

Training Curriculum for Community Health Workers



MANUAL FOR IN-PERSON AND ONLINE TRAINING

Partnerships and Acknowledgments

Partners

Thank you to the following partners for making this project possible.

- Department of Health, Office of Healthy Communities (OHC)
- Department of Health, Breast, Cervical and Colon Health Program (BCCHP)
- Comprehensive Health Education Foundation (CHEF)
- Massachusetts Department of Public Health (MDPH)
- Care Coordination Consulting; Marilyn Gardner, Mary Lou Woodford, and Mariuca Tuxbury

This work was funded in part by a federal grant from the Centers for Disease Control.

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Chapter 1

Community Health Worker Training System

■ Background

The Massachusetts Department of Public Health in collaboration with the Massachusetts Area Health Education Center (AHEC) of Central Massachusetts, a nationally recognized educator of Community Health Workers, and the AHEC of Southeastern Massachusetts originally developed the curriculum. The training was first implemented in the Massachusetts Department of Public Health Women's Health Network and expanded to the Massachusetts Care Coordination Program. After evaluation and modification, the program has been implemented statewide in Massachusetts.

This training was first implemented in Washington State in 2011. We worked with the Comprehensive Health Education Foundation to modify the training to meet the needs of Community Health Workers in all settings. The primary course and pre-requisite to all other modules, is the Core Competencies Course. After successful completion of the Core Competencies, Community Health Workers can enroll in additional health specific modules to continue their education and expand their knowledge base.

The goal of this training is to improve the competencies of Community Health Workers across the state of Washington through consistency. We combined distance learning (online) techniques with traditional (classroom) style teaching to form a hybrid. The Core Competencies Course will be offered quarterly in seven regions of the state beginning in October 2012.

■ Teaching Philosophy

This training uses a unique but tested teaching philosophy. Each course and module utilizes co-trainers. One trainer has real life experience working as a Community Health Worker and the other has content knowledge and expertise. Together the co-trainers can deliver the content that is most appropriate for the participants. Co-trainers from the community are able to bring real life case studies and community problems to the training.

■ In-Person/Online Training Combination

There are many benefits of hybrid training. The in-person components allow participants to meet each other and the instructors in a face-to-face environment. The benefit of body language and interactive communication skill building sets the stage for a more robust online experience.

The online sessions allow participants to choose their work environment, eliminating the need for travel and time away from work and home. The online portion also allows for consistency and repetition of content. Each participant can review the content as many times as needed and review the course materials at their own pace.

The first in-person training day introduces participants to the DOH CHWTS facilitators and the co-trainer of their region. Participants receive the training manual and instructions on how to participate in the online portion of the training. Components of the first day in-person training include:

- Definition of CHW
- CHW roles and boundaries
- Communication
- Cultural competency
- Navigating the online system

The second in-person training day follows the completion of the online course and is the last day of the training. Participants will meet with co-trainers to share and evaluate their experience, and share ways they plan to implement what they learned in the training. This day is a culmination of the course content. Participants discuss their experience with online content, demonstrate their competencies in the content learned and share their knowledge of local resources. Service coordination is a large part of the take away knowledge. Sharing and building on the local, regional and national resources that each Community Health Worker has are an important outcome of the course. At the end of the day, participants will receive a Certificate of Completion.

■ Additional Learning Opportunities for Community Health Workers — Health Specific Modules

It is the intent of the Washington State Department of Health to develop and offer continuing education on health specific topics and other areas of interest for Community Health Worker development. The following health specific modules are currently available as additional learning opportunities.

- Behavioral Healthcare
- Breast Health and Breast Cancer
- Blood Pressure/Hypertension
- Cardiovascular Health and Heart Disease
- Cervical Health and Cervical Cancer
- Colorectal Health and Colorectal Cancer
- Health Coaching and Motivational Interviewing
- Health Literacy
- Healthy Eating Active Living
- Navigating Health Insurance
- Pre-Diabetes and Diabetes
- Prostate Health and Prostate Cancer
- Social Determinants of Health Disparities

Chapter 2

In-Person Training

Before beginning the online portion of the training, you will be required to participate in a one-day in-person session. The agenda for the in-person day includes Community Health Worker roles and boundaries, communication and cultural competency skills, and navigating the system.

■ Roles and Boundaries of Community Health Workers

CHWs are trusted members of the community who apply a unique understanding of the experience, language, and culture of the people they serve to carry out one or more of the following roles:

- Provide culturally appropriate health education, information, and outreach in community settings. This includes homes, schools, clinics, shelters, local business, and community centers.
- Bridge the gap between communities and health and human services by increasing people's health knowledge and ability to be self-reliant.
- Make sure people access the services they need.
- Advocate for people and community health needs.
- Provide direct services, such as:
 - Informal counseling.
 - Social support.
 - Care coordination.
 - Health services enrollment and health insurance navigation skills.
 - Ensure preventive health screening for cancer.

■ Communication

Verbal, non-verbal and para-verbal messages

- **Verbal**
 - ♦ Send clear, concise messages
 - ♦ Receive and Correctly Understand messages sent to us
 - ♦ Effective verbal messages
 - Are brief, succinct, and organized
 - Are free of jargon
- **Non-verbal messages**
 - ♦ Facial expressions
 - ♦ Postures and gestures

- **Para-verbal messages**

- ♦ Includes the tone, pitch, and pacing of our voice
- ♦ When we are angry or excited, our speech tends to become more rapid and higher pitched.
- ♦ When we are bored or feeling down, our speech tends to slow and take on a monotone quality.
- ♦ When we are feeling defensive, our speech is often abrupt.

Active listening

- Give undivided attention to the speaker in an effort to understand their point of view
 - ♦ Use verbal “encouragers” like “aha,” “hmm,” “yes”
 - ♦ Use non-verbal messaging by nodding, smiling, leaning forward
- Forces people to listen attentively
- Avoids misunderstandings
- Confirms what was heard
- Helps to open the conversation to get more information
- Paraphrased statements
 - ♦ Translate into your own words what the speaker said
- Reflecting facts
 - ♦ Briefly summarize content or facts of what someone has said
- Reflecting feelings
 - ♦ When someone is expressing feelings, convey empathy and encourage them to continue. Reflect back the feelings, “it sounds like you’re feeling frustrated with...”
- Summarizing
 - ♦ Blend the ideas into one theme

Cross-cultural communication

- Maintain etiquette
- Slow down
- Take turns
- Check meanings
- Avoid slang
- Separate questions

Barriers to communication

- Poor listening skills
- Stereotyping
- Cross-cultural differences

Outcomes of poor communication

- Mistakes
- Lack of efficiency
- Poor coordination
- Frustration and anger
- Conflict
- Low morale
- Loss of team spirit

Email communication

- Email is a conversation
- Read first, send later—hold back until you have taken a breath. Buy time.
- Write clearly and concisely
- Make sure your subject line is clear—Avoid a subject line of “hi”

■ Cultural Competency

Navigating the world with intercultural communication

- We are a global community
- You don’t need to travel around the world to learn the differences
- Intercultural communication Is a passport to learn about culture

What is culture?

Definition: Anthropologist Daniel G. Bates defines culture as “The system of shared beliefs, values, customs, behaviors, and artifacts that the members of society use to cope with their world and with one another, and that are transmitted from generation to generation through learning.”

Other definitions of culture

- Deposit of knowledge, experience, beliefs, values, attitudes, meanings, religion, hierarchies, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving
- System of knowledge shared by a relatively large group of people
- Culture is communication and communication is culture
- A way of life of a group of people- the behaviors, beliefs, values, and symbols that they accept, generally without thinking about them, and that are passed along by communication and imitation from one generation to the next.
- Culture is symbolic communication; some of the symbols include a group’s skills, knowledge, attitudes, values, and motives. The meanings of the symbols are learned and deliberately perpetuated in society through institutions.
- Patterns, explicit and implicit, of and for a behavior acquired and transmitted by symbols, constituting the distinctive achievements of human groups, including their embodiments in artifacts, the essential core of culture consist of traditional ideas and especially their attached values are transmitted from generation to generation.
- Culture is a collective programming of the mind that distinguishes the members of one group or category of people from another?

Is culture genetic?

An important, if not critical, feature of culture is that it is learned. Culture acts like a template, shaping our behavior and beliefs from generation to generation. Each of us has a cultural template in place even before we are born.

- Culture is not genetic. Cannot be attributed to genetic inheritance.

Stereotyping

- Culture is our lens. It determines how we interpret what we see.
- Same words — different meaning
- Same objects — different uses
- To interpret human behavior we need to understand three dimensions:
 - ◆ A “universal dimension” refers to ways in which people in all groups are the same.
 - ◆ A “cultural dimension” refers to traits a particular group of people have in common and how they are different from every other group. The groups are almost limitless.
 - ◆ A “personal dimension” describes the ways in which each of us is unique. We may even be different from others in our group on a personal level.
- We cannot consciously process large amounts of information, so our brain tends to categorize things and place them into groups.
- We group things based on limited information. Many of us note outward characteristics first, and our strongest instinct is to group people by age, gender, and race, based on physical cues.
- The part of culture that is visible is only a very small part of a much bigger whole. We see people’s behaviors, but we do not see the values and beliefs that shape those behaviors.
- When we encounter a new person, our brain automatically activates a schema for that person based on physical cues and our experiences.
- We apply attributes that are not supplied by the new interaction. We can use these schemas as starting points to learn more about the individual person, event, or place.
- When it comes to culture, we should be “learners”, not “knowers.”
- Culture has aspects that are observable and others that can only be suspected or guessed.

Cultural self-awareness

- What we want from others is recognition, respect, understanding and empathy.
- No matter what groups you belong to, this is a universal concept, and one that you should keep in mind throughout your career.
- It is critical that we not only recognize the differences among all of us, but that we also respect those differences.

What is cultural competency?

Definition: Cross, Bazam, Dennis and Isaacs define culture competency as “A congruent set of behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.

- 1999–2000: Federal Government establish standards for cultural competency

Why do we need cultural competency?

- To sustain culturally competent relationships by recognize behaviors and beliefs.
- To treat people with Respect and Dignity
- To create effective and efficient cross-cultural relationships
- It enables us to adapt to cross-cultural situations

Why do we need cultural competency in our role as CHWs?

- Community Health Workers are needed
- Their competency is required to better serve their communities
- There is an increasing number of diverse communities
- There is an increasing amount of health disparities
- There is an increasing interest from founders and regulators

Washington State Demographics

- Population (2013 estimate): 6,973,742
- Population (2010): 6,724,543
- Percent change: +3.7%
- Persons under 5 years: 6.4%
- Persons under 18 years: 22.9%
- Person 65 years and over: 13.6%
- Female persons: 50.0%
- Foreign born persons: 13.2%
- Language other than English spoken at home: 18.5%
- White persons: 81.2%
- Black persons: 4.0%
- AI and AN: 1.9%
- Asian: 7.9%
- Native Hawaiian and other PI: 0.7%
- Hispanic/Latinos: 11.9%
- Two or more races: 4.4%
- White non-Hispanics: 71.0%

Retrieved from: <http://quickfacts.census.gov/qfd/states/53000.html>

Health Disparities

Definition: “the difference in the incidence, prevalence, morbidity, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups.”

Source: National Institute of Health (1999)

Retrieved from <http://crchd.cancer.gov/disparities/defined.html>

“A population is a health disparity population if there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates in the population as compared to the health status of the general population.”

Source: National Center for Minority Health and Health Disparities (2000). Minority health and Health Disparities Research and Education Act. United States Public Law 106, 525, p. 2498

Retrieved from <http://crchd.cancer.gov/disparities/defined.html>

Health equity and health care

- Low-income and minority neighborhoods are less likely to have access to recreational facilities and full-service grocery stores and more likely to have higher concentrations of retail outlets for tobacco, alcohol, and fast foods.
- Adolescents who grow up in neighborhoods characterized by concentrated poverty are more likely to be a victim of violence; use tobacco, alcohol, and other substances; become obese; and engage in risky sexual behavior.
- Low-income and minority populations are at increased risk of being exposed to pollution. As a result, they face higher risks for poor health outcomes, such as asthma.
- Coronary heart disease and stroke account for the largest proportion of inequality in life expectancy between whites and blacks, despite the existence of low-cost, highly effective preventive treatment.
- On average, adults with serious mental illness die 25 years earlier than their peers, largely due to preventable health conditions.
- Adults with disabilities are more likely to report their health to be fair or poor and to experience unmet health care needs due to costs.
- Residents of rural areas are more likely to have a number of chronic conditions (e.g., diabetes, heart disease) and are less likely to receive recommended preventive services (e.g., cancer screening and management of cardiovascular disease) in part due to lack of access to physicians and health care delivery sites.
- Lesbian, gay, bisexual, and transgender (LGBT) individuals may be at increased risk for negative health behaviors (e.g., smoking, underage alcohol use) and outcomes (e.g., sexual assault, post-traumatic stress disorder, obesity). However, only a limited number of reports include information on sexual orientation, making it difficult to understand the extent of health disparities and how best to address them.
- In 1999 congress requested to Institute of Medicine to assess the extent of racial and ethnic disparities in health care. The study committee was struck by what they found.

Source: Institute of Medicine. (2002). Unequal Treatment: Understanding racial and ethnic disparities in health care.

CLAS Standards for Health Equity

Culturally and Linguistically Appropriate Services: The CLAS standards are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.

14 standards organized by themes

- Culturally Competent Care (Standards 1-3),
- Language Access Services (Standards 4-7),
- Organizational Supports for Cultural Competence (Standards 8-14).

Within this framework, there are three types of standards of varying stringency: mandates, guidelines, and recommendations as follows:

CLAS mandates are current Federal requirements for all recipients of Federal funds (Standards 4, 5, 6, and 7).

CLAS guidelines are activities recommended by OMH for adoption as mandates by Federal, State, and national accrediting agencies (Standards 1, 2, 3, 8, 9, 10, 11, 12, and 13).

CLAS recommendations are suggested by OMH for voluntary adoption by health care organizations (Standard 14).

Source: US Department of Health and Human Services OPHS. Office of Minority Health (2001).
National Standards for culturally and linguistically appropriated services in health care.
Washington, D.C.

Cultural Triad

There are three basic concepts and attitudes that support cross-cultural competency when you are exposed to encounters at community or clinical levels with individuals of different cultures:

- Empathy
- Curiosity
- Respect

Why isn't it easy?

Barriers to cultural competency:

- Cultural Blindness
- Cultural Shock
- Cultural Conflict
- Cultural Imposition
- Ethnocentrism
- Racism and Discrimination

Cultural Competency Tools

- Recognize what your cultural values are, be aware
- Limited language proficiency does not mean limited intellectual ability
- Allow storytelling, most cultures communicate through storytelling
- Remember that you don't know everything, and you are still learning
- Always seek help from co-workers and individuals with more bilingual or bicultural experience.
- Seek ongoing training opportunities in cross-cultural communication because culture is always evolving.

Chapter 3

Navigating the Online System

■ CHWTS: The First Five Modules



Module 1: Welcome

Introduction: Welcome to the Washington State Community Health Worker Training System. This module is designed to introduce you to the online system and to the other participants.

Goal: Community health workers will get to know the online system and the other participants.

Objectives:

- Introduce yourself to the rest of the class
- Understand course schedule and sequence of assignments
- Complete pre-assessment

To scroll through the pages of this module, click on the blue arrow in the upper right hand side of the screen or click on the title of the next section from the list in the light blue left side of the page.

From the **Home** page, click on **1 Welcome** on the left side of the page in the light blue column. Read the text.

1.1 Requirements and Features

Click on **Requirements and Features**. Read through the text.

1.2 Introductions

- Read through the facilitator's introductions.
- Click on the **Forum** entitled **1.1. Introductions**. Then click on the thread that says **Introductions** and leave a paragraph introducing yourself to you fellow classmates and online facilitator.

1.3 Course Schedule

Read through the course schedule.

1.4 Pre-Assessment

Take the pre-course quiz.



Module 2: Organizational Skills

Introduction: Working in a busy health care setting or at the community level with many responsibilities and tasks can be overwhelming. This module will help you improve your organizational skills with tools to help you be more successful in your role.

Goal: Community health workers will demonstrate appropriate organizational skills and strategies.

Objectives: At the end of this module, Community Health Workers will be able to:

- Identify the reasons why good organizational skills are essential to the role of CHWs.
- Prioritize activities in relationship to patient care and competing demands.
- Identify the organizational tools and procedures required by their organization or personal level.
- Develop weekly work plans.

To scroll through the pages of this module, click on the blue arrow in the upper right hand side of the screen or click on the title of the next section from the list in the light blue left side of the page.

From the **Home** page, click on **2 Organizational Skills** on the left side of the page in the light blue column. Read the discussion.

2.1 Participation Activity

- Click on **2-1 Why Skills?**
- Next window, click on **Organizational Skills**.
- You are now at the **Forum** for this activity.
- Scroll down until you see the empty box titled **Post Message**.
- Type your comments in the text box titled **Body**.
- When you are finished writing, scroll down to the bottom of the page and click the blue **Post** box.

2.2 Organizational Skills

Read discussion. Click blue arrow at right top corner of page to go to next page.

2.3 Time Management

Read discussion.

- Click on **Balancing Priorities Activity**. This will take you to the **Tests & Surveys** page.
- Click on **Balancing Priorities** and follow directions for completing quiz.
- After completing the quiz, click on the blue arrow at the top right of the page.
- Scroll down to the last paragraph.
- Read paragraph then click on **2-2 Balancing Priorities**. This will take you to a new page.
- Click on **Balancing Priorities** under the blue line in the middle of the page.
- You are now at the **Balancing Priorities Forum**.
- Scroll down until you see the empty text box. Click on the body and type in your post. When finished, scroll to the bottom of page and click **Post**.

2.4 Organizing and Planning Your Time

Read discussion. Follow directions. Click on **Ten Ways to Organize Your Time**.

- Print and place in resource manual.
- Click on arrow at top right of page to continue.

2.5 Time Management Tips

Read discussion. Click blue arrow at right top corner of page to go to next page.

2.6 Multidisciplinary Team and Expectations

Read discussion. Click blue arrow at right top corner of page to go to next page
Resource Activity.

2.7 Resource Activity

Read and follow directions.

- Click on **Weekly Workplan Template**.
- Fill in your information and save it in your documents.
- To turn in assignment, click on the tab at the top of the page titled **Assignment Dropbox**.
- Click the **Browse** button.
- When you locate and double click on your document, the URL will appear in the box next to the browse button.
- Click on the **Upload** button to turn in assignment.
- Click on the arrow button in the upper right hand corner to go to the next page.
- Use **Module 2 Worksheet 1** from the manual if you want to write your comment out before you type it in and upload it.

2.8 Organizational Skills Case Study

- **Audio Activity:** Listen to audio and follow along with script.
- **Participation Activity:** Click on **2-3 Organizational Skills: Carmen**.
This will take you to another page where you can click on **Case Study: Carmen** in the middle of the screen.
- You are now at the **Forum** page.
- Scroll down until you see a blank text box with **Post Message** box at the top left. Type in your discussion in the box labeled **Body**.
- When you are finished typing your discussion, scroll to the bottom of the page and click **Post**. You are encouraged to read and comment on your classmate's discussion posts.

2.9 Organizational Skills Quiz

- Click on **Organizational Skills Quiz** in the middle of the page. This will take you to the **Tests & Surveys** page.
- Click on **Organizational Skills Quiz** and complete quiz.

You finished your second module, Organizational Skills. Keep participating in the forum.



Module 3: Documentation Skills

Introduction: This module covers documentation skills essential to your work as a Community Health Worker. Please note that while we will discuss key concepts related to documenting your work with patients, or people in need of services, it is important to always identify and follow your program's specific policies for documentation or develop personal guidelines.

Goal: Community health workers will demonstrate appropriate documentation skills and strategies in order to be successful in their role.

Objectives: At the end of this module, Community Health Workers will be able to:

- Identify the reasons why effective documentation is essential to the role of CHW
- Identify the documentation requirements expected of CHW at their organization or at personal level
- Use appropriate techniques to document patient encounters, contacts, or services provided.

To scroll through pages of this module, click on the blue arrow in the upper right hand side of the screen or click on the title of the next section from the list in the light blue left side of the page.

From the **Home** page, click on **3 Documentation Skills** on the left side of the page in the light blue column. Read the discussion.

3.1 Participation Activity

- Read text and click on **3-1: Documentation Practices**.
- This will take you to the **Forum** for this activity.
- Scroll down until you see a blank text box with **Post Message** at the top left.
- Type your discussion in the box labeled **Body**.
- When you are finished typing your discussion, scroll to the bottom of the page and click **Post**. You are encouraged to read and comment on your classmate's discussion posts.
- Once you post, click on the blue arrow at the top right of the screen to go back to the assignment page. Click on the blue arrow again to continue with the course.

3.2 Documentation Skills

Read discussion. Click blue arrow at right top corner of page to go to next page.

3.3 Documentation Sample

Read discussion. Click blue arrow at right top corner of page to go to next page.

3.4 Documenting Effectively

Read discussion. Click blue arrow at right top corner of page to go to next page.

3.5 Documentation Challenges

Read the discussion. Click on **3-2 Documentation Challenge**.

- This will take you to the **Forum** for this activity.
- Scroll down until you see a blank text box with **Post Message** at the top left.
- Type in your discussion in the box labeled **Body**.
- When you are finished typing your discussion, scroll to the bottom of the page and click **Post**. You are encouraged to read and comment on your classmate's discussion posts.
- Once you post, click on the blue arrow at the top right of the screen to go back to the assignment page. Click on the blue arrow again to continue with the course.

3.6 Timely Documentation

Read discussion. Click blue arrow at right top corner of page to go to next page.

3.7 Confidentiality

- Click on **Generally, what does the HIPAA Privacy Rule require the average provider or health plan to do?**
Read the article.
- Look for resources at your work and put them in your resource manual.
- Click the arrow at top right to go to next page.

3.8 Documentation Skills Case Study

Listen to audio and read the script.

- Click on **Documentation Assignment Template** and download to your computer. Complete the assignment. Use **Module 3 Worksheet 1** if you want to write in your answer before typing it into the electronic document.
- To turn in your assignment, click on **Assignment Dropbox** or click on the tab at the top of the page titled **Assignment Dropbox**. Click the **Browse** button.
- When you locate and double click on your document, the URL will appear in the box next to the browse button.
- Click on the **Upload** button to turn in assignment.
- The next screen will show your assignment marked with a red flag—assignment complete. Click on the arrow button in the upper right hand corner to go to the next page.

3.9 Documentation Skills Quiz

- Click the link **Documentation Skills Quiz**. Complete quiz. Submit.
- Your Documentation Skills Quiz results will show in second box. Click on the forward or back arrow as needed.

You finished your third module, Documentation Skills. Keep participating in the forum.



Module 4: Assessment Skills

Introduction: This module covers the importance of assessment skills in your role as a Community Health Worker. Please note that, while we will discuss key concepts related to patient assessment or people in need of services assessment, it is important always to identify and follow your program's specific policies related to patient assessment or your personal assessment strategies.

Goal: Community health workers will demonstrate appropriate assessment skills and strategies in order to be successful in their role.

Objectives: At the end of this module, Community Health Workers will be able to:

- Identify the reason why effectively assessing patients' or people's needs is critical for Community Health Workers.
- Identify the assessment tools and procedures required by their organization or at personal level.
- Demonstrate ability to use assessment tools in order to identify patient or people's needs.

To scroll through pages of this module, click on the blue arrow in the upper right hand side of the screen or click on the title of the next section from the list in the light blue left side of the page.

From the **Home** page, click on **4 Assessment Skills** on the left side of the page in the light blue column. Read the discussion.

4.1 Participation Activity

- Click on **4-1 Assessment Skills**.
- This will take you to the **Forum** for this activity.
- Scroll down until you see a blank text box with **Post Message** box at the top left.
- Type your discussion in the box labeled **Body**.
- When you are finished typing your discussion, scroll to the bottom of the page and click **Post**. You are encouraged to read and comment on your classmate's discussion posts.
- Once you post, click on the blue arrow at the top right of the screen to go back to the assignment page. Click on the blue arrow again to continue with the course.

4.2 Assessment Skills — Begin with Public Health

Read discussion. Go to **Participation Activity: Assessment**.

- Click the link: **4-2 Defining Community Health Workers**.
- This will take you to the **Forum** for this activity.
- Scroll down until you see a blank text box with **Post Message** box at the top left.
- Type in your discussion in the box labeled **Body**.
- When you are finished typing your discussion, scroll to the bottom of the page and click **Post**. You are encouraged to read and comment on your classmate's discussion posts.
- Once you post, click on the blue arrow at the top right of the screen to go back to the assignment page. Click on the blue arrow again to continue with the course.

4.3 Community Needs Assessment

Read discussion. Follow directions and place document in resource manual.

4.4 Assessment Skills

Read discussion. Click blue arrow at right top corner of page to go to next page.

4.5 Assessment Requirements

Read discussion. Follow directions and place document in resource manual.

4.6 Assessment and the Community Health Worker Role

Read discussion. Go to **Participation Activity: Post Assessment Guidance**.

- Click the link: **4-6 Post Assessment Guidance**.
- This will take you to the **Forum** for this activity.
- Scroll down until you see a blank text box with **Post Message** box at the top left.
- Type in your discussion in the box labeled **Body**.

4.7 Assessment Case Study: Maria Isabel or Cindy

Listen to audio and read script. Go to **Assignment Case Study**.

- Click the link **Sample Needs Assessment**. Save this document to your computer.
- Complete the assessment.
- To turn in assignment, click on **Assignment Dropbox** or click on the tab at the top of the page titled **Assignment Dropbox**.
- Click the **Browse** button. When you locate and double click on your document, the URL will appear in the box next to the browse button.
- Click on the **Upload** button to turn in assignment.
- The next screen will show your assignment marked with a red flag—assignment complete.
- Click on the arrow button in the upper right hand corner to go to the next page.

4.8 Assessment Skills Quiz

- Click the link **Assessment Skills Quiz**. This takes you to the **Tests & Surveys** page. Click **Assessment Skills Quiz**. Complete quiz and submit. Your assessment skills quiz results will show in second box.

You finished your fourth module, Assessment Skills. Click on the forward or backward arrow as needed. Keep participating in the forum.



Module 5: Service Coordination Skills

Introduction: This module covers service coordination skills that allow the Community Health Worker to connect with the appropriate services. A key part of service coordination is working effectively with your multidisciplinary team.

Goal: Community health workers will demonstrate appropriate service coordination skills and strategies in order to be successful in their role.

Objectives: At the end of this module, Community Health Workers will be able to:

- Identify the reasons why effective service coordination is essential to the role of Community Health Workers.
- Identify patient referral resources available in their organization and community
- Demonstrate the ability to develop a resource manual of community – based supports and resources.

To scroll through pages of this module, click on the blue arrow in the upper right hand side of the screen or click on the title of the next section from the list in the light blue left side of the page.

From the **Home** page, click on **5 Service Coordination Skills** on the left side of the page in the light blue column. Read the discussion.

5.1 Participation Activity: Icebreaker

- Click on **Service Coordination Skills**. This will take you to the **Forum** for this activity. Scroll down until you see a blank text box with **Post Message** at the top left.
- Type in your discussion in the box labeled **Body**.
- When you are finished typing your discussion, scroll to the bottom of the page and click **Post**. You are encouraged to read and comment on your classmate's discussion posts.
- Once you post, click on the blue arrow at the top right of the screen to go back to the assignment page. Click on the blue arrow again to continue with the course.

5.2 Service Coordination

Read the discussion. Click the blue arrow at top right of page to go to next page.

5.3 Resource Activity

Read directions. Click on **Maslow's Hierarchy of Needs**. Print and save document to your files

5.4 Service Coordination and the Health care Team

Read the discussion. Click on the blue arrow go to next page.

5.5 Service Coordination Resources

Read the discussion. Click on **Resource Template**. Print and place in your resource manual.

- Complete the activities.
- To turn in your assignment, click on **Assignment Dropbox** or click on the tab at the top of the page titled **Assignment Dropbox**. Click the **Browse** button.
- Locate and double click on your document. The URL will appear in the box next to the **Browse** button.
- Click on the **Upload** button to turn in your assignment.
- The next screen will show your assignment marked with a red flag—assignment complete.
- Click on the arrow button in the upper right hand corner to go to the next page.

5.6 Public Health care Benefits

Read the discussion. Click blue arrow at top right of page to go to next page.

5.7 Module Assignment

Read the discussion. Click on the link **Service Coordination**. Save the document to your computer.

- Complete the activity.
- To turn in your assignment, click on **Assignment Dropbox** or click on the tab at the top of the page titled **Assignment Dropbox**. Click the **Browse** button.
- Locate and double click on your document. The URL will appear in the box next to the **Browse** button.
- Click on the **Upload** button to turn in your assignment.
- The next screen will show your assignment marked with a red flag—assignment complete.
- Click on the arrow button in the upper right hand corner to go to the next page.

5.8 Service Coordination Quiz

Click the link for **Service Coordination Quiz**. This takes you to the **Tests & Surveys** page. Click Service Coordination Quiz.

- Complete quiz and submit. Your **Service Coordination Quiz** results will show in the second box.

You finished your fifth module, Service Coordination Skills. Click on the forward or backward arrow as needed. Keep participating in the forum.



Module 6: Writing and Presenting a Case Study

Introduction: This is the last week of the online course. The discussion and activities this week are designed to help you develop a case scenario or case study appropriate for presenting to a clinical team or medical home. You will present this case study at the last in-person session.

Goal: Students will demonstrate their skills as they prioritize, organize, assess, document, and coordinate services for a client. Students will present their work in the format of a case to the class at the last in-person session.

Objectives: At the end of this module, Community Health Workers will be able to:

- Identify the importance of documentation, assessment, organization and coordination of care to the role of the Community Health Worker.
- Identify how to prioritize activities and address barriers to care that will result in better outcomes to a patient's needs.
- Develop a case study appropriate to present to a physician, manager, co-worker, clinical team and/or patient centered health/medical home.

To scroll through pages of this module, click on the blue arrow in the upper right hand side of the screen or click on the title of the next section from the list in the light blue left side of the page.

From the **Home** page, click on **6 Writing and Presenting a Case Study** on the left side of the page in the light blue column. Read the discussion.

6.1 Participation Activity: Icebreaker

Please describe your experience presenting case scenarios or patient encounters to a team in your organization. Please post your response in the discussion **Forum** entitled **3.1 Case Scenario Practices**. You can access the **Forum** using the tab that appears at the top of the page. You can receive an email notification of new posts by clicking the **Subscribe** link on the Forums page.

6.2 Developing a Case Study

What is a case study?

- Patient related scenario that has an educational value for a wide audience
- Puzzle that needs to be solved, it should have a problem that needs a resolution
- Include enough information for people to understand what the problem is and what the possible solutions are.
- It should be interesting, so readers are engaged. Identify uncommon family dynamics, unusual patient history, poor diagnosis, and ethical considerations.
- The case study is more than just a description, it should “paint a picture” of the client and situation for the reader.
- Be realistic and reflective of your region/state. The audience should be able to see themselves in the picture.

6.3 Writing a Case Study

Steps

- Identify the client you will develop the case study for.
- Identify your learning objectives (what would you like the readers to learn upon completion of the case study).
- If you do not have a client to create a case study from, interview other people in the field (CHWs) and draw from their personal and professional experiences.

Prepare an outline to your case . If you are using a real patient experience, make sure you use other names and identifiers.

- Describe the patient. Define the patient in enough detail the reader can make a mental picture of the person.
- Describe the problem. Provide enough information about the problem so the reader can clearly understand the issue.
- Describe the geographical location/community. Pay specific attention to the geographical and community landmarks that highlight the problem.

Be clear, concise, and to the point

- Give some background on the case (information about your case study helps the reader frame the issue).
 - Only refer to background information that helps describe or define the specific client.
- Discuss viable options at decision times.

The number of elements included in the case description depends on the complexity of the case study and the information needed to stage the decision point. Start with a simple issue and add complexity by adding other elements that complicate the case.

- Ask for editing assistance (consider other roles beyond your setting).
- Share your case with others and ask the reader to tell you the story. You will know how clearly you have stated the case if the reader can “paint the picture back to you.”

6.4 Assignments: Writing Your Case Study

To complete your coursework for the last online week, you will need to complete three activities: two assignments relate to your case study and the last is a **Forum** for you to share about the course. These activities will help you complete the case study, assess and plan activities, and share the experience with other students in the course.

Assignment: Case Study — Download the **Writing a Case Study for the Community Health Worker Course**.

Follow the steps to write your case study. When you finish you will upload your case study to the **Assignment** box. **Submit** to your instructor for review.

Assignment: Action Plan for Case Study — Download the **Action Plan for Case Study**. Prioritize your activities then post it in the **Assignment** box. **Submit** to your instructor for review.

Activity: Course Experience — Using the information from your case study, the assessment and plan, share with other students about your personal experience in the course. Please comment on elements you consider positive and ways we can improve the course at the **Forum Activity Course** experience. Once you post your comments and participate in the **Forum**, you have completed the online part of the training.

6.5 Case Study Presentation

Oral Presentation Guidelines

The oral presentation of the Community Health Worker must follow a basic structure to provide the information required. The oral presentation of cases is an art form that requires concerted effort and repeated practice. The style of the presentation may vary depending on the setting (clinical, social services, community based) and to whom the case is presented for example: doctor, nurse, supervisor, team member, coworker, etc.

Principles

Purpose of the case presentation: to concisely summarize at least four parts of the case presentation

Demographics: Name of the person and demographics important to the case like age, sex, address, marital status, etc.

What is the problem: Clearly define the problem or the reason the patient is looking for your help or has been referred to you. Identify the most important information or chief complaint.

History of problem: Provide a brief and specific narration of facts that contributed to the situation, including clinical history (background of diseases, individual and family), support system, social life, transportation, housing, financial situation, etc. The information needs to be relevant to the person and the case.

Assessment and plan: Provide information for all activities that you completed to help or support patient that are relevant to the case.

6.6 Basic Guidelines

- Try to keep the presentation less than 5 minutes and ideally less than 3 minutes.
- The oral presentation is delivered from memory (it is OK to refer intermittently to notes).

Always try to make eye contact with your listener during the presentation.

- The oral case presentation differs from the written presentation. The written presentation contains ALL the facts; oral presentation contains only those FEW facts essential to understanding the current issue(s) or problem(s).
- The oral presentation emphasizes “history of present problems” and “assessment plan”, and the listener’s attention is most acute during these sections. Consequently good presenters move as quickly as they can from the end of the “history of present problems” to the “assessment and plan” section.
- Be aware of your posture.
- Maintain eye contact—glance at your notes only as necessary.
- Present with a clear, energetic, and interested voice. You have become a “storyteller” and are giving information of crucial importance in the life and care of another human being.
- Follow the outline of the oral case presentation in a linear fashion—do not skip around.
- Keep your language precise.
- Use positive statements rather than negative statements.
- Do not rationalize or editorialize as you present, just tell the “facts” as they were obtained by you. Remember, you are telling the patient’s story, not your own.

NOTES

