# **Work Process Schedule**

|  |
| --- |
| Community Health Worker |
| **Job Description:** Liaisons, links, or intermediaries between health and social services and the community to facilitate access to services and improve the quality and cultural competency of service delivery. |
| **RAPIDS Code:** 2002CB | **O\*NET Code:** 21-1091.00 |
| **Estimated Program Length:** 1 year |
| **Apprenticeship Type:** [x]  Competency-Based [ ]  Time-Based [ ]  Hybrid |

Suggested On-the-Job Learning Outline

|  |
| --- |
| Provides cultural mediation among individuals, communities and health and social service systems |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Educates individuals and communities about how to use health and social service systems (including explaining how systems operate)
 |  |  |
| 1. Educates health and social service systems and providers about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services (CLAS) standards
 |  |  |
| 1. Expands health literacy among constituents served
 |  |  |
| 1. Facilitates cross-cultural communication among individuals, communities and health/social service system workers
 |  |  |

|  |
| --- |
| Provides culturally appropriate health education and information |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Conducts health promotion and disease prevention education in a matter that matches linguistic and cultural needs of participants or community
 |  |  |
| 1. Provides necessary information and support to help individuals and communities learn the etiology, pathology and likely outcomes of health conditions, as well as appropriate prevention and management strategies, including for chronic disease
 |  |  |

|  |
| --- |
| Coordinates care, provides case management support and assists individuals and communities in navigating health and social service systems |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Participates in care coordination or case management, including as part of a team
 |  |  |
| 1. Provides referrals and follow-up support to ensure that services were obtained
 |  |  |
| 1. Facilitates, obtains or coordinates transportation to services and helps ameliorate other barriers to services
 |  |  |
| 1. Documents and tracks individual- and population-level data
 |  |  |
| 1. Identifies and informs people and systems about community assets and challenges
 |  |  |

|  |
| --- |
| Provides coaching and social support |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Provides individual support and coaching
 |  |  |
| 1. Motivates and encourages people to obtain care and other services
 |  |  |
| 1. Supports self-management of disease prevention and management of health conditions, including chronic disease
 |  |  |
| 1. Plans, organizes and/or leads support groups
 |  |  |

|  |
| --- |
| Advocates for individuals and communities |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Assists individuals in building and expanding their personal capacity to identify and manage their health conditions, obtain services as needed, identify opportunities to help others, and represent their needs through communication and advocacy
 |  |  |
| 1. Assists communities in building capacity by identifying resources, coordinating service and support providers, linking groups or systems that provide synergistic support, and implementing advocacy strategies to address unmet needs
 |  |  |
| 1. Identifies and works with CHW peers to help others grow professionally, act ethically and meet the needs of the individuals and communities served
 |  |  |

|  |
| --- |
| Helps build individual and community capacity |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Assists individuals in building and expanding their personal capacity to identify and manage their health conditions, obtain services as needed, identify opportunities to help others, and represent their needs through communication and advocacy
 |  |  |
| 1. Assists communities in building capacity by identifying resources, coordinating service and support providers, linking groups or systems that provide synergistic support, and implementing advocacy strategies to address unmet needs
 |  |  |
| 1. Identifies and works with CHW peers to help others grow professionally, act ethically and meet the needs of the individuals and communities served
 |  |  |

|  |
| --- |
| Provides direct health and social service assistance |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Conducts and accurately reports and communicates results and implications of basic screening tests (height, weight, blood pressure, glucose level, etc.)
 |  |  |
| 1. Provides basic health support services (e.g. first aid, diabetic foot checks)
 |  |  |
| 1. Collects and distributes materials that meet basic needs (e.g. provides food, blankets, clothing to those in need
 |  |  |

|  |
| --- |
| Implements individual and community assessments |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Participates in design, implementation and interpretation of individual-level assessments (e.g. home environmental assessment)
 |  |  |
| 1. Participates in design, implementation and interpretation of community-level assessments (e.g. windshield survey of community assets and challenges, community asset mapping)
 |  |  |

|  |
| --- |
| Conducts outreach to individuals, communities, service providers and groups |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Identifies and recruits individuals, families and community groups to services and systems
 |  |  |
| 1. Follows up on health and social service encounters with individuals, families and community groups
 |  |  |
| 1. Conducts home visits to provide education, assessment and social support
 |  |  |
| 1. Presents at local agencies and community events to share information and educate individuals and communities about health and social service concerns and resources
 |  |  |

|  |
| --- |
| Participates in evaluation and research |
| **Competencies** | **Date Completed** | **Initial** |
| 1. Evaluates CHW services and programs
 |  |  |
| 1. Identifies and engages community members as research partners, including community consent processes
 |  |  |
| 1. Identifies priority issues and evaluation/research questions
 |  |  |
| 1. Develops evaluation/research design and methods
 |  |  |
| 1. Collects and interprets data
 |  |  |
| 1. Shares results and findings
 |  |  |
| 1. Engages stakeholders to take action on findings
 |  |  |

Suggested Related Instruction Outline

|  |
| --- |
| Provider |
| **Name:**  |
| **Address:**  |
| **Email:** | **Phone Number:** |
| **Suggested Related Instruction Hours:** 144 |

|  |  |  |
| --- | --- | --- |
| **Course Number** | **Course Title** | **Contact Hours** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |