

**Position:** Community Health Worker  
**Supervisor:** Director of Care Coordination  
**Status:** Part-Time (20-24 hours per week), Non-Exempt

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## **JOB SUMMARY:**

The Community Health Worker (CHW) will support patients with chronic disease from our partner clinics to address identified social determinant of health needs, prioritizing those most at-risk for poor health outcomes due to health inequities. The CHW will build health equity, improve health outcomes for those diagnosed with a chronic disease, and expand capacity for essential health care services by offering an adaptation of the evidence-based Pathways HUB Care Coordination (PCC) Tasks include providing resources and referrals to health and social services and coordinating supporting services as needed, including appointment scheduling, transportation and interpretation, coordination, and paperwork completion. The goal is to improve clients' health, increase the number of patients with controlled chronic disease, increase health equity, and improve wellbeing. target chronic disease patients with a social determinant of health need

## **DUTIES AND RESPONSIBILITIES:** *May include the following and other duties as assigned.*

1. Provide indirect and direct care coordination to identified clients.
2. Schedule and complete assessments, follow-up as needed, track results, referrals, and recommendations in the database
3. Meet with clients in public spaces to the client's needs
4. Thoroughly document interactions in the population health data system within prescribed timeframes
5. Coordinate care with providers, community partners, and other patient navigators to provide outreach, referrals, and support.
6. Assist clients to develop the necessary skills and resources to improve their health status and self-sufficiency
7. Complete documentation and reporting as required by the program and supervisor
8. Become trained in PCC
9. Assist in the implementation of 20 Pathways that include developing workflow, identifying resources, and creating workflows.
10. Track identified risk factors using the standardized Pathway process that confirms the risk is addressed through connection to evidence-based and best practice interventions.
11. Help identify and establish new pathways to be developed based on identified public health needs.
12. Develop excellent working relationship with providers and staff at assigned clinic partner that includes developing a patient referral process into PCC, keeping clinic informed of pathway completion rates, and other support provided to referred patients.
13. Attend and present at quarterly Clinical Subcommittee meetings and Community Action Collations (CACs), as requested.
14. Help conduct Community Health Needs Assessments, as requested, to ensure high survey completion rate.
15. Collaborate with community partners to address client goals.
16. Participate in required training, and continuing education requirements (as applicable).
17. Assist in the creation and maintenance of a Community Resource Guide that includes identifying available local and regional resources and verifying the accuracy of information

18. Other duties as required to ensure the success of the program and TCHNetwork

### **EDUCATION AND EXPERIENCE REQUIRED**

1. A 4-year college degree OR 4 years of progressive related experience working with diverse populations, communities, in a healthcare setting.
2. One year of direct experience working in case management or client care coordination.
3. Experience working with field teams or working remotely to achieve identified goals.
4. Strong presentation and communication skills
5. Demonstrated experience/comfort working and communicating with diverse communities from different socioeconomic backgrounds. Culturally competent and aware of race, gender, class, sexuality, ability, etc.
6. Must have an aptitude for computers and working with various software and be proficient in MS Word, MS Excel, Outlook, OneDrive, or a similar shared file system.

### **PREFERRED QUALIFICATIONS:**

1. Bilingual both written and oral in Spanish is strongly preferred.
2. Knowledge or ability to learn and practice trauma-informed principles and practices.
3. Knowledge of community resources.
4. Commitment to equity and social justice and the ability to think critically about how external systems impact the community.
5. Ability to assess crises and intervene appropriately.
6. Ability to participate in training such as Mental Health First Aid, safeTALK, Motivational Interviewing, Core Competencies for Peer Workers, Privacy Act, etc.
7. Effective written and verbal communication skills.
8. Ability to give, receive and analyze information, formulate work plans, maintain confidentiality, prepare written materials, and articulate goals and action plans.
9. Must clearly understand HIPAA, confidentiality, and personal boundaries and be self-assured in various situations.
10. Lived or worked in a rural community
11. Ability to recognize and de-escalate crises and remain calm.
12. Energetic with a positive and creative attitude.

### **PERSONAL ATTRIBUTES:**

1. Must demonstrate the ability to relate to individuals of varied ethnic and cultural backgrounds, ages, and economic circumstances.
2. A trusted community member and ability to make new and lasting connections.
3. Ability to maintain client confidentiality.
4. Ability to work in a fast-paced environment, remain calm under pressure, and support client needs.
5. Advanced time management skills and ability to work independently.
6. Strong work ethic, self-motivated, and collaborative style
7. Change agent demeanor; flexible thinker with the ability to quickly adapt to a changing environment.
8. Ability to exercise forethought, look ahead, and anticipate events.
9. Excellent critical thinking and consultative problem-solving skills
10. Ability to receive and utilize constructive feedback regarding performance and presentation.
11. Understanding of health equity and experience working to address social determinants of health.

### **OTHER**

Requires regular local and regional travel. Must have reliable transportation to travel as needed and comfortable traveling in inclement weather. A valid driver's license and car insurance are required. Ability to work a flexible schedule, including evenings and weekends. Must be able to lift 50+ pounds.

**LOCATION:**

This field position is 3 days/week based in the Telluride office.

**SALARY**

Starting salary range is \$21.75-\$23.50 nonbilingual, \$23.90 - - \$26.00 per hour, depending on experience. Benefits include 10 paid holidays (4 hours each day), accrued PTO, and an individual retirement account (IRA) with up to a 3% employer match.