

Community Health Worker/Promotores (CHW/P) California Students/ Residents Experiences and Rotations in Community Health (CalSEARCH) Program Learning Objectives

Introduction

The following CHW/P CalSEARCH program learning objectives were developed in part from feedback from the CHW/P CalSEARCH Advisory Committee meetings and from research. These learning objectives will guide CHW/P and provide resources for enhancing their experiences and training in the CHW/P CalSEARCH program. Each objective focuses on particular competencies the CHW/P are expected to learn with emphasis on the 14 Building Healthy Communities, the experience itself, and the community project.

Instructions for the Use

The program's learning objectives are met and measured by the pre survey, completion of the 100 hour experience, post survey, and the community project. Many of these objectives require reading and group discussion about the content that will add clarity to the experience. For example, the first learning module identifies and develops basic core competencies that cultivate support for 14 Building Healthy Communities. The learning objectives also provide CHW/P with the opportunity to further collaborate with their preceptors/ mentors to assist them in acquiring the knowledge, skills and experiences expected in the program. CHW/P are also encouraged to connect with other team members in healthcare and mental health communities.

Overview of the Learning Objectives

- 1) Improve and promote health literacy.
- 2) Understand Cultural and Linguistic Competence.
- 3) Gain Knowledge of career pathways, lattices, and pipelines available to them.
- 4) Address a local health concern through a community project.

Learning Objective 1 Improve and promote health literacy

CHW/P will be able to:

- Understand CHW/P Intricate Role in physical and behavioral health.
 - Familiarity with federal and state laws acknowledging CHW/P.
 - Understand roles and responsibilities of CHW/P, such as advocacy and outreach.
 - Recognize the value in innate skills that many CHW/P possess, such as caring and listening.
- Identify their community's health needs.
- Provide health education and promotion of prevention and health literacy to community member.
- Locate and identify community resources so that CHW/P promote them to the community. Provide feedback to medical care providers about how to increase quality and patient satisfaction.
- Increase awareness of social determinants of health in their neighborhoods and communities.

Key Terms

Advocate a person who acts on behalf of another.

Health Literacy A measure of a person's ability to understand health-related information and make informed decisions about that information. Health literacy includes interpreting prescriptions and following self care instructions.

Community A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, arranged in a social structure according to relationships, which the community has developed over a period of time.

Social Determinants are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

Resources all materials, personnel, facilities, funds, and anything else that can be used for providing health care and other services.

Outreach The act of extending community services to a wider section of the population.

State and Federal Laws

Affordable Care Act The Affordable Care Act puts consumers back in charge of their health care. Under the law, a new “Patient’s Bill of Rights” gives the American people the stability and flexibility they need to make informed choices about their health.

SEC. 5313. GRANTS TO PROMOTE THE COMMUNITY HEALTH WORKFORCE (P. 564)

The Director of the Centers for Disease Control and Prevention shall award grants to public or nonprofit private entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers, in the following areas:

- 1) Educate, guide and provide outreach in a community setting regarding health problems;
- 2) Educate and provide guidance regarding effective strategies to promote health behaviors and discourage risky behaviors;
- 3) Educate and provide outreach regarding enrollment in health insurance, including Children’s Health Insurance, Medicare and Medicaid;
- 4) Identify, educate, refer and enroll underserved populations to appropriate healthcare agencies and community-based programs to increase access to quality healthcare; or,
- 5) Educate, guide and provide home visitation services regarding maternal health and prenatal care.

References

The Affordable Care Act
<http://www.hhs.gov/healthcare/rights/>

SEC. 5313. GRANTS TO PROMOTE THE COMMUNITY HEALTH WORKFORCE
<http://hmp.org/assets/root/PDFs/2011/04/Affordable-Care-Act-CHW-sections.pdf>

Building Healthy Communities
<http://www.calendow.org/healthycommunities/communities.html>

Center for Disease Control and Prevention. “Promoting Policy and Systems Change to Expand Employment of Community Health Workers” http://www.cdc.gov/dhdsp/pubs/chw_elearning.htm

Introduction to Community Health Workers
<http://www.hrsa.gov/ruralhealth/pdf/chwtoolkit.pdf>

Social Determinants of Health
<http://www.cdc.gov/socialdeterminants/Definitions.html>

California Association of Community Health Workers
<http://www.cachw.org/>

OSHPD
<https://oshpd.ca.gov/HWDD/HCTP.html>

Community Descriptions (14 Building Healthy Communities)
<http://www.calendow.org/healthycommunities/communities.html>

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Learning Objective 2 Cultural and Linguistic Competence

Students and residents will be able to:

- Define medically underserved areas (MUAs) and populations (MUPs), and Primary Care, Mental, and Dental Health Professions Shortage Areas (HPSA)
- Identify the importance of cultural and linguistic competence and skills needed to provide culturally and linguistically responsive care within unserved, underserved and inappropriately served populations.
- Describe the role of language skills for effectively serving diverse and multi-cultural populations.
- Identify resources available for patients who are non-English speaking and/or have socioeconomic, physical and/or mental/neurological barriers to care.

Key Terms

Medically Underserved (HPSAs, MUAs, and MUPs): Health Professions Shortage Areas (HPSAs) are designated by Health Resources Services Administration (HRSA) as having shortages of primary medical care, dental or mental health providers and may be geographic, demographic, or institutional. *Medically Underserved Areas (MUAs)/Populations (MUPs)* are areas or populations designated by HRSA and/or the state as having too few primary care providers, high infant mortality, high poverty and/or high elderly population.

Cultural Competency is one of the main ingredients in closing the disparities gap in health care.

Effective communication is important mental/behavioral health encounters. Principles of cultural competency include:

- Understanding cultural differences and health disparities among diverse groups, e.g., race/ethnicity, gender, sexual orientation/identity, socio-economic status, age, religion, physical and/or mental/neurological abilities, language, geographical location (i.e. urban/rural), veteran, and/or other pertinent characteristics.
- Understanding beliefs, values, for example how they impact and influence maternity care and palliative care, and resources, such as health insurance of patients and their families.
- Understanding the role of language skills for effectively serving diverse and multi-cultural populations.
- Applying cultural competency skills.
- Understanding resources and tools for working with multi-lingual groups and the economically disadvantaged.
- Being able to define one's own culture.
- Understanding the impact of migration, cultural diversity, healers, and culturally/community-identified practices.

Cultural Humility Lifelong commitment toward self reflection and evaluation concerning cultural competence and the understanding that cultural competence is a work in progress. There is

also a sense of advocacy in cultural humility in bridging and building relationships between communities and health care.

Diversity Includes dimensions of race/ethnicity, gender, sexual orientation/identity, socioeconomic status, age, religion, physical and/or mental/neurological abilities, language, geographical location (i.e. urban/rural), veteran, and/or other pertinent characteristics.

Inappropriately Served Populations that are not being provided appropriate culturally responsive and/or culturally appropriate services and are provided services often inconsistent with evidence-based and/or community-identified practices.

Maternity Care Prenatal care, nutrition during pregnancy, breast feeding classes, family planning, etc.

Palliative Care Refers to end of life care.

Underrepresented Refers to populations that are underrepresented in the mental health professions relative to their numbers in the total population.

Underserved Means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services. Title 9, CCR, 3200.300

Unserviced Means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved. Title 9, CCR, 3200.310

References

Cultural Humility Versus Cultural Competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education

<https://pritzker.uchicago.edu/documents/CulturalCompetency.pdf>

National Standards on Culturally and Linguistically Appropriate Services (CLAS) make practices more culturally and linguistically accessible. [Sample Notice of Language Assistance](#)

National Network of Libraries of Medicine/MidContinental Region (NN/LM-MCR)-
Minority Health Concerns: Cultural Competency Resources:

<http://nnlm.gov/mcr/>

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National Consortium for Multicultural Education for Health Professionals-Cultural competency resources for education:

<http://culturalmeded.stanford.edu/teaching/culturalcompetency.html>

OMH-National Standards on Culturally and Linguistically Appropriate Services (CLAS):

<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

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Learning Objective 3 Gain Knowledge of career pathways, lattices, and pipelines available to CHW/P

CHW/P will be able to :

- Learn where to seek further training.
- Identify roles of other physical and behavioral health care providers including consumers, family members, and parents/caregivers.
- Understand career pathways, ladders, and lattices in primary care and mental/behavioral health care.
- Identify how to use OSHPD'S funding and what resources are available.

Key Terms

Caregivers are adoptive parents and their partners, foster parents and their partners, grandparents and their partners who are now or have in the past been the primary caregiver for a child, youth, or adolescent with a mental health challenge who accessed mental health services.

Career Pathways, Ladders, and Lattice series of educational and/or training programs and services that enables students, often while they are working, to advance over time to successively higher levels of education and employment in a given industry or occupational sector.

Consumer Referred to as Client in *Title 9, CCR, Section 3200.040*, is an individual of any age who is receiving or has received mental health services. The term "client" includes those who refer to themselves as clients, consumers, survivors, patients or ex-patients. Family Member Siblings, and their partners, kinship caregivers, friends, and others as defined by the family who is now or was in the past the primary caregiver for a child, youth, adolescent, or adult with a mental health challenge who accessed mental health services. Parent definition can be found on page 22.

Internship and Clinical Training Structured, formal internship, residency, and clinical training experiences in health organizations that enable students to (1) apply theory in practice; (2) develop hands on skills on the job (3) satisfy training requirements; (4) obtain needed experience, and (5) get a job
(<http://www.oshpd.ca.gov/Reform/CareerPathwaySubCommitteePhase2FinalReport.pdf>)

Postsecondary Education Any education past high school including education programs that provide: certificates, technical degrees, Associate's, Bachelor's, Master's, and Doctorate degrees

Stackable Credential Part of a sequence of credentials that can be accumulated over time to build up an individual's qualifications and help them move along a career pathway or up a career ladder to different jobs and potentially higher paying jobs. *Source: Department of Labor*

References

Working Well Together 2011.

<http://workingwelltogether.org/sites/default/files/resources/WWT%20Toolkit%20Final%206-10-14.pdf>

WET Five Year Plan Assessment-County Workforce Needs

<http://oshpd.ca.gov/HWDD/pdfs/wet/Summarizing-County-Reported-Mental-Health-Workforce-Needs.pdf>

Career Pathways Phase 1 Report

<https://www.oshpd.ca.gov/Reform/CareerPathwaySubCommitteeFinalReport.pdf>

Career Pathway Sub-Committee Final Report

<http://www.oshpd.ca.gov/Reform/CareerPathwaySubCommitteePhase2FinalReport.pdf>

Career Pathways Sub-Committee Phase 3 Report

<http://oshpd.ca.gov/HWDD/pdfs/wet/Mental-Health-Career-Pathway-Report-2013.pdf>

Consumer and Family Employment: Values Based Transformation

http://oshpd.ca.gov/HPEF/Text_pdf_files/WET/4_CFMEmployment_Values-Based.pdf

Developing Career Pathways in Mental Health for Consumers and Family Members

http://oshpd.ca.gov/HPEF/Text_pdf_files/WET/7_DevelCareerPathinMHforConsandFamMembs.pdf

Learning Objective 4 Community Project

Students and residents will be able to:

- Identify an issue or community need that affects health or behavioral health within the 14 Building Healthy Communities or a community in the Central Valley.
- Review relevant literature and publications and/or discuss with colleagues, team members, and community members.
- Discuss issue with other colleagues and team members.
- Summarize policy issues associated with the issue or community need identified and outline solutions to addressing the issue or community need.
- Outline solutions to addressing the issue or community need.

Project Formats include, but are not limited to, brochures, presentations, or reports based on the intended audience. Projects can be used to educate community members, patients, students, or providers.

Components of the Community Project:

Identify and Research a Community Health Issue or Need

Conduct a community project by taking the following steps:

- Identify a community physical health or mental health need by reviewing community assessments and relevant literature, and/or discuss need with colleagues, team members, preceptors or mentors.
- Discuss with preceptor and mentor the mental health or health need and possible approaches.
- Review and apply relevant literature.
- Define one or two objectives to address the need by collaborating with site staff, community partners and preceptor and mentor.
- Identify methods to implement objectives.
- Conduct project.
- Disseminate results of project to preceptor/mentor, stakeholders.
- Develop a plan for sustaining the project results.

Characteristics of a good service project

- Clearly defined physical health or mental health within the 14 Building Healthy Communities or a community in the Central Valley.
- Use of local evidence and literature to substantiate issue.
- Visual graphics.
- Applicable recommendation(s) to a specific target audience.

Examples of past CalSEARCH Community Projects

- Obesity During Pregnancy
- Education Pamphlet to Educate Newly Diagnosed Hispanic Diabetic Patients
- Teen Clinic Survey
- Breast Cancer Screening Guidelines

References

Social Determinants of Health

<http://www.cdc.gov/socialdeterminants/Definitions.html>

What are Health Disparities?

<http://minorityhealth.hhs.gov/templates/content.aspx?ID=3559>

The California Endowment's

<http://calendow.org/communities/building-healthy-communities/>

Ten Outcomes for Community Health

<http://www.calendow.org/healthycommunities/resources.html>