COMMUNITY HEALTH WORKER JOB DESCRIPTION

JOB SUMMARY

Our organization seeks a self-motivating team player to join our Community Health Worker (CHW) program. Community health workers (CHWs) are frontline public health workers who have a close understanding of the community they serve. This trusting relationship enables them to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. Under indirect supervision, this individual would work closely with medical providers, primary care teams, and social services agencies to care coordination and connection to resources and support to program clients to improve their health and general well-being through education and provision of coordination of care and services. This individual would work in both clinical and community-based settings.

This individual should have a passion for sharing knowledge about health education and health promotion and have a keen understanding of the community. Community health workers are defined by the trust they receive from the communities they work in. To be effective, community health workers must secure, preserve, and develop that trust. Ideally, this individual would live in the community and already have a developed understanding of health and human services in the area. This individual would serve as a bridge between the community and the health care, government, and social service systems. They would also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. Additionally, this individual must have completed an approved CHW training program in South Dakota.

PRIMARY JOB RESPONSIBILITIES

1. **Health system navigation and resource coordination, such as:**
    a. Helping a patient find providers
    b. Helping a patient make an appointment for a service
    c. Arranging transportation to a medical appointment
    d. Attending an appointment with the patient for a medical service
    e. Helping a patient find other relevant community resources such as a support group

2. **Health promotion and coaching providing information or education to patients that makes positive contributions to their health status, such as:**
    a. Cessation of tobacco use
    b. Reduction in the misuse of alcohol or drugs
    c. Improvement in nutrition
    d. Improvement of physical fitness
    e. Family planning
    f. Control of stress
    g. Pregnancy and infant care including prevention of fetal alcohol syndrome

3. **Health education to teach or promote (content of the education must be consistent with established or recognized healthcare standards) methods and measures that have been proven effective in avoiding illness and/or lessening its effects, such as:**
    a. Immunizations
    b. Control of high blood pressure
    c. Control of sexually transmittable disease
    d. Prevention and control of diabetes

e. Control of toxic agents
f. Occupational safety and health
g. Accident prevention

4. **Provide culturally appropriate health information and education to patients**

COMPENSATION

Compensation to be determine based on experience and qualifications.

MINIMUM QUALIFICATIONS

- Minimum of a high school diploma or equivalent
- Must be from the community that is being served or have a familiarity of the community
- A minimum of two years' direct experience preferred but not required
- Must have valid driver's license and reliable personal transportation
- Experience with navigating local medical and social support systems preferred
- Demonstrated ability to communicate effectively verbally and in writing with people of differing cultural and socio-economic backgrounds
- Demonstrated computer skills, including proficiency in MS Office Suite (Outlook, Word, Excel, etc.)
- Protect the privacy and security of protected health information as defined by State and Federal Law
- Pass a thorough background investigation
- Complete mandatory trainings

OTHER ABILITIES

- Bilingual in English and another language is preferred
- Ability to connect with and provide ongoing support in a behavior change process
- Demonstrated organizational and time management skills
- Effectively communicate in writing to document patient information and progress
- Ability to follow instructions and incorporate feedback
- Communicate verbally with patients and co-workers in a clear and effective manner
- Ability to conduct presentations on health and wellness activities and self-management of health concerns
- Organizational skills, with attention to detail and accuracy
- Ability to work independently without supervision and as part of a team

PHYSICAL REQUIREMENTS AND ENVIRONMENTAL CONDITIONS

- 40-hour per week schedule. Some evening and week-end work will be required
- Position requires reaching, bending, stooping, and handling objects with hands and/or fingers, talking and/or hearing, and seeing
- Staff may be required to play a role as a first responder in the event of a Public Health emergency

SPECIFIC RESPONSIBILITIES/KNOWLEDGE IN

Drop in specific area(s) here.

GENERAL

- Attending seminars or get certification (if available)
- Promoting appropriate screenings by providing tailored education
- Ensuring survivors are aware of and have access to survivorship resources
- Linking clients to needed social services and support groups
- Helping with insurance navigation for treatments and medications
- Advocating for patients
- Connecting patients with necessary appointments

- Providing basic patient education

ASTHMA

- Providing resources for reducing exposure to environmental asthma triggers in the home
- Assisting with care coordination
- Evaluating asthma self-management skills of participants
- Teaching key health education messages regarding asthma care, medication adherence and environmental asthma triggers in person and over the phone
- Conducting home environmental assessments
- Offering in-home education
- Helping with insurance navigation for asthma inhalers and medications
- Attending seminars or get certification (if available) on helping patient manage asthma, such as:
    - Association of Asthma Educators - https://www.asthmaeducators.org/Allergy-&-Anaphylaxis
    - Asthma Management Education (AME-O) - aafa.org/continuing-education-for-health-care-professionals/
    - NAECB exam

CANCER

- Promoting cancer screening by providing tailored education
- Ensuring survivors are aware of and have access to survivorship resources
- Helping with insurance navigation for cancer treatments and medications
- Following up with oncology appointments and recommendations
- Following up with treatment administration, such as chemotherapy or radiation
- Supporting patients through post-treatment care
- Attending seminars or get certification (if available) on helping patient manage cancer, such as:
    - NCRA Accredited Certificate Programs
- Communicating cancer risk factors to patients, such as:
    - Smoking/Tobacco Use
    - Environmental factors
    - Age
    - Family history

COPD

- Linking clients to needed social services and support groups
- Help with insurance navigation for treatments and medications
- Connect patients with necessary medical equipment, such as portable oxygen tanks
- Promote COPD screenings and/or tests
- Teaching key health education messages regarding COPD care, medication adherence and environmental COPD triggers in person and over the phone
- Attending seminars or get certification (if available) on helping patient manage COPD, such as:
    - Certification in COPD Management by The Joint Commission - https://www.rtmagazine.com/disorders-diseases/chronic-pulmonary-disorders/copd/certification-in-copd-management-by-the-joint-commission/
    - The American Lung Association COPD Educator Institute - https://www.lung.org/professional-education/training-certification/copd-educator-institute
- Communicating to patients the various COPD risk factors and causes, such as:
    - Smoking
    - Air pollutants
    - Genetic factors
    - Respiratory infections

DEPRESSION

- Helping with behavioral health access
- Helping individuals and families identify positive coping strategies such as:
    - Stress reduction techniques

    - Exercise
    - Sleep
    - Social support
- Combating stigma by educating and conducting outreach on depression in the community
- Attending seminars or get certification (if available) on helping patient manage depression, such as:
    - Anxiety and Depression Conference - https://adaa.org/conference/2020-San-Antonio

DIABETES

- Providing basic patient education
- Working with patient to improve diabetes testing and monitoring
- Discussing medication adherence
- Teaching patients about ways to keep physically activity
- Teaching patient about weight management
- Providing support to improve diabetes care and self-management behaviors
- Setting health goals with patients regarding diet, exercise, and medication use
- Helping with insurance navigation to for education, medication, and supplies
- Promoting A1C testing/screening
- Attending seminars or get certification (if available) on helping patient manage diabetes, such as:
    - Board Certified-Advanced Diabetes Management - https://www.diabeteseducator.org/education/certification
    - Certified Diabetes Care and Education Specialist (CDCES) - https://www.diabeteseducator.org/education/certification/cdces

HEART DISEASE

- Helping family members understand their risk for developing heart disease
- Helping community members get appropriate screenings and referrals for health and social services
- Tracking an individual's progress toward meeting health goals
- Holding workshops and group discussions to learn about ways the community can promote heart health
- Teaching people the basics about heart healthy meals
- Setting health goals with patients regarding exercise, diet, stress reduction, and medication use

HYPERCHOLESTEROLEMIA

- Discussing preventive health screenings
- Help with insurance navigation for treatments and medications
- Coordinating appointments between patient and a clinic dietician and/or health coach
- Following up with patients regarding medications and other necessary treatments
- Setting health goals with patients regarding diet, exercise, and medication use
- Attending seminars or get certification (if available) on helping patient manage hypercholesterolemia, such as:
    - Cholesterol Management Protocols - https://millionhearts.hhs.gov/tools-protocols/protocols.html#CMP
    - A Community Health Worker Training Resource - https://www.cdc.gov/dhdsp/programs/spha/chw_training/index.htm

HYPERTENSION

- Promoting blood pressure screenings
- Help with insurance navigation for treatments and medications
- Following up with patients regarding medications and other necessary treatments
- Setting health goals with patients regarding exercise, diet, stress reduction, and medication use
- Coordinating appointments between patient and a clinic dietician and/or health coach
- Attending seminars or get certification (if available) on helping patient manage hypertension, such as:
    - Hypertension Certification Center - https://www.heart.org/en/professional/quality-improvement/hospital-certification/hypertension-center-certification
- Communicating the risk factors of hypertension, including:
    - Age

    - Race
    - Family history
    - Obesity
    - Tobacco and alcohol usage
    - Stress

MENTAL HEALTH CONDITIONS

- Helping with behavioral health access
- Helping individuals and families identify positive coping strategies such as:
    - Stress reduction techniques
    - Exercise
    - Sleep
    - Social support
- Combating stigma by educating and conducting outreach on mental health in the community
- Attending seminars or get certification (if available) on helping patient manage mental health conditions, such as:
    - American Mental Wellness Association National Conference - https://www.americanmentalwellness.org/national-conference/

MUSCULOSKELETAL AND NECK/BACK DISORDERS

- Discussing and evaluating environmental musculoskeletal disorder triggers in person and over the phone
- Assisting patients with finding ergonomic assistive devices, such as slide boards or gait belts
- Providing training on assistive ergonomic devices, their uses, the clinic situation requiring them, and how to order them in the plan of care
- Helping with insurance navigation

OBESITY

- Setting weight loss/weight management goals with patient
- Assisting patients in adhering to lifestyle changes through meetings and home visits
- Helping develop social support
- Promoting of healthy lifestyle habits
- Setting health goals with patients regarding exercise, diet, and any medication use

PREDIABETES

- Promoting A1C testing/screening
- Providing basic patient education
- Teaching patients about ways to keep physically activity
- Teaching patient about weight management
- Setting health goals with patients regarding diet, exercise, and medication use
- Coordinating appointments between patient and clinic dietitian and/or health coach
- Assisting with medication management and insurance navigation if needed
- Attending seminars or get certification (if available) on helping patient manage prediabetes, such as:
    - Board Certified-Advanced Diabetes Management - https://www.diabeteseducator.org/education/certification
    - Certified Diabetes Care and Education Specialist (CDCES) - https://www.diabeteseducator.org/education/certification/cdces

HIGH RISK PREGNANCY

- Educating women about breastfeeding, childbirth, safe sleep, injury prevention
- Providing referrals and connecting women and families with local health and human services, childcare, and prenatal and postnatal care providers
- Providing home or office visits during pregnancy and after babies are born

- Screening for infant and toddler developmental delays, prenatal and postnatal depression, and behavioral and other risk factors
- Helping individuals understand and adhere to provider recommendations for prenatal and newborn care
- Help individuals navigate health insurance options and enroll in Medicaid or private plans for newborn

SUBSTANCE USE DISORDER

- Conducting assessments of patient skills and areas of need
- Providing transition services into primary care and substance abuse treatment to patients who are recently post-incarceration and linkage to post-incarceration specific services
- Providing home-based health intervention for high risk patients with substance abuse and chronic medical conditions
- Providing culturally appropriate health information and education to patients and providers
- Supporting participants in achieving self-management skills and medication adherence
- Attending seminars or get certification (if available) on helping patient manage substance use disorder, such as:
    - The National Center on Substance Abuse and Child Welfare (NCSACW) - https://ncsacw.samhsa.gov/training/default.aspx

TOBACCO USE

- Helping patient enroll in smoking cessation programs
- Supporting participants in achieving self-management skills and adoption of healthier lifestyle choices
- Working with patient on strategies to stop using tobacco products
- Attending seminars or get certification (if available) on helping patient manage tobacco use, such as:
    - National Certificate in Tobacco Treatment Practice (NCTTP) - https://www.naadac.org/NCTTP

USE OF MULTIPLE MEDICATIONS (6 OR MORE CLASSES OF DRUGS)

- Keeping up to date with contraindications of taking multiple medications
- Coordinating pharmacy pick-up or delivery
- Setting a plan with the patient regarding medication reminder systems
- Help with navigating insurance for treatments and medications