

15800 South State Street, South Holland, IL 60473-1200 Main Number: 708.596.2000 | Office of Admissions: 708.210.5718

# **Community Health Workers**

Basic Certificate, Certificate and AAS Degree

**October 3, 2013** 

ICCB Response
Submitted by: Jeffery Waddy

**Form 22** (January 2008)

# Illinois Community College Board CURRICULUM ADDITION/WITHDRAWAL/CHANGE TO THE CURRICULUM MASTER FILE (Submit in Duplicate)

ution Categories (1.1, 1.2)	20 - Occupational Certificate of 30 to 50 Semester hours (1.2) 30 - Occupational Cert, of less than 30 semester hours (1.2)	Arts) (1.1)	eering Science) (1.1)	[eaching] (1.1)	Reg/Stwd Code:	LUM: PRE NUM ID	OVAL DATE: CO-OP CODE:
19 - Course Enrollee Classification Categories (1.1, 1.2)	20 - Occupational Certificate 30 - Occupational Cert. of le	50 - AFA (Associate in Fine Arts) (1.1)	51 - AES (Associate in Engineering Science) (1.1)	52 - AAT (Associate in Arts Teaching) (1.1)	IIVATE UPDATE CODE:	EXT R AND M CURRICULUM: PRE	PERMANENT APPROVAL DATE:
DEGREE OR CERTIFICATE TYPE: <u>03</u> 01 - AA (Associate in Arts) (1.1)	02 - AS (Associate in Science) (1.1) 03 - AAS (Associate in Applied Science) (1.2)	04 - AGS, ALS and AGE (General Associate Degree) (1.0)	11 - Developmental Studies or Basic Skills (1.4, 1.7, 1.9)		ICCB USE ONLY: STATUS: A-ACTIVE W-WITHDRAW I-INACTIVATE	APPROVAL METHOD: N-NEW T-TEMP P-PRMT E-EXT	TEMPORARY APPROVAL DATE:

# SOUTH SUBURBAN COLLEGE INFORMATION TECHNOLOGY

# SUPPLEMENTAL FORM FOR CURRICULA Required with ICCB Form 22

SSC Curr. Prefix <u>CHW</u> (U, C, V, etc.)	Curriculum # _1200	_
Department # _261		
First Term (CCYYS) _2014SP	Last Term (CC)	YYS)
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Prefix Number	r	
Responsible Department	· · · · · · · · · · · · · · · · · · ·	
First Term (CCYYS)	Last Term (	CCYYS)
Short Course Title	(15 positions	maximum)
Normal Seat Allocation	Term Offered 0 = All terms 3 = Fall 6 = Spring	Lab Fee (9999.99 maximum)
Resequence Y = Yes, resequence by day/time N = No, do not resequence	Internet/Touch Tone Roy Y = Yes, normally allo N = No, these registra	ow these type registrations
Course Category Degree audit code-see instructions 1 = Most remedial courses 2 = Most career courses 3 = Transfer courses 4 = Comm Ed, BCI, Cont Ed courses 6 = IAI General Education courses	0 = College cr 1 = Business 2 = Profession	N1 report redit and approved courses and industry contract nal/Vocational development and social development
Grade Type  1 = A, B, C, D, F, I  2 = P, F, I  3 = A, B, C, D, F, P, I  4 = A, B, C, D, F, R, I  5 = P, R	Course Duration Total contact hours in a  Credit Type D = College credit C = Other	semester  Minimum Grade
ICCBSUPP.DOC		REVISED 11/2005

(January 2008) Form 22

Illinois Community College Board

CURRICULUM ADDITION/WITHDRAWAL/CHANGE **FO THE CURRICULUM MASTER FILE** 

(Submit in Duplicate)

51001 5-DIGIT COLLEGE NUMBER: South Suburban College COLLEGE NAME:

Curriculum Action Desired

Add

Prefix/Number Change CURRENT CURRICULUM PREFIX

NEW CURRICULUM PREFIX CHW.CERT

Other Change

CURRENT CURRICULUM NO. Inactivate

Reactivate

Withdraw

NEW CURRICULUM NO. 1201

(Dept. Of Corrections) DOC

If the college is revising the total number of credit hours for this curriculum, indicate whether this revision

MINIMUM CREDIT HOURS 39

changes the requirements for program completion. Such changes may be subject to ICCB approval

(Four digits, one decimal) PLEASE NOTE ▼

CURRICULUM TITLE Community Health Worker

(Title cannot exceed 36 characters including spaces and punctuation)

CURRICULUM PCS/CIP 1.2 / 51.2208

/01 /2014 EFFECTIVE DATE 01

Year DayМо.

DATE SIGNATURE

College Official Responsible

# DEGREE OR CERTIFICATE TYPE:

20

- 01 AA (Associate in Arts) (1.1)
- 02 AS (Associate in Science) (1.1)
- 03 AAS (Associate in Applied Science) (1.2)
- 04 AGS, ALS and AGE (General Associate Degree) (1.0)
- 11 Developmental Studies or Basic Skills (1.4, 1.7, 1.9)
- 50 AFA (Associate in Fine Arts) (1.1) 51 AES (Associate in Engineering Science) (1.1) 52 AAT (Associate in Arts Teaching) (1.1)
  - ICCB USE ONLY:
- R AND M CURRICULUM: PRE APPROVAL METHOD: N-NEW T-TEMP P-PRMT E-EXT

W-WITHDRAW

A-ACTIVE

STATUS:

PERMANENT APPROVAL DATE: TEMPORARY APPROVAL DATE:

20 - Occupational Certificate of 30 to 50 Semester hours (1.2) 19 - Course Enrollee Classification Categories (1.1, 1.2)

30 - Occupational Cert. of less than 30 semester hours (1.2)

NOM

I-INACTIVATE UPDATE CODE:

Reg/Stwd Code:

CO-OP CODE:

# SOUTH SUBURBAN COLLEGE INFORMATION TECHNOLOGY

# SUPPLEMENTAL FORM FOR CURRICULA Required with ICCB Form 22

SSC Curr. Prefix <u>CHW</u> (U, C, V, etc.)	Curriculum # _1201	<del>_</del>
Department #261		
First Term (CCYYS) 2014SP	Last Term (C	CYYS)
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	EMENTAL FORM FOR with ICCB Forms 11,	
Prefix Number	r	
Responsible Department		
First Term (CCYYS)	Last Tern	n (CCYYS)
Short Course Title	(15 position	ns maximum)
Normal Seat Allocation	Term Offered 0 = All terms 3 = Fall 6 = Spring	Lab Fee (9999.99 maximum)
Resequence Y = Yes, resequence by day/time N = No, do not resequence		Registrationallow these type registrations strations not allowed
Course Category  Degree audit code-see instructions  1 = Most remedial courses  2 = Most career courses  3 = Transfer courses  4 = Comm Ed, BCI, Cont Ed courses  6 = IAI General Education courses	0 = College 1 = Busines 2 = Profess	B N1 report credit and approved courses s and industry contract ional/Vocational development al and social development
Grade Type  1 = A, B, C, D, F, I  2 = P, F, I  3 = A, B, C, D, F, P, I  4 = A, B, C, D, F, R, I  5 = P, R	Course Duration Total contact hours i  Credit Type D = College credit C = Other	Minimum Grade

**REVISED 11/2005** 

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Form 22 (January 2008)

# Illinois Community College Board CURRICULUM ADDITION/WITHDRAWAL/CHANGE TO THE CURRICULUM MASTER FILE (Submit in Duplicate)

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ER: 51001	Reactivate  DOC  (Dept. Of Corrections)		<b>RS</b> $\frac{20}{l}$ ( <i>l</i> )	gram completion. Suc		(1.1, 1.2) ester hours (1.2) er hours (1.2) (1.1) Reg/Stwd Code:	/ /
5-DIGIT COLLEGE NUMBER:	current curriculum no. 1202  NEW CURRICULUM NO. 1202	aces and punctuation)	MINIMUM CREDIT HOURS 20 (Four digits, one decimal) PLEASE NOTE ▼ If the college is revising the total number of credit hours for this curriculum, indicate whether this revision	changes the requirements for program completion. Such changes may be subject to ICCB approval		19 - Course Enrollee Classification Categories (1.1, 1.2) 20 - Occupational Certificate of 30 to 50 Semester hours (1.2) 30 - Occupational Cert. of less than 30 semester hours (1.2) 50 - AFA (Associate in Fine Arts) (1.1) 51 - AES (Associate in Engineering Science) (1.1) 52 - AAT (Associate in Arts Teaching) (1.1) ATE UPDATE CODE:	PERMANENT APPROVAL DATE:
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# SOUTH SUBURBAN COLLEGE INFORMATION TECHNOLOGY

# SUPPLEMENTAL FORM FOR CURRICULA Required with ICCB Form 22

SSC Curr. Prefix <u>CHW</u> (U, C, V, etc.)	Curriculum # _1202
Department #261	
First Term (CCYYS) _2014SP	Last Term (CCYYS)
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	ENTAL FORM FOR <b>COURSES</b> th ICCB Forms 11, 11B, 12 or 12A
Prefix Numbe	r
Responsible Department	
First Term (CCYYS)	Last Term (CCYYS)
Short Course Title	(15 positions maximum)
Normal Seat Allocation	Term Offered Lab Fee 0 = All terms (9999.99 maximum) 3 = Fall 6 = Spring
Resequence Y = Yes, resequence by day/time N = No, do not resequence	Internet/Touch Tone Registration Y = Yes, normally allow these type registrations N = No, these registrations not allowed
Course Category  Degree audit code-see instructions  1 = Most remedial courses  2 = Most career courses  3 = Transfer courses  4 = Comm Ed, BCI, Cont Ed courses  6 = IAI General Education courses	<ul><li>0 = College credit and approved courses</li><li>1 = Business and industry contract</li><li>2 = Professional/Vocational development</li></ul>
Grade Type 1 = A, B, C, D, F, I 2 = P, F, I	Course Duration Total contact hours in semester
3 = A, B, C, D, F, P, I 4 = A, B, C, D, F, R, I 5 = P, R	Credit Type Minimum Grade D = College credit C = Other
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Credentials	Program Description	Level of Employment	Skill Set Required	Courses taken
Basic	The Community Health Worker Basic prepares students to serve as a liaison with professional staff in hospitals or other health settings. Basic concepts in case management, mental health and substance abuse will be learned.	Entry level	1.1a, 1.1b, 1.3a, 1.3b, 1.5, 4.4, 6.1, 6.3, 6.4., 2.1, 3.1b, 3.1c, 5.1, 6.5, 3.1a, 3.2, 3.3, 4.1, 4.2, 1.4, 2.2, 3.4, 5.3, 1.2, 3.5.	CHW-101 CHW-105 CHW-109 CHW-110 CHW-112 CHW-200 CHW-200
20 credits				
Certificate	The Community Health Worker Certificate prepares students for entry level employment. Community Health Workers provide outreach, education, referral, follow-up, case management, advocacy and home visiting services to clients who are at highest risk for poor health outcomes. Community Health Workers work in concert with the medical team monitoring highest risk clients.	The lead work for community outreach and will serve as the liaison to multiple hospitals.	Basic: 1.1a, 1.1b, 1.3a, 1.3b, 1.5, 4.4, 6.1, 6.3, 6.4., 2.1, 3.1b, 3.1c, 5.1, 6.5, 3.1a, 3.2, 3.3, 4.1, 4.2, 1.4, 2.2, 3.4, 5.3, 6.6, 1.2, 3.5. Certificate: 1.2, 1.4, 2.3, 2.4, 2.5, 3.4, 5.1, 6.1, 6.6, 2.5, 2.4, 2.3, 2.2, 3.1, 4.1, 3.4, 3.2, 3.3, 4.4, 5.1, 5.2, 5.4, 6.1, 6.2, 6.3, 6.5,	CHW-101 CHW-105 CHW-109 CHW-112 CHW-220 MIS-101 CHW-212 CHW-215 CHW-215 CHW-215 CHW-215 CHW-215 CHW-215
39 credits				
Associates of Applied Science	The AAS in Community Health Worker will prepare students for leadership with a skill-set to work in a variety of community settings.	Management with knowledge of community and medical services.	Basic: 1.1a, 1.1b, 1.3a, 1.3b, 1.5, 4.4, 6.1, 6.3, 6.4., 2.1, 3.1b, 3.1c, 5.1, 6.5, 3.1a, 3.2, 3.3, 4.1, 4.2, 1.4, 2.2, 3.4, 5.3, 6.6, 1.2, 3.5. Certificate: 1.2, 1.4, 2.3, 2.4, 2.5, 3.4, 5.1, 6.1, 6.6, 2.5, 2.4, 2.3, 2.2, 3.1, 4.1, 3.4, 3.2, 3.3, 4.4, 5.1,	CHW-101 CHW-105 CHW-109 CHW-110 CHW-200 CHW-220

	5.2, 5.4., 6.1, 6.2, 6.3, 6.5	MIS-101
		CHW-212
	In addition to meeting the general education	CHW-215
	learning objectives.	CHW-118
		CHW-225
		CHW-230
		CHW-125
		24 credits of
		general
		education and 6
		hours of
		elective credit.
69 credits		

Regarding planning and collaboration, the narrative references 1999 and 2002 as starting points for this proposal, that's been over 10 years ago, how has the college ensured the curricula developed by those partnerships maintained relevance for today's workforce?

### **GROUP ACTIVITIES SINCE 1999 1ND 2002**

Reviewed descriptions of the work of the community health workers provided by the US Department of Health and Human Services (2007).

Reviewed the Institute of Medicine (IOM) recommendation for the inclusion of CHWs in health care delivery systems to address racial and ethnic disparities (Smedley, 2003), and states that CHWs "offer promise as a community-based resource to increase racial and ethnic minorities" access to health care and to serve as a liaison between health care providers and the communities they serve."

Reviewed the Affordable Care Act's call for the incorporation for CHWs in important aspects of community health, and the enforcement of education, training and empowerment of the CHWs workforce. This fact gives relevance and urgency to the legitimization of the CHWs contribution to the healthcare workforce.

Community Health Workers (CHWs) have worked to improve the quality of health care delivery services, in order to reduce health disparities, for more than 60 years. (Balcazar et al, 2011). The US Department of Health and Human Services defines community health workers (CHWs) as: "... lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments and usually share ethnicity, language, socioeconomic status, and life experiences with the community members they serve. They have been identified by many titles such as community health

advisors, lay health advocates, promotores(as), outreach educators, community health representatives, patient navigators, peer health promoters, and peer health educators. CHWs offer interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening." (USDHHS, 2007). CHWs improve consumer access to health insurance coverage, they model and encourage clients in healthy behaviors, they monitor health status, they educate consumers with basic information about disease prevention or reduction, and they make consumers aware of resources to improve health. CHWs are trusted frontline public health workers. Because CHWs live in the communities they serve or are working in similar communities, they have a unique vantage point to understand and explain the health problems that members of their communities face and to identify and implement workable solutions. (American Public Health Association, 2009)

In 2002-2003, the need for CHWs in the Chicago metropolitan area was great. By now it is well documented that the need is not only local but national. In the past decade the use of CHWs by health care and social service providers has grown, and their effective contributions to the health system have been extensively described, for example, in managing chronic diseases such as hypertension and diabetes, improving birth outcomes, maintaining child wellness (US Department of Health and Human Services, 2007; Viswanathan et al., 2009; Rosenthal, Wiggins, et al., 2011). As a result, there has been an increasing recognition by health care and social service providers and by the government of CHW's important roles. At the federal level the U.S. Office of Management and Budget has approved a Standard Occupational Classification, 21-

1094, expressly for CHWs (US Bureau of Labor Statistics, 2010). At least five states, including Massachusetts, Texas, Minnesota, Ohio, and Alaska, have also created occupational classifications for CHWs and have developed or are developing certification programs for CHWs. With the passage of the Affordable Care Act the Obama administration has raised the profile of CHWs by authorizing the Centers of Disease Control to promote the use of CHWs in medically underserved communities. ACAC has allocated federal funds to expand community based care settings in which CHWs may work. (Patient Protection and Affordable Care Act, 2010; National Peer Support Collaborative Learning Network, 2012)

Government-generated estimates of the number of CHWs in the U.S. vary, ranging from 38,000 (US Department of Labor, Bureau of Labor Statistics, 2012) to 121,000 (O\*NET Online, 2012; US DHHS, Health Services Administration, 2007). The lower figure might not account for part-time CHWs, volunteer CHWs and CHW functions described in overlapping occupations, such as health educators or community and social service assistants. However, there is agreement that the projected growth rate for CHWs between 2010 and 2020 will be robust: 20% to 28%. This rate is higher than the projected national average for all occupations and places CHWs in the fourth fastest growing major occupational group, community and social service occupations (Lockard & Wolf, 2012). Illinois is the state with the third largest number of CHWs currently employed (after California and Texas), and the Chicago-Joliet-Naperville Metropolitan region has the largest concentration of CHWs employed of any metropolitan area in the U.S. Nationally, average hourly wages for CHWs are \$18.02; in Illinois average CHW hourly wages are \$17.99 (US Bureau of Labor Statistics, 2012). By the most conservative estimate there were at least 2,130 CHWs in Illinois in May, 2012 (US Bureau of Labor Statistics, 2012).

The need for CHWs has never been greater. Chronic diseases such as cardiovascular disease and diabetes, and communicable diseases such as HIV/AIDS and Hepatitis B continue to have a disproportionately high impact in the low income minority communities where CHWs live and work. Low income communities continue to endure higher infant mortality rates; the need for pre-natal care and education persists. Tobacco use and substance abuse also remain high. Millions of low income communities residents need accurate, up-to-date information about disease prevention, to become familiar with current community and government resources (such as using SNAP and LINK at farmers' markets). They also need help to gain access to health care services and navigate the insurance options to pay for them, a need which has become more acute as the Affordable Care Act is being implemented. The proposed curriculum at South Suburban College contains courses that address all of these issues; it will prepare CHWs with the requisite background knowledge and skills to educate, counsel and support clients and advocate for healthier communities.

### CURRICULUM DEVELOPMENT

In August, 2002 a group of 25 health care professionals working in government agencies, health care organizations, nonprofit organizations, and universities came together in Chicago to discuss education, training and certification issues of CHWs, in order to advance their professional development. There were many issues to address: CHWs faced high job insecurity. Their work was often funded by short-term grants, and CHWs were rarely employed in a full time position with benefits. Each organization hiring CHWs had their own training programs and did not recognize the value of CHWs' prior training and experience. A working group was formed, which began by concentrating on areas of study. The team agreed on eight core subject areas and developed detailed course descriptions for all courses in each subject area. The authors

designed the curriculum to be widely inclusive of the different levels of knowledge, experience and personal goals of CHWs. The curriculum had three levels: a basic certificate, an advanced certificate and an Associate Arts of Science degree, which could enable a CHW to move from a city college AA program to a four-year college for a BA degree. Courses could be taken for credit or as non-credit courses. Instructors were required to establish learning goals, requirements and assessments for both credit and non-credit students. For example, non-credit courses could fit the interests of an aging CHW who wanted quality professional development with peers before retiring, but did not seek a certificate or degree. The curriculum was submitted to Richard J. Daley College, one of the colleges in the Chicago City Colleges system. ICCB approved the program at Daley College. Team members assisted in the recruitment of instructors and students. Teaching commenced in 2003. This Daley College curriculum became the basis for the proposed curriculum at South Suburban College.

The Chicago CHW Local Network (CCHWLN), an organization by and for CHWs and their allies, formed in 2003, With 800 members, it has become a leading voice for standardized CHW training recognized by employers across job sites and for the establishment of career ladders for CHWs who wish to advance their careers as health care practitioners in Illinois. The CCHWLN has been instrumental in bringing frontline CHWs together with other stakeholders to identify CHW roles and responsibilities, their educational needs and their views on certification, to learn about similar efforts in other states, and to develop policy. CCHWLN held a ground breaking conference to organize and advocate for CHWs in 2007 and has collaborated with employers and CHW research and advocacy organizations at subsequent forums in 2010 and 2011. The conferences served as springboards for CCHWLN to establish working groups of CHWs and

health professional allies. The committees meet monthly to develop training programs and certification policies. CCHWLN also participates in a coalition of organizations, known as the CEED Alliance, to promote research describing and evaluating CHWs' work in many settings, to widen acceptance of CHWs by employers as important members of community health teams, and to advocate for CHW state certification (For an example of the coalition's work, see CEED's power point presentation to physicians and administrators on the value of CHWs).

Between 2011 and 2012 CCHWLN conducted seven focus groups of Chicago area CHWs and other stakeholders including CHW employers and supervisors, and CHW trainers. A crosssection of Latino/a (Hispanic), African-American (Black) and Euro-American (White) participated. Focus groups were conducted in English and Spanish based on the needs of the host organization. The focus groups were held in Cook and Lake Counties, in Chicago and the suburbs (Waukegan and South Holland) and in academic, community-based organization (CBO) and healthcare settings. More than 100 people participated in this process. Through these focus groups with CHWs and stakeholders, the CCHWLN gathered information on CHW roles and responsibilities, core competencies, training, supervision and certification in order to facilitate the development of a statewide policy to recognize and advance occupational opportunities. Focus group results revealed that CHWs tended to assume the roles and responsibilities of case managers, outreach workers, health promoters, and/or educators. They also acted as researchers and advocates. CHWs strongly urged that their knowledge and experience be recognized, appreciated and validated by employers. They also wanted on- the-job-training to be portable across work settings. Finally, for those CHWs who desired to continue formal academic study for other health professions, a tiered academic program should be created, which includes a basic certificate followed by community college degree program, which could be applied towards a college program. The results echoed discussions at previous CCHWLN's previous conferences and forums (Stan sell, 2011) and are consistent with other research. (Rosenthal, et al., 2011; Whitley et al., 2007)

Armed with the result CCHWLN reconvened the group of curriculum developers of the Daley College curriculum in 2012. The current working group has reviewed the focus group findings, reviewed CHW curricula at community colleges elsewhere (e.g., San Francisco and Minneapolis) and has since updated and revised the curriculum, which is now being presented to South Suburban College.

Articulation of "Stackable Credentials".

In Their Own Words: CHWs Making a Difference

In December 2010, Community Health Workers wrote these testimonials about their work at a CHW Focus Group hosted by at Sinai Hospital, Chicago. The focus group was one of four done for development of the CEED@Chicago Healthy Eating - Active Living HEAL Guide, published by the Midwest Latino Health Center, 2013.

CHWs were asked to write about working with one person to change their eating habits. What did the person think his/her problem was? What did you do to help them improve their habits? What happened? What did you learn?

### 1. REGULAR MONTHLY OUTREACH

As a community health worker I was out at an outreach event. I had been going to this place once a month. I usually checked blood pressures for the staff of this organization and

also the clients who came into the building. It was to my amazement that a young man, a smoker with high blood pressure and part of the staff, told me that I finally convinced him to go to the doctor after insisting each month that I went there. I had already given him hand-outs and I had already explained to him the risks.

I was asked by him to set an appointment for him right now before he regrets it. I set his appointment and the following month I went to his organization and, when this man approached me, he asked me if he can give me a hug. He said he was very grateful for me not giving up on him because I insisted so much and that is why he went to the doctor. The doctor hold him that be found an illness that if he would not have gone soon enough to the clinic no one knows how much more complications would have occurred. He did not tell me what illness, but I was glad to see that this young man was making changes and following up on his doctor's visit.

### 2. PEER LEARNING

Six months ago my uncle had a mild diabetic stroke. He was rushed to the hospital and his sugar was over 500. When I spoke with him on the phone, he admitted that he knew he had issues with diabetes but chose to ignore it because at the time he was going through other physical challenges. Well, after this episode, diabetes had his attention.

He told me that he would be living off turkey the rest of his life per his doctor's conversation with him. I told him that my friend (Susie) had been a type 2 diabetic for years and she didn't just eat turkey. I asked if I could talk about his condition to her and give her his phone number. He said fine. They had a phone conversation and she gave him some very helpful hints about eating habits, how often to check his sugar and exercise. Hooking people up that's going through the

same physical challenge can work when folks are willing. I continue to learn about healthy eating through my friend who is a diabetic.

### 3 EMPOWER TO MAKE HEALTHY CHANGES

I work with Church outreach that feeds the community once a week. I've done blood pressure and glucose screening with those who come to the church. This young lady, "Mary," has come to me almost every time for me to do her blood pressure. She keeps very good records with the B/P cards that I have given her. Her pressure when I started was 140/90 and it was steady almost every week.

I suggested she stop using salt to season her food, and to use natural herbs and spices instead. I gave her a list of natural herbs to use for almost every food that she can cook. She tried it along with portion control and drinking more water. When she came to me after six or seven weeks on the program, her pressure had gone down to about 110/60 and it has stayed about the same for over a year. He is not on medicine as far as I know. She seems to be very honest about her health and when she eats the foods that would raise her pressure she tells me about it before I take her pressure. We have become very close and she calls me her doctor away from the clinic. I'm very happy that I was there for her and helped to empower her to make healthy changes to better her life.

### 4. CHANGE CAN BEGIN WITH THE CHW

One morning my co-worker came into my office with tear-filled eyes and told me that she is diabetic. I will never forget the look of shock on her face. It was as if her whole world came

tumbling down around her, and she was now looking at me to help her put it back together again. So I looked her in the eye asking her "What do you want to do about it? Do you want to continue to cry or get so proactive about your health that people will begin to come to you wondering how you do it? I want you to remember that this is what we do every day as health educators, only now the shoe is on your foot."

This was a wakeup call for her and she quickly recognized that she needed to make some changes, immediate changes. So she began to see a nutritionist which was actually two offices down the hall. She began to monitor her glucose levels and everything she was instructed to do, she did it. I am now happy to say that within 6 months her A1C level was normal, she has lost 3 dress sizes, and she is a strong advocate for diabetes as well as breast cancer prevention.

### 5. CHURCH COMMITTEE EATS HEALTHY

Becoming a diabetic myself has taught me a lesson on being conscious of what I eat. So when I am in a group of others, I encourage everyone to eat a salad with meals and less meat. I am on the Health and Wellness Committee for my church. We do workshops throughout the year. After every workshop, we have a light lunch provided for the participants. The lunch consists of a well-balanced meal. Each meal there is an explanation on why we chose it, plus the nutritional value. The beverage of choice is always water.

Doing this taught us that there was a lot of people unaware of how to cook food outside their traditional setting (cultural) and afraid to step outside their comfort zone. When other fruits and vegetable are presented as a group, they are willing to try them with others there. Also I learned that when you introduce different ways of eating to others, if it is not accepted, then be

patient and try something else that they would like.

### 6. INSTILL THE CULTURE OF PREVENTION

In my experience being a health educator I learned that the community is the sum of various opinions, likes, traditions and ways and means of behaving. Because you cannot treat everyone exactly the same. Particularly, with what corresponds with nutrition is a cultural problem. It is important to educate kids and youth that will be tomorrow's adults. We have to instill the culture of prevention in them. In the home, they would spend less on doctors and medicines if they had more interest in preventing diseases, balancing food, exercise, distractions and relaxation. It is also important to understand that a high level of stress (actually being) is in a huge part motivated by the insecurity and economic instability. Countless diseases [are] generated in one vicious cycle.

### 7. COOKING CLASS

One of the mothers in my cooking class named Maria had a sister, Alicia, and her husband, Carlos. With the death of Alicia and Carlos, Maria had to take care of her nephews and she also had four children and was a widow. Due to all of this she had to work ten hours a day and still did not make enough money and every day they had to eat beans, soup and eggs. All of her children and nephews like eating fried eggs with a fried tortilla.

In the third week of class Maria came to me and she told me her problem very quietly. [She] did not participate in class and she began to tell me that due to everything she has learned in class she had already begun to make changes, even though she did not have the money to make the changes she wanted. I asked her, "What are the changes?" Maria asked me, "Can I tell you in

front of everyone in the class?" And I answered, "Of course. This is very beautiful and good on your part and thank you very much."

So she got in front of us and started telling that in her house they ate a lot of fried eggs and fried tortillas. "Now, thanks to you, I've changed a little. The eggs are cooking in a Teflon pan and the tortilla is not fried. It is only heated on the griddle with no oil." This taught me that sometimes changes are not made only with money but with lots of love for your family and with a lot of will.

## 8. BLOCK BY BLOCK DEDICATION

The history of Marvin, a young adult of 37 years old. His mother is diabetic and he has 4 children and he was walking outside his house when I approached him and I asked him if he lived in North Lawndale on that street. He said "Yes." "Is there anyone in your household that has diabetes?" He said, "My mother and I." I looked for the name on my list but I didn't find it, so I told him about Project Block by Block and the percentages of diabetes in our community. He was well dressed and he smelled good and he was going to go out with some friends. I asked him if he wanted to fill out some questionnaires. He said yes and I told him about AIC. I made an appointment with him in the upcoming days and I went to his house. I did the AIC exam and it was really high, around 10. That's very elevated so we made an action plan to change his eating habits and make an appointment with his doctor. He called and he told me that in a few days he would see the doctor. I called him two days after his appointment and he said thanks to me. He had gone on time since his blood pressure had been so high and the doctor gave him medication. He felt like he could control his diabetes when he didn't really want to before.

Form 22 (January 2008)

Illinois Community College Board

		CURRICULU TO TH	CURRICULUM ADDITION/WITHDRAWAL/CHANGE TO THE CURRICULUM MASTER FILE (Submit in Duplicate)	L/CHANGE TLE	
COLLEGE NAME:	South Suburban College	lege	5-DIGIT COLLEGE NUMBER:	ER: 51001	
Curriculum Action Desired  Add Prefix/Number Chang  CURRENT CURRICULUM PREFIX  NEW CURRICULUM PREFIX  CHW.AAS	red Prefix/Number Change ILUM PREFIX PREFIX CHW.AAS	Other Change CI	ge Inactivate  CURRENT CURRICULUM NO.  NEW CURRICULUM NO. 1200	Reactivate  DOC	Withdraw  DOC
CURRICULUM TITLE Community Health Worker (Title cannot exceed 36 cho	Community Health Worker (Title cannot exceed 36 characters including spaces and punctuation)	acters including sp	paces and punctuation)		
CURRICULUM PCS/CIP 1.2 51.2208	2 51.2208		MINIMUM CREDIT HOURS 69	$\mathbf{RS} \stackrel{69}{=} (Fo$	(Four digits, one decimal) PLEASE NOTE
EFFECTIVE DATE $\frac{01}{Mo-D}$	$\frac{1}{\sqrt{01}}$ $\frac{2014}{\sqrt{2014}}$		the college is revising the total changes the requirements for progressions.	r number of credit nours	It the conege is revising the total number of credit hours for this curriculum, indicate whether this revision changes the requirements for program completion. Such changes may be subject to ICCB approval
SIGNATURE Colleg	College Official Responsible		DATE		
DEGREE OR CERTIFICATE TYPE: 03 01 - AA (Associate in Arts) (1.1) 02 - AS (Associate in Science) (1.1) 03 - AAS (Associate in Applied Science) (1.2) 04 - AGS, ALS and AGE (General Associate II - Developmental Studies or Basic Skills (1.4)	GREE OR CERTIFICATE TYPE: 03  01 - AA (Associate in Arts) (1.1)  02 - AS (Associate in Science) (1.1)  03 - AAS (Associate in Applied Science) (1.2)  04 - AGS, ALS and AGE (General Associate Degree) (1.0)  11 - Developmental Studies or Basic Skills (1.4, 1.7, 1.9)	- "	19 - Course Enrollee Classification Categories (1.1, 1.2) 20 - Occupational Certificate of 30 to 50 Semester hours (1.2) 30 - Occupational Cert. of less than 30 semester hours (1.2) 50 - AFA (Associate in Fine Arts) (1.1) 51 - AES (Associate in Engineering Science) (1.1) 52 - AAT (Associate in Arts Teaching) (1.1)	(1.1, 1.2) ester hours (1.2) er hours (1.2) (1.1)	
STATUS: A-ACTIVE	W-WITHDRAW I-	I-INACTIVATE	UPDATE CODE:	Reg/Stwd Code:	
APPROVAL METHOD: N-NEW T-TEMP P-PRMT	NEW T-TEMP P-PRM	E-EXT	R AND M CURRICULUM: PRE	NUM	
TEMPORARY APPROVAL DATE:  Mo. Day	VAL DATE: ////////////////////////////////////	PERMANENT A PROGRAM REVIEW DATE:	PERMANENT APPROVAL DATE:  Mo. Day I REVIEW DATE:	Year //	_ CO-OP CODE:
PROCESSED BY	NO		RECORD UPDATED BY	>	NO

# SOUTH SUBURBAN COLLEGE INFORMATION TECHNOLOGY

# SUPPLEMENTAL FORM FOR CURRICULA Required with ICCB Form 22

SSC Curr. Prefix <u>CHW</u> (U, C, V, etc.)	Curriculum # _1200	<u>)                                    </u>
Department # _261		
First Term (CCYYS) _2014SP	Last Term (C	CCYYS)
**************************************		**************************************
	EMENTAL FORM FOI	
Prefix Numbe	r	
Responsible Department		
First Term (CCYYS)	Last Terr	m (CCYYS)
Short Course Title	(15 positio	ons maximum)
Normal Seat Allocation	Term Offered 0 = All terms 3 = Fall 6 = Spring	Lab Fee (9999.99 maximum)
Resequence Y = Yes, resequence by day/time N = No, do not resequence	=	
Course Category  Degree audit code-see instructions  1 = Most remedial courses  2 = Most career courses  3 = Transfer courses  4 = Comm Ed, BCI, Cont Ed courses  6 = IAI General Education courses	0 = College 1 = Busines 2 = Profess	B N1 report c credit and approved courses ss and industry contract sional/Vocational development al and social development
Grade Type 1 = A, B, C, D, F, I 2 = P, F, I	Course Duration Total contact hours	in semester
3 = A, B, C, D, F, P, I 4 = A, B, C, D, F, R, I 5 = P, R	Credit Type D = College credi C = Other	Minimum Grade t
ICCBSUPP.DOC		REVISED 11/2005

Form 22 (January 2008)

# Illinois Community College Board CURRICULUM ADDITION/WITHDRAWAL/CHANGE TO THE CURRICULUM MASTER FILE

(Submit in Duplicate)

COLLEGE NAME:	South Suburban	College	5-DIGIT COLLEGE NUMBER:	ER:	51001	
Curriculum Action Desired	Desired					
X Add	Prefix/Number Change	Other Change	Inactivate	Reactivate	Withdraw	
CURRENT CURR	CURRENT CURRICULUM PREFIX	COF	CURRENT CURRICULUM NO.			
NEW CURRICUL!	NEW CURRICULUM PREFIX CHW.CERT	NEV	NEW CURRICULUM NO. 1201		DOC	
				(Dept	Dept. Of Corrections)	
CURRICULUM TI	CURRICULUM TITLE Community Health Worker					
	(Title cannot exceed 36 characters including spaces and punctuation)	ıracters including spa	ices and punctuation)			

 ${\rm CURRICULUM~PCS/CIP~1.2~/~51.2208}$ 

MINIMUM CREDIT HOURS <sup>39</sup> (Four digits, one decimal) PLEASE NOTE ▼ If the college is revising the total number of credit hours for this curriculum, indicate whether this revision

MINIMUM CREDIT HOURS 39

changes the requirements for program completion. Such changes may be subject to ICCB approval

Mo. Day Year EFFECTIVE DATE 01 /01 /2014

DATE SIGNATURE

College Official Responsible

DEGREE OR CERTIFICATE TYPE: 20		
01 - AA (Associate in Arts) (1.1)	19 - Course Enrollee Classification Categories (1.1, 1.2)	
02 - AS (Associate in Science) (1.1)	20 - Occupational Certificate of 30 to 50 Semester hours (1.2)	rs (1.2)
03 - AAS (Associate in Applied Science) (1.2)	30 - Occupational Cert. of less than 30 semester hours (1.2)	(1.2)
04 - AGS, ALS and AGE (General Associate Degree) (1.0)	50 - AFA (Associate in Fine Arts) (1.1)	
11 - Developmental Studies or Basic Skills (1.4, 1.7, 1.9)	51 - AES (Associate in Engineering Science) (1.1) 52 - AAT (Associate in Arts Teaching) (1.1)	
ICCB USE ONLY:		
STATUS: A-ACTIVE W-WITHDRAW I-INACTIVATE	UPDATE CODE:	Reg/Stwd Code:
APPROVAL METHOD: N-NEW T-TEMP P-PRMT E-EXT	EXT R AND M CURRICULUM: PRE	NUMID
TEMPORARY APPROVAL DATE: / /	PERMANENT APPROVAL DATE:	OO-OD / /

# SOUTH SUBURBAN COLLEGE INFORMATION TECHNOLOGY

# SUPPLEMENTAL FORM FOR CURRICULA Required with ICCB Form 22

SSC Curr. Prefix <u>CHW</u> (U, C, V, etc.)	Curriculum # _1201_	<u> </u>
Department # <u>261</u>		
First Term (CCYYS) _2014SP	Last Term (CC	CYYS)
*************************************		*************
SUPPL	EMENTAL FORM FOR I with ICCB Forms 11,	COURSES
Prefix Numbe	r	
Responsible Department		
First Term (CCYYS)	Last Term	(CCYYS)
Short Course Title	(15 positions	s maximum)
Normal Seat Allocation	Term Offered 0 = All terms 3 = Fall 6 = Spring	Lab Fee (9999.99 maximum)
Resequence Y = Yes, resequence by day/time N = No, do not resequence	Internet/Touch Tone F Y = Yes, normally al N = No, these regist	low these type registrations
Course Category Degree audit code-see instructions 1 = Most remedial courses 2 = Most career courses 3 = Transfer courses 4 = Comm Ed, BCI, Cont Ed courses 6 = IAI General Education courses	0 = College o 1 = Business 2 = Professio	N1 report credit and approved courses and industry contract conal/Vocational development and social development
Grade Type  1 = A, B, C, D, F, I  2 = P, F, I  3 = A, B, C, D, F, P, I  4 = A, B, C, D, F, R, I  5 = P, R	Course Duration Total contact hours in  Credit Type D = College credit C = Other	semester  Minimum Grade

**REVISED 11/200** 

ICCBSUPP.DOC

(January 2008) Form 22

Illinois Community College Board

# CURRICULUM ADDITION/WITHDRAWAL/CHANGE TO THE CURRICULUM MASTER FILE (Submit in Duplicate)

51001 5-DIGIT COLLEGE NUMBER: South Suburban College COLLEGE NAME:

Inactivate Other Change Curriculum Action Desired

Prefix/Number Change CURRENT CURRICULUM PREFIX Add

NEW CURRICULUM PREFIX CHW.BASIC

CURRICULUM TITLE Community Health Worker

CURRENT CURRICULUM NO.

NEW CURRICULUM NO. 1202

Withdraw

Reactivate

(Dept. Of Corrections)

If the college is revising the total number of credit hours for this curriculum, indicate whether this revision

MINIMUM CREDIT HOURS  $\overline{20}$ 

changes the requirements for program completion. Such changes may be subject to ICCB approval

(Four digits, one decimal) PLEASE NOTE ▼

CURRICULUM PCS/CIP 1.2/51.2208

(Title cannot exceed 36 characters including spaces and punctuation)

/2014 /01 EFFECTIVE DATE 01

DayMo.

Year

DATE SIGNATURE

College Official Responsible

# DEGREE OR CERTIFICATE TYPE:

- 01 AA (Associate in Arts) (1.1)
- 02 AS (Associate in Science) (1.1)
- 03 AAS (Associate in Applied Science) (1.2)
- 04 AGS, ALS and AGE (General Associate Degree) (1.0)
- 11 Developmental Studies or Basic Skills (1.4, 1.7, 1.9)

# ICCB USE ONLY:

Reg/Stwd Code: W-WITHDRAW I-INACTIVATE UPDATE CODE: A-ACTIVE STATUS:

NOM R AND M CURRICULUM: PRE APPROVAL METHOD: N-NEW T-TEMP P-PRMT E-EXT PERMANENT APPROVAL DATE: TEMPORARY APPROVAL DATE:

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50 - AFA (Associate in Fine Arts) (1.1)

51 - AES (Associate in Engineering Science) (1.1) 52 - AAT (Associate in Arts Teaching) (1.1)

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CO-OP CODE:

# SOUTH SUBURBAN COLLEGE INFORMATION TECHNOLOGY

# SUPPLEMENTAL FORM FOR CURRICULA Required with ICCB Form 22

SSC Curr. Prefix <u>CHVV</u> (U, C, V, etc.)	) Curriculum # _1202	
Department #261		
First Term (CCYYS) _2014SP	Last Term (CCY	YS)
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	ENTAL FORM FOR <b>COU</b> th ICCB Forms 11, 11B, 1	
Prefix Numbe	er	
Responsible Department		_
First Term (CCYYS)	Last Term (C	CCYYS)
Short Course Title	(15 positions r	maximum)
Normal Seat Allocation	Term Offered 0 = All terms 3 = Fall 6 = Spring	Lab Fee (9999.99 maximum)
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Grade Type 1 = A, B, C, D, F, I 2 = P, F, I	Course Duration Total contact hours in se	emester
3 = A, B, C, D, F, P, I 4 = A, B, C, D, F, R, I 5 = P, R	Credit Type D = College credit C = Other	Minimum Grade
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# **BASIC CERTIFICATE**

CHART C: CURRICULUM. List courses within the proposed program, and asterisk new

courses			
	വ	ire	20

Course Prefix	Course Title	Asterisk New Courses	Credit Hours	Lecture Contact	Lab Contact Hours
General Education Courses					
(required course work)					
Note which courses are transferable					
Total			0	0	
Career and Technical	Introduction to Community Health CHW 101	*	3	3	0
Education Courses	Accessing Community Resources CHW 105	*	3	3	0
	Community Health Development CHW 110	*	3	3	0
	Case Management Fundamentals CHW 200	*	3	3	0
	Mental Health and Substance Abuse CHW 109	*	3	0	0
(required course work)	Portfolio Development I CHW 112	*	3	0	0
Total			18	18	0
Work-Based Learning Courses (Required internship, practicum, apprenticeship, etc.)	Field Work I CHW 220		2	2	2
Total					†
Electives					
Total					
TOTAL CREDIT HOURS REQUIRED FOR COMPLETION 20					

# **CERTIFICATE CHART C: CURRICULUM.** List courses within the proposed program, and asterisk new courses.

Course Prefix  General	Course Title	Asterisk New Courses	Credit Hours	Lecture Contact	Lab Contact Hours
Education Courses (required course work)	Computer Literacy and Applications MIS 101		3	3	0
Note which courses are transferable			2		
Total		*	3	<u> </u>	<u> </u>
Career and Technical Education	Portfolio Development II CHW 212	*	2	2	0
Courses	Introduction to Community Health Research CHW 215		3	3	0
(required course work)	Environ. Occup. Diseases CHW 118	*	3	3	
	CHW Leadership CHW 230	*	3	3	
	Nutrition and Disease CHW 115		3	3	0
Total			17	17	0
Work-Based Learning Courses	Fieldwork II CHW 225	*	2	2	2
(required internship, practicum, apprenticeship, etc.)					
Total			2	2	0
Electives					
Total					
TOTAL CREDIT HOURS REQUIRED FOR COMPLETION 39 37 2					

Associates Degree - Chart C

Course Prefix	Course Title	Asterisk	0	1 1	Lab
		New Courses	Credit Hours	Lecture Contact	Contact Hours
General	ENG-101- Composition and Rhetoric		3	3	
Education Courses	MDR-102- Fundamentals of Medical Terminology		2	2	
(required	PSY-101- Introduction to Psychology		3	3	
course work)	SPE-108- Oral Communication		3	3	
Note which courses are	SPN-115- Spanish for Health Care Providers		3	3	
transferable	PSY-211- Human Growth and Development		3	3	
	BIO-115- Human Body Structure		4	4	
	HSA-113- Issues of Diversity		3	3	
Total			24		
Career and Technical	Introduction to Community Health CHW 101	*	3	3	
Education Courses	Accessing Community Resources CHW 105	*	3	3	
	Mental Health and Substance Abuse CHW 109	*	3	3	
	Community Health Development CHW 110	*	3	3	
	Portfolio I CHW 112	*	3	3	
(required	Nutrition and Disease CHW 115	*	3	3	
course work)	Environ. Occup. Diseases CHW 118	*	3	3	
	Case Management Fundamentals CHW 200	*	3	3	
	Portfolio Development II CHW 212	*	2	2	
	Intro to Community Health Research CHW 215	*	3	3	
	Fieldwork I CHW 220	*	2	2	
	Fieldwork II CHW 225	*	2	2	
	CHW Leadership CHW 230	*	3	3	
Total			36	36	0

Work-Based Learning Courses (Required internship, practicum, apprenticeship, etc.)	Field Work I CHW 220 Fieldwork II CHW 225			2	3	
Total				4		
Electives (Must Choose 2)	CHW-115 CHW-235 Child Health CHW-205 CHW 100 CHW 120 Epidemics	Nutrition and Disease Intro to Maternal / Parenting Skills Health and the Public Public Health		6		
Total						
TOTAL CREDIT	HOURS REQ	UIRED FOR COMPLETI	ON	69		

# South Suburban College Community Health Worker Core Competencies Measurements

\*Fund for the Improvement of Post-Secondary Education, US Department of Education (Arizona Project) Core Curriculum

## **Area 1:** Primary Health Care and Human Services

The CHA's world of work

The CHA is able to describe primary health care delivery, principles of health promotion and disease prevention, basic human service needs, and how to assess these needs in a community.

EIDCE Come Commission Standards and now	
FIPSE Core Curriculum Standards and	Taught in Class
Competencies	_
1.1 a.) explain principal components of primary	Introduction to Community Health Work
health care	Accessing Community Resources
b.) explain principal components of human	
services	
c.) explain history of these fields of work	
12 - )lain Intra faction to Harlth B	Health Maintenance
1.2 a.) explain Introduction to Health Promotion	Nutrition and Disease
b.) explain Introduction to Disease	Mental Health/Substance Abuse
Promotion	Survey of Diseases
	Survey of Discuses
1.3 a.) use health service terminology	Introduction to Community Health Work
b.) use human service terminology	Case Management Fundamentals
c.) use case finding assessment techniques	Introduction to community Health
, ,	Research
	Nutrition and Disease
	Mental Health/Substance Abuse
	Survey of Diseases
1.4 prepare reports, activity logs, home visit forms	Case Management Fundamentals
and related documentation of work in the	Introduction to community Health
community	Research
Community	research

### Area 2: Communication

Obtaining, Developing, and Providing Information

The CHA is able to network effectively to research and obtain primary health care delivery and human service information and impart this information orally and in writing to the members of the community being served.

FIPSE Core Curriculum Standards and Competencies	Taught in Class
2.1able to access information through health and human service agencies and providers as appropriate and as applied within the community-based agency or setting(s) where the CHA performs (work/serves)	Accessing Community Resources Introduction to community Health Research CHW Leadership
2.2 use facility-specific guidelines and methods for sharing information	Case Management Fundamentals Introduction to community Health Research CHW Leadership

	Survey of Diseases
2.3a.) assess ability of others to understand and adapt communication to meet individual needs including paraphrasing and/or translating     b.) impart information with a sensitivity to multi-cultural and multilingual needs	Case Management Fundamentals Introduction to community Health Research CHW Leadership Nutrition and Disease\ Mental Health/Substance Abuse Survey of Diseases
2.4 transmit information to health and human services providers/agencies: including formal and informal observations, environmental conditions, treatment and care plan progress, and unusual client occurrences or risks, while protecting the confidentiality of this information to assure that people access needed services.	Case Management Fundamentals Introduction to community Health Research CHW Leadership Nutrition and Disease Mental Health/Substance Abuse
2.5 demonstrate communication skills, including listening, rapport and trust building, perception and values clarification, respect and empathy	Introduction to Community Health Work Introduction to community Health Research CHW Leadership Survey of Diseases

## Area 3: Advocacy

The role of CHA's within a larger system of primary care and human services. The CHA is able to serve in an advocacy role to address individual and community needs, bridging cultural differences between clients and systems, empowering capacity building with the community served, encouraging teamwork, creating and using support materials, and educating

community members about health care and social service systems to get the services they need.

community members about hearth care and social service systems to get the services they need.		
FIPSE Core Curriculum Standards and Competencies	Taught in Class	
<ul> <li>1.1 a.) describe and impart to community members the range of health care and human services available,</li> <li>b.) explain how reimbursement affects delivery</li> <li>c.) demonstrate how to access services</li> </ul>	Community Health Problems Accessing Community Resources CHW Leadership Survey of Diseases	
3.2 serving as cultural mediator, educate agencies of care and service about culture and practice beliefs in the community and how changes in provider attitudes, services and practice approaches (the way services are offered) and	Community Health Development CHW Leadership	

materials can promote favorable outcomes	
3.3promote and employ teamwork to manage	
conflict through cooperation, leadership and	Community Health Development CHW Leadership
respect for cultural and religious differences	
and interdisciplinary differences among team	
members, providers and clients	
3.4promote and employ teamwork to manage conflict through cooperation, leadership and respect for cultural and religious differences and interdisciplinary differences among team members, providers and clients.	Community Health Development CHW Leadership
3.5use case finding techniques to assess needs, motivate people to obtain care, make referrals, arrange for transporting people for services, connect people with systems and service providers, and complete follow-up strategies to assure that people receive the services they need	Case Management Fundamentals Introduction to community Health Research Nutrition and Disease Survey of Diseases

# Area 4: Community Health Education

Culturally appropriate health education, health promotion information, and disease prevention activities.

The CHA is able to provide culturally appropriate information and make health education, health promotion, and disease prevention accessible to a community through the distribution of pamphlets, through facilitation of on-going health education classes, community health education events, health fairs, home visits and community meetings.

	<sup>2~1</sup>
FIPSE Core Curriculum Standards and Competencies	Taught in Class
4.1 Through the educational diagnosis of health problems collect information from community people plan and lead health promotion activities, select appropriate educational and public health resources and evaluate outcomes of these activities	Community Health Development Introduction to community Health Research CHW Leadership Nutrition and Disease Mental Health/Substance Abuse
4.2educate about preventive health screening and health promotion practices.	Community Health Development Human Development Introduction to Maternal and Child Health

	Family Planning and Parenting Skills Training Survey of Diseases
4.3promote healthy lifestyle choices through proper nutrition, exercise, and stress management and encourage clients to manage and reduce health risk factors.	Community Health Development Human Development. Introduction to Maternal and Child Health Family Planning and Parenting Skills Training Nutrition and Disease
4.4 promote and employ teamwork to manage conflict through cooperation, leadership and respect for cultural and religious differences and interdisciplinary differences among team members, providers and clients	Community Health Problems Accessing Community Resources CHW Leadership

# Area 5: Capacity Building

Motivating individuals and groups to action

The CHA is able to develop and use networks and coalitions to help communities build their capacity to care for themselves and to use information counseling and social support to improve the health of the community.

FIPSE Core Curriculum Standards and Competencies	Taught in Class
5.1 help people to identify assets, strengths, and resources to empower clients and to mobilize the community to solve their own problems and address their own needs, including creating and using good support material and networks	Accessing Community Resources Community Health Development Introduction to community Health Research CHW Leadership Nutrition and Disease Mental Health/Substance Abuse
5.2 network and develop coalitions to address client needs for food, clothing, housing and hygiene services	Community Health Development CHW Leadership Survey of Diseases
5.3 provide informal counseling and social support, including forming and leading support groups	Community Health Problems Case Management Development CHW Leadership
5.4 build client and community capacities to protect and improve health and to bring about community participation in health through	Community Health Development Accessing Community Resources Introduction to community Health

information sharing, health skills instruction, community-wide assessments, and changes in behaviors and programs within the community Research CHW Leadership

## Area 6: Service Skills and Responsibilities

Employment/Work Skills, Legal Responsibilities, Organization Skills, and Interpersonal Skills The CHA exhibits interpersonal qualities and skills necessary to promote teamwork, respect for diversity, individual self-esteem, and community skills necessary to solve problems; and exhibits professional work habits, including an awareness of the appropriate roles and responsibilities of CHA; skilled in vital sign assessment and First Aid/CPR.

FIPSE Core Curriculum Standards and **Taught in Class Competencies** 6.1 exhibit interpersonal skills as a peer to meet Introduction to Community Health Work Case Management Fundamentals people where they are and build a trusting Introduction to community Health relationship Research CHW Leadership Case Management Fundamentals 6.2a.) exhibit friendliness, sociability, confidence, professional conduct and appearance b.) demonstrate time management and organizational abilities including coping with stress, goal setting, planning and priority setting 6.3 exhibit qualities of being patient, open-Introduction to Community Health Work minded, non-judgmental, motivated and self-Case Management Fundamentals directed, caring, empathic, committed to CHW Leadership community work, respectful, honest, reliable, flexible, adaptable, persistent, creative, and resourceful Introduction to Community Health Work 6.4 respect diversity by being an advocate for Case Management Fundamentals client rights, self-esteem, and equal treatment CHW Leadership of all people, client confidentiality and Survey of Diseases strength through interdisciplinary teamwork 6.5 a.) explain malpractice and liability issues Community Health Development b.) explain operation with the CHWs scope of Accessing Community Resources practice Nutrition and Disease c.) explain compliance with pertinent Mental Health/Substance Abuse regulatory guidelines d.)explain compliance with requirements for documentation 1.5 organize work assignments, plan for home Case Management Fundamentals visits, document needs and actions taken Introduction to community Health Research

# Have You Heard the News?

# **CMS's Final Rule Expands Reimbursement for Preventive Services**

# Medicaid Will Allow Reimbursement for Community Health Worker Preventive Services!

Community Health Worker (CHW) Health Disparities Initiative partners -- have you heard about the CMS ruling announced last month? The Centers for Medicare and Medicaid Services (CMS) created a new rule which allows state Medicaid agencies to reimburse for preventive services provided by professionals that may fall outside of a state's clinical licensure system, as long as the services have been initially recommended by a physician or other licensed practitioner. The new rule for the first time offers state Medicaid agencies **the option** to reimburse for more community-based preventive services, including those of CHWs. The rule goes into effect on January 1, 2014.

The announcement of the CMS ruling marked a wonderful moment in time, providing a new opportunity to recognize and advance the role of CHWs! We encourage you to begin discussions with your own national, state and local networks to see how you can contribute to the conversation about reimbursement for preventive services provided by CHWs in your state. Please see below for the actual ruling and links to the relevant sections.

The new rule now states,

"(c) *Preventive services* means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to—

- 1. Prevent disease, disability, and other health conditions or their progression;
- 2. Prolong life; and
- 3. Promote physical and mental health and efficiency."

The citation for the ruling is:

Medicaid and children's health insurance programs: essential health benefits in alternative benefit plans, eligibility notices, fair hearing and appeal processes, premiums and cost sharing, exchanges: eligibility and enrollment; final rule. Centers for Medicare & Medicaid Services. 78 Fed Reg 42160 (July 15, 2013). The relevant section is, "a. Diagnostic, Screening, Preventive, and Rehabilitative Services (Preventive Services) (§ 440.130)" (paragraph citation: 78 FR 42226)

The rule can be found here: http://www.ofr.gov/OFRUpload/OFRData/2013-16271 PI.pdf

### REFERENCES:

U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions: Community health worker national workforce study, March 2007. Available at http://bhpr.hrsa.gov/healthworkforce/reports/chwstudy2007.pdf. Accessed March 2009

American Public Health Association. Policy Statements Adopted by the Governing Council of the American Public Health Association, October 24, 2001. Am J Public Health 2002; 92 (3):467-8.

Smedley BD, Stith AY, Nelson AR, editors. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care. Washington (DC): Institute of Medicine, National Academies Press; 2003.