



Appendix A
ON-THE-JOB LEARNING OUTLINE
Community Health Worker
O*NET-SOC CODE: 21-1091.00 RAPIDS CODE: 2002CB

REQUIREMENTS:

To enter the Apprenticeship Program:

An apprentice must be at least 17 years of age, except where a higher age is required by law, and must be employed to learn an apprenticeable occupation.

- There is an educational requirement of: High school diploma/GED
- There is a physical requirement of:
- The following aptitude test(s) will be administered:
- A valid driver’s license is required.
- Other:

ON-THE-JOB LEARNING:

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

Provides culturally appropriate health education and information		
Competencies	Date Completed	Initial
A. <i>Conducts health promotion and disease prevention education in a matter that matches linguistic and cultural needs of participants or community</i>		



<p><i>B. Provides necessary information and support to help individuals and communities learn the etiology, pathology and likely outcomes of health conditions, as well as appropriate prevention and management strategies, including for chronic disease</i></p>		
--	--	--

Coordinates care, provides case management support and assists individuals and communities in navigating health and social service systems

Competencies	Date Completed	Initial
<p><i>A. Participates in care coordination or case management, including as part of a team</i></p>		
<p><i>B. Provides referrals and follow-up support to ensure that services were obtained</i></p>		
<p><i>C. Facilitates, obtains or coordinates transportation to services and helps ameliorate other barriers to services</i></p>		
<p><i>D. Documents and tracks individual- and population-level data</i></p>		
<p><i>E. Identifies and informs people and systems about community assets and challenges</i></p>		

Provides coaching and social support

Competencies	Date Completed	Initial
<p><i>A. Provides individual support and coaching</i></p>		
<p><i>B. Motivates and encourages people to obtain care and other services</i></p>		
<p><i>C. Supports self-management of disease prevention and management of health conditions, including chronic disease</i></p>		
<p><i>D. Plans, organizes and/or leads support groups</i></p>		



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

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

Provides direct health and social service assistance		
Competencies	Date Completed	Initial
A. <i>Conducts and accurately reports and communicates results and implications of basic screening tests (height, weight, blood pressure, glucose level, etc.)</i>		



B. Provides basic health support services (e.g. first aid, diabetic foot checks)		
C. Collects and distributes materials that meet basic needs (e.g. provides food, blankets, clothing to those in need)		

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

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

Participates in evaluation and research		
Competencies	Date Completed	Initial
A. Evaluates CHW services and programs		



B. Identifies and engages community members as research partners, including community consent processes		
C. Identifies priority issues and evaluation/research questions		
D. Develops evaluation/research design and methods		
E. Collects and interprets data		
F. Shares results and findings		
G. Engages stakeholders to take action on findings		

Table 1: COMMUNITY HEALTH WORKER ROLES/SCOPE OF PRACTICE	
<input type="checkbox"/> Checklist for personal, programmatic, and policy review	Community Health Worker Core Consensus Project Roles/Scope of Practice
<p>Role: Functions that CHWs serve in communities and the health care system. For example, CHWs provide health education.</p> <p>Scope of Practice: An all-inclusive list of roles and tasks which an occupation includes in its scope of work. The exact mix of these roles and tasks for any one individual will vary based on the needs of those served and host organizations.</p>	
ROLE	SUB-ROLES
1. Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems	<ul style="list-style-type: none"> a. Educating individuals and communities about how to use health and social service systems (including understanding how systems operate) b. Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services [CLAS] standards) c. Building health literacy and cross-cultural communication
2. Providing Culturally Appropriate Health Education and Information	<ul style="list-style-type: none"> a. Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community b. Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)



<p>3. Care Coordination, Case Management, and System Navigation</p>	<ul style="list-style-type: none"> a. <i>Participating in care coordination and/or case management</i> b. <i>Making referrals and providing follow-up</i> c. <i>Facilitating transportation to services and helping address barriers to services</i> d. <i>Documenting and tracking individual and population level data</i> e. <i>Informing people and systems about community assets and challenges</i>
<p>4. Providing Coaching and Social Support</p>	<ul style="list-style-type: none"> a. <i>Providing individual support and coaching</i> b. <i>Motivating and encouraging people to obtain care and other services</i> c. <i>Supporting self-management of disease prevention and management of health conditions (including chronic disease)</i> d. <i>Planning and/or leading support groups</i>
<p>5. Advocating for Individuals and Communities</p>	<ul style="list-style-type: none"> a. <i>Advocating for the needs and perspectives of communities</i> b. <i>Connecting to resources and advocating for basic needs (e.g. food and housing)</i> c. <i>Conducting policy advocacy</i>
<p>6. Building Individual and Community Capacity</p>	<ul style="list-style-type: none"> a. <i>Building individual capacity</i> b. <i>Building community capacity</i> c. <i>Training and building individual capacity with peers and among CHW groups</i>
<p>7. Providing Direct Service</p>	<ul style="list-style-type: none"> a. <i>Providing basic screening tests (e.g. height, weight, blood pressure)</i> b. <i>Providing basic services (e.g. first aid, diabetic foot checks)</i> c. <i>Meeting basic needs (e.g., direct provision of food and other resources)</i>
<p>8. Implementing Individual and Community Assessments*</p>	<ul style="list-style-type: none"> a. <i>Participating in design, implementation, and interpretation of individual-level assessments (e.g. home environmental assessment)</i> b. <i>Participating in design, implementation, and interpretation of community-level assessments (e.g. windshield survey of community assets and challenges, community asset mapping)</i>
<p>9. Conducting Outreach*</p>	<ul style="list-style-type: none"> a. <i>Case-finding/recruitment of individuals, families, and community groups to services and systems</i> b. <i>Follow-up on health and social service encounters with individuals, families, and community groups</i> c. <i>Home visiting to provide education, assessment, and social support</i> d. <i>Presenting at local agencies and</i>



	community events
10. Participating in Evaluation and Research*	<ul style="list-style-type: none"> a. <i>Engaging in evaluating CHW services and programs</i> b. <i>Identifying and engaging community members as research partners, including community consent processes</i> c. <i>Participating in evaluation and research:</i> <ul style="list-style-type: none"> i) <i>Identification of priority issues and evaluation/research questions</i> ii) <i>Development of evaluation/research design and methods</i> iii) <i>Data collection and interpretation</i> iv) <i>Sharing results and findings</i> v) <i>Engaging stakeholders to take action on findings</i>
Table 2: COMMUNITY HEALTH WORKER COMPETENCIES: SKILLS	
■ Checklist for personal, programmatic, and policy review	Community Health Worker Core Consensus Project Skills
Skill: <i>The ability, coming from one's knowledge, practice, and aptitude, to do something well. A core role or a task that must be performed may be supported by multiple skills.</i>	
SKILLS	SUB-SKILL/DESCRIPTION
1. Communication Skills	<ul style="list-style-type: none"> a. <i>Ability to use language confidently</i> b. <i>Ability to use language in ways that engage and motivate</i> c. <i>Ability to communicate using plain and clear language</i> d. <i>Ability to communicate with empathy</i> e. <i>Ability to listen actively</i> f. <i>Ability to prepare written communication including electronic communication (e.g., email, telecommunication device for the deaf)</i> g. <i>Ability to document work</i> h. <i>Ability to communicate with the community served (may not be fluent in language of all communities served)</i>
2. Interpersonal and Relationship-Building Skills	<ul style="list-style-type: none"> a. <i>Ability to provide coaching and social support</i> b. <i>Ability to conduct self-management coaching</i> c. <i>Ability to use interviewing techniques (e.g. motivational interviewing)</i> d. <i>Ability to work as a team member</i> e. <i>Ability to manage conflict</i> f. <i>Ability to practice cultural humility</i>



3. Service Coordination and Navigation Skills	<ul style="list-style-type: none"> a. <i>Ability to coordinate care (including identifying and accessing resources and overcoming barriers)</i> b. <i>Ability to make appropriate referrals</i> c. <i>Ability to facilitate development of an individual and/or group action plan and goal attainment</i> d. <i>Ability to coordinate CHW activities with clinical and other community services</i> e. <i>Ability to follow-up and track care and referral outcomes</i>
4. Capacity Building Skills	<ul style="list-style-type: none"> a. <i>Ability to help others identify goals and develop to their fullest potential</i> b. <i>Ability to work in ways that increase individual and community empowerment</i> c. <i>Ability to network, build community connections, and build coalitions</i> d. <i>Ability to teach self-advocacy skills</i> e. <i>Ability to conduct community organizing</i>
5. Advocacy Skills	<ul style="list-style-type: none"> a. <i>Ability to contribute to policy development</i> b. <i>Ability to advocate for policy change</i> c. <i>Ability to speak up for individuals and communities</i>
6. Education and Facilitation Skills	<ul style="list-style-type: none"> a. <i>Ability to use empowering and learner-centered teaching strategies</i> b. <i>Ability to use a range of appropriate and effective educational techniques</i> c. <i>Ability to facilitate group discussions and decision-making</i> d. <i>Ability to plan and conduct classes and presentations for a variety of groups</i> e. <i>Ability to seek out appropriate information and respond to questions about pertinent topics</i> f. <i>Ability to find and share requested information</i> g. <i>Ability to collaborate with other educators</i> h. <i>Ability to collect and use information from and with community members</i>
7. Individual and Community Assessment Skills*	<ul style="list-style-type: none"> a. <i>Ability to participate in individual assessment through observation and active inquiry</i> b. <i>Ability to participate in community assessment through observation and active inquiry</i>
8. Outreach Skills*	<ul style="list-style-type: none"> a. <i>Ability to conduct case-finding, recruitment and follow-up</i> b. <i>Ability to prepare and disseminate materials</i> c. <i>Ability to build and maintain a current</i>



	<i>resource inventory</i>
9. Professional Skills and Conduct	<ul style="list-style-type: none"> a. <i>Ability to set goals and to develop and follow a work plan</i> b. <i>Ability to balance priorities and to manage time</i> c. <i>Ability to apply critical thinking techniques and problem solving</i> d. <i>Ability to use pertinent technology</i> e. <i>Ability to pursue continuing education and life- long learning opportunities</i> f. <i>Ability to maximize personal safety while working in community and/or clinical settings</i> g. <i>Ability to observe ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act [ADA], Health Insurance Portability and Accountability Act [HIPAA])</i> h. <i>Ability to identify situations calling for mandatory reporting and carry out mandatory reporting requirements</i> i. <i>Ability to participate in professional development of peer CHWs and in networking among CHW groups</i> j. <i>Ability to set boundaries and practice self-care</i>
10. Evaluation and Research Skills*	<ul style="list-style-type: none"> a. <i>Ability to identify important concerns and conduct evaluation and research to better understand root causes</i> b. <i>Ability to apply the evidence-based practices of Community Based Participatory Research (CBPR) and Participatory Action Research (PAR)</i> c. <i>Ability to participate in evaluation and research processes including:</i> <ul style="list-style-type: none"> i) <i>Identifying priority issues and evaluation/ research questions</i> ii) <i>Developing evaluation/research design and methods</i> iii) <i>Data collection and interpretation</i> iv) <i>Sharing results and findings</i> v) <i>Engaging stakeholders to take action on findings</i>



Appendix A
RELATED INSTRUCTION OUTLINE
Community Health Worker
O*NET-SOC CODE: 21-1091.00 RAPIDS CODE: 2002CB

RELATED INSTRUCTION DESCRIPTIONS:

Idaho Department of Labor Apprentice Mentee Training Program: [Apprentice Mentee Training Program \(hubspotpagebuilder.com\)](https://hubspotpagebuilder.com)

The Apprentice Mentee Training Program is designed to help you become a stronger, more agile team member and learner. In under three hours, you'll learn how promote an innovative and collaborative work environment, advance your team's competitive edge, and reach your maximum potential with the guidance of your mentor. Take the future into your own hands and become a better mentee today.

Idaho State University Community Health Worker Training Academy

CHW Core course (Didactic 48 hours)

- Unit 1– Roles and boundaries for CHWs
- Unit 2– Effective communication
- Unit 3– Cultural competency
- Unit 4– Key concepts in personal and public health
- Unit 5– Outreach
- Unit 6– Organization, time management, & documentation
- Unit 7– Individual and community assessment
- Unit 8– Advocacy and community capacity building
- Unit 9– Care coordination & systems navigation
- Unit 10– Navigating health insurance
- Unit 11– Promoting healthy behavior change
- Unit 12– Health literacy and barriers to care
- Unit 13– Crafting and presenting a case
- Unit 14– Self-care and customer service
- Unit 15– Evaluation of CHW program activities

Advanced CHW Training (Didactic 48 hours - Experiential 48 hours)

- Unit 1—CHW History and Code of Ethics
- Unit 2—Cultural Humility
- Unit 3—Promoting Health Equity
- Unit 4—Client-Centered Counseling
- Unit 5— Care Management/Systems Navigation
- Unit 6-- Community Education and Outreach
- Unit 7—Facilitating health education trainings
- Unit 8—Group Facilitation
- Unit 9–Community-based participatory research
- Unit 10–Home visiting



Community track

Unit 11—Advanced Community Assessment of Underserved Community
Unit 12-- Community Organizing and Advocacy
Unit 13–Peer support groups
Unit 14–Community resources

Clinical track

Unit 11—Advanced Individual Assessment of Social Determinants of Health
Unit 12-- Telehealth
Unit 13– Electronic medical records
Unit 14– Charting

Community-based practicum (48 hours)

Clinic-based clinical (48 hours)

Total 144 hours (96 didactic and 48 experiential)

Apprenticeship (2000 hours at place of employment)

TOTAL MINIMUM HOURS 144 PER YEAR



SELECTION PROCEDURES:

The process for finding and selecting the best talent possible for an apprenticeship opening position includes the following:

The sponsor may post open positions on career sites or the company's internal career board to solicit applications.

Applications will be pre-screened to eliminate candidates who do not meet the basic qualifications requirements of the position.

Those applicants that meet basic qualifications will be processed through an assessment to screen out those who lack the desire and interest for the apprenticeship. Screening applicants will be performed through interviews and job simulations to select candidates with the highest potential for apprenticeship success.

The Apprentice(s) will be selected based on the most qualified candidate.

Applicants that have accepted the position will be registered within 45 days. The apprenticeship selection process and procedures will be uniformly and consistently applied to all applicants.

Any applicant who feels that they were wrongfully denied entry into the apprenticeship program may appeal the decision using the applicant appeals procedure described in Section J of the Standards.

Maintenance of Applications and Selection Records

The sponsor and participating employer will keep adequate records according to their own internal systems, policies, and procedures. There will be no undue burden placed on the company in regarding to hiring the applicant as their apprentice. The items and records maintained, including qualifications of each applicant; the basis for evaluation for selection or rejection of each applicant; the records pertaining to interviews of applicants; the original application for each applicant; information relative to the operation of the apprenticeship program, including, but not limited to, job assignment, promotion, demotion, layoff, or termination; rates of pay or other forms of compensation or conditions of work; hours including hours of work and, separately, hours of training provided; and any other records pertinent to a determination of compliance with 29 CFR § 30, as may be required by the U.S. Department of Labor.

The records pertaining to individual applicants selected will be maintained in such manner as to permit the identification of race, gender, or ethnicity.

Records will be maintained for 5 years from the date of last action and made available upon request to the U.S. Department of Labor or other authorized representative.