Core Competency Certificate Course for Community Health Workers

Class Title: Professional Skills and Conduct

Developed by the Outreach Worker Training Institute (OWTI),
a program of Center for Health Impact™
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Professional skills for CHWs include how to handle ethical challenges as they address legal and social challenges facing the clients and communities they serve. Client confidentiality and privacy rights must be protected in the context of employer and legal reporting requirements. Care for clients must be balanced with care for self. CHWs understand that it is necessary to be aware of one’s own emotional and behavioral responses to clients and community members and to manage personal feelings productively in order to maintain effectiveness. CHWs must be able to act decisively in complex circumstances but also to utilize supervision and professional collaboration. They must observe agency rules and the regulations governing public and private resources while exercising creativity in helping community members meet their individual and family needs.

Competency includes the ability to:

a) Practice in compliance with the Massachusetts Code of Ethics for Community Health Workers.
b) Observe the scope and boundaries of the CHW role in the context of the agency team and agency policy.
c) Respect client rights under the Health Insurance Portability and Accountability Act (HIPAA) and applicable agency rules.
d) Understand issues related to abuse, neglect, and criminal activity that may be reportable under law and regulation according to agency policy.
e) Maintain appropriate boundaries that balance professional and personal relationships, recognizing dual roles as both CHW and community member.
f) Seek assistance from supervisors as necessary to address challenges related to work responsibilities.
g) Establish priorities and organize one’s time, resources, and activities to achieve them.
h) Utilize and advocate as necessary for supervision, training, continuing education, networking, and other resources for professional development and lifelong learning for self and colleagues.
Welcome and Introduction

• Center for Health Impact former Central MA AHEC founded in 1982
  o A woman non-profit organization (W/NPO) 501(c)3
  o Certified by the Massachusetts supplier diversity office
  o Mission to enhance access to quality health care, promote workforce development, and eliminate health disparities
  o Service area throughout MA, New England and the US

• Outreach Worker Training Institute (OWTI) founded in 2001
  o A Program of Center for Health Impact
  o Career-focused, college supported education for Community Health Workers and supervisors in health and social services and consultations on CHW program development

OWTI’s definition of CHWs:
Doctors are for cure,
Nurses are for care,
CHWs are for access to it all
Course Objectives and Expectations

1. Course Objective
By the end of the course the participants will be able to:
Advance their knowledge, skills and professional network
• Appreciate open mindedness, empathy and non-judgmental approach toward clients and communities
• Develop respect, patience and willingness to help clients
• Recognize the value of perseverance when working in health care field

2. Course Expectation
We expect and encourage:
• Active participation
• Experience sharing
• Professional networking
• Resource identification
• Bringing questions and looking for answers
• Your ideas!

3. Course Calendar, Policies, Ground Rules, Contacts
Professional Skills and Conduct
For the information about health disparities refer to the class titled “Use of Public Health Concepts and Approaches”

Class Objectives
Upon completion of this class the participants will be able to:
• Define CHW professional roles, open mindedness, perseverance, and boundaries
• Outline the requirement to respect clients’ rights under HIPAA and agency rules related to reportable activities
• Articulate strategies to organize one’s time and resources

Class Outline
1. Roles of CHWs
2. Code of Ethics
3. Professional Boundaries
4. Clients Rights and HIPAA
5. Structured Networking
6. Mandated Reporting
7. Organizing One’s Time
8. Lifelong Learning
9. Resources
10. Questions and Answers
11. Class Evaluation
Eureka: Networking Quest

Talk with your classmates, write down one person’s name per box once when the person’s experience matches an item in the table below, say “Eureka!” if complete 5 boxes/any direction.

<table>
<thead>
<tr>
<th>Q</th>
<th>U</th>
<th>E</th>
<th>S</th>
<th>T</th>
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<tbody>
<tr>
<td>Has a business card or a local agency booklet available for the group</td>
<td>Had carpooled to today’s training</td>
<td>Worked as a CHW in 5 different agencies</td>
<td>Can explain what health disparity is</td>
<td>Has grandkids</td>
</tr>
<tr>
<td>Volunteers in the community</td>
<td>Has a blog</td>
<td>Can explain CHW’s role in 6 words</td>
<td>Has experience in grant writing</td>
<td>Reads a book or more per week</td>
</tr>
<tr>
<td>Has multiple job titles</td>
<td>Loves singing</td>
<td>FREE SPACE</td>
<td>Walks everyday</td>
<td>Is a Committee Chair</td>
</tr>
<tr>
<td>First year on the job</td>
<td>Can’t live without cell phone</td>
<td>Is a member of a CHW professional organization</td>
<td>Goes to school</td>
<td>Speaks 3 languages (may count sign language as well)</td>
</tr>
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</table>
“I recently found myself being a “community health worker” for my sister… She found herself getting swallowed up by the medical community and spiraling out of control.

Often times, CHW are associated with helping the last, the least and the lost.

My sister is highly educated and has health insurance. She does not fit the mold of most CHW clients.

This just serves as a reminder that a CHW has to be ready to help everyone.”

Andrea Fischang, Community Health Care Worker Maine General Medical Center Waterville, ME OWTI Graduate 2014
CHWs in the Standard Occupational Classification, DOL

US Department of Labor  Bureau of Labor Statistics
Standard Occupational Classification (SOC) 21-1094
Community Health Workers
• Assist individuals and communities to adopt healthy behaviors.
• Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health.
• May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening.
• May collect data to help identify community health needs.
• Excludes "Health Educators" (21-1091).

Source: US Department of Labor

In 2009 the US Department of Labor had assigned a SOC for CHWs thus recognizing the CHWs’ job as a distinct category for employment.
CHWs in The Occupational Information Network (O*NET)

- O*NET, the nation's source of occupational information, sponsored by the US Department of Labor/Employment and Training Administration
  [http://www.onetonline.org/link/summary/21-1094.00](http://www.onetonline.org/link/summary/21-1094.00)

- Contains information on knowledge, skills, abilities, activities etc. of CHWs and a Summary Report for 21-1094.00

- Sample of reported job titles:
  - Apprise Counselor
  - Assistant Director of Nutrition and Wellness Programs
  - Chief Program Officer, Community Health Outreach Worker
  - Community Health Program Coordinator
  - Community Health Program Representative (Community Health Program Rep)
  - Community Health Promoter
  - **Community Health Worker (CHW)**
  - Community Nutrition Educator
  - HIV CTS Specialist (Human Immunodeficiency Virus Counseling and Testing Services Specialist)
“The Institute of Medicine, in its 2003 report Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, recommended engaging CHWs as an effective way to reduce health disparities, and noted that a barrier to their involvement in health systems has been the lack of a consistent, widely accepted definition of who they are and what services they can provide, including scope of practice and qualifications.

Defining the unique competencies and contributions of CHWs is essential to promoting the CHW profession.”
“Community Health Workers: Promoting a Vital Workforce:

• “Community health workers (CHWs) are a vital component of the state and national public health and health care workforce.

• “Community health worker” is an umbrella term for a number of different job titles, including community health advocates, outreach educators, peer leaders, promotores de salud, doulas, and patient navigators.

• For many decades, CHWs have made significant contributions to community-based health promotion, disease prevention and maternal child health support.

• In Massachusetts, as elsewhere, they have also improved the rate of health insurance coverage for underserved communities and individuals.”
“The Massachusetts Department of Public Health uses the following functional definition of CHWs in its community-based contracts and for policy development, including certification.

DPH defines CHWs as public health workers who apply their unique understanding of the experience, language, and/or culture of the populations they serve in order to carry out one or more of the following roles:

- Providing culturally appropriate health education, information, and outreach in community-based settings, such as homes, schools, clinics, shelters, local businesses, and community centers;
- Bridging/culturally mediating between individuals, communities, and health and human services, including actively building individual and community capacity;
- Assuring that people access the services they need;
- Providing direct services, such as informal counseling, social support, care coordination, and health screenings; and
- Advocating for individual and community needs.

CHWs are distinguished from other health professionals because they:

- Are hired primarily for their understanding of the populations and communities they serve;
- Conduct outreach a significant portion of the time in one or more of the categories above;
- Have experience providing services in community settings.”
American Public Health Association (APHA CHW Section)

“A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

This trusting relationship enables the CHW to serve as a liaison/link/intermediary 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.”
In 2010, sections 5101 and 5313 of the Patient Protection and Affordable Care Act defined CHWs in its list of health professionals.

“An individual who promotes health or nutrition within the community in which the individual resides —

a) by serving as a liaison between communities and healthcare agencies;
b) by providing guidance and social assistance to community residents;
c) by enhancing community residents’ ability to effectively communicate with healthcare providers;
d) by providing culturally and linguistically appropriate health or nutrition education;
e) by advocating for individual and community health;
f) by providing referral and follow-up services or otherwise coordinating care; and
g) by proactively identifying and enrolling eligible individuals in Federal, State, local, private or non-profit health and human services programs.”
The Office of CHWs offers information and resources related to:

- Initiatives
- Advocacy Organizations
- Training Programs
- National CHW Organizations
- Reports
- Publications
- Research
- Credentialing
- Health Disparities and more
Roles of CHWs

- Health Education
- Outreach
- Advocacy
- Care Coordination System Navigation
Certification of CHWs

Nationwide

• Five states have enacted workforce development laws to create a certification process or require CHWs to be certified (authorized in MA, required in MN, OH, OR and TX) State Law Fact Sheet National Center for Chronic Disease Prevention and Health Promotion Division for Heart Disease and Stroke Prevention 07/2013 http://www.cdc.gov/dhdsp/pubs/docs/CHW_State_Laws.pdf

Massachusetts

• The Board of Certification of CHW established in 2012 by legislature, Chapter 322, Acts of 2010 as a result of MA health care reform
• Goals: Integrate CHWs into the health care and public health systems, promote health equity, cost containment, quality improvement, management and prevention of chronic disease, establish standards for the training of CHWs, trainers, curricula, requirements for certification and renewal MDPH The Board of Certification of CHWs, Advisory Workgroup, Statures http://www.mass.gov/dph/boards/chw http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/community-health-workers/

MDPH in support of CHWs Geoff Wilkinson, Senior Policy Advisor at the MDPH, speaks to the importance of CHWs, and requests that the MA legislature pass a bill (H4130) to establish a board of certification of CHWs. 2010 http://www.youtube.com/watch?v=pRDNXv4qdEE 9:09
Professional Organizations for CHWs

• National CHW Association
  http://www.apha.org/membergroups/sections/aphasections/chw/Resources/

• CT
  o Community Health Workers: Connecticut Southwestern AHEC, Inc.
  o CT Public Health Association http://www.cpha.info/?page=ResourcesCHWs

• MA
  o The MA Association of CHWs (MACHW) www.machw.org,
    ➢ Defines CHW as: “A CHW is a public health professional who promotes full and equal
      access to necessary health and social services by applying his or her unique understanding
      of the experiences, language and culture of the communities he or she serves.”
    ➢ Affiliates:
      ▪ COWNT (Community Outreach Workers Network and Training Coalition, Springfield
        HOPE (Harmonious Outreach Project Educator) http://www3.springfield-
        ma.gov/hhs/ahec-programs.0.html#c167
      ▪ Community Action Committee of Cape Cod & Islands
        http://www.cacci.cc/project_hope.html
      ▪ CHW Alliance of Berkshire County 413-358-5296

• Maine
  o Portland, ME, Public Health Division -Minority Health Program
    http://www.portlandmaine.gov/hhs/phminority.asp
  o University of New England-Inter professional Education Collaborative
    http://www.une.edu/wchp/ipec/index.cfm
Code of Ethics for CHWs

Check with MACHW about the updated Code of Ethics for CHWs in MA

Excerpts from the Code disseminated during the national Unity conference held by The Center for Sustainable Health Outreach (CSHO) in June 16-19, 2008 in Albuquerque, New Mexico.


Article 1.
Responsibilities in the Delivery of Care
• Honesty
• Confidentiality
• Scope of Ability and Training
• Quality of Care
• Referral to Appropriate Services
• Legal Obligations

Article 2.
Promotion of Equitable Relationships
• Cultural Humility
• Maintaining the Trust of the Community
• Respect for Human Rights
• Anti Discrimination
• Client Relationships

Article 3.
Interactions with Other Service Providers
• Cooperation
• Conduct
• Self-Presentation

Article 4.
Professional Rights and Responsibilities
• Continuing Education
• Advocacy for Change in Law and Policy
• Enhancing Community Capacity
• Wellness and Safety
• Loyalty to the Profession
• Advocacy for the Profession
• Recognition of Others

Glossary of terms
• Ethics: principles, morals, beliefs, values
• Code: system, policy, regulations, rules, set of laws Thesaurus
Code of Ethics and Obligation to Report

• The Code of Ethics provides a framework for CHWs, supervisors, and employers to discuss ethical issues

• The Code of Ethics is based upon commonly understood principals that apply to all professionals within the health and social service fields

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

Excerpts from The Code of Ethics 2008
CHWs are hired for their understanding of the populations to:
• Conduct outreach
• Provide services in community settings
• Promote, support, protect the health of individuals, families, communities

CHWs perform four distinct primary functions:
1. Client Advocacy
2. Health Education
3. Health System Navigation and Care Coordination
4. Outreach

CHWs have various job titles:
• Health Educator
• Health Advocate
• Outreach Worker
• Patient Navigator
• Promotor(a) de Salud,
• & many more


2. Together, We Support Community Health: The Power of CHWs. Supervisors of CHWs discuss the value of CHWs http://www.youtube.com/watch?v=JtIY7CQf-EU 2:50
CHWs Are Not Clinicians

• CHW profession is not a clinical profession while CHW positions sometimes are filled by clinicians, CSW (clinical social worker) or other licensed health professionals

• CHWs practice within their professional and employer requirements while “Clinical social workers practice within the legal constraints of their state license(s) and adhere to the ethics codes of the social-work organizations to which they belong.”
  American Board of Examiners in Clinical Social Work
  http://www.abecsw.org/about-code-ethics.html

• “…CHWs working side by side with clinicians and registered nurses, providing adjunct care in chronic conditions. The licensed health professionals carry out essential clinical tasks. The CHWs do not substitute for the clinical role of the licensed health professionals. …(CHWs are) assuming responsibilities for the social and routine aspects of chronic care.”

CHWs in Chronic Care Discussion Paper
http://www.communityhealthworks.org/images/CommunityHealthWorkersandChronicCare.pdf
Professionalism

• Professionalism: skill, good judgment, and polite behavior expected from a person who is trained to do a job well
  http://www.learnersdictionary.com/definition/professionalism

• Professionalism is defined by:
  o Who the person is (inner character)
  o What the person does (behavior exhibited)
  o How others perceive the person (image projected)

• Professionalism is demonstrated through:
  o Attitude
  o Competency
  o Honesty
  o Presentation
  o Respect for self and others
  o Responsibility

How we look demonstrates how we feel and will define how people see us as professionals representing agencies, programs, and the CHW field.
“Professionalism isn’t just a set of appearances…”

“Professionalism is, rather, a set of internalized character strengths and values directed toward high-quality service to others through one’s work.

They (professionals) show self-respect in their work.

They are conscious that their work reflects their inner character.

They tend to see problems as challenges and opportunities, not burdensome “hassles” to be avoided.

They have a long-term habit of approaching problems confidently and optimistically.

They do the best they can with what they have.

They have a high level of personal responsibility and respect for others’ rights.

They tend to have an intense dislike for gossip or otherwise uninformed criticism.”

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Professional Boundaries

Professional boundaries are:
• Limits guiding professional behavior
• Tools to prevent power abuse by professionals and clients
• Means to protect clients’ and professionals’ vulnerability

Professional boundaries help:
• Communicate clearly
• Set reasonable expectations
• Deliver quality service
• Preserve confidentiality and safety
• Prevent providers’ stress
Areas of Boundaries

- Legal
- Place, location
- Time
- Economic (gift receiving & giving)
- Relationships (overlapping, dual, dating)
- Physical contact
- Information (self disclosure)
Continuum of Professional Relationships

- Professional relationship: a continuum or a balancing act
- Relationships may evolve over time
- The goal of professional relationship: provide helpful services and avoid harm
- To avoid harm: know, remind, assess the role and boundaries

Well Balanced
Helpful, Caring, Safe, Beneficial

Over Involved
Too warm, too attached, potentially harmful

Under Involved
Too cold, too distant, potentially harmful
Boundaries Assessment Check List

- What is my intent?
- What is the purpose?
- Is this in my client’s best interest?
- Whose needs are served by this plan?
- Will this activity impact service delivery and how?
- What are potential implications of my actions for the client, family and community?
- Am I treating this client differently from other clients?
- How would my colleagues and clients perceive this?
- Does this action benefit me more than the client?
- Is the client taking advantage of me?
- Am I comfortable documenting this?
- Do my actions fit with my agency’s policy?
- Am I acting within the professional Code of Ethics?
- Should I consult with my supervisor?
Warning Signs of Boundary Crossing

Warning signs to look at:

- Sharing of your own personal problems with clients
- Providing service in inappropriate places
- Bending the rules
- Client appears feeling uncomfortable or voices discomfort
- Client suddenly expects more or feels entitled
- You feel your client’s life is yours
- Your peers point out your behavior

Boundary once crossed may:

- Escalate fast
- Lead to violation
- Have negative consequence for clients, professionals, agencies and communities
Things to Do to Maintain and Protect Professional Boundaries

- Learn about your agency’s policy related to professional boundaries
- Recognize your dual role as a CHW and a member of the community you live in
- Educate your clients about your agency’s policy
- Be conscious of clients affected by challenging health and psychosocial issues
- Distinguish between professional and personal relationships and keep them apart
- Be aware of time and work environment on and off site, in the community, in clients’ homes, on the road, in isolation, off hours, in formal/informal/unfamiliar surroundings, in uncertain weather conditions

What do you do when your client is approaching you off hours with a question about the client’s paperwork when the client sees you at the bus station?
What Do You Do When…?

• With a partner, discuss:
  o A time you had a really clear boundary
  o A time when you felt a boundary lines were crossed
  o What was the lesson learned?
  o What would you do differently next time?

• Rotating case scenario
Values and Qualities of CHWs

<table>
<thead>
<tr>
<th>Values of CHWs</th>
<th>Qualities desired in CHWs</th>
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</thead>
<tbody>
<tr>
<td>Access</td>
<td>Compassion</td>
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<tr>
<td>Acceptance</td>
<td>Ability to connect with people</td>
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<tr>
<td>Advocacy</td>
<td>Openness</td>
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<td>Excellence</td>
<td>Ability to find solutions</td>
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<td>Learning</td>
<td>Dedication to clients and communities</td>
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<td>Partnership</td>
<td>Reliability</td>
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<td>Self-determination</td>
<td>Persistency</td>
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<td>Social Justice</td>
<td>Trustworthiness</td>
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<td>Strength</td>
<td>Fidelity</td>
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<td>Trust</td>
<td>Resilience</td>
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<td>Unity</td>
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- The Importance of CHWs Interviews from local health care leaders in Chicago [http://www.youtube.com/watch?v=puNgG0EdMtQ](http://www.youtube.com/watch?v=puNgG0EdMtQ) 23:35
- “Core Values of CHWs as defined by the American Association of CHWs” [http://chwisc.org/CHW_Core_Values.html](http://chwisc.org/CHW_Core_Values.html)
- "Empathy: The Human Connection to Patient Care" 4:23 [https://youtu.be/cDDWvj_q-o8](https://youtu.be/cDDWvj_q-o8) or [https://www.youtube.com/watch?v=cDDWvj_q-o8&feature=youtu.be](https://www.youtube.com/watch?v=cDDWvj_q-o8&feature=youtu.be) Patient care is more than just healing -- it's building a connection that encompasses mind, body and soul. If you could stand in someone else's shoes... hear what they hear. See what they see. Feel what they feel. Would you treat them differently?
### What Are Your Work Duties?

<table>
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<tr>
<th>Facilitate clients’ access to resources, and make referrals related to:</th>
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<tbody>
<tr>
<td>• Behavioral Health</td>
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<td>• Sexual health</td>
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<td>• Pregnancy</td>
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<td>• STD testing</td>
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<td>• Drugs, alcohol</td>
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<td>• Domestic violence</td>
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<td>• Depression</td>
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<td>• PCP</td>
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<td>• Dental care</td>
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<tr>
<td>• Food Pantries, DTA, WIC</td>
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<tr>
<td>• Health coverage</td>
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<tr>
<td>• Immunization</td>
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<tr>
<td>• Translation …</td>
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<table>
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<tr>
<th>Assist with program’s clerical, clinical and social service aspects related to:</th>
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<tr>
<td>• Data information systems</td>
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<tr>
<td>• Scheduling</td>
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<tr>
<td>• Medical procedures</td>
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<tr>
<td>• Clinical outreach activities</td>
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<tr>
<td>• Informal counseling</td>
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<tr>
<td>• Social support</td>
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<tr>
<td>• Education</td>
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<tr>
<td>• Advocacy…</td>
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ABCD at the CHW Advocacy Day at the State House May 2011 featuring Debra Grooms, OWTI graduate

[http://www.youtube.com/watch?v=7y3YinfNFUY](http://www.youtube.com/watch?v=7y3YinfNFUY).
Interdisciplinary Teams

Who is on your team?
• Case manager
• Data coordinator
• Health educator
• Medical office assistant
• Medical provider: physician, nurse practitioner, physician's assistant
• Specialists: psychiatrist, psychologist, social worker, counselor, tobacco treatment specialist, dentist, dental hygienist, dietician, family planning counselor
• Administrators: program manager, team leader, adjustment counselor, supervisor
• Pharmacists
• Medical interpreters
• Etc.
Integration of CHWs in Interdisciplinary Teams

- CHW integration into interdisciplinary teams helps provide adequate services to clients

- To make it work, all on the team have to be informed about CHW roles and benefits CHWs bring to the agency, program, and clients

- Interpersonal relationships are the key

- Supportive role of CHWs is critical

- CHW initiative is equally critical
Federal Civil Rights Law and HIPAA


http://www.hhs.gov/ocr/office/index.html

- Civil Rights protect from discrimination, because of race, color, national origin, disability, age, sex (gender), or religion.

- Federal laws also provide conscience protections for health care providers.

- The HIPAA 1996 protects the privacy of health information; it says who can look at, receive and have rights over that information

  http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html

- The Patient Safety Act and Rule establish a voluntary reporting system to enhance the data available to assess and resolve patient safety and health care quality issues and provides confidentiality protections for patient safety concerns

  (http://www.hhs.gov/ocr/office/index.html)
Summary of the HIPAA Privacy Rule

http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html
Excerpts

1. The Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)."

2. “Individually identifiable health information” is information, including demographic data, that relates to: the individual’s past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number)."
Summary of the HIPAA Privacy Rule

Continued from previous slide

http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/index.html Excerpts

3. A covered entity may not use or disclose protected health information, except either: as the Privacy Rule permits or requires; or as the individual who is the subject of the information (or the individual’s personal representative) authorizes in writing.

4. A covered entity must disclose protected health information in only two situations: to individuals (or their personal representatives) specifically when they request access to, or an accounting of disclosures of, their protected health information; and (b) to HHS when it is undertaking a compliance investigation or review or enforcement action.
Summary of the HIPAA Security Rule

http://www.hhs.gov/ocr/privacy/hipaa/understanding/srsummary.html Excerpts

• Security Rule explains who is covered, what information is protected, what safeguards must be in place to ensure appropriate protection of electronic protected health information.

• The Security Rule protects a subset of information covered by the Privacy Rule, which is all individually identifiable health information a covered entity creates, receives, maintains or transmits in electronic form.

• The Security Rule calls this information “electronic protected health information” (e-PHI).

• The Security Rule does not apply to PHI transmitted orally or in writing.
“In light of recent tragic and horrific events in our nation, including the mass shootings in Newtown, CT, and Aurora, CO, I wanted to take this opportunity to ensure that you are aware that the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule does not prevent your ability to disclose necessary information about a patient to law enforcement, family members of the patient, or other persons, when you believe the patient presents a serious danger to himself or other people.”
Steps to Protect Client Confidentiality

• Follow HIPAA
• Follow your agency’s policies
• Check with your supervisor
• Ask for help
• Be aware of and responsive to client concerns

Learn more about HIPAA - Privacy, Security, and You
2:44 http://www.youtube.com/watch?v=3Srhow67f8
When to Break Confidentiality and Disclose Confidential Information

- In general, confidentiality can be broken when the client is thought to be:
  - In danger (some one is hurting the client)
  - A danger to himself/herself (the client wants to hurt himself/herself)
  - A danger to others (the client wants to hurt someone)

- To prepare for this challenge:
  - Use your first encounter with clients to inform about confidentiality rules
  - Tell your clients right up front what you will not share and what you will have to share if needed to protect your clients and all involved

- When concerned with client confidentiality and safety:
  - Follow agency’s policy
  - Consult with supervisor
  - Ask for help; a psychologist or other mental health provider may be required to break confidentiality to protect the client and others
CHW’s Value and Vulnerability

- CHWs are connected with populations they serve which makes CHWs valuable and vulnerable:
  - CHW share the culture and community ties
  - CHWs work in formal and informal setting, on and off site, prolonged periods of time
  - CHWs establish trusting relationships
  - Clients follow CHW’s advice because of trust
  - Clients share some information that CHW may need to disclose to protect all
  - CHWs are concerned about preserving trusting relationships
  - When CHWs must report abuse, they may fear for their own safety too
  - CHWs’ personal information may be exposed to the community
  - Clients don’t have any obligation to protect their CHWs’ confidentiality
- CHWs have to protect themselves. CHWs shouldn’t share their own personal information with clients.

**When presented with dilemmas:**
Follow agencies’ rule
Consult with supervisor
“Mapping” is producing a diagram to track networking and resources
Start interviewing your colleagues and “map” the information
Keep “mapping” and learning throughout the course
More about “mapping” is in the class titled “Use of Public Health Concepts and Approaches”
Mandated (Mandatory) Reporting
Concept and Terminology

- Mandatory Reporting: action required from people who have reason to suspect the abuse or neglect of:
  - Children
  - Dependent adults
  - Elderly
  - Disabled
  - All members of society

- Mandated Reporters: Individuals required by the law of a particular state to report concerning suspicions of a particular category of abuse to the appropriate law enforcement or social service agency

- Abuse: mistreatment of people leading to their suffering from or having:
  - Non accidental physical injury
  - Malnutrition, sexual molestation, exploitation, cruelty, neglect, abandonment, etc.
Unintended Consequences of Mandated Reporting

• Unnecessary reporting by professionals who fear prosecution

• Fellow citizens discouraged to take positive neighborhood actions to help communities because they think that someone is taking care of it

• Assumption that individual citizen responsibility is limited to anonymous hotline calls
• **Licensed** professionals have individual responsibility to report without consulting with any one else because they are **licensed** professionals

• There are also **non licensed** professionals and staff members who have to report due to their agency policy

• Individuals hired for CHW positions may be **licensed** professionals and may be **not licensed** professionals

• **Licensed and not licensed** professionals working as CHWs are required to follow their agency mandated reporting policy

• Some CHWs who are **not licensed** professionals are called PNs

• Some **licensed** professionals including nurses are called PNs as well

• Two types of PNs have different reporting responsibilities outside of the agency but may have similar responsibilities based on their agency policy
A mandated reporter who, in his professional capacity, has reasonable cause to believe that a child is suffering physical or emotional injury resulting from: (i) abuse..., including sexual abuse; (ii) neglect, including malnutrition; (iii) physical dependence..., shall immediately communicate with the department orally and, within 48 hours, shall file a written report with the department detailing the suspected abuse or neglect; or (iv) being a sexually exploited child; or (v) being a human trafficking victim as defined by section 20M of chapter 233.

Individual required to report a suspected abuse
- Physicians, hospital personnel
- Emergency medical technicians, dentists, nurses, chiropractors, podiatrists
- Public or private school teachers, educational administrators, guidance or family counselors
- Early education, preschool, child care or after school program staff
- Child care licensors, such as staff from the Department of Early Education and Care
- Social workers, foster parents, probation officers
- Firefighters and police officers
- School attendance officers, allied mental health and licensed human services professionals
- Psychiatrists, psychologists and clinical social workers, drug and alcoholism counselors
- Clergy members
- The Child Advocate

Domestic Violence and Health Care

• Mandated reporting responsibilities should always be discussed with patients seeking care prior to assessing for domestic violence.

• In MA, the Domestic Violence Screening Care, Referral, and Information Project (DV SCRIP) addresses the quality of care provided to women and children by the MDPH funded MCH programs; trains staff of the MDPH’s EIPP, home visitation program, and FOR Families program.

Compendium of State Statutes and Policies on Domestic Violence and Health Care
Domestic Violence resources
(a) Any physician, physician assistant, medical intern, dentist, nurse, family counselor, probation officer, social worker, policeman, firefighter, emergency medical technician, licensed psychologist, coroner, registered physical therapist, registered occupational therapist, osteopath, podiatrist, director of a council on aging, outreach worker employed by a council on aging, executive director of a licensed home health agency or executive director of a homemaker service agency or manager of an assisted living residence who has reasonable cause to believe that an elderly person is suffering from or has died as a result of abuse, shall immediately make a verbal report of such information or cause a report to be made to the department or its designated agency and shall within forty-eight hours make a written report to the department or its designated agency. Any person so required to make such reports who fails to do so shall be punished by a fine of not more than one thousand dollars.

(b) The executive director of a home care corporation, licensed home health agency or homemaker service agency shall establish procedures within such agency to ensure that homemakers, home health aides, case managers or other staff of said agency who have reasonable cause to believe that an elderly person has been abused shall report such case to the executive director of the corporation or agency. ...

(c) In addition to a person required to report under the provisions of subsection (a) of this section, any other person may make such a report to the department or its designated agency, if any such person has reasonable cause to believe that an elderly person is suffering from or has died as a result of abuse.”
Mandated Reporting Related to Disabled Persons in MA
The Commonwealth of MA Disabled Persons Protection Commission (DPPC)

- DPPC protects adults with mental and physical disabilities, between the ages of 18 and 59, from abuse or neglect by their caregiver(s) whether in a private, family or state care setting.
- Individuals Required to Report Abuse of People with Disabilities
  - Physician,
  - Medical Intern,
  - Hospital Personnel Engaged In The Examination, Care Or Treatment Of Persons,
  - Medical Examiner,
  - Dentist,
  - Psychologist,
  - Nurse,
  - Chiropractor,
  - Podiatrist,
  - Osteopath,
  - Public Or Private School Teacher, Educational Administrator,
  - Guidance Or Family Counselor,
  - Day Care Worker,
  - Probation Officer,
  - Social Worker,
  - Foster Parent,
  - Police Officer,
  - Person employed by a state agency within the executive office of health and human services, or
  - Employed by a private agency providing services to persons with disabilities.

Q: “How do I know if I am a Mandated Reporter?” The Commonwealth of MA Disabled Persons Protection Commission (DPPC)
A: “If you are working in one of the following positions you are a Mandated Reporter.”
http://www.mass.gov/dppc/abuse-report/frequently-asked-questions.html#2
Mandated Reporting Related to Substance Abuse

• **Informing the client about the mandatory reporting law at the time of admission required** by the Federal confidentiality regulations containing exceptions about mandatory child abuse reporting

• Providing the client an opportunity **to self-report**

• Letting the client know about the report is being made is not required by law but is therapeutically advisable

Question: Do I Still Have to Report if…

…I am Told that Someone Else Has, or Will, File the Report?”
… I am Told that Someone Else Has, or Will, File the Report?

“Under M.G.L. c.19C, mandated reporting is defined as an **individual responsibility**.

Generally speaking, it is **up to the individual reporter** to be certain that a report of suspected abuse or neglect is filed.

Mandated reporters **should not rely on others** (e.g. supervisors, administrators) to file reports for them. However, if more than one mandated reporter (e.g. a treatment team) is aware of a reportable condition, **one of the mandated reporters may report** on behalf of all the mandated reporters by making a report which contains the names of all the mandated reporters.

It is the **responsibility of each** of the mandated reporters to insure that such a report is actually made.

A failure to report in such a situation will result in **liability for all the mandated reporters who were aware of the abusive situation and did not report.**”

Disabled Persons Protection Commission
http://www.mass.gov/dppc/abuse-report/frequently-asked-questions.html#7
Question: What if I am not a Mandated Reporter …?

Q. “What if I am not a Mandated Reporter can I still report abuse and neglect?”

Q. “What if I am not a mandated reporter and I want to report a child abuse or an elder abuse?”

Q. “What if I am not a mandated reporter and I am off duty and see something that looks like abuse or neglect of some one I don’t know and who is not my client?”
Q. “What if I am not a Mandated Reporter can I still report abuse and neglect?”
A. “Yes, you can report abuse and neglect of a person with a disability even if you are not a Mandated Reporter. As long as you report in good faith you will not be either criminally or civilly liable for making a report of suspected abuse or neglect.”

Disabled Persons Protection Commission
http://www.mass.gov/dppc/abuse-report/frequently-asked-questions.html#2

Q. What if I am not a mandated reporter and I want to report a child abuse or an elder abuse?
A. Any person may file a report under this section if that person has reasonable cause to believe that a child is suffering from or has died as a result of abuse or neglect.

MA Legislation General Laws Mandated Reporting: Section 51A Excerpts
http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter119/Section51a

Q. What if I am not a mandated reporter and I am off duty and see something that looks like abuse of neglect of some one I don’t know and who is not my client?
A. No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct.

General Laws “Good Samaritans” Section 13: liability
http://www.malegislature.gov/Laws/GeneralLaws/PartIII/TitleIV/Chapter258C/Section13
How Do You Solve the Situation?

- A CHW had established trusting relationship with a client who is on a probation.
- The client and the CHW live in the same neighborhood.
- The client got involved with substance abuse and had shared about this with the CHW.
- The CHW is concerned about the child’s safety but doesn’t want to break the client’s trust.
All DPH Funded Programs with CHWs shall:

- Develop an **Internal Agency Plan** for the training, supervision and support of CHWs

This plan shall include the following components:

Materials Development.

The agency should develop and disseminate administrative guidelines to CHWs (including street and home safety procedures; **mandated reporting**; CHW accountability and work schedules; etc.). It shall also develop a **code of ethics** with CHWs regarding confidentiality and other professional standards necessary for working with clients and community groups (sample codes of ethics are available from the DPH AIDS Bureau and the Bureau of Communicable Disease Control). These policies and procedures should be **linked to overall agency policies**.

Role of Employers in Mandated Reporting for CHWs

Program developers, employers, funders, policy makers, supervisors, trainers need to:

- Be aware of CHWs roles and responsibilities
- Develop internal policies for CHWs and teams with CHWs
- Provide guidance, support, training and continued education for CHWs
- Assure supervision consistency
- Facilitate CHW integration in the team
- Educate on existing policy
- Be mindful of cultural and personal attitudes of individuals hired as CHW due to their own experiences of abuse

CHWs can help others understand:

- CHW professional roles
- CHWs being team members
Mandated Reporting Varies Across the Agencies

- CHWs have to report to their **supervisors** in case of any suspicions about child abuse or negligence; the supervisor will then contacts a Social Worker.

- Each department has its own way of addressing mandated reporting due to **different services and funder requirements** in reproductive/sexual health education; may vary from state to state.

- A licensed RN who is the **supervisor** is the contact and a decision maker for handling situations, filing reports, instructing how to document, taking it to higher level, providing feedback to the CHWs.

- All staff is trained to report abuse and neglect to the **supervisor**; all consumers, clients, patients, families are instructed to talk with providers and supervisors too.

- No particular policy but consider CHWs as mandated reporters because CHWs are **hospital personnel** involved in the care of patient; the hospital policy defines mandated reporters as: “Physicians, residents, nurses, psychologists, social workers, emergency medical technicians, hospital personnel engaged in the examination, care or treatment of persons, child care providers, clergy, policemen, and allied mental health professionals”.
To clarify: “I am a CHW. Am I a Mandated Reporter?”

- CHWs in MA are NOT licensed professionals
- CHWs are NOT formally considered mandated reporters
- CHWs have to follow their employer’s policy related to mandated reporting
- In practice, CHWs act as mandated reporters as may be required by their agency
Organizational and Time Management Skills

- Organization: being organized and organizing oneself

- Being organized requires knowing and having:
  - Job responsibilities
  - Priorities
  - Work plan
  - Filing system
  - Equipped and tidy work station

- Positive impact of organizational skills on CHW work:
  - Job efficiency
  - Job satisfaction
  - Service quality
  - Savings: time, money, health, energy
  - Reputation, credibility, respect, career advancement
  - Sense of freedom
  - Focused attention
  - Reduced stress

“Time is what prevents everything from happening at once.”
John Archibald Wheeler
Aspects of Organizing Work and Time

- Space: office, exam room, hallway, car, desk, storage room
- Information storage and format: patient, administrative, personal, e- and hard copy
- Communication: in person, phone, mail, fax, electronically, special equipment
- Time: setting goals, priorities, planning, scheduling, tracking
- Professional and legal responsibilities: roles, regulations, delegation


Feng Shui and Office Organization/Improving efficiency by respecting your work space and yourself [http://www.ergoindemand.com/about_feng_shui_and_office_organization.htm](http://www.ergoindemand.com/about_feng_shui_and_office_organization.htm)
Strategies for Organizing One’s Work and Time

Check List

- Identify needs
- Set priorities: ABC Method to sort between the urgent (A), the important (B), and a “would be good to do” (C); Eisenhower’s Decision Principle
- Set goals in writing
- Use tracking tools: paper-electronic-audio-visual, calendars, clocks, note books, folders, agendas, reminders, signs
- Start the week with a “to do” list
- Break your weekly list into 5 daily “to do” lists
- Include time line, time frame, deadline, waiting time, break time
- Track your time
- Review the goals often

- Share your goals with others
- Discuss your schedule with your supervisor
- Identify the time constraints
- Stay away from over promising
- Be proactive to avoid procrastination
- Make it a rule to clean your desk, file the documents, document without delay
- Be mindful of your energy cycles
- Plan on succeeding
- Evaluate the outcomes
- Draw lessons for the future
Tools for Setting Goals

Use **SMART** when setting your goals:

**S** - for Specific or Significant

**M** - Measurable or Meaningful

**A** - Attainable or Action-Oriented

**R** - Relevant or Rewarding

**T** - Time-bound or Traceable

- How SMART are your goals? How to recognize and write SMART goals for change. 5:33  [http://www.youtube.com/watch?v=k9TuE4--IuY](http://www.youtube.com/watch?v=k9TuE4--IuY)
- Goal setting and motivation 3:35  [http://www.youtube.com/watch?v=8ZGWoyR0dvc](http://www.youtube.com/watch?v=8ZGWoyR0dvc)
Tools to Save Time

- “Odd minute rule”: When asked if you have a minute tell that you have 3 min.
- Body language to show that you are busy
- Alternatives: “I can’t meet with you right now. I can meet instead on…”
- “Right away” rule to do things without delay
- Calling instead of e-mailing for quick resolution
- “I need help” tactic

The 7 (and 8) Habits of Highly Effective People by Stephen R. Covey
http://www.quickmba.com/mgmt/7hab/
What Stephen R. Covey Taught Me About Time Management.mp4 2:37
https://www.youtube.com/watch?v=ODyG5lKbH08
Tool to Set Priorities

Use this tool to distinguish between important-not important and between urgent-not urgent and to help you identify your priorities and their order.

Eisenhower’s Decision Principle (matrix)
http://www.artofmanliness.com/2013/10/23/eisenhower-decision-matrix/
What Do You Do When…
Setting Priorities Case Scenario

It is Tuesday.
You have appointments booked from 9:00 a.m.- 5:00 p.m.
What is your order of priorities?

- Your statistics for reporting were due yesterday.
- Your monthly report narrative for funders is due on Friday.
- Your timesheet is due today.
- Your case notes are due today.
- You are going to an out-of-state conference in a month and have no travel plans.
- Your babysitter left you a voicemail on your cell phone. She was driving your child to his Boy Scouts meeting regarding their upcoming camp trip and got a flat tire. AAA is on the way, but your child is still with her and not at his mandatory meeting.
- Your clinically depressed patient with a history of suicide attempts left a voicemail on your work phone at 1:00 a.m. She said, “I can’t take it anymore. Please call me.”
- The patient you’ve been trying to get in for two weeks shows up and asks to see you; they hope to get the follow up screening today.
- Your brother needs a ride to work today at 11:00 a.m.
Self Care  
*(not to be confused with being selfish!)*

- Self-care is the key to prevent and manage stress, burnout, compassion fatigue

- Self care is not selfish; it is critical to maintain one’s health and be productive; it helps to provide competent, compassionate and ethical care; by taking good care of ourselves we prepare to take good care of others

- Components of self-care (Baker, E. 2003):
  1. Self-awareness
     - Be aware of your emotional responses including feelings, thoughts, actions
  2. Self-regulation as an ability to control and regulate one’s health
     - Focus on your value rather then on feelings
     - Assess manage your needs, feelings and actions (set goals, schedule time for yourself, close your door for 10 min., breathe, take a walk at lunch break, eat your lunch outside of your work area)
  3. Balancing connections with others
     - Set boundaries, limits, and priorities; educate others; predict, respond, and adjust your strategies
Emotional Wellness

Building Blocks For Emotional Wellness

Being emotionally well is “…being attentive to your thoughts, feelings, and behaviors, whether positive or negative.” http://wellness.ucr.edu/emotional_wellness.html
Stress Relievers

Relax,
go for a walk,
do things you enjoy,
talk with people you like,
concentrate on your breathing.

- HelpGuide - Stress Management
  http://www.helpguide.org/mental/stress_management_relief_coping.htm

- Slideshow: 10 Ways to Stop Stress Now
  http://www.webmd.com/balance/ss/stop-stress-now?ecd=wnl_emwD_091714_tempD&ctr=wnl-emw-091714-tempD_Id-stry&mb=IRCy5OSTHePwBGqkDGgBDSonS%2fH3cwydSQvqY8uD%400%3d

- Slideshow: 20 Things You Can Learn from Your Pets
  http://pets.webmd.com/ss/slideshow-things-you-learn-from-your-pet

- Coping with stress at work Taking Steps to Manage Stress

- NIH Sleep-related information and research
  http://www.nih.gov/health/NIHandSleeplessinAmerica/

- 23 and ½ Hours Video 9:18 by Dr. Mike Evans about physical activity and “walking is man’s best medicine”
  https://www.youtube.com/watch?v=aUaInS6HlGo
Humor and Laughter for Stress Reduction

Humor and laughter can help:

• Reduce stress
• Alleviate pain
• Improve mood
• Relax your body
• Improve relationship
• Improve physical health
• Improve emotional health
• Increase oxygen flow to the brain

- Episode 230 - Laughter Yoga 5:01 (start at 2:39 and finish at 3:23)
  http://www.youtube.com/watch?v=9NFH57i2Cos
- The Busy Paradox and Why It’s OK to NOT be Busy
  http://blog.mass.gov/publichealth/mental-wellness/its-ok-to-not-be-busy/
- (Optional) Medical Benefits of Laughter 1:55
  http://www.youtube.com/watch?v=pCrcFcfp-Mg
Positive Thinking

• Do you tend to see the glass as half empty or half full? Your answer relates to the concept of positive thinking.

• Positive thinking can aid in stress management and plays an important role in your overall health and well-being.

  “What Is Positive Thinking?” By Kendra Cherry (abridged)
  http://psychology.about.com/od/PositivePsychology/f/positive-thinking.htm

• Focus on your own inner monologue, pay attention to your self-talk, think positive thoughts

• According to the Mayo Clinic, positive thinking is linked to health benefits:
  ✓ Longer life span
  ✓ Less stress
  ✓ Lower rates of depression
  ✓ Increased resistance to the common cold
  ✓ Better stress management and coping skills
  ✓ Lower risk of cardiovascular disease-related death
  ✓ Increased physical well-being
  ✓ Better psychological health

• Positive thinking could reduce frailty during old age
Attitude of Gratitude

Positive Affirmations

- I have an attitude of gratitude
- My thoughts are focused on positivity and thankfulness
- I am sincerely grateful and this attracts positivity into my life
- I take time to be grateful for something as simple as a blue sky or the sound of laughter
- I am grateful for my family
- I am grateful for all my material possessions
- I am thankful for simply being alive
- My life is full of so many things to be grateful for
- Each Morning I give thanks for another day of life
- I am grateful for all the positive things that are still yet to come my way

Freeaffirmations

http://www.freeaffirmations.org/attitude-of-gratitude-positive-affirmation

Inspirational Story of Abraham Lincoln  2:12

http://www.youtube.com/watch?v=jDaVVVD4vhA
"Most folks are about as happy as they make up their minds to be." Abraham Lincoln
Lifelong Learning

- Lifelong learning is a formal and informal learning advancement throughout the life
- Goals: to improve knowledge and skills, to achieve professional and personal fulfilment
- Reasons for ongoing learning:
  - Information growth
  - Health care system change
  - Need to keep pace and to be aware of changes: scientific, community, environmental, societal
- Ways to learn:
  - Training courses
  - Reading
  - Networking

Educators and accreditation, licensing and certification organizations should ensure that students and working professionals develop and maintain proficiency in five core areas: delivering patient-centered care, working as part of interdisciplinary teams, practicing evidence-based medicine, focusing on quality improvement and using information technology.

The IOM report on Health Professions Education: A Bridge to Quality (2003)
http://iom.nationalacademies.org/Reports/2003/Health-Professions-Education-A-Bridge-to-Quality.aspx#sthash.w70n9b6u.dpuf

“Dear …”
a letter to myself about my
Setting Goals for Lifelong Learning

• Review your job description
• Think about the skills you want to improve to excel in your job
• Make a list of activities that make you fulfilled
• Consider a type of education or project you would like to pursue
• Use what is offered to you by employer and professional organizations
• Advocate for your professional needs including:
  o Supervision
  o Training
  o Continuing education (may be required for certified CHWs in MA)
  o Team integration
  o Professional networking
  o Access to information and resources
  o Recognition and reward
  o Sustainability
A Day in the Life of a CHW

Written Home Assignment

- Title: “A Day in the Life of a CHW”
- Content: description of one of your days as a CHW
- Format: One page font Type Times New Roman size 12
- Submission due date: Electronically the day before last class
- Bring your printed narrative to the last core class and be prepared to read it to and discuss it with the group

Inspiration does exist, but it must find you working.

Pablo Picasso

A Day in the Life of an Outreach Worker

http://www.youtube.com/watch?v=a7OZ8yD43E0
“A Day in my Life as a (CHW) is interesting, active, and constantly moving. I am the main outreach worker/ case manager for the Haitian migrant workers population. During the course of daily events I find myself dealing with a multitude of items from e-mails responses, to text messages, to voicemails. All needing to be sorted, prioritized, and responded to.

Usually I would have to be either setting up a clinic for that evening or, for an upcoming clinic. I would call the participating providers, to make sure that all is still a go on the providers end. If it is within my active season, I would then gameplan to pick-up the mobile unit and time manage, for travel and set-up at camp. I then would make sure that I have the unit fully stocked to handle the clinic for the evening.

If it is a non-active seasonal clinic… I would have some additional clinics details, I would have to make sure I had an available vehicle for travel, … I would have to reserve a host site (Date/Time) and also I would have to make the extra calls to the clients to make them aware of the Clinic (location, date, & time).

During the clinics I would wear multiple hats depending on the need. I drive the mobile unit during active seasonal work. During non active seasonal work I don't drive unit but the rest of my roles are the same. I do registration/intake, I do interpretation either in person or on the phone. I have to make sure that we have fully stocked bins, the proper paperwork for registration and treatment. I also have to make sure the proper paperwork get dropped off at the main office.”

- Romaniel (Mani) Jean-Louis, Community Health Worker, Maine
From CHW to CHW

What I appreciate about you…
Have you ever considered...

The Other Side Of The Desk, originally posted on Deep Underground 12/22/1999

Have you ever thought... Just a wee little bit...
Of how you would feel.... to be a misfit?
Or how you would feel if you had to sit
On the other side of the desk?
Was it a man? Did you make him feel he was full of greed?
Make him ashamed of his race or creed?
Or did you reach out in his need
To the other side of the desk?
Did you say to yourself...It could be I
If the good things in life had passed me by.
Maybe I'd bluster. Maybe lie
from the Other Side Of the Desk.
I got compassion. I got grit.
I know how to be kind to those who sit
on The Other Side Of The Desk.
Spotlight on Your Program

1. Prepare for a 5-minute presentation to showcase your agency, program, and services your provide.

2. Use web pages, booklets, slide presentation, etc.

3. Prepare to answer the group’s questions about your work.

4. Prepare 3 questions you will ask the group to see what they have learned about your services.

Be creative!
1. Keep track of terms and abbreviations you encounter

2. Your Glossary is your tool for ongoing learning. Refer to it often.

3. Bring your Glossary to the class and tell us what you have learned

4. Use resources below to learn more:
   - The U.S. Centers for Medicare & Medicaid Services Glossary
     [https://www.healthcare.gov/glossary/](https://www.healthcare.gov/glossary/)
   - Medical Encyclopedia Articles A to Z
     - Some Common Abbreviations and Acronyms
     - Understanding Medical Words tutorial
     Acronym List
   - Health care acronyms, abbreviations, and terms NAHYS
Resources 1: Mandated Reporting

- “Achieving the Triple Aim: Success with Community Health Workers” MA DPH May 2015
- Mandatory Reporters of Child Abuse and Neglect: Summary of State Laws
  https://www.childwelfare.gov/pubs/usermanuals/childcare/chapterthree.cfm
  http://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm
- Adult Sexual Assault Law Enforcement Guidelines 2009 The Commonwealth of MA
- General Laws Section 51A. (a)
  http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter119/Section51a
- Compendium of State Statutes and Policies on Domestic Violence and Health. The Family
  Violence Prevention Fund.
- Disabled Persons Protection Commission Who Are Mandated Reporters? What is a Mandated
  Reporter?
  mandated-reporters.html
- RAINN (Rape, Abuse & Incest National Network) is the nation's largest anti-sexual violence
  organization that provides information about the Laws by state
  http://rainn.org/public-policy/laws-in-your-state
- Compendium of State Statutes and Policies on Domestic Violence and Health Care
Resources 2: Mandated Reporting (continued)

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

- Policy Statement on CHW, MDPH, CHW Task Force 4/02

- University of Southern California
  [http://policies.usc.edu/p2admOpBus/mandated_reporters.html]

- California’s Child Abuse and Neglect Reporting Act (“CANRA”) guidelines for mandated reporters

- Resource for Developing Agency Policy on Mandatory Reporting of Elder Abuse The National Clearinghouse on Abuse in Later Life (NCALL)

CHW Professional Organizations

- Massachusetts Association of CHWs (MACHW)
  [http://www.machw.org/]

- State and National Community Health Worker Resources and Organizations
Resources 3: Mandated Reporting (continued)

Publications

• Making the Tough Call: Social Workers as Mandated Reporters, Part I by Kathryn Krase
  The New Social Worker, Magazine Harrisburg, PA
  http://www.socialworker.com/feature-articles/practice/Making_the_Tough_Call%3A_Social_Workers_as_Mandated_Reporters_Part_I/

• September/October 2015 Issue Ethical Misconduct and Negligence in Social Work By Frederic G. Reamer, PhD Social Work Today Vol. 15 No. 5 P. 20 Although infrequent, social workers' misconduct and negligence can lead to lawsuits, licensing board complaints, and other disciplinary action.

• Center for Substance Abuse Treatment. Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2000. (Treatment Improvement Protocol (TIP) Series, No. 36.) Chapter 6—Legal Responsibilities and Recourse.

Training

• EOHHS Mandated Reporter eLearning approved fro CEU for SW Registration Form
Resources 4: Mandated Reporting (continued)

- General Laws section 15 Reports of abuse: liability
  [http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter19a/Section15](http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter19a/Section15)
- Mandatory Reporters of Child Abuse and Neglect: Summary of State Laws
  [http://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm](http://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm)
- General Laws “Good Samaritans” Section 13: liability
  [http://www.malegislature.gov/Laws/GeneralLaws/PartIII/TitleIV/Chapter258C/Section13](http://www.malegislature.gov/Laws/GeneralLaws/PartIII/TitleIV/Chapter258C/Section13)

  Section 13. No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct.

- Adult Sexual Assault Law Enforcement Guidelines 2009 The Commonwealth of MA

- The Office for Victims of Crime (OVC) of the Office of Justice Programs, U.S. Department of Justice
  - Tall-Free Numbers for Victims of Crime/Contact list to find information or to get help
  - Online Directory of Crime Victim Services to help locate local services
    [http://ovc.ncjrs.gov/findvictimservices/](http://ovc.ncjrs.gov/findvictimservices/)
Resources 5: Professional Organizations and More

- American Public Health Association (APHA) Community Health Worker (CHW)-Section In 1970, some 500 CHWs and their supporters joined together within APHA in what they then called the New Professionals Special Primary Interest Group (SPIG).

- MA Association of CHWs (MACHW)
  - National, State and regional resources on CHWs
  - Publications


- What Doctors Can’t Do By TINA ROSENBERG August 28, 2014


- State Community Health Worker Models Chart updated February 23, 2015
Resources 6: 
CDC “Promoting Policy and Systems Change to Expand Employment of CHWs”

An E-Learning Training Series Sponsored by the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention at [http://www.cdc.gov/dhdsp/pubs/chw_elearning.htm](http://www.cdc.gov/dhdsp/pubs/chw_elearning.htm) offers the following information:

- CHWs’ roles and functions
- Current status of the CHW occupation
- Areas of public policy affecting CHWs
- Credentialing CHWs
- Sustainable funding for CHW positions
- Examples of states successful in moving policy and systems change forward
Resources 7:
Websites with Multiple and Specific Types of Resources

Different resources from jobs to housing etc. [www.massresources.com](http://www.massresources.com)
Department of Public Health [www.mass.gov/dph](http://www.mass.gov/dph)
Health & Human Services Departments [www.mass.gov/dss](http://www.mass.gov/dss)
Commission of the Status of Women [www.mass.gov/women](http://www.mass.gov/women)
Centers for Disease Control and Prevention [www.cdc.gov](http://www.cdc.gov)
Abuse Hotlines [http://www.thehotline.org/](http://www.thehotline.org/)
Mental Health [http://www.mentalhealth.gov/](http://www.mentalhealth.gov/)
Pregnancy screening [http://www.healthline.com/health/pregnancy/prenatal-testing#Overview1](http://www.healthline.com/health/pregnancy/prenatal-testing#Overview1)
Legal Services [http://www.mlac.org/](http://www.mlac.org/)

Review: True or False?
Test yourself to practice retrieving the information from your memory!

1. CHWs are typically individuals from or have a unique understanding of the communities they serve.
2. Clinicians may hold licensure in their field, while licensure for CHWs is currently not a requirement in many states including the state of MA.
3. CHWs often spend a portion of their time doing in-reach and/or outreach in the field.
4. CHWs conduct client advocacy.
5. CHWs help improve cultural competence of health and social service agencies.
6. CHWs are not clinicians.
7. CHWs provide health education to clients.
8. CHWs conduct community health outreach.
9. According to HIPPA Privacy Rule, a covered entity must disclose protected health information in only two situations: to individuals or their personal representatives specifically when they request it and to HHS when it is undertaking a compliance investigation or review or enforcement action.
10. According to HIPAA, individually identifiable health information is demographic data, that relates to the individual’s past, present or future physical or mental health or condition, the provision of health care and payment for the provision of health care, and information with name, address, birth date, Social Security Number and other identifiers.
11. The HIPAA Security Rule protects the information covered by the Privacy Rule including all individually identifiable health information in electronic form. The HIPAA Security Rule does not apply to PHI transmitted orally or in writing.
12. PHI stands for “Protected Health Information”.
13. Confidentiality can be broken when the client is thought to be in danger, a danger to himself/herself, or a danger to others.
14. CHWs in MA are NOT licensed professionals and are NOT formally considered mandated reporters, but they have to follow their employer’s policy related to mandated reporting.
Questions and Answers

On the spot and …

… for the “Parking Lot”
1. What were your favorite parts of the class?

2. Please indicate how relevant the training content was for the intended audience:
   _Extremely relevant   _Very relevant   _Moderately relevant   _Slightly relevant   _Not at all relevant

3. Please indicate how much opportunity for interaction the class offered:
   _A great deal   _A lot   _A moderate amount   _A little   _None at all

4. Please indicate your overall satisfaction with the training:
   _Extremely satisfied   _Very satisfied   _Moderately satisfied   _Slightly satisfied   _Not at all satisfied

5. What changes do you recommend we make to the class/course?

6. Additional comments:

7. Please indicate your role in the course/class:
   _Participant   _Instructor   _Supervisor   _Partner-Funder   _OWTI Administrator

   Name: (optional for participants while required for all others) ________________________________