**Appendix A.1**

**COMMUNITY HEALTH WORKER**

**WORK PROCESS SCHEDULE**

**AND**

**RELATED INSTRUCTION OUTLINE**

**Appendix A.1**

**WORK PROCESS SCHEDULE**

**COMMUNITY HEALTH WORKER**

**O\*NET-SOC CODE: 21-1094.00 RAPIDS CODE: 2002HY**

This schedule is attached to and a part of these Standards for the above identified occupation.

1. **TYPE OF OCCUPATION**

[ ]  Time-based [ ]  Competency-based [x]  Hybrid

1. **TERM OF APPRENTICESHIP**

The term of the hybrid occupation is one year with an OJL attainment of 2000 - 2200 hours, and supplemented by the required hours of related instruction.

1. **RATIO OF APPRENTICES TO JOURNEYWORKERS**

Consistent with proper supervision, training, safety, continuity of employment throughout the apprenticeship, the ratio of apprentices to journeyworker mentors will be:

Two (2) apprentices may be employed at each clinical/job site for each regularly employed Office or Business Manager, or Supervisor. Apprentices will be supervised in-person and via phone, internet webcam, text or email to ensure that a mentor is available to answer questions and monitor their progress throughout their apprenticeship under the Alaska Primary Care Association registered apprenticeship program.

1. **APPRENTICE WAGE SCHEDULE**

Apprentices are paid a progressively increasing schedule of wages during their apprenticeship based on the acquisition of increased skill and competence on the job and in related instruction courses. Before an apprentice is advanced to the next segment of training or to journeyworker completion status, the program sponsor will evaluate all progress to determine whether advancement has been earned by satisfactory performance in their on-the-job learning (OJL) and in related instruction courses. In determining whether satisfactory progress has been made, the sponsor shall be guided by the work experience and related instruction records and reports.

Apprentices shall be paid a progressively increasing schedule of wages based on either a percentage or a dollar amount of the current hourly Community Health Worker journeyworker completion wage rate, which is: $18.37 per hour.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Period | Percent | Hourly Wage | OJL Hours | Related Instruction |
| 1st | 60% | $11.02 | 500 hours | Satisfactory progress |
| 2nd | 70% | $12.86 | 500 hours | Satisfactory progress |
| 3rd  | 80% | $14.70 | 500 hours | Satisfactory progress |
| 4th  | 90% | $16.53 | 500 – 700 hours | Satisfactory progress |
|  | 100% | $18.37 | 2000 – 2200 hours | Completion |

Subject to approval by the program sponsor and registration agency, the current base Community Health Worker journeyworker completion wage rate may be adjusted regionally by a participating employer if they pay a higher wage rate, and the adjusted base rate will apply equally to all apprentices who are hired by that employer. Such wages will become part of the approved Appendix-E Employer Acceptance Agreement.

1. **WORK PROCESS SCHEDULE** (See attached Work Process Schedule)
2. **RELATED INSTRUCTION OUTLINE** (See attached Related Instruction Outline)

**Appendix A.1**

**WORK PROCESS SCHEDULE**

**COMMUNITY HEALTH WORKER**

**O\*NET-SOC CODE: 21-1094.00 RAPIDS CODE: 2002HY**

During the term of apprenticeship, the Apprentice shall receive such instruction and experience, in all branches of the occupation, as is necessary to develop a practical and versatile worker. Major processes in which Apprentices will be trained (although not necessarily in the order listed) and approximate hours (not necessarily continuous) to be spent in each are as follows:

|  |  |
| --- | --- |
| **Community Health Worker** **Work Processes** | **OJL Hours** |
| **A: Linking Individuals and Families to Health/Social Service Resources**1. Identify federal, state and local resources for health insurance, food assistance, housing assistance, medical/dental care and health information/education.
2. Locate individuals or groups within a community who are in need of health/social services.
3. Explain to others the nature of federal, state and local resources, how to access those services and any restrictions or requirements related to accessing those services.
4. Identify particular resources that address the needs of a given individual, family or group. Make referrals and coordinate services.
5. Help individuals or groups access health/social services, including by facilitating communication and empowering individuals to interact with health care/social service systems.
6. Facilitate communication between service providers and individuals or groups in need of services, including translating and interpreting information.
7. Enroll individuals into programs such as health insurance and public assistance.
 | **450 – 495** |
| **B. Provide Information, Education and Informal Counseling to Individuals or Groups**1. Identify events in the community or local businesses where health education and information could be presented or shared.
2. Procure or prepare materials to be distributed during educational presentations or meetings.
3. Request permission to provide education or information at community or business centers or events.
4. Show up at educational events on time and prepared to provide information.
5. Use audio/visual aids as necessary and appropriate to convey information.
6. Provide accurate information, including referral resources or information links, without providing medical advice, regarding disease prevention and healthy lifestyle choices.
7. Answer questions clearly, concisely and accurately.
8. Help individuals access healthcare/dental/social services resources, understand their healthcare rights, and make appropriate requests for services.
9. Promote wellness by providing culturally appropriate health information to clients and providers.
10. Provide education on topics relevant to setting and population served.
 | **450 – 495** |
| **C. Develop Community-Based Networking and Advocacy**1. Identify community groups and organizations that could facilitate networking and advocacy. Map community to help locate and support needed services.
2. Schedule meetings with appropriate community leaders, community groups and individuals to learn about their needs. Develop a networking or advocacy plan to address those needs.
3. Invite individuals or groups to participate in networking or advocacy planning process.
4. Establish goals and timeline for networking and advocacy action plan.
5. Communicate advocacy strategy clearly and effectively.
6. Recruit participants for networking and advocacy activities and explain strategy and techniques to achieve goals.
7. Provide follow-up information regarding progress in meeting networking and advocacy goals.
8. Provide follow-up information regarding progress in meeting networking and advocacy goals.
9. Serve as spokesperson for individuals unable to speak for themselves.
10. Provide advocacy and support to individuals to assist them in accessing necessary resources or assistance.
 | **450 – 495** |
| **D. Collect and Interpret Data Related to Community Health and Social Service Needs.**1. Utilizes electronic data collection tools to accurately record and report data.
2. Collects data using sound experimental design methods to reduce sample bias.
3. Uses technology to manipulate data and display it visually using basic charts and graphs.
4. Designs program evaluations or survey tools to adequately assess the impact of a program, intervention or service on the intended population.
5. Identifies methods for accessing an appropriate experimental or study population depending upon the nature of the program or intervention and the population in need of services.
6. Collects, reports and stores data according to security protocols to prevent accidental release; abides by all patient privacy and HIPAA rules and regulations regarding personal data.
 | **450 – 495** |
| **E. Provide Basic Health Screening and Services to Individuals or Groups**1. Provide blood pressure screenings and recommend follow-up care based on reading.
2. Perform simple blood glucose testing.
3. Conduct basic vision screening.
4. Conduct cancer screenings.
5. Measure and record height and weight.
6. Collects and record medical history observing all laws and regulations related to HIPAA and patient privacy requirements.
7. Monitor patient medications.
 | **200 - 220** |
| **Total Hours** | **2,000 – 2,200** |

**Appendix A.1**

**RELATED INSTRUCTION OUTLINE**

**COMMUNITY HEALTH WORKER**

**O\*NET-SOC CODE: 21-1094.00 RAPIDS CODE: 2002HY**

Related Instruction Provider: Alaska Primary Care Association

Method: Online, Electronic Media

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Instructional References:

* *Foundations for Community Health Workers, 2nd Edition*, Berthold, T., John Wiley & Sons, 2016.
* *Community Health Worker Certificate Program*, City College of San Francisco.

The related instruction outlines the courses that provide the technical ability that supplements the on-the-job training. It is through the combination of both the on-the-job training and the related technical instruction that the apprentice can reach the skilled level of the occupation. Under a registered apprenticeship, 144 hours of related instruction each year of the apprenticeship is recommended. The following is the suggested course curriculum during the term of apprenticeship.

|  |
| --- |
| **Part 1: Introduction to Community Health Work: The Big Picture** |
| **Chapter 1 - The Role of Community Health Workers:** * + Roles, competencies and characteristics of CHWs
	+ Identifying characteristics of successful CHW’s
 | **8 Hours** |
| **Chapter 2 - The Evolution of the Community Health Worker*** + History of the Community Health Workers
	+ Value of Community Health Workers as advocates
	+ Community Health Worker’s scope of practice
 | **8 Hours** |
| **Chapter 3 - Introduction to Public Health** * + Define public health in the USA
	+ Identify public health inequalities and spectrum of prevention
 | **8 Hours** |
| **Chapter 4 - Health for all: Promoting Health Equality** * + Defining health inequalities (social/health)
	+ Using data analysis to promote health justice
	+ Prevention and the role of the CHW in overcoming health inequalities
 | **8 Hours** |
| **Part 2: Core Competencies for Providing Direct Services** |
| **Chapter 6 - Practicing Cultural Humility** * + Introduction to cultural humility
	+ Define cultural humility (aka cultural competence) and concepts of client-centered practice
	+ Discuss cultural health beliefs and practices, roles of culturally effective CHWs
 | **6 hours** |
| **Chapter 7 - Guiding Principles*** + Ethics and professional boundaries
	+ Scope of practice
	+ Working with a multidisciplinary team
	+ Providing client-centered practice
	+ Understanding behavior change
 | **12 Hours** |
| **Chapter 8 - Conducting Initial Client Interviews*** + Model types of client interviews
	+ Client confidentiality, informed consent for interview
	+ Building rapport with clients
	+ Secure client documentation
 | **10 Hours** |
| **Chapter 9 - Client-Centered Counseling for Behavior Change*** + Define and understand client-centered counseling concepts
	+ Facilitating motivational interviewing
	+ Understanding challenges to providing client-centered counseling
 | **17 Hours** |
| **Chapter 10 - Care Management*** + Care coordination and care management concepts
	+ Understanding gender identity concepts
	+ Develop client and team action plans
	+ Understand meaningful referrals to community resources
	+ Develop client and program documentation systems
 | **17 hours** |
| **Chapter 11 - Home Visiting*** + Preparing for and conduct home visits
	+ Home visit safety concerns
	+ Challenges with out of office visits
 | **6 Hours** |
| **Part 3: Enhancing Professional Skills** |
| **Chapter 12 - Stress Management and self-care*** + Prevent stress and burn out, recognizing common stressors and stress responses, and prevention
 | **6 Hours** |
| **Chapter 13 - Conflict Resolution Skills*** + Define and understand conflict and conflict resolution
	+ Common stresses in the work place
	+ Understanding personal and cultural conflicts,
	+ Strategies for conflict resolution
 | **8 Hours** |
| **Part 4: Applying Core Competencies to Key Health Issues** |
| **Chapter 16 - Chronic Conditions Management*** + Common chronic conditions and limitations of traditional medical models for treatment of chronic conditions
	+ Team-based care, patient empowerment and self-management, action planning for chronic conditions management; HTN.
 | **22 Hours** |
| **Chapter 17 - Promoting Healthy Eating and Active Living** * + Guidelines for healthy eating, drinking, and exercise
	+ Develop concepts and skills for supporting clients to establish healthier patterns of eating and activity.
 | **8 Hours** |
| **Total** | **144 Hours** |