that will help your health center level-set on the values and expectations of frontline ES staff. In addition to validating and implementing core competencies, it is imperative for the health center to engage in an ongoing evaluation and assessment of the core competencies to ensure that patient and community needs are being met.

The positive impact it will make for the CHC, care team, and patients will be immeasurable.

For more information on ES and ES core competencies, please see the included resource list or contact Ted Henson (thenson@nachc.org) or Bethany Hamilton (bhamilton@nachc.org) for additional information.

Additional Resources

1. **Enabling Services Gateways to Better Care**
    http://www.nachc.org/wp-content/uploads/2015/06/Enabling_Services_May_2016.pdf

2. **Enabling Services Best Practices Report**
    https://www.aapcho.org/resources_db/enabling-services-best-practices-report/

3. **Eliminating Disparities and Improving Quality**
    https://www.aapcho.org/wp/wp-content/uploads/2012/03/ES-Metlife-Report.pdf

4. **Taking the Full Measure of Health Centers**
    https://www.rchnfoundation.org/wp-content/uploads/2015/01/0628_001.pdf