



Community Health Worker Hybrid Online Training

AGENDA

Time	Topic
15 min	Registration Photo Release Pre-Test
30 min	Trainer Introduction Student Introduction Welcome and Agenda
15 min	Current Events/What is happening in your region?
30 min	Participant Manual/Overview of Course
45 min	Module 1: Community Health Worker Roles and Boundaries
10 min	Break
50 min	Module 2: Communication Skills



Community Health Worker Hybrid Online Training Description

The Community Health Worker hybrid online training course for Community Health Workers (CHWs) in Nevada, is an eight-week combination of online and in-person training designed to strengthen the common skills, knowledge, and abilities of the Community Health Worker. The course is comprised of two “in-person classes” and six weeks of online course material.

Throughout this 8-week course 40 CHW related competencies are covered.

Critical to this course are two “In-Person” days. The first in-person session begins the course and introduces the participant to:

- Patient Navigator Roles and Boundaries
- Supervisor Roles and Boundaries
- Communication
- Cultural Competency
- Introduction to online learning

The final in-person day is designed to give participants a chance to debrief on the online learning process and course, review all health materials and develop a case presentation based on the case studies from the online modules.

The six weeks of online training is composed of 6 core training modules, an introductory welcome module, and a conclusion module.

The six core modules are:

- Organizational Skills
- Documentation Skills
- Social Determinants of Health
- Assessment Skills
- Service Coordination Skills
- Writing and Developing a Case Study

Besides the topic-specific content, each module contains a lesson, two forums, an audio case study with an assignment, and quiz questions that are embedded into the lesson.



What is the Benefit of Taking This Training?

While it is not required that CHWs in Nevada have taken a DPBH approved training to be able to perform work as a CHW there are still many benefits to taking the course. One such benefit is that the course can solidify current knowledge and even fill in gaps in knowledge about work as a CHW. This course also provides a standard basis of competency-based knowledge for CHWs to build from. Finally, if your organization becomes subject to the new CHW Pool regulation under NRS 449, your employees will already have obtained the required DPBH approved training.

Once a CHW completes the online training, they may apply for Nevada state certification through the [Nevada Certification Board](#).

In addition, for individual CHWs, this training can be exceptionally beneficial. Lending legitimacy to a field that has been previously dismissed. Allowing opportunity to network with other CHWs, learn about available resources and organizations, and work as a group to problem solve some common issues faced by CHWs.



Community Health Worker Hybrid Online Training Competencies

CHW roles and boundaries	<ul style="list-style-type: none"> A. Understand the role of CHW. B. Understand and discuss significance of ACA and CHW. C. Demonstrate ability to facilitate and debrief small group activities. D. Demonstrate ability to develop scenarios/case study to use for small group activity. E. Demonstrate ability to present module objectives and information.
Communication skills	<ul style="list-style-type: none"> A. Understand and demonstrate good communication, active listening, and cross-cultural communication skills. B. Demonstrate ability to facilitate small and large group activities that illustrate concepts.
Cultural Competency	<ul style="list-style-type: none"> A. Demonstrate an understanding of cultural competency. B. Demonstrate ability to create a culturally sensitive environment for discussion. C. Demonstrate ability to discuss cultural diversity and health inequities.
Online - goals	<ul style="list-style-type: none"> A. Demonstrate organization skills, like time management. B. Identify and develop effective documentation skills. C. Understand how to use assessment tools for identifying needs of individuals and communities. D. Demonstrate ability to coordinate services based on client or community assessment. E. Understand how a multidisciplinary team works and how to develop a case study that's appropriate for sharing with the team.
Organizational skills	<ul style="list-style-type: none"> A. Identify the reasons why good organizational skills are essential to the role of Community Health Worker B. Prioritize activities in relationship to patient care and competing demands C. Identify the organizational tools and procedures required by their organization D. Develop weekly workplans
Documentation skills	<ul style="list-style-type: none"> A. Identify the reasons why effective documentation is essential to the role of Community Health Worker

“The mission of Chronic Disease Prevention and Health Promotions is to maximize the health of Nevadans by improving policy, systems and environment that influence quality of life”

	<ul style="list-style-type: none"> B. Identify the documentation requirements expected of Community Health Workers at their organization C. Use appropriate techniques to document client encounters.
Disparities and social determinants	<ul style="list-style-type: none"> A. Demonstrate understanding of key data points of racial and ethnic health disparities that impact the care that patients receive. B. Describe how the social determinants of health impact the overall health status of under-served communities. C. Explain the relevance of health disparities and social determinants for consultation through case studies.
Assessment skills	<ul style="list-style-type: none"> A. Identify the reason why effectively assessing patients' needs is critical to the CHW process B. Identify the assessment tools and procedures required by their organization C. State why understanding public health concepts are important in community assessment D. Demonstrate ability to use assessment tools in order to identify patient needs.
Service Coordination	<ul style="list-style-type: none"> A. Identify the reasons why effective service coordination is essential to the role of Community Health Worker B. Identify patient referral resources available at their organization C. Demonstrate the ability to develop a resource manual of internal and community- based supports and resources.
Case study development	<ul style="list-style-type: none"> A. Explain the importance of documentation, assessment, organization, and coordination of care to the role of the Community Health Worker. B. Demonstrate how to prioritize activities and address barriers to care that result in better patient outcomes C. Develop a case study appropriate to present to a physician, manager, co-worker, clinical team and/or patient-centered health/medical home. D. Present a case study to a clinical or community-based team during the last in-person training session.
Final in-person day	<ul style="list-style-type: none"> A. Demonstrate the ability to develop a care plan. B. Develop a case study C. Present a case study based on the care plan



Community Health Worker Hybrid Online Training Module Breakdown

First In-Person Class

1. Overview of the Course
 - 1.1. Training Manual
 - 1.2. CHW handbook
2. Overview of the online training
 - 2.1. How to Use the Online Training System
3. Community Health Worker Roles and Boundaries
 - 3.1. CHWs Defined
 - 3.2. CHW Roles and Responsibilities
 - 3.3. CHW Professional Boundaries
4. Communication Skills
 - 4.1. Communication Defined
 - 4.2. Effective Communication
 - 4.3. Types of Communication
 - 4.4. Barriers to Good Communication
 - 4.5. Cross-Cultural Communication



Welcome Letter

Dear Students,

Welcome to the Nevada Wellness, Community Health Worker Online Hybrid Training Course. This is a web-based course on a confidential website that contains the course schedule, assignments, discussion forums and grade book.

In-person Course Location: **Classes done via Zoom**

Regular Student CHW Hybrid On-Line Training:

There are two “in-person days” for students enrolled in the regular CHW On-line Hybrid training:

Class	First In-Person Class	Final In-Person Class
8 Week Online course With 6 weekly Modules	<ul style="list-style-type: none">• Zoom or In person• 3 hour required class	<ul style="list-style-type: none">• Zoom or In person• 3 hour required class

Login Information

You will be able to access course content starting the same day of the first In-Person Class. Access the course with this link: <https://nvchwa.org/classroom>

Enter your username and password sent via email in Login area. Once you have logged in, you will be able to change your password. You will receive an automated e-mail containing a username and password. If you do not see it, check your spam folder and **ask your IT department to whitelist emails from noreply@nvchwa.org** if necessary.

If you cannot remember your username or password, use the link that says, "Forgotten your username or password?" on the login screen and it will be sent immediately to the e-mail account you registered with.

What do you need to begin?

- A computer connected to the Internet.
- A current web browser. The most current versions of Google Chrome, Firefox, Internet Explorer and Microsoft Edge work well with the course.
- Capability to play sound, i.e., you should be able to listen to music or other audio on your computer.
- A piece of software, such as Adobe Acrobat Reader (<http://get.adobe.com/reader/>), to be able to read PDF documents

“The mission of Chronic Disease Prevention and Health Promotions is to maximize the health of Nevadans by improving policy, systems and environment that influence quality of life”



Course content has been designed for new community health workers (CHWs) and covers the CHW role as well as basic time management, supportive communication skills, and team-based care. You are required to meet weekly assignment deadlines. All modules will be open from the beginning of the course so that participants can move forward at their own pace. However, each module closes for submissions on Sunday nights at 11:50pm (or as indicated by instructor). Assignments must be uploaded before the modules close. Feel free to print and complete assignments by hand and scan them into the site when completed. The course is designed for all participants to progress through the course content at the same rate, which encourages shared learning experiences.

Course Schedule: Online Class

Welcome

- 1. Organizational Skills**
- 2. Documentation Skills**
- 3. Understanding Disparities and Social Determinants**
- 4. Assessment Skills**
- 5. Service Coordination Skills**
- 6. Writing and Developing a Case Study**
- 7. Conclusion**

Final In-Person Class

- Evaluation of Course
- Content Review
- Case Study Presentations and Feedback
- Certificates of Completion

Plan on spending between 1-3 hours on the course each week. Remember you can work on this any time during the week at your convenience—there are no scheduled meeting times—however participation is the key to a great learning experience. The online forums are one way to connect with your classmates and exchange experiences.

That's it for now. We are very much looking forward to working with you in this course!

Wishing you much success,

Course Instructors

Cody Wagner
Jenny Claypool
Luis Aceves
Alisa Howard
Octavio Posada



COMMUNITY
HEALTH WORKER
ONLINE HYBRID
TRAINING MANUAL

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**This manual is based in its entirety on the Washington State Department of Health
Training Curriculum for Community Health Workers Manual**

What You Will Find in the Manual

This manual is a guide for Nevada State's Online Hybrid Community Health Worker Training. The manual consists of a short, but detailed roadmap of the training content. Use this manual as a tool to navigate through the online modules and improve your understanding and comprehension of the course content. This manual provides tools, tips, and time savings steps to help you overcome barriers to the technical components of the learning system, which will help eliminate interruptions that may jeopardize successful completion of the course.

TABLE OF CONTENTS

Chapter 1: Community Health Worker Training System Community Health Worker Program Background Community Health Worker Hybrid Online Training	Page 1
Chapter 2: In-Person Training Roles and Boundaries of Community Health Workers Communication Cultural Competency	Page 5
Chapter 3: Navigating the Online System Technical Requirements and Screens CHWTS: The First Seven Modules <ul style="list-style-type: none">• Module 1: Welcome• Module 2: Organizational Skills• Module 3: Documentation Skills• Module 4: Understanding Disparities and Social Determinants• Module 5: Assessment Skills• Module 6: Service Coordination Skills• Module 7: Writing and Developing a Case Study• Conclusion	Page 10
Chapter 4: Technical Tips and Frequently Asked Questions	Page 17
Chapter 5: Tools, Resources, and Contact Information	Page 20

Chapter 1

Community Health Worker Training System

Community Health Worker Program Background

What is a Community Health Worker?

Community health workers (CHWs) are frontline public health workers who are trusted members of and have close understanding of the communities they serve. CHWs, by virtue of their community ties, serve as an intermediary, or “cultural health broker,” to improve the quality and cultural competence of service delivery. Their core roles include bridging cultural mediation between communities and the healthcare system, providing culturally appropriate and accessible health education and information, ensuring that people get the services they need, and providing informal counseling and social support. The strategy of CHWs allows for one-on-one interactions and tailored, community-specific solutions to remedy the healthcare disparity experienced by underserved Nevadans.

Community Health Worker Program in Nevada

In response to the many challenges Nevadans face when accessing the healthcare system, the Division of Public and Behavioral Health started a Community Health Worker (CHW) Initiative in February 2013, based on the evidence-based model recommended by the Centers for Disease Control (CDC) and the Affordable Care Act. Community Health Workers (CHWs) are considered an evidence-based model to improve access to health care, increase education and awareness, prevent disease and improve select health outcomes among the populations with whom they reside.

CHWs work on prevention of chronic diseases by addressing risk factors which greatly reduces a person’s risk and facilitate management of chronic disease. Such factors include avoiding tobacco use, being physically active and eating well. The CHWs also help to increase access to healthcare for underserved Nevadans by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. Additionally, the CHWs focus on addressing management of diseases by promoting chronic disease self-management programs, medication adherence, and clinical monitoring. The areas of focus for the CHWs are chronic diseases such as diabetes and heart disease, as well as oral health, nutrition, and physical activity.

The Community Health Worker (CHW) Program has three components: education development, workforce development, and policy reform. The goal of education development is to create a standardized statewide curriculum for CHWs. In this way, CHWs will be ensured of having at the very least, training in basic CHW skills and other topics included in the curriculum. The standardize curriculum will also define the core roles, responsibilities, and ethics for CHWs in Nevada. Workforce development aims to build CHWs as a profession in Nevada and to create demand for them in the community. The ultimate goal is to embed CHWs into clinical settings and to create a sustainable demand for them in the healthcare industry of Nevada. The objective of policy reform is to establish CHWs as a reimbursable workforce, including Medicaid and private reimbursement.

Community Health Worker Hybrid Online Training Course Description

The Community Health Worker hybrid online training course for Community Health Workers (CHWs) in Nevada is an eight-week combination of online and in-person training designed to strengthen the core skills, knowledge, and abilities of the Community Health Worker. The hybrid online training is composed of five core training modules and an introductory welcome module.

The five core modules are:

- Organizational Skills
- Documentation Skills
- Understanding Disparities and Social Determinants
- Assessment Skills
- Service Coordination Skills
- Writing and Developing a Case Study

Besides the topic-specific content, each module contains* forums, resource activities with documents to download and place into a resource manual, an audio case study with an assignment, and a quiz. Modules are open for one week and the quiz opens at the end of the week.

Critical to this course are two “In-Person” days. The first in-person session begins the course and introduces the participant to:

- Definition of CHW
- CHW roles and boundaries
- Communication
- Introduction to online learning

The final in-person day is designed to give participants a chance to debrief on the online learning process and course, review all health materials and develop a case presentation based on the case studies from the online modules. At the end of the day, participants will receive a Certificate of Completion.

*Subject to change. Students will be notified via the CHW Classroom what assignments and task are due for each week.

Responsibilities of Trainers and Participants

Community Health Worker Training System Trainers Responsibilities

- Be respectful and considerate of each participant
- Commit –two to four hours per day per course
- Respond promptly to weekly assignments
- Work with participants to resolve any problems or issues that may prevent them from successfully completing the course
- Develop case scenarios with particular emphasis on the cultures, traditions, and needs specific and particular of their communities
- Welcome for in-person training day

CHWT Participant Responsibilities

- Have access to a computer and internet
- Respect the views and learning needs of each participant
- Commit to a minimum of four hours per week per course
- Be self-motivated and self-disciplined
- Be able to communicate through writing
- Read and listen to all required materials
- Be meaningful with your posts
- Complete weekly assignments on time
- Consult with the instructor when you have problems understanding the material or do not know what is expected of you
- Complete the quizzes and surveys on time
- Participate in the forums sharing life, work, and educational experience as part of the learning process

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

- CHW's 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
 - 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**
 - Use verbal "encouragers" like "aha," "hmm," "yes"
 - Forces people to listen attentively
 - Avoids misunderstanding
 - 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 the feelings
- **Cross-cultural communication**
 - Maintain etiquette
 - Slow down
 - Take turn
 - 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”

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 screenings and management for 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 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 the framework, there are 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 4,5,6,1 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 impositions
- 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

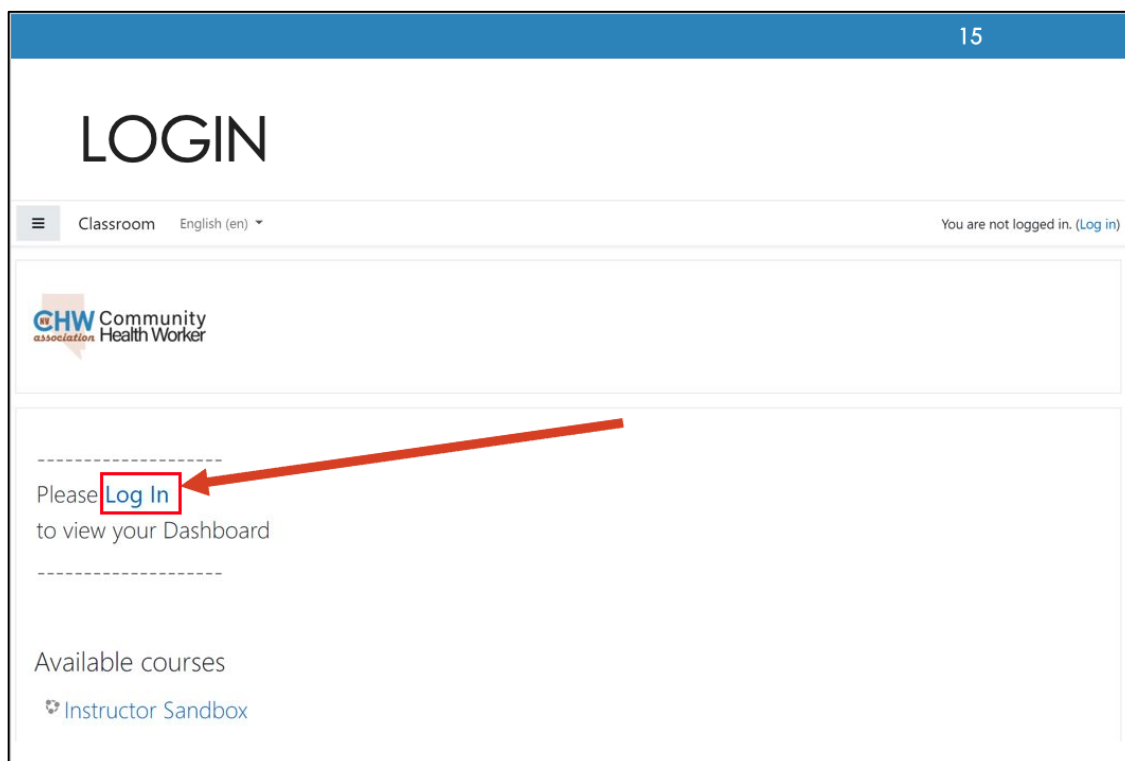
Community Health Worker Online Training: The
First Six Modules

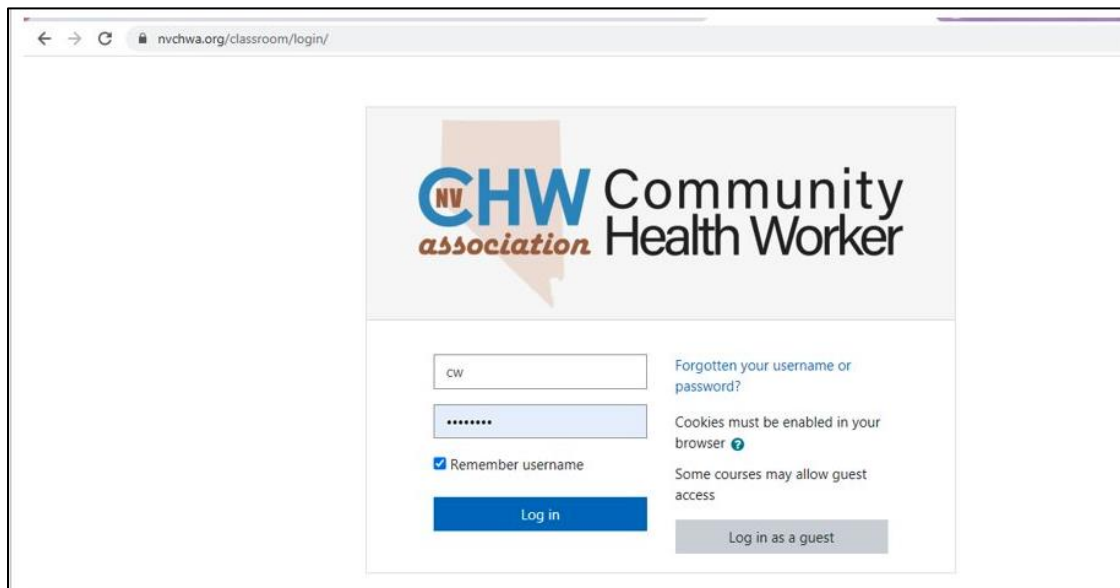
Technical Requirements and Screens

- Basic computer skills
- Reliable Internet access
- Access to a printer
- Current version of Adobe Acrobat Reader
- Check technical details: Audio devices, printer
- Course uses HTML (Hyper Text Markup Language)
- Google Chrome, Internet Explorer, Firefox, and Microsoft Edge

Logging in to the System

- You will receive an email from Jesus Santos (via Classroom)
- Email from noreply@nvchwa.org
- Email subject: "NVCHWA Classroom: New User Account"
- Follow the link to log in <https://nvchwa.org/classroom/login/>
- When the NVCHWA Classroom site loads, you will see the NVCHWA logo in the upper middle portion of your screen.
- Get familiarized with screen tabs and functions
- Below the header, you will see four tabs. Click each tab to learn the function of each:
- Login, Browse Courses, Home
 - Type your login name and password to enter the system

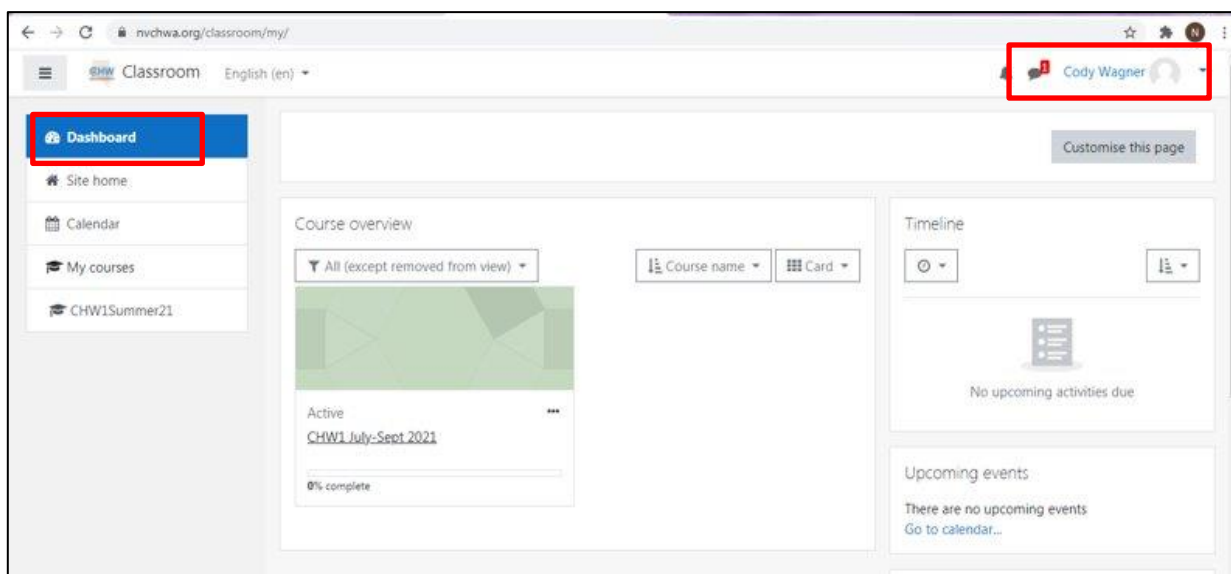




Your Profile

When you have successfully logged-in, your screen will change to the name of the course and time frame (i.e., CHW1 July – September 2021). This initial screen is your Dashboard.

- Click on classroom under Course overview, which should appear in your Dashboard. Edit profile underneath name in upper right corner.



Click on your name and select Profile from the drop-down menu.

- Your first task is to complete the personal information section and add a picture (not required).

CHW Classroom (Home) / Dashboard Page

- A section with the name of the cohort/class you are enrolled will show up on this page.
- Click on your Cohort class (i.e., CHW2021C1)
 - This page will also be your navigation for all 7 modules:

- Welcome
- Organizational Skills
- Documentation Skills
- Understanding Disparities and Social Determinants
- Assessment Skills
- Service Coordination Skills
- Writing and Developing a Case Study
- Conclusion

The screenshot shows a Canvas LMS interface for a course titled "Cohort 1 - Fall 2021". The top navigation bar includes "CHW Classroom" and "English (en)". The left sidebar contains a course menu with items: "CHW2021 C1", "Participants", "Grades", "General", and a list of lessons from "1. Welcome" to "8.0 Conclusion". The main content area displays the course title, a breadcrumb trail "Dashboard / My courses / CHW2021 C1", and sections for "Announcements", "NV CHW Zoom", "Jump to Lesson" (with a list of lesson numbers), and "Course Files". A video player is visible at the bottom right with the word "DREAM" overlaid on the image.

Module 1: Welcome

Introduction: Welcome to the Nevada Community Health Worker (CHW) Online Hybrid Training Course. 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 required assignments

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

Module 2: Organizational Skills

Introduction: Working in a busy healthcare or community setting with many responsibilities and tasks can be overwhelming. This module will provide you with tools and skills to help you be more successful in your role.

Goal: Students will demonstrate appropriate organizational skills and strategies in order to be successful in their role as Community Health Workers

Objectives: At the end of this module the student will be able to:

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

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

Module 3: Documentation Skills

Introduction: This week we will cover 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, it is important to always identify and follow your program's specific policies related to documentation.

Goal: Students will demonstrate appropriate documentation skills and strategies in order to be successful in their role as Community Health Workers.

Objectives: At the end of this module the student will be able to:

- Identify the reasons why effective documentation is essential to the role of Community Health Worker
- Identify the documentation requirements expected of Community Health Workers at their organization
- Use appropriate techniques to document patient encounters

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

Module 4: Understanding Disparities and Social Determinants

Introduction: Much of the rationale behind the development of Community Health Worker programs is the need to ensure both access to care and provision of culturally competent and patient-centered care. Community health work consultation will not end health disparities or health care inequities and inequalities, but it may be a necessary part of the solution. In this module, we will discuss how health disparities and the social determinants of health play a role in both the quality of care that patients receive and access to life-sustaining resources that impact the overall health of patients and communities. First, let's take a look at health disparities.

Goal: Students will demonstrate their ability to understand disparities and social determinants of health to be successful in their role as Community Health Workers.

Objectives: At the end of this module, you will be able to:

- Demonstrate understanding of key data points of racial and ethnic health disparities that impact the care that patients receive
- Describe how the social determinants of health impact the overall health status of under-served communities.
- Explain the relevance of health disparities and social determinants for consultation through case studies

5: Assessment Skills

Introduction: This week we will cover the importance of assessment skills in your role as a Community Health Worker. The module will cover not only assessments of individual patients, but also give you the big picture around public health, community assessments, and outreach to a community. Please note that, while we will discuss key concepts related to patient assessment, it is important always to identify and follow your program's specific policies related to patient assessment.

Goal: Students will demonstrate appropriate assessment skills and strategies in order to be successful in their role as Community Health Workers.

Objectives: At the end of this module, the student will be able to:

- Identify the reason why effectively assessing patients' needs is critical to the CHW process
- Identify the assessment tools and procedures required by their organization
- State why understanding public health concepts are important in community assessment
- Demonstrate ability to use assessment tools in order to identify patient needs

From the **Home** page, click on **5 Assessment Skills** on the left side of the. Read the discussion.

Module 6: Service Coordination Skills

Introduction: This week we will cover service coordination skills that allow Community Health Workers to connect their patients with the appropriate services. A key part of service coordination is working effectively with your multidisciplinary team.

Goal: Students will demonstrate appropriate service coordination skills and strategies in order to be successful in their role as Community Health Workers

Objectives: At the end of this module, the student will be able to:

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

From the **Home** page, click on **6 Service Coordination Skills** on the left side of the page in the light blue column. Read the discussion.

Chapter 4

Technical Tips and Frequently Asked Questions

Technical Tips

I can't hear the audio of the course. What do I do?

If you can't hear the audio portion of an audio case study or video, try the following:

- Adjust the volume control on your computer. (Your computer may have more than one volume control.)
- Adjust the volume control on the other video players, such as YouTube, which may affect your computer's volume level.
- Confirm that your system meets the minimum requirements
- Play other audio files or videos. If the audio works for other videos, the audio problem you've experienced is likely related to specific video, not your system.

If you are still having difficulties and are using a Windows or Mac operating systems, visit the following links for troubleshooting information.

- Windows: <https://support.microsoft.com/en-us/windows/fix-sound-problems-in-windows-10-73025246-b61c-40fb-671a-2535c7cd56c8>
- Mac: <https://support.apple.com/en-us/HT203186>

What is an online course?

Online courses are conducted over the internet and typically do not have regular meetings in a physical space. Course materials are online at a dedicated course website. Class activities, including most instructor and student communication, are conducted on the course website.

What technical or computer skills do I need to take an online course?

You will need to know...

- How to operate a word processing program, preferably Microsoft Word
- How to type
- How to send an email
- How to use discussion boards
- How to do basic downloads from the internet
- How to upload/attached files

You may also need to know, or learn...

- How to follow instructions for updating your browser
- How to download and install special plug-ins
- How to zip and unzip files

What do I need to access the course content?

- A computer connected to the internet
- The most current versions of Google Chrome, Firefox, Internet Explorer and Microsoft Edge work well with the course.
- Capability to play sound, i.e., you should be able to listen to music or other audio on your computer.
- Software, such as Adobe Acrobat Reader (<http://get.adobe.com/reader/>), to read PDF documents

Why can't I connect to the course from work?

If you are accessing the online course from your office or public library, you may run into problems with their specific network. If you have difficulty logging into your course, contact your information technology office at work or the information technology officer at the public library and request assistance from them with the issues you may be experiencing.

Frequently Asked Questions



How can I reset my password?

- Go to the login page of the course and click on the link that says, “Forgot your username or password?”
- Use the “Search by username” or “Search by email address”
- Enter either the username or email address
 - If you submit a username or email address to reset your password, you’ll get the following message:
 - If you supplied a correct username or unique email address, then an email should have been sent to you.

How do I change my registered email address?

1. Once logged in, click on your name on the upper-right hand side of the Home screen
2. From the drop-down list select, “Profile”
3. On the User Detail section (center of page), click on “Edit Profile”
4. Update your email address

How do I contact a CHW instructor?

1. On the upper-right hand side of the Home screen, click on your name
2. From the drop-down list select, “Messages”
3. In the Search box, enter the name of the instructor and click on magnifying  glass to search for the instructor(s)
4. Write a message and click on the paper plane  icon to send message

Chapter 5

Tools, Resources, and Contact Information

What Makes a Successful Online Student?

Like the facilitator, the online student possesses unique qualities. The online students of today consist primarily of working people who are trying to better their opportunities. This however is changing, as more and younger and older people become aware of the online model.

The traditional school will never go away, but the virtual classroom is a significant player in today's educational community. Corporations are using the online model to train technical professionals while private and public universities redefine the world as their markets. The market for students is expanding rapidly. In general, the online student should possess the following qualities:

1. Be open-minded about sharing life, work, and educational experiences and part of the learning process.
2. Be able to communicate through writing
3. Be self-motivated and self-disciplined
4. Be willing to "speak up" if problems arise
5. Be willing and able to commit to 4 to 8 hours per week per course
6. Be able to meet the minimum requirements for the program, and you will succeed
7. Accept critical thinking and decision making as part of the learning process, be open to constructive discussion. Remember that every personal experience is different
8. Have practically unlimited access to a computer and internet service
9. Be able to think ideas through before responding. Take your time to create a word document before posting your response. Use the worksheets provided at the end of the training manual
10. Share openly your own experience to others as an essential part of the learning process.
11. Know that high quality learning can take place without going to a traditional classroom. An online student is expected to:
 - i. Participate in the virtual classroom 3-5 days a week as work or occupations allows them
 - ii. Be able to work with others in positive discussions or sharing personal experiences
 - iii. Be able to use the technology properly for the online training
 - iv. Be able to meet the minimum standards as set forth by the facilitators
 - v. Be able to complete assignments on time. If you have any problem, communicate with facilitators
 - vi. Enjoy communicating in writing

The online learning process is normally accelerated and requires commitment on the student's part. Staying up with the class and completing all work on time is vital. In your online course, you can include reference links or resources and tips for other students to use and help them be more prepared and successful as Community Health Workers.

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[.org http://chwnv.org/](http://chwnv.org)

Nevada Division of Public and Behavioral Health
Chronic Disease Prevention and Health Promotion

Community Health Worker Handbook



Table of Contents

Section 1-Introduction

- 1.1 Policy
- 1.2 Handbook Introduction

Section 2- Roles and Responsibilities

- 2.1 What is a Community Health Worker?
- 2.2 Seven Core Roles
- 2.3 Core Values
- 2.4 Code of Ethics for Community Health Workers
- 2.5 Core Competencies
- 2.6 Essential Scope of Work

Section 3- Liability of Practice

- 3.1 Non-Disclosure/Confidentiality
- 3.2 Mandatory Reporting
 - a) Child Abuse and Neglect
 - b) Statutory Sexual Seduction
 - c) Lewdness with a Child under the Age of 14
 - d) Elder Abuse
- 3.3 Other Situations
 - a) Threat of Harm to Self or Others
 - b) Domestic Abuse
 - c) Addiction (Alcohol, Substance, Gambling, etc.)

Section 4- Code of Conduct

- 4.1 General Policies
- 4.2 Conduct and Relationship with Clients
- 4.3 Personal Appearance

Section 5- Outreach & Home Visiting Safety

- 5.1 Before a Home Visit
- 5.2 During a Home Visit
- 5.3 General Policies

Section 6- Case Management Services

- 6.1 General Policies
- 6.2 Referrals to Services
- 6.3 Appointments
- 6.4 Recording Case Notes
- 6.5 Case Note Maintenance
- 6.6 Closing Client's Case Notes
- 6.7 Follow-up Communication
- 6.8 Walk-in Appointments
- 6.9 No Call/No Shows, Rescheduling Appointments, and Late Appointments
- 6.10 Client Transportation
- 6.11 Clients Wishing to Switch Community Health Workers

Section 7- Boundaries

- 7.1 Boundary Distinction
- 7.2 Setting Limits
- 7.3 Self-Care

Section 1: Introduction

1.1 Policy

The Nevada Occupational Safety and Health Act requires Nevada employers to furnish a place of employment which is free from recognized hazards that are causing or are likely to cause death or serious physical harm to employees.

1.2 Handbook Introduction

The Community Health Worker's Handbook serves four purposes:

1. It identifies the core values on which Community Health Work (CHW) is based.
2. It identifies the scope of work of a CHW so that a CHW does not operate practice beyond their scope.
3. It provides ethical standards to which the general public can hold the CHW profession accountable.
4. It socializes CHWs new to the field on their chosen profession's mission, values, ethical principles, and ethical standards.

The Employee Handbook is designed to acquaint you with the policies and procedures as a Community Health Worker (CHW). This will provide you with information about working conditions and policies affecting your employment.

The information contained in this Employee Handbook applies to all CHWs currently employed in Nevada. However, it should be notated that the policies and procedures within your place of employment should also be adhered to in addition to what is laid out within this handbook.

You are responsible for reading, understanding, and complying with the provisions of this Employee Handbook. Our objective is to provide you with a work environment that is constructive to both personal and professional growth.

Section 2: Roles & Responsibilities

2.1 What is a Community Health Worker?

"A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has a close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy (American Public Health Association, 2013)."

The mission of the community health work profession is rooted in a set of core roles, core values and a specific code of ethics that drive their scope of work and practice within a community. These core roles, core values and code of ethics, embraced by CHWs throughout the profession's history, are the foundation of community health work's unique purpose and perspective:

2.2 Seven Core Roles

- Bridging cultural mediation between communities and the health care system
- Providing culturally appropriate and accessible health education and information, often by using popular education methods
- Ensuring that people get the services they need
- Providing informal counseling/education and social support
- Advocating for individuals and communities
- Providing direct services (such as basic first aid) and administering health screening tests
- Building individual and community capacity

2.3 Core Values as defined by the American Association of Community Health Workers

Community Health Workers play a unique role in promoting well-being in our communities. They are the bridge between communities and the traditional health care and human service systems. They work to build community capacity to ensure that communities are active participants in improving their health status. The foundation of Community Health Workers rests on the core values that define their profession. These core values are based on the history, unique role and ongoing development of the field. These core values reflect a broad definition of healthy communities and include:

Value: Access

Ethical Principle: Community Health Workers strive to ensure equal access to services. All persons have the right to access health care, human services and support services needed to improve health.

Value: Acceptance

Ethical Principle: Community Health Workers strive to remain open-minded and are accepting of others and everybody's individual differences. They are inclusive and accepting on all levels.

Value: Advocacy & Education

Ethical Principle: Community Health Workers educate, inform, and advocate for communities, individuals and the field of community health work. CHW's develop the capacity of individuals and communities to advocate for themselves by educating and informing.

Value: Excellence

Ethical Principle: Community Health Workers strive for excellence by providing quality services and the most accurate information available to individuals and communities.

Value: Learning

Ethical Principle: Community Health Workers embrace learning as life long, including life experiences and traditional learning. We seek ongoing opportunities for education and training to expand our knowledge base and skills.

Value: Partnership

Ethical Principle: Community Health Workers are partners in the design, implementation and evaluation of CHW programs. Communities, families and individuals are partners in determining their needs. They pursue equitable partnerships with other professionals including health care and social service providers.

Value: Self-determination

Ethical Principle: Community Health Workers shall determine the direction of the field. They will make the decisions concerning training and education best practices, policy development and define the field of community health workers.

Value Social Justice

Ethical Principle: Community Health Workers are agents of change. They pursue social change through work with community members to improve social conditions.

Value Strength

Ethical Principle: Community Health Workers assist families to acknowledge strengths and build upon them. All communities and families have strengths.

Value Trust

Ethical Principle: Community Health Workers have earned the trust of individuals and communities. They respect that trust and work hard to maintain a trusting relationship with individuals and communities.

Value Unity

Ethical Principle: Community Health Workers regardless of discipline, region of the country, job title, and work within or outside of traditional systems are unified in their work to reduce disparities.

2.4 Code of Ethics for Community Health Workers

The Community Health Worker Code of Ethics is based on and supported by the core values adopted by the American Association of Community Health Workers. The Code of Ethics outlined in this document provides a framework for Community Health Workers, supervisors, and employers of Community Health Workers to discuss ethical issues facing the profession. Employers are encouraged to consider this Code when creating Community Health Worker programs. The responsibility of all Community Health Workers is to strive for excellence by providing quality service and the most accurate information available to individuals, families, and communities.

The Code of Ethics is based upon commonly understood principals that apply to all professionals within the health and social service fields (e.g., promotion of social justice, positive health, and dignity). The Code, however, does not address all ethical issues facing Community Health Workers and the absence of a rule does not imply that there is no ethical obligation present. As professionals, Community Health Workers are encouraged to reflect on the ethical obligations that they have to the communities that they serve, and to share these reflections with others.

Article 1. Responsibilities in the Delivery of Care

Community Health Workers build trust and community capacity by improving the health and social welfare of the clients they serve. When a conflict arises among individuals, groups, agencies, or institutions, Community Health Workers should consider all issues and give priority to those that promote the wellness and quality of living for the individual/client. The following provisions promote the professional integrity of Community Health Workers.

1.1 Honesty

Community Health Workers are professionals that strive to ensure the best health outcomes for the communities they serve. They communicate the potential benefits and consequences of available services, including the programs they are employed under. They are truthful, sincere, forthright and, unless professional duties require confidentiality or special discretion, candid, straightforward and frank. Community Health Workers act in ways that are consistent with core beliefs and assuring that practices are congruent with principles.

1.2 Confidentiality

Community Health Workers respect the confidentiality, privacy, and trust of individuals, families, and communities that they serve. They understand and abide by employer policies, as well as state and federal confidentiality laws that are relevant to their work.

1.3 Scope of Ability and Training

Community Health Workers are truthful about qualifications, competencies and limitations on the services they may provide, and should not misrepresent qualifications or competencies to individuals, families, communities, or employers.

1.4 Quality of Care

Community Health Workers strive to provide high quality service to individuals, families, and communities. They do this through continued education, training, and an obligation to ensure the information they provide is up to date and accurate.

1.5 Referral to Appropriate Services

Community Health Workers acknowledge when client issues are outside of their scope of practice and refer clients to the appropriate health, wellness, or social support services when necessary.

1.6 Legal Obligations

Community Health Workers have an obligation to report actual or potential harm to individuals within the communities they serve to the appropriate authorities. Additionally, Community Health Workers have a responsibility to follow requirements set by states, the federal government, and/or their employing organizations. Responsibility to the larger society or specific legal obligations may supersede the loyalty owed to individual community members.

Article 2. Promotion of Equitable Relationships

Community Health Workers focus their efforts on the well-being of the whole community. They value and respect the expertise and knowledge that each community member possesses. In turn, Community Health Workers strive to create equitable partnerships with communities to address all issues of health and well-being.

2.1 Cultural Humility

Community Health Workers possess expertise in the communities in which they serve. They maintain a high degree of humility and respect for the cultural diversity within each community.

As advocates for their communities, Community Health Workers have an obligation to inform employers and others when policies and procedures will offend or harm communities or are ineffective within the communities where they work

2.2 Maintaining the Trust of the Community

Community Health Workers are often members of their communities and their effectiveness in providing services derives from the trust placed in them by members of these communities. Community Health Workers do not act in ways that could jeopardize the trust placed in them by the communities they serve.

2.3 Respect for Human Rights

Community Health Workers respect the human rights of those they serve, advance principles of self-determination, and promote equitable relationships with all communities.

2.4 Anti-Discrimination

Community Health Workers do not discriminate against any person or group on the basis of race, ethnicity, gender, sexual orientation, age, religion, social status, disability, or immigration status.

2.5 Client Relationships

Community Health Workers maintain professional relationships with clients. They establish, respect and actively maintain personal boundaries between them and their clients.

Article 3: Interactions with Other Service Providers

Community Health Workers maintain professional partnerships with other service providers in order to serve the community effectively.

3.1 Cooperation

Community Health Workers place the well-being of those they serve above personal disagreements and work cooperatively with any other person or organization dedicated to helping provide care to those in need.

3.2 Conduct

Community Health Workers promote integrity in the delivery of health and social services. They respect the rights, dignity, and worth of all people and have an ethical obligation to report any inappropriate behavior (e.g., sexual harassment, racial discrimination, etc.) to the proper authority.

3.3 Self-Presentation

Community Health Workers are truthful and forthright in presenting their background and training to other service providers.

Article 4. Professional Rights and Responsibilities

The Community Health Worker profession is dedicated to excellence in the practice of promoting well-being in communities. Guided by common values, Community Health Workers have the responsibility to uphold the principles and integrity of the profession as they assist families to make decisions impacting their well-being. Community Health Workers embrace individual, family, and community strengths and build upon them to increase community capacity.

4.1 Continuing Education

Community Health Workers should remain up-to-date on any developments that substantially affect their ability to competently render services. Community Health Workers strive to expand their professional knowledge base and competencies through education and participation in professional organizations.

4.2 Advocacy for Change in Law and Policy

Community Health Workers are advocates for change and work on impacting policies that promote social justice and hold systems accountable for being responsive to communities. Policies that advance public health and well-being enable Community Health Workers to provide better care for the communities they serve.

4.3 Enhancing Community Capacity

Community Health Workers help individuals and communities move toward self-sufficiency in order to promote the creation of opportunities and resources that support their autonomy.

4.4 Wellness and Safety

Community Health Workers are sensitive to their own personal well-being (physical, mental, and spiritual health) and strive to maintain a safe environment for themselves and the communities they serve.

4.5 Loyalty to the Profession

Community Health Workers are loyal to the profession and aim to advance the efforts of other Community Health Workers worldwide.

4.6 Advocacy for the Profession

Community Health Workers are advocates for the profession. They are members, leaders, and active participants in local, state, and national professional organizations.

4.7 Recognition of Others

Community Health Workers give recognition to others for their professional contributions and achievements.

2.5 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

2.6 Essential Scope of Work

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

Level of Prevention	Aim	Phase of Disease	Target	Intervention Examples
Primary	Widespread changes that reduce the average risk in the whole population Reduction of particular exposures among identified higher risk groups or individuals	Specific causal factors associated with the onset of disease Specific and non-specific factors associated with protection against 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: <ul style="list-style-type: none"> • 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

Adapted from Beaglehole R, Bonita R, Kjellstrom T (1993). *Basic Epidemiology*. Geneva, World Health Organization.
Brownson, R, Remington, P & Davis J (Eds) (1998). *Chronic Disease Epidemiology and control*, (2nd Edition) American Public Health Association, Washington DC

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

Section 3: Liability of Practice

3.1 Non-Disclosure/Confidentiality

The protection of confidential business information and trade secrets is vital to the interests and success of this program. Such confidential information includes, but is not limited to, the following examples:

- Client information
- Conversation data dealing with the client
- Passwords and computer programs
- Client intake data both electronic and on paper
 - CHWs must comply with HIPAA regulations
 - CHWs must maintain client information in a locked file cabinet
 - CHWs are required to obtain a “release of confidentiality form” from every client
- Financial information

3.2 Mandatory Reporting

It is the policy of the state of Nevada to provide for the cooperation of law enforcement officials, courts of competent jurisdiction and all appropriate state agencies providing human services in identifying the abuse, neglect, exploitation and isolation of children, older persons and vulnerable persons through the complete reporting of abuse, neglect, exploitation and isolation of children, older persons and vulnerable persons.

a) Child Abuse or Neglect

CHWs are mandatory reporters of child abuse or neglect. A child is a person under the age of 18. The applicable Nevada Revised Statutes are:

- 432B.040
- 432B.220
- 432B.230
- 432B.240
- 433B.340
- 433B.050
- 200.508

NRS 200.508 Abuse, neglect or endangerment of child: Penalties; definitions.

1. A person who willfully causes a child who is less than 18 years of age to suffer unjustifiable physical pain or mental suffering as a result of abuse or neglect or to be placed in a situation where the child may suffer physical pain or mental suffering as the result of abuse or neglect:
 - a. If substantial bodily or mental harm results to the child:
 - i. If the child is less than 14 years of age and the harm is the result of sexual abuse or exploitation, is guilty of a category A felony and shall be punished by imprisonment in the state prison for life with the possibility of parole, with eligibility for parole beginning when a minimum of 15 years has been served; or
 - ii. In all other such cases to which subparagraph (1) does not apply, is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 20 years; or

- b. If substantial bodily or mental harm does not result to the child:
 - i. If the person has not previously been convicted of a violation of this section or of a violation of the law of any other jurisdiction that prohibits the same or similar conduct, is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 6 years; or
 - ii. If the person has previously been convicted of a violation of this section or of a violation of the law of any other jurisdiction that prohibits the same or similar conduct, is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 15 years,

Unless a more severe penalty is prescribed by law for an act or omission that brings about the abuse or neglect.

2. A person who is responsible for the safety or welfare of a child and who permits or allows that child to suffer unjustifiable physical pain or mental suffering as a result of abuse or neglect or to be placed in a situation where the child may suffer physical pain or mental suffering as the result of abuse or neglect:

- a. If substantial bodily or mental harm results to the child:
 - i. If the child is less than 14 years of age and the harm is the result of sexual abuse or exploitation, is guilty of a category A felony and shall be punished by imprisonment in the state prison for life with the possibility of parole, with eligibility for parole beginning when a minimum of 10 years has been served; or
In all other such cases to which subparagraph (1) does not apply, is guilty of a category B felony and shall be punished by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 20 years; or
- b. If substantial bodily or mental harm does not result to the child:
 - i. If the person has not previously been convicted of a violation of this section or of a violation of the law of any other jurisdiction that prohibits the same or similar conduct, is guilty of a gross misdemeanor; or
 - ii. If the person has previously been convicted of a violation of this section or of a violation of the law of any other jurisdiction that prohibits the same or similar conduct, is guilty of a category C felony and shall be punished as provided in [NRS 193.130](#),

Unless a more severe penalty is prescribed by law for an act or omission that brings about the abuse or neglect.

3. A person does not commit a violation of subsection 1 or 2 by virtue of the sole fact that the person delivers or allows the delivery of a child to a provider of emergency services pursuant to [NRS 432B.630](#).

4. As used in this section:

- a. "Abuse or neglect" means physical or mental injury of a nonaccidental nature, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child under the age of 18 years, as set forth in paragraph (d) and [NRS 432B.070](#), [432B.100](#), [432B.110](#), [432B.140](#) and [432B.150](#), under circumstances which indicate that the child's health or welfare is harmed or threatened with harm.
- b. "Allow" means to do nothing to prevent or stop the abuse or neglect of a child in circumstances where the person knows or has reason to know that the child is abused or neglected.
- c. "Permit" means permission that a reasonable person would not grant and which amounts to a neglect of responsibility attending the care, custody and control of a minor child.
- d. "Physical injury" means:
 - i. (Permanent or temporary disfigurement; or
 - ii. Impairment of any bodily function or organ of the body.
- e. "Substantial mental harm" means an injury to the intellectual or psychological capacity, or the emotional condition of a child as evidenced by an observable and substantial impairment of the ability of the child to function within his or her normal range of performance or behavior.

(Added to NRS by 1971, 772; A 1975, 1141; 1977, 738, 1629; 1985, 1399; 1989, 866, 1510, 1512; [1995, 1193](#); [1997, 850, 1720](#); [1999, 470, 472](#); [2001, 1138, 1264](#); [2003, 22](#))

NRS 432B.020 "Abuse or neglect of a child" defined.

1. "Abuse or neglect of a child" means, except as otherwise provided in subsection 2:

- a. Physical or mental injury of a non-accidental nature;
- b. Sexual abuse or sexual exploitation; or
- c. Negligent treatment or maltreatment as set forth in [NRS 432B.140](#),

Caused to a child or allowed by a person responsible for the welfare of the child under circumstances which indicate that the child's health or welfare is harmed or threatened with harm.

2. A child is not abused or neglected, nor is the health or welfare of the child harmed or threatened for the sole reason that:

- a. The parent of the child delivers the child to a provider of emergency services pursuant to [NRS 432B.630](#), if the parent complies with the requirements of paragraph (a) of subsection 3 of that section; or
- b. The parent or guardian of the child, in good faith, selects and depends upon nonmedical remedial treatment for such child, if such treatment is recognized and permitted under the laws of this State in lieu of medical treatment. This paragraph does not limit the court in ensuring that a child receive a medical examination and treatment pursuant to [NRS 62E.280](#).

Chronic Disease Prevention and Health Promotion Section

3. As used in this section, “allow” means to do nothing to prevent or stop the abuse or neglect of a child in circumstances where the person knows or has reason to know that a child is abused or neglected.

(Added to NRS by 1985, 1368; A [2001, 1255](#); [2003, 1149](#))

STEPS To Process Report:

If a CHW knows or has reasonable cause to believe that a child has been abused or neglected, reports should be made to the State of Nevada Department of Children and Family Services (DCFS) by calling:

- Nevada Statewide: 800-992-5757
- Child Protective Services in Clark County: 702-399-0081
- Child Protective Services in Washoe County: 775-785-8600

or a law enforcement agency, unless the reporter knows or has reason to believe that the abuse involved an act of an employee of DCFS, another agency providing child welfare services, or a law enforcement agency, in which case the person should report to an agency other than the one alleged to have committed the act or omission.

CHWs can also go online to the Nevada Division of Child and Family Services website to submit an online report form or to download a paper form at:

http://www.dcf.state.nv.us/dcf_reportsuspectedchildabuse.htm

Reports should contain, if obtainable:

- The name, address, age and sex of the child
- The name and address of the child’s parents or other person(s) responsible for his care
- The nature and extent of the abuse or neglect, the effect of prenatal illegal substance abuse on the newborn infant or the nature of the withdrawal symptoms resulting from prenatal drug exposure of the newborn infant
- Any previously known or suspected abuse or neglect of the child or her siblings, or effects of prenatal illegal substance abuse on or evidence of withdrawal symptoms resulting from prenatal drug exposure of the newborn infant
- The name, address and relationship of the person alleged to have abused or neglected the child
- Any other information which DCFS or the applicable law enforcement agency considers necessary.

Reports should be made as soon as reasonably practicable, but no later than 24 hours. Reports are to be made by telephone or (given all the facts and circumstances known or which reasonably should be known) other means of oral, written or electronic communications that would be reliable and swift under the circumstances. Knowingly or willfully failing to report is a misdemeanor.

b) Statutory Sexual Seduction

CHWs are mandatory reporters of statutory sexual seduction. The applicable Nevada Revised

- 200.364
- 200.368
- 200.508

Statutes are: According to NRS 200.364, “statutory sexual seduction” means:

- Ordinary sexual intercourse, anal intercourse, cunnilingus or fellatio committed by a person 18 years of age or older with a person under the age of 16 years; or
- Any other sexual penetration committed by a person 18 years of age or older with a person under the age of 16 years with the intent of arousing, appealing to, or gratifying the lust or passions or sexual desires of either of the persons.

NRS 200.368 Statutory sexual seduction: Penalties. Except under circumstances where a greater penalty is provided in [NRS 201.540](#), a person who commits statutory sexual seduction shall be punished:

1. If the person is 21 years of age or older, for a category C felony as provided in [NRS 193.130](#).
2. If the person is under the age of 21 years, for a gross misdemeanor. (Added to NRS by 1977, 1627; A 1979, 1426; [1995, 1187](#); [2001, 703](#))

STEPS To Process Report:

If a CHW knows or has reasonable cause to believe that statutory sexual seduction has occurred, reports should be made to the State of Nevada Department of Children and Family Services (DCFS) by calling:

- Nevada Statewide: 800-992-5757
- Child Protective Services in Clark County: 702-399-0081
- Child Protective Services in Washoe County: 775-785-8600

or a law enforcement agency, unless the reporter knows or has reason to believe that the abuse involved an act of an employee of DCFS, another agency providing child welfare services, or a law enforcement agency, in which case the person should report to an agency other than the one alleged to have committed the act or omission.

HWs can also go online to the Nevada Division of Child and Family Services website to submit an online report form or to download a paper form at:

http://www.dcfstate.nv.us/dcfstate_reportsuspectedchildabuse.htm

Reports should contain, if obtainable:

- The name, address, age and sex of the child
- The name and address of the child's parents or other person(s) responsible for his care
- The nature and extent of the abuse or neglect, the effect of prenatal illegal substance abuse on the newborn infant or the nature of the withdrawal symptoms resulting from prenatal drug exposure of the newborn infant
- Any previously known or suspected abuse or neglect of the child or her siblings, or effects of prenatal illegal substance abuse on or evidence of withdrawal symptoms resulting from prenatal drug exposure of the newborn infant
- The name, address and relationship of the person alleged to have abused or neglected the child
- Any other information which DCFS or the applicable law enforcement agency considers necessary.

Reports should be made as soon as reasonably practicable, but no later than 24 hours. Reports are to be made by telephone or (given all the facts and circumstances known or which reasonably should be known) other means of oral, written or electronic communications that would be reliable and swift under the circumstances. Knowingly or willfully failing to report is a misdemeanor.

c) Lewdness with a Child under the Age of 14

CHWs are mandatory reporters of lewdness with a child under the age of 14. The applicable Nevada Revised Statutes are:

- 201.230
- 200.366
- 200.508

NRS 201.230 Lewdness with child under 14 years; penalties.

1. A person who willfully and lewdly commits any lewd or lascivious act, other than acts constituting the crime of sexual assault, upon or with the body, or any part or member thereof, of a child under the age of 14 years, with the intent of arousing, appealing to, or gratifying the lust or passions or sexual desires of that person or of that child, is guilty of lewdness with a child.
2. Except as otherwise provided in subsection 3, a person who commits lewdness with a child is guilty of a category A felony and shall be punished by imprisonment in the state prison for life with the possibility of parole, with eligibility for parole beginning when a minimum of 10 years has been served and may be further punished by a fine of not more than \$10,000.
3. A person who commits lewdness with a child and who has been previously convicted of:
 - a. Lewdness with a child pursuant to this section or any other sexual offense against a child; or
 - b. An offense committed in another jurisdiction that, if committed in this State, would constitute lewdness with a child pursuant to this section or any other sexual offense against a child,

Guilty of a category A felony and shall be punished by imprisonment in the state prison for life without the possibility of parole.

4. For the purpose of this section, “other sexual offense against a child” has the meaning ascribed to it in subsection 5 of [NRS 200.366](#).
[1911 C&P § 195 1/2; added 1925, 17; A 1947, 24; 1943 NCL § 10143]—(NRS A 1961, 92; 1967, 477; 1973, 96, 255, 1406; 1977, 867, 1632; 1979, 1430; 1983, 207; [1991, 1009](#); [1995, 1200](#); [1997, 1722](#), [2502](#), [3190](#); [1999, 470, 472](#); [2003, 2826](#); [2005, 2877](#))

STEPS To Process Report:

If a CHW knows or has reasonable cause to believe that lewdness with a child under the age of 14 has occurred, reports should be made to the State of Nevada Department of Children and Family Services (DCFS) by calling:

- Nevada Statewide: 800-992-5757
- Child Protective Services in Clark County: 702-399-0081
- Child Protective Services in Washoe County: 775-785-8600

or a law enforcement agency, unless the reporter knows or has reason to believe that the abuse involved an act of an employee of DCFS, another agency providing child welfare services, or a law enforcement agency, in which case the person should report to an agency other than the one alleged to have committed the act or omission.

CHWs can also go online to the Nevada Division of Child and Family Services website to submit an online report form or to download a paper form at:

http://www.dcf.state.nv.us/dcf_reportsuspectedchildabuse.htm

Reports should contain, if obtainable:

- The name, address, age and sex of the child
- The name and address of the child’s parents or other person(s) responsible for his care

- The nature and extent of the abuse or neglect, the effect of prenatal illegal substance abuse on the newborn infant or the nature of the withdrawal symptoms resulting from prenatal drug exposure of the newborn infant
- Any previously known or suspected abuse or neglect of the child or her siblings, or effects of prenatal illegal substance abuse on or evidence of withdrawal symptoms resulting from prenatal drug exposure of the newborn infant
- The name, address and relationship of the person alleged to have abused or neglected the child
- Any other information which DCFS or the applicable law enforcement agency considers necessary.

Reports should be made as soon as reasonably practicable, but no later than 24 hours. Reports are to be made by telephone or (given all the facts and circumstances known or which reasonably should be known) other means of oral, written or electronic communications that would be reliable and swift under the circumstances. Knowingly or willfully failing to report is a misdemeanor.

d) Elder Abuse or Neglect

CHWs are mandatory reporters of abuse, neglect, exploitation or isolation of older persons and vulnerable persons. The applicable Nevada Revised Statutes are:

- 200.5091
- 200.5092
- 200.509 25
- 200.50935
- 200.5094

NRS 200.5092 Definitions. As used in [NRS 200.5091](#) to [200.50995](#), inclusive, unless the context otherwise requires:

1. "Abuse" means willful and unjustified:
 - a. Infliction of pain, injury or mental anguish on an older person or a vulnerable person; or
 - b. Deprivation of food, shelter, clothing or services which are necessary to maintain the physical or mental health of an older person or a vulnerable person.
2. "Exploitation" means any act taken by a person who has the trust and confidence of an older person or a vulnerable person or any use of the power of attorney or guardianship of an older person or a vulnerable person to:
 - a. Obtain control, through deception, intimidation or undue influence, over the older person's or vulnerable person's money, assets or property with the intention of permanently depriving the older person or vulnerable person of the ownership, use, benefit or possession of his or her money, assets or property; or
 - b. Convert money, assets or property of the older person or vulnerable person with the intention of permanently depriving the older person or vulnerable person of the ownership, use, benefit or possession of his or her money, assets or property.

As used in this subsection, “undue influence” does not include the normal influence that one member of a family has over another.

3. “Isolation” means willfully, maliciously and intentionally preventing an older person or a vulnerable person from having contact with another person by:
 - a. Intentionally preventing the older person or vulnerable person from receiving visitors, mail or telephone calls, including, without limitation, communicating to a person who comes to visit the older person or vulnerable person or a person who telephones the older person or vulnerable person that the older person or vulnerable person is not present or does not want to meet with or talk to the visitor or caller knowing that the statement is false, contrary to the express wishes of the older person or vulnerable person and intended to prevent the older person or vulnerable person from having contact with the visitor; or
 - b. Physically restraining the older person or vulnerable person to prevent the older person or vulnerable person from meeting with a person who comes to visit the older person or vulnerable person.

The term does not include an act intended to protect the property or physical or mental welfare of the older person or vulnerable person or an act performed pursuant to the instructions of a physician of the older person or vulnerable person.

4. “Neglect” means the failure of:

- a. A person who has assumed legal responsibility or a contractual obligation for caring for an older person or a vulnerable person or who has voluntarily assumed responsibility for his or her care to provide food, shelter, clothing or services which are necessary to maintain the physical or mental health of the older person or vulnerable person; or
 - b. An older person or a vulnerable person to provide for his or her own needs because of inability to do so.
5. "Older person" means a person who is 60 years of age or older.
6. "Protective services" means services the purpose of which is to prevent and remedy the abuse, neglect, exploitation and isolation of older persons. The services may include investigation, evaluation, counseling, arrangement and referral for other services and assistance.
7. "Vulnerable person" means a person 18 years of age or older who:
- a. Suffers from a condition of physical or mental incapacitation because of a developmental disability, organic brain damage or mental illness; or
 - b. Has one or more physical or mental limitations that restrict the ability of the person to perform the normal activities of daily living.

(Added to NRS by 1981, 1334; A 1983, 1359, 1652; [1995, 2250](#); [1997, 1348](#); [1999, 3517](#); [2003, 491](#); [2005, 1108](#))

STEPS To Process Report:

If a CHW knows or has reasonable cause to believe that abuse, neglect, exploitation, or isolation of an elder or vulnerable person has occurred, reports should be made to the office of Aging and Disability Services Division of the Nevada Department of Health and Human Services by calling:

- Nevada Statewide: 1-800-992-5757

For elder person abuse (age 60 or older):

- Reno: 775-688-2964
- Las Vegas: 702-486-3545
- Carson City: 775-687-4210
- Elko: 775-738-1966

For vulnerable person abuse (ages 18-59):

- Reno: 775-328-2700
- Las Vegas: 702-828-3364

or a law enforcement agency, unless the reporter knows or has reason to believe that the abuse, neglect, exploitation, or isolation involved an act of an employee of the Aging and Disability Services Division, another division of the Department of Health and Human services, or a law enforcement agency, in which case the person should report to an agency other than the one alleged to have committed the abuse, neglect, exploitation, or isolation.

Reports should contain, if obtainable:

- The name and address of the older person or vulnerable person
- The name and address of the person responsible for the care of the older person or vulnerable person
- The name and address of the person who is alleged to have abused, neglected, exploited, or

- isolated the older person or vulnerable person
- The nature and extent of abuse, neglect, exploitation, or isolation

Chronic Disease Prevention and Health Promotion Section

- Any evidence of previous injuries
- Basis of the reporter's belief that the older person or vulnerable person has been abused, neglected, exploited, or isolated.

Reports should be made as soon as reasonably practicable, but no later than 24 hours. Reports are to be made by telephone or (given all the facts and circumstances known or which reasonably should be known) other means of oral, written or electronic communications that would be reliable and swift under the circumstances. A person who knowingly and willfully fails to report abuse of an elder or vulnerable adult is guilty of a misdemeanor.

Other Situations

Some situations a CHW might face will not involve legal mandatory reporting, but may still require action on the part of the CHW for ethical or safety reasons. If a CHW, a client, or someone in the household is in a life-threatening situation, the CHW should call 911 immediately.

3.3 Other Situations

a) Threat of Harm to Self or others

Clients may sometimes threaten to hurt themselves. This may include suicide, self-injury, or self-poisoning.

How to be Helpful to Someone Who is Threatening Suicide

- Be direct. Talk openly and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture on the value of life.
- Don't dare him or her to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.
- Take action. Do your best to remove yourself and the client from the room and or situation where the threat (e.g. gun, drugs) may be.
- Get help from persons or agencies specializing in crisis intervention and suicide prevention.

Be Aware of Feelings

Many people at some time in their lives think about suicide. Most decide to live because they eventually come to realize that the crisis is temporary and death is permanent. On the other hand, people having a crisis sometimes perceive their dilemma as inescapable and feel an utter loss of control. These are some of the feelings and thoughts they experience:

- Can't stop the pain
- Can't think clearly
- Can't make decisions
- Can't see any way out
- Can't sleep, eat or work
- Can't get out of depression
- Can't make the sadness go away

- Can't see a future without pain
- Can't see themselves as worthwhile
- Can't get someone's attention
- Can't seem to get control for crisis situations, call the:
 - Reno Crisis Call Center: 775-784-8090
 - Las Vegas Suicide Prevention Center: 702-456-0244
 - Suicide Prevention Center of Clark County: 702-731-2990
 - Suicide Prevention Hotline of Nevada: 877-885-4673
 - National Suicide Prevention Lifeline: 1-800-273-8255
 - Suicide Hotline (National): 800-333-5580

STEPS To Process Report:

If a CHW, a client, or someone in the household is in a life-threatening situation, the CHW should call 911 immediately.

For non-emergent situations, a CHW should refer the client to a licensed physician, psychologist, therapist, counselor, or social worker so they can receive the necessary care and treatment. According to NRS 433A.160, these providers, along with DHHS agents and police officers, are able to admit a person alleged to be a person with mental illness for evaluation, observation and treatment. CHWs should refer to their coalition for a list of approved providers.

b) Domestic Abuse

If a CHW suspects that domestic abuse is occurring, they should address the issue and provide resources as appropriate. CHWs should not put themselves in situations that would place them in any kind of danger.

CHWs should recognize that domestic violence and abuse does not discriminate. It happens among heterosexual couples and in same-sex partnerships, to both men and women. It occurs within all age ranges, ethnic backgrounds, and economic levels. Domestic abuse can include physical violence, as well as emotional, economic, mental, sexual, and verbal abuse.

NRS 33.018 Acts which constitute domestic violence:

1. Domestic violence occurs when a person commits one of the following acts against or upon the person's spouse or former spouse, any other person to whom the person is related by blood or marriage, any other person with whom the person is or was actually residing, any other person with whom the person has had or is having a dating relationship, any other person with whom the person has a child in common, the minor child of any of those persons, the person's minor child or any other person who has been appointed the custodian or legal guardian for the person's minor child:
 - a. A battery.
 - b. An assault.

- c. Compelling the other person by force or threat of force to perform an act from which the other person has the right to refrain or to refrain from an act which the other person has the right to perform.
- d. A sexual assault.
- e. A knowing, purposeful or reckless course of conduct intended to harass the other person. Such conduct may include, but is not limited to:
 - i. Stalking.
 - ii. Arson.
 - iii. Trespassing.
 - iv. Larceny.
 - v. Destruction of private property.
 - vi. Carrying a concealed weapon without a permit.
 - vii. Injuring or killing an animal.
- f. A false imprisonment.
- g. Unlawful entry of the other person's residence or forcible entry against the other person's will if there is a reasonably foreseeable risk of harm to the other person from the entry.

2. As used in this section, "dating relationship" means frequent, intimate associations primarily characterized by the expectation of affectional or sexual involvement. The term does not include a casual relationship or an ordinary association between persons in a business or social context.

(Added to NRS by 1985, 2283; A [1995, 902](#); [1997, 1808](#); [2007, 82, 1275](#))

General Warning Signs of Domestic Abuse

People who are being abused may:

- Seem afraid or anxious to please their partner
- Go along with everything their partner says and does
- Check in often with their partner to report where they are and what they're doing
- Receive frequent, harassing phone calls from their partner
- Talk about their partner's temper, jealousy, or possessiveness

Warning Signs of Physical Violence

People who are being physically abused may:

- Have frequent injuries, with the excuse of "accidents"
- Frequently miss work, school, or social occasions, without explanation
- Dress in clothing designed to hide bruises or scars (e.g. wearing long sleeves in the summer or sunglasses indoors)

Warning Signs of Isolation

People who are being isolated by their abuser may:

- Be restricted from seeing family and friends
- Rarely go out in public without their partner
- Have limited access to money, credit cards, or the car

Psychological Warning Signs of Abuse

People who are being abused may:

- Have very low self-esteem, even if they used to be confident
- Show major personality changes (e.g., an outgoing person becomes withdrawn)
- Be depressed, anxious, or suicidal

If a CHW suspects that domestic abuse is occurring, the CHW should talk to the person in private and let him or her know that the CHW is concerned. The CHW should point out the things they have noticed that make them worried. Tell the person that they are there, whenever he or she feels ready to talk. The CHW should reassure the person that they will keep whatever is said between the two of them, and let him or her know that they will help in any way they can.

Do's and Don'ts for Approaching a Suspected Domestic Abuse Victim

Do's:

- Ask if something is wrong
- Express concern
- Listen and validate
- Offer help
- Support his or her decisions

Don'ts:

- Wait for him or her to come to you
- Judge or blame
- Pressure him or her
- Give advice
- Place conditions on your support

STEPS To Process Report:

If a CHW, a client, or someone in the household is in a life-threatening situation, the CHW should call 911 immediately.

Domestic Abuse and Violence Resources

- National Domestic Violence Hotline: 1-800-799-SAFE (7233)
- Nevada Statewide Hotline: 1-800-500-1556
- National Teen Dating Abuse Hotline (ages 13-18): 1-866-331-9474
- Nevada Crisis Call Center: 1-800-992-5757

Southern Nevada Resources

- Rape Crisis Hotline: 702-366-1640 TDD: 385-4979
- Safe House Domestic Violence: 702-564-3227
- Safe Nest Domestic Violence: 702-646-4981

Northern Nevada Resources

- Reno Safe Embrace: 775-322-3466
- Elko Committee Against Domestic Violence (CADV): 775-738-9454 or 1-888-738-9454
- Carson City Advocates to End Domestic Violence and Sexual Assault Response Advocates: 775-883-7654
- Washoe County Committee to Aid Abused Women (CAAW): 775-329-4150

c) Addiction (Alcohol, Substance, Gambling, etc.)

CHWs should provide resources providing assistance with addiction that clients can utilize should they choose.

Substance Abuse and Mental Health Services Administration
(SAMHSA) Treatment Referral Line: 1-800-662-HELP (4357)
<http://www.samhsa.gov/treatment/index.aspx>

Substance Abuse Prevention and Treatment Agency
(SAPTA) Substance Abuse Hotline: 775-825-HELP
(4357)
Crisis Hotline: 800-992-5757
SAPTA North: 775-684-4190
SAPTA South: 702-486-8250
http://mhds.nv.gov/index.php?option=com_content&view=article&id=61&Itemid=72

Alcoholics Anonymous (AA)
Northern Nevada Intergroup: 775-355-1151
www.nnig.org Las Vegas Intergroup: 702-598-1888
www.lvcentraloffice.org Oficina Central Hispana:
702-387-8744

[Narcotics
Anonymous
sierrasadena.
org](http://www.sierrasadena.org)
PO Box 11913
Reno, NV
(775) 322-4811

www.svana.us
21 E
California
Ave Las
Vegas, NV
(702) 369-
3362

Nevada Council on Problem
Gambling Problem Gamblers
Helpline: 1-800-522-4700
<http://www.nevadacouncil.org/>

Gamblers Anonymous
(Gam-Anon) Carson City
Hotline: 775-882-8222
Reno Hotline 775-856-
8070
Las Vegas Hotline: 855-2CALLGA (855-222-5542)
<http://www.gamblersanonymous.org/ga/node/1>

Poison Control Center Emergency Hotline: 800-222-1222
Southwest Passage (Se Habla Español): 702-631-8722

If a client or someone in the household is experiencing an overdose of any kind, call 911.

Section 4: Code of Conduct

4.1 General Policies

The purpose of a code of conduct is to establish a common understanding of the standards of behavior expected of all CHWs as they conduct daily activities on the behalf of their place of employment and as representing the Nevada Division of Public and Behavioral Health. This Code does not attempt to provide a detailed and exhaustive list of what to do in every aspect of your work; however, it does represent a broad framework that will help the CHW decide on an appropriate course of action while conducting routine business within the field. CHWs are expected but not limited to conduct the following:

- Behave and speak in a respectful manner to program participants.
- Not socialize or have personal or business relationships with program participants for the purpose of, or which results in, any program advantages, considerations or benefits to either the CHW or program participant which exceeds their normal entitlement.
- Not use his or her position to seek, accept, secure, offer or provide any gift, service, favor, employment, emolument, rebate, privilege, preference, exemption or advantages from recipient or provider. Accepting food and/or beverages as a result of extended hospitality is at the discretion of the CHW; however, use extreme caution. The best safety protocol is to refrain from accepting food and/or beverages. This should not affect administered services.
- Not provide, use or approve the use of a private vehicle, including their own for the transportation, in the performance of their duties, of a program participant unless specifically approved for work-related use by their Supervisor.
- Not release, provide or make available to any individual, organization or the general public an applicant or client name(s), case or contact information except when necessary to meet or comply with applicable program regulations and/or requirements.
- Immediately notify their Supervisor if an assigned case includes a member of their own family, business associate or a personal friend or one with whom the employee has conducted or is conducting business so the case can be reassigned to another worker. This will protect a worker from charges of manipulation or favoritism.
- Staff should avoid being alone with a client. To prevent this occurrence always have two staff present with clients. When not possible, have one staff present with several clients. When this is not possible, have activities occur in an open door, well lit, easily accessible setting. When this is not possible, such as during closed-door consultation, document the time spent behind closed doors and keep it to a minimum.

4.2 Conduct and Relationship with Clients

The mission of the Community Health Worker program is to bridge cultural mediation between communities and the health care system and to improve the health literacy and outcomes of the Latino population.

Client Relationships

All clients are entitled to the same courteous, understanding attention. There will be no discrimination or difference in service because of color, race, religion, sex, disability or any other reason. The rights of the individual to be treated with courtesy and respect will be carefully observed.

Relationships with clients shall be professional at all times. Personal relationships between staff members and clients are not considered professional and will not be tolerated. Community Health Workers should not engage in sexual and/or inappropriate relationships with colleagues, supervisees, students, trainees, and/or clients. If a CHW becomes involved in, or anticipate becoming involved in, a sexual relationship with the above categories of people, the CHW has a duty to transfer professional responsibilities, when necessary to avoid a conflict of interest. In some cases, personal relationships between staff and clients are illegal and will be referred to the Attorney General's Office for criminal prosecution. Information received from clients is confidential and is only to be used within the Division for purposes that affect services to the client.

Case material/incident reports are considered confidential and cannot be used for research, writing or public relations without prior approval of the Division Administrator. If approval is granted, it must be disguised beyond recognition and reviewed by the appropriate Deputy or Chief prior to publication.

CHWs are not permitted to accept gifts or payment from a client, person or firm doing business with the Coalition or Agency.

4.3 Personal Appearance

Personal appearance is a direct reflection of the professionalism of the Division, Coalition and its services. CHWs are in a unique position of serving as role models for clients. As such, CHWs are encouraged to continually enhance both office and personal appearance to show their pride in what they do.

Managers and Supervisors are responsible for providing further specific definitions and details, as the need arises, and for ensuring dress code policies are administered consistently within the scope of their authority.

Employees representing the Division and the CHW Program before groups, such as public governing bodies, community organizations and court are encouraged to dress professionally.

Section 5: Home Visiting & Outreach Safety

The purpose of these policies and procedures is to ensure that each CHW is prepared for a safe and comfortable client home visit.

5.1 Before a Home Visit

- Keep supervisor informed of all home visits so someone knows where you are at all times.
- Take a cellular device and supplemental charger and keep it accessible in case of emergency.

- Wear comfortable clothes and shoes appropriate for walking and weather, including but not limited to proper footwear, jackets and warm clothes for late night and/or cold outreaches as well as layers or light clothing for hot and/or summer outreaches.
- Be professional, neat, and discreet in your dress and maintain good personal hygiene.
- Avoid heavy scents such as cologne or perfume.
- Do not wear expensive clothing and accessories (e.g. purses, jewelry) or carry around cash and/or unnecessary items.
- Avoid any type of gang-affiliated clothing, including gang related colors or insignia, provocative or other clothing which does not present a proper and professional image of the CHW program and/or its affiliates.
- Recognize that clients are not an interruption to your work, they are the reason we are here.
- Obtain contact information for other members of your coalition prior to leaving for a home visit so that you have a method of contact in case of emergency or you need assistance.
- Trust your instincts.

5.2 During a Home Visit

- Report to home visits at the appointed time and only go on a home visit if the visit has been pre- scheduled.
- Park on the street not in a driveway, which removes any danger of being blocked in, and always lock the doors of the vehicle.
- Do not leave any work or personal items visible in a car. Any personal items should be secured so as not to be visible, before leaving for a home visit.
- Do not enter a home if there is a visible threat to safety (e.g., drugs, alcohol, weapons, etc.) or when instinct tells you not to enter a home.
- Find the exits and sit facing the exit door
- Offer case management to clients once a relationship has been developed. Remember this may take multiple visits to the client's home before they are willing to answer all of the intake form questions.
- Do not provide food or cook for a client. Cooking is allowed if CHW is providing nutrition education or training.
- Do not give your personal information, including, but not limited to, personal phone number, personal address or any other identification that could be used to find you outside of your coalition.
- Do not provide clients with car rides. Instead, help coordinate transportation.
- Do not help or demonstrate diabetes finger stick testing under any circumstance
- Do not translate any medical forms and only interpret when helping to schedule an appointment or fill out an application for services that are of non-medical nature.
- Be aware of surroundings at all times. Leave the home if you see signs of weapons, odors due to drug manufacturing and/or other drug paraphernalia that may put you in danger.
- Do not remain in a home if told to leave.
- Do not assume that because something has not happened in the past that it could not or will

not happen in the future. CHW's should never assume client would behave in a particular fashion. Always react to what you witness not on assumptions.

Chronic Disease Prevention and Health Promotion Section

- Upon leaving, have car keys in hand before leaving to avoid delays in entering the car. Car keys should be kept with the staff member at all times.
- Trust your instincts.

5.3 General Policies

- Know the talking points of the organizations, programs, and resources you can provide.
- Do not judge or assume that you know what is best for someone else.
- Remain nonjudgmental and open to new viewpoints and ideas.
- Protect confidential information and documents and respect the privacy of clients.
- Communicate effectively by listening carefully and speaking directly.
- Maintain professionalism on the telephone and in written and electronic correspondence, including client intake forms.
- Show consideration of others' priorities by practicing good management of time and resources and avoiding last minute requests.

Section 6: Case Management

6.1 General Policies

An essential part of a CHW's scope of practice is case management. Case management is a collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates options and services to meet complex health needs through communication and available resources to promote quality, cost-effective outcomes (Case Management Society of America, 2002). Below are policy and procedures regarding common case management activities.

There are tools available for every CHW to utilize that can be provided by the Chronic Disease Prevention and Health Promotion section at the Nevada Division of Public and Behavioral Health. These tools include but are not limited to:

The Community Health Advocate Wellness Plan

This is a complete packet that is available for you to print out or to fill out digitally. This packet includes the following:

Household client registration form: This form is useful to collect household information and assess household environment. Between this form and income, the CHW can assess the client's Federal Poverty Level (FPL) and what services the client may or may not be eligible for.

Consent for services and case management: There are two forms provided that protects the CHW from conducting services with the client. Although the services that CHWs will conduct are minimal compared

to other health practitioners, these forms inform the client of services offered and protect the CHW if the client is unhappy with services rendered.

Authorization for the release of protected information: Within a CHW's scope of work, services offered may be accompanying a client to a doctor's appointment or translating the needs of a client to other social service professionals. A CHW is normally bound by confidentiality and cannot disclose protected information to anybody. This document allows the client to pick and choose which individual's the CHW is allowed to disclose protected information to.

Basic needs assessment: This form will help the CHW develop the client's unique client ID that should be copied over to all documents relating to this client. This will eliminate any HIPAA violations if information is shared with the Nevada Division of Public and Behavioral Health for the purposes of evaluation. Additionally, this is a simple way to assess a client's needs rather quickly so that the CHW can proceed with what referrals and/or services a client will need within the case management process.

Client medical history form: This form collects basic client information in addition to assessing common risk behaviors associated with various chronic diseases. Questions within this form will help the CHW better direct referrals and services for a client and will also ensure the CHW is collecting the correct information to report to the Nevada Division of Public and Behavioral Health for the evaluation of this intervention.

Personal wellness plan worksheet: This tool will help the CHW work with the client to increase positive health behaviors and reduce negative risk behaviors. This will keep the client goal oriented to achieve optimal outcomes for their health.

Client progress note: A client progress note is utilized after each encounter after the initial intake process has been conducted with a client. This should be filled out after the client has left the visit so that the CHW can reflect on their meeting together and identify any behavior or health changes and to track progress towards the client's goals. Information within this progress note will be utilized for the evaluation of this intervention as well. Additionally, the CHW should adhere to Subjective, Objective Assessment Plan (SOAP) note protocol in filling out this particular document.

Client contact form (Separate document): This form is adjacent to the Wellness Plan and is primarily used to track referrals and potential client encounters.

6.2 Referrals to Health and Social Services

A primary component within the scope of practice of a CHW is referrals into care. It is the responsibility of the CHW to have a list of resources available in their region of practice that are reputable by the standards of their organization and that are culturally competent to their clientele. It is advised that all referrals are checked beforehand, the organization is aware of the CHWs collaboration to refer clients into care and

that the CHW follows up with the client to assess whether the referral was helpful or not. This process should be documented utilizing the client contact form. A CHW is also required to periodically update their referral list since health and social service organizations tend to change.

6.3 Appointments

To ensure the quality of service administered to a client, a CHW should time manage their case loads to effectively meet their client's needs. A complete intake with a client can take 1 to 3 hours depending on the client's need and particular urgency. A follow up visit with a client should take no more than 1 hour and simple referrals can take 5 to 30-minutes. Additionally a home visit or accompaniment to a practitioner visit can take 1 to 3 hours. It is advised that the CHW confirm appointments with clients at least 1 to 2 days prior to their scheduled appointment. Be cognizant of transportation barriers.

All clients referred to the Community Health Worker Program for case management services will receive the first available appointment; including same day if possible.

- At a minimum they will receive an initial appointment within five business days of first contact.
- All attempts possible will be made to see individuals in crisis in the same day.

Client will be given copies of their assigned clients and case paperwork. This should be done the day of services offered and no more than 5-business days after services given. Originals will be placed in the client's paper folder.

6.4 Recording Case Notes

It is advised that the CHW allow at least 1-hour between appointments to write progress notes and fill out the applicable documentation to track encounters. Depending on case load, a CHW can get backed up regarding their case notes. It is imperative that a case note is completed within 1 to 2 business days of a client's visit. Otherwise, information recorded could become unreliable due to recall errors.

Case notes will be written in the following Client Progress Note format:

- Reason for Meeting: What did the client say? Why are you meeting with the client? Have there been any changes to the client's medications or diagnoses? What did you observe about the clients appearance, behavior, and/or mood? Are they adhering to their medications?
- Assessment: What short- and long-term goals did you and the client decide to set for the client?
- Plan: What is the plan to meet the clients unmet needs, including referrals and follow-up?
- When a referral is given or a community resource is accessed, additional information contained in the case note will include:
 - Name of person or agency client is referred to
 - Reason for referral
 - Follow-up plan: when will follow-up with the client
 - Barriers to the client accessing/completing the referral
 - Other pertinent status/information

Information documented in the client's case notes should be directly related to their care and provide the minimal amount of information necessary to accurately document the encounter. Never use a client's name. Refer to them as "client."

Types of information that should not be documented in a client's case notes include:

- Information not related to the client's care or services
- Information about another client unless it is directly related to the client's access to care and/or services.

A client's information should NEVER be shared or visible for others to see. This means that the CHWs desk will be clear of the previous client's documentation and paperwork prior to a succeeding visit.

6.5 Case Note Maintenance

- All documentation regarding a specific client will have a unique client identification (see Basic Needs Assessment form).
- All documentation regarding a client will be completed within one business day of the appointment/ encounter.
- All forms and documentation regarding client will be neatly and consecutively filed in their corresponding folder within one business day of the appointment/encounter.
- All forms and documentation pertaining to a client will be locked in a secure filing cabinet and corresponding room. Both the room and filing cabinet will be locked prior to leaving the office at any time.
- No paperwork/documents will be left "loose." All documents will be placed in a client's case notes even if it is not yet ready to be permanently filed.
- When a client's paper folder becomes too big for one file the CHW can add a new one. The new folder will indicate that it is #2 (or thereafter). The old folder may be archived if the information contained within is not needed.

6.6 Closing a Client's Case Notes

Closing a client's case notes will occur in the following circumstances:

- CHW has not had contact with the client in at least a year.
- The client has passed away.
- The client has moved out of state.
- At the request of the client

Pursuant to the provisions of subsection 7 of NRS 629.051,

"The health care records of a person who is less than 23 years may not be destroyed; and The health care records of a person who has attained the age of 23 may be destroyed for those records which have been retained for at least 5 years or longer period provided by federal law; and except as otherwise provided In subsection 7 of NRS 629.051 and unless a longer period is provided by federal law, the health care records of a patient who is 23 years of age or older may be destroyed after 5 years pursuant to subsection 1 of NRS 629.051.

6.7 Follow-Up Communication

Frequency of contact with clients will be determined by the amount and severity of unmet needs and will be jointly decided by the CHW and client. All attempts at contact will be documented. All clients will receive a follow up phone call within 5-7 business days of the initial intake to answer questions and discuss progress towards meeting unmet needs. For subsequent communications, face-to-face contact is preferred but phone is acceptable if face-to-face is not possible.

The CHW should check-in with the client regarding any informational changes to their file prior to beginning their follow up visit. This applies to both office and home visits. Any changes should be documented within the client's file to ensure up-to-date information and contact.

Client/Community Communication:

To help ensure timely communication with clients or community organizations for outreach and education, the CHW will check and respond to emails/voicemails at least twice daily.

Off-Site Case Management:

Home visits are permitted. Appropriate reasons to conduct a home visit can include welfare checks and conducting case management for a client.

CHWs are permitted to conduct case management off-site with a client in the following circumstances:

- At the hospital
- Accompanying a client to an appointment as an advocate
- Barriers to transportation are present
- Barriers to child-care are present

6.8 Walk-In Appointments

If a client's CHW is available they will meet with the client to learn more about the situation and address their need based on the following criteria:

- If it is an emergency related to the clients basic needs, physical, and/or mental health they will immediately address the situation.
- If it is not an emergency, and the CHW has enough time to meet with the client they will do so.
- If it is not an emergency, and the CHW does not have time they will schedule the client with their next available appointment.
- If a client's CHWs not available, a staff member greeting the client will use the following criteria to determine what to do:
- If it is an emergency related to the clients basic needs, physical, and/or mental health staff will immediately address the situation directly, or contact a staff member who is qualified to address the emergency.
- If another CHW has the time and sufficient knowledge about the client's case to effectively help them with their request/need, they will meet with them.
- If no CHWs are available, the staff greeting the client will schedule them for their CHW's next available appointment if their request/need is not time sensitive/immediate.
- If the staff greeting the client is unsure whether a walk-in client needs to see someone immediately they will err on the side of caution and seek assistance from the Director.

6.9 No Call/No Shows, Rescheduling Appointments, and Late Appointments

- If a client no call/no shows to their appointment the CHW will call them in an attempt to reschedule the appointment. The attempt will be documented.
- If a client calls to cancel their appointment they will be asked if they would like to reschedule it for another date/time. As well, any barriers to attending their appointment will be identified and attempts to remove the barriers will be made (e.g. transportation).

- If a client is more than 15 minutes late to their appointment and seeing the client will cause the CHW to be late for their next client appointment, the CHW will reschedule the client for their next available appointment.
- If seeing the client will not prevent the CHW from being on time for their next scheduled appointment, the CHW will see the client.
- If a CHW will be more than 10 minutes late to their next client appointment due to the current appointment running longer than anticipated, The CHW will contact the client and/or another CHW who will notify the client to explain the situation and see if they can wait.

6.10 Client Transportation

The Community Health Worker Program does not have a client transportation program that provides clients transportation assistance. A CHW is not advised to transport a client in her or his personal vehicle. A CHW will assess and utilize transportation resources for the client if this is a barrier to receiving care.

6.11 Clients Wishing to Switch Community Health Workers

A client has the right to request a different CHW for services. This request should be made to the CHWs immediate supervisor and the supervisor will coordinate client services thereafter. If the client chooses to disclose the reason for switching CHWs, this should be notated in the client profile for quality of future service. Services should always be rendered in the best interest of the client.

Section 7: Boundaries

Boundaries are to not do for others what they can do for themselves. To embed this philosophy into the practice of CHWs, it will ensure that CHWs will not get enmeshed or inappropriately involved with someone else's business. Boundaries are created to protect both the client and the CHW. The very skills and qualities for which a CHW is hired can be the very skills and qualities that lead to safety concerns, inappropriate relationships and/or burn-out within the profession.

7.1 Boundary Distinction

It is important for the CHW to determine what a personal issue is and what the issue of the client is. It is important for the CHW to assess their reaction to specific situations with a client. For example, if a CHW is tasked with the job to find community resources for a teenage girl who is pregnant and the CHW herself was a teen mom. It is important that the CHW recognize their own bias in a situation. In this particular situation, a biased decision on the part of a CHW may be to tell the girl to get married to the father because that is what they believe. An unbiased decision on the part of the CHW would be to assess what the urgency of the situation is such as does the teenager need food, housing, clothing or prenatal care and then refer appropriately. Operating under the guise of a biased decision towards a client is a boundary issue. Refer to the ethical practices of CHWs earlier in this handbook for guidance.

7.2 Setting Limits

Although a CHW recognizes that a client may have transportation issues, drug or alcohol dependency and/or social determinants of health that may influence their interaction with the CHW, it is important to establish boundaries with the client.

- A CHW has the right to say NO. Learn this concept and practice it.
- The CHW should not continue services with a client if the CHW feels there is a conflict of interest or cannot separate personal bias to perform services
- Learn to establish personal ground rules and convey them to the client.
- Be honest and direct with clients and with your supervisor.
- Consider cultural issues.
- It is okay to establish your comfort level and physical space with a client. Vice/versa, recognize and respect their physical space.


7.3 Self Care

The work of a CHW can be emotionally and physically exhausting depending on the case. It is important that the CHW practices self-care and self-awareness when reaching this level of exhaustion. The CHW is only as valuable as they are healthy themselves; therefore, it is important to communicate work load and hard emotional cases to your immediate supervisor. It is important that the CHW does not neglect their own eating, sleeping and exercise habits. A journal or log is recommended to process thoughts; however, remember to leave out all identifying information of a client.

Nevada Division of Public and Behavioral Health:


Melanie Flores, MSW
Community Health Worker Program
Manager

Course Materials



- Manual (sent via email)
- Copy of today's PPT for notes

The Online System: Moodle

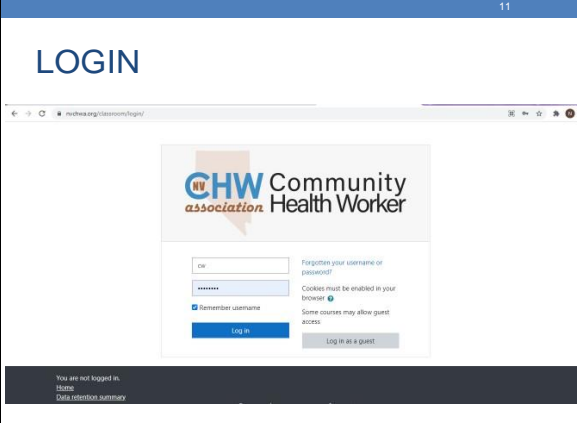
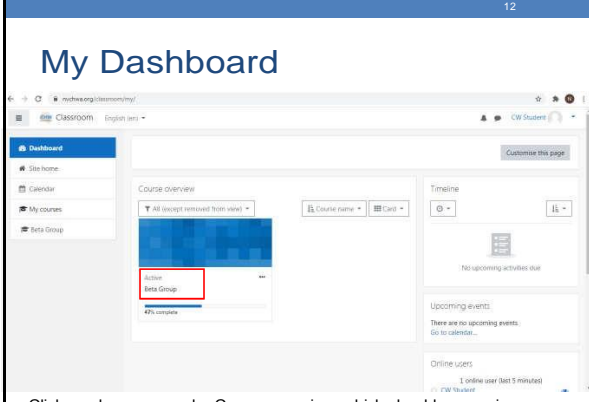


Technical requirements for online systems

- Basic computer skills
- Internet access
- Current version of Adobe Acrobat Reader
- Check technical details: Audio devices, printer
- The course uses HTML (Hyper Text Markup Language)
- Internet Explorer, Safari, Firefox, Opera, and Google Chrome

Login to the System

- You will receive an email from Jesus Santos (via Classroom)
 - Email from noreply@nvchwa.org
 - Email subject: "NVCHWA Classroom: New User Account"
- Follow this link to log in : <https://nvchwa.org/classroom/login/>
- When the NVCHWA Classroom site loads, you will see the NVCHWA logo in the upper middle portion of your screen.
- Get familiarized with screen tabs and functions.

- Click on classroom under Course overview, which should appear in your Dashboard

Classroom

Beta Group

Announcements

Class Forum

Course Files

Tests and Surveys

Course Assignments

- Lead tutorial in web browser

NEVADA
Wellness

QUESTIONS AND COMMENTS?

CHW Roles and Boundaries

CHW Roles and Responsibilities

- Identify barriers to care
- Provide referral and follow-up services or care coordination
- Connect clients and/or patients to culturally competent care
- Strengthen community understanding of medical care

What do Community Health Workers look like?

What Makes Community Health Workers Unique?

Community Health Workers bridge the gap between...



Outreach

CHWs provide culturally appropriate health education, information and outreach in community-based settings, such as homes, schools, clinics, shelters, local businesses, and community centers.



Values

In order for CHWs to be effective they must be aware of their own values and make sure those are put away when interacting with a client.



Values Discussion

- Is it fair to discuss the following personal values with a client?
 - If your house is a mess, you are lazy
 - If you don't make eye contact, you can't be trusted
 - If you go to church, you must be a good person
 - If you drive a nice car, you can afford to pay your own health insurance
 - If you are obese, you're out of control

Home Visit Activity

- Break into groups of 4 or 5
- Each small group reads Home Visit Scenario
- Each small group discusses how to deal with the situation
- Each small group decides on most appropriate response
- Each small group reports back to large group

Home Visit Scenario #1

- You enter a home for a planned Health Education visit and observe the following:
 - Unpleasant smell – home needs cleaning
 - Expectant mother smoking cigarettes in the home
 - Black mold behind couch
 - Signs of cockroaches
- How would you handle this situation?

25

Home Visit Scenario #2

- You enter a home for a planned Health Education visit and observe the following:
 - Couple is having an argument with teenage children present
 - Signs of intoxication for both parties
 - Male becomes physically threatening
 - Female slaps male in face
 - Teenage child threatens suicide
- How would you handle this situation?

26

Home Visit Scenario #3


- You enter a home for a planned Health Education visit and observe the following:
 - Elderly couple with caregiver
 - Signs of physical abuse on the face of elderly wife
 - Elderly husband seems forgetful and asks for medication
 - Caregiver seems aggressive/defensive and is smoking cigarette near elderly woman's oxygen tank.
- How would you handle this situation?

Access



- Assure that people access services they need.
- Provide care coordination and health screenings.
- Advocate for individual and community needs.
- Member of Health Home (Medical Home)

Patient Centered Medical Home:



- Empanelment: Establish patient-provider relationship
- Patient-centered interactions
- Team based healing relationships
- Care coordination
- Engaged leadership
- Quality improvement
- Evidence based care
- Enhanced access


Educate



- Provide health education
- Develop strategies to improve well being and health
- Support follow-up care
- Help manage patient's schedule of appointments and tests
- Provide informal coaching and social support

Professional Boundaries

- Boundaries are the limits that allow for safe connections between professionals and the public they serve.
- They are mutually understood, unspoken physical and emotional limits of the relationships between people.
- Professional boundaries help community health workers do their jobs effectively, grow personally and professionally.
- Know how your job starts and ends by having clear roles and action steps.



Group Activity

- Hand out boundary cards to individual students
- Ask student to read situation out loud
- Ask for volunteers to discuss how they would handle the situation



32

Boundaries Discussion

- What would you do if:
 - A client asks for your home phone number?
 - A client asks you to "friend" them on Facebook?
 - A client asks you about taking medication only once every other day to save money?
 - A client asks you if he should divorce his wife?
 - A client told you another client was using drugs?
 - A client invited you to his daughter's wedding?

Setting Boundaries

- Discuss your boundaries
- Don't feel pressured to ignore your boundaries
- Put your personal values aside
- Watch out for over involvement
- Remember CHWs don't give advice



34

Online Referral Resource: Findhelp.org by Aunt Bertha

- Find resources
- Give referrals
- Manage clients
- Update provider information



QUESTIONS AND CONCERNS?

10 minute break

Communication Skills

Learning Objectives

1. Understand basic principles of communication
2. Strengthen active listening skills
3. Identify barriers to communication
4. Strengthen cross-cultural communication

What is Communication?

The exchange of thoughts, messages, or information by speech, signals, writing, or behavior.



Effective Communication

1. Give good information
2. Gather good information
3. Build trust


Effective
Communication






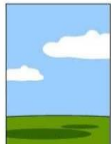


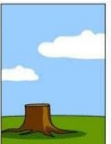

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Productive
Relationship

Gather Good Information

- Can you be more specific?
- Can you give me an example of that?
- What happened then?
- How does this affect you?

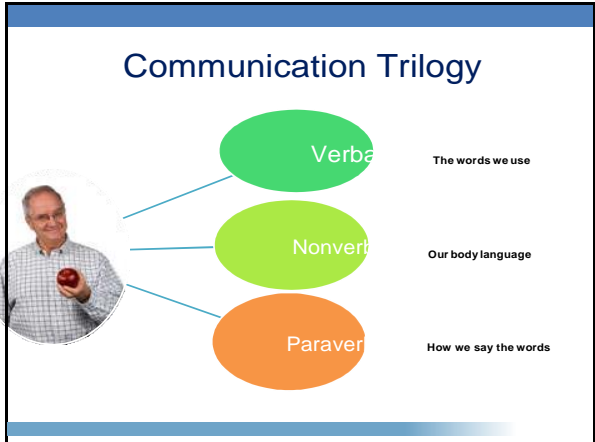


 How the customer explained it	 How the Project Leader understood it	 How the Analyst designed it	 How the Programmer wrote it	 How the Business Consultant described it
 How the project was documented	 What operations installed	 How the customer was billed	 How it was supported	 What the customer really needed

Communication Activity



Why do we communicate?
Who do we communicate with?



Verbal Messages

The words we use

Effective Verbal Messages:

- Are brief, succinct, and organized
- Are free of jargon
- Do not create resistance in the listener

Handout "words we use activity"

Para Verbal Messages

How we say the words we use

- Include the tone, pitch, and pacing of our voice.

A sentence can convey entirely different meanings depending on the emphasis on words and the tone of voice.

Nonverbal Messages

Our body language

Nonverbal messages are the primary way that we communicate emotions.

- Facial Expressions
- Postures and Gestures

<https://www.youtube.com/watch?v=eN4r8fxhUPg>

Active Listening

- Give undivided attention to the speaker in an effort to understand their point of view
- 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

Active Listening Skills

- Paraphrased statements
 - Translate into your own words what the speaker said
 - Reflecting facts
- Briefly summarize content or facts of what someone said
 - Reflecting feelings
- When someone is expressing feelings convey empathy and encourage them to continue.
 - Reflect back feelings "it sounds like you're feeling . . ."
- Summarizing
 - Blend the ideas into one theme

Barriers to Good Communication

- Stereotyping
- Cross-cultural differences
- Poor listening skills



Communication is difficult when...

- Lack of information and knowledge
- Poor explanation of goals and priorities
- Poor listening
- Not understanding
- Not using questions to clarify
- Mind made up about situation
- Jumping to conclusions
- Allowing emotions to block communication process


Communication Barriers

Verbal Barriers

- Attacking
- You messages
- Showing power
- Shouting
- Name calling
- Refusing to speak

Non-verbal Barriers

- Flashing or rolling eyes
- Quick or slow movements
- Arms crossed, legs crossed
- Gestures made with exasperation
- Slouching, hunching over
- Poor personal care
- Doodling
- Staring at people or avoiding eye contact
- Excessive fidgeting with materials



Outcomes of Poor Communication

• Mistakes	• Loss of team spirit
• Lack of efficiency	• High employee turnover
• Poor coordination	
• Frustration and anger	
• Conflict	
• Low morale	

Studies tell us that 70% of mistakes in the workplace are a result of poor communication.

Cross-Cultural Communication



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

E-mail Communication

- Use e-mails wisely
- Write clearly and concisely
- Make sure your subject line is clear – Avoid a subject line of “hi”
- Read first, send later – hold back until you have taken a breath. Buy time.
- E-mail is a conversation



QUESTIONS AND COMMENTS?



National CLAS Standards: Fact Sheet

Purpose

The enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for individuals as well as health and health care organizations to implement culturally and linguistically appropriate services.

The enhanced Standards are a comprehensive series of guidelines that inform, guide, and facilitate practices related to culturally and linguistically appropriate health services.

History & Enhancement Initiative

The National CLAS Standards were first developed by the HHS Office of Minority Health in 2000. Following 10 years of successful implementation, the Office of Minority Health launched an initiative to update the Standards to reflect the tremendous growth in the field of cultural and linguistic competency since 2000 and the increasing diversity of the nation.

The Enhancement Initiative lasted from 2010 to 2013, and it had three major components: a public comment period, a systematic literature review, and ongoing consultations with an advisory committee comprised of leaders and experts from a variety of settings in the public and private sectors.

The Case for the National CLAS Standards

The enhanced National CLAS Standards were developed in response to health and health care disparities, changing demographics, and legal and accreditation requirements. With the Institute of Medicine's publication of *Unequal Treatment* in 2003, culturally and linguistically appropriate services gained recognition as an important way to help address the persistent disparities faced by our nation's diverse communities. There have also been rapid changes in demographic trends in the U.S. in the last decade. Additionally, national accreditation standards for professional licensure in the fields of medicine and nursing, and health care policies, such as the Affordable Care Act, have also helped to underscore the importance of cultural and linguistic competency as part of high quality health care and services.

The enhanced National CLAS Standards address these new developments and trends, and offer an even stronger framework to provide culturally and linguistically appropriate services. The enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities.

Enhancements to the National CLAS Standards

The enhanced National CLAS Standards have a broader reach to address the importance of cultural and linguistic competency at every point of contact throughout the health care and health services continuum. Specifically, the Standards' conceptualization of culture, audience, health, and recipients were expanded:





National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
Culture	Defined in terms of racial, ethnic and linguistic groups	Defined in terms of racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics
Audience	Health care organizations	Health and health care organizations
Health	Definition of health was implicit	Explicit definition of health to include physical, mental, social and spiritual well-being
Recipients	Patients and consumers	Individuals and groups

Given this conceptual foundation, the enhanced National CLAS Standards are structured as follows:

- Principal Standard (Standard 1): Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- Governance, Leadership, and Workforce (Standards 2-4)
- Communication and Language Assistance (Standards 5-8)
- Engagement, Continuous Improvement, and Accountability (Standards 9-15)

Implementation Resource: *The Blueprint*

The Standards' implementation "on the ground" will vary from organization to organization. It is important for individuals and organizations to have a vision of what culturally and linguistically appropriate services will look like in practice and to identify available and required resources.

A Blueprint for Advancing and Sustaining CLAS Policy and Practice, or The Blueprint, is a new guidance document for the National CLAS Standards that discusses implementation strategies for each Standard. This resource and others relating to the National CLAS Standards are available at OMH's Think Cultural Health website: www.ThinkCulturalHealth.hhs.gov.

Next Steps

Successful implementation of the enhanced National CLAS Standards will depend on continued collaboration from the diverse stakeholders, as well as health care consumers. Please visit www.ThinkCulturalHealth.hhs.gov to learn more about promotion activities, collaboration opportunities, technical assistance, assessment and evaluation. Take action now by emailing your experiences related to CLAS to AdvancingCLAS@ThinkCulturalHealth.hhs.gov.



National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

The Case for the Enhanced National CLAS Standards

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

— Dr. Martin Luther King, Jr.

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (World Health Organization, 2012), such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion (LaVeist, Gaskin, & Richard, 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

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