Core Competencies
Core competencies identify behaviors and skills a CHW is expected to demonstrate to carry out the mission and goals of their profession. These core competencies can help guide a CHW throughout their career and to help a CHW operate within their scope of practice.

- Communication
- Interpersonal Relationships
- Knowledge base about the community, health issues, and available resources
- Service Coordination
- Capacity Building
- Advocacy
- Teaching and Education
- Organization

Essential Scope of Work
The essential scope of work for a CHW is primary healthcare prevention and control of chronic disease among underserved populations.

<table>
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<th>Level of Prevention</th>
<th>Aim</th>
<th>Phase of Disease</th>
<th>Target</th>
<th>Intervention Examples</th>
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| Primary             | Widespread changes that reduce the average risk in the whole population | Specific causal factors associated with the onset of disease | Total population, selected groups and healthy individuals | Measures that eliminate or reduce the causes or determinants of departures from good health, control exposure to risk, and promote factors that are protective of health:  
  - Systematic immunization to eliminate communicable disease  
  - Education programs to increase awareness of the risks of physical inactivity and poor diet to reduce the burden of preventable chronic disease  
  - Legislation to require wearing of seat belts to reduce the incidence of death and disability associated with road trauma  
  - Tobacco control programs |
|                     | Reduction of particular exposures among identified higher risk groups or individuals | Specific and non-specific factors associated with protection against disease | | |

Community Health Worker Program  
Chronic Disease Prevention and Health Promotion Section • Nevada Division of Public and Behavioral Health
In the prevention and control of chronic disease, primary prevention for CHWs may look like the following:

**Prevention and control of chronic disease**

- Support to multidisciplinary health teams
- Outreach to individuals in the community setting
- Educating the patient and their families on the importance of lifestyle change; adherence to their medication regimes and recommended treatments
- Find creative ways to increase compliance with medications
- Help patients navigate the healthcare system; enrollment eligibility, appointments, referrals; transportation, promoting continuity of care
- Providing social support by listening to concerns of the patient and their family
- Helping with problem solving strategies
- Assessment of how well a self-management plan is helping the patient meet their own health goals
- Assisting clients in obtaining home health devices to support self-management
- Supporting individualized goal setting using motivational interviewing