Appendix D: Community Health Worker Role in Babies First! And CaCoon Programs

Babies First! and CaCoon are public health nurse (PHN) home visiting programs. Non-nurse professionals may provide services within these programs including interpretation, data entry, administrative support, and home visiting services. This document will provide a guideline specifically for the role of the non-nurse home visitor. While a variety of terms have been used to describe the non-nurse home visitor role in the past, the current recommendation is to define the role as a Community Health Worker (CHW) and to adhere to the guidance provided for job description, competency validation, and TCM billing.

This document will serve as a guide for how the PHN and CHW should work together to provide services to families. Other roles may continue to exist in a PHN home visiting program, but the role of non-nurse home visitor in the Babies First! or CaCoon program should align with this guideline.

BABIES FIRST! AND CACOON CHW JOB DESCRIPTION

A CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

The CHW:

- a. Has expertise or experience in public health;
- b. Works in an urban or rural community, either for pay or as a volunteer in association with a local health care system;
- To the extent practicable, shares ethnicity, language, socioeconomic status and life experiences with the residents of the community where the worker serves;
- d. Assists members of the community to improve their health and increases the capacity of the community to meet the health care needs of its residents and achieve wellness;
- e. Provides health education and information that is culturally appropriate to the individuals being served;
- f. Assists community residents in receiving the care they need; g.
 May give peer counseling and guidance on health behaviors; and

g. May provide direct services such as first aid or blood pressure screening (if competency validated, see below).

CHW Certification is not required for CHWs working in the Babies First! or CaCoon program at this time, but it is recommended. Certification provides a standard of professional excellence and accountability. Information about certification can be found at the OHA Community Health Worker site. A bill for Targeted Case Management (TCM) services may be submitted for a visit provided by the CHW, if the visit activities meet the requirements outlined in the TCM Rules. Please see Targeted Case Management section for more details. The following description of the minimum qualifications for the non-nurse home visitor role from the TCM rules should be taken into consideration when creating a job description for the CHW in the Babies First! or CaCoon programs. The TCM rule (OAR 410-138-0060) defines the minimum qualifications for a CHW providing TCM services in a PHN home visiting program as follows:

- 1. High School graduate or GED
- 2. Two years' experience in public health, mental health, or alcohol drug treatment settings
- 3. 3. Any satisfactory combination of experience and training that demonstrates the ability to perform case management services
- 4. Must work under the policies, procedures, and protocols of the state MCH Program.

TRAINING AND COMPETENCY VALIDATION

The Core Competencies specific to the CHW role are:

- 1. Outreach and mobilization
- 2. Community and Cultural Liaising
- 3. Case Management
- 4. Care Coordination
- 5. System Navigation
- 6. Health Promotion and Coaching

It is the responsibility of the local implementing agency to ensure CHWs are educated and competency validated to perform the responsibilities of their position within the respective organization. It is also the

responsibility of the local implementing agency to ensure the work of the CHW is adequately supervised.

A variety of methods may be used to validate competencies. The local implementing agency should consider validating competencies upon hire and yearly thereafter. For the yearly competency validation, the supervisor may choose to use the yearly chart review and observation of a home visit as a time to validate competency. Local implementing agencies might also consider a yearly skills fair for more tactile skills like blood pressuring screening or newborn weight checks. The following tools are available in the Babies First! and CaCoon manual to assess learning needs, guide orientation, and validate competencies:

Babies First! Self-Assessment of Learning Needs

Appendix C: Staff Orientation: Public Health Home Visitor Orientation Checklist

Nurse Home-Visiting: Nursing Process and Assignment of Care

Public Health Nurses (PHN) in the Babies First! and CaCoon programs are required to be Registered Nurses. The term PHN will be used to describe the role of the Registered Nurse practicing nursing within the Babies First! and CaCoon programs. The Nurse Practice Act provides guidance for the RN's responsibility for nursing practice. Before we can understand the role of assignment to the CHW, we must understand the nursing process. The PHN is responsible to use the nursing process in their care of the client. The PHN conducts a comprehensive assessment and develops reasoned conclusions which identify client problems or risks. The PHN then develops an individualized nursing plan of care for the client. As the PHN develops their nursing plan of care, they take into consideration the condition of the client and how to administer the nursing plan of care. The PHN may then assign aspects of the nursing plan of care to a CHW as per their nursing judgment.

The nursing plan of care is not the same as the TCM care plan, and the nurse and client should work together to create the TCM care plan. For information about the requirements around the TCM care plan, please see Chapter 4, section VII of the Babies First! manual. Regardless of how they decide to administer the nursing plan of care (independently

or by assignment to CHW), the complete nursing process must be followed.

The PHN is responsible to evaluate the client's responses to the nursing interventions and their progress toward identified outcomes. The nursing plan of care is then updated or modified by the PHN based on ongoing client assessment and evaluation of data.

ASSIGNMENT TO THE CHW

In the Babies First! and CaCoon programs, the CHW is a trained, competency validated, and professional home visitor. In this context, the relationship between the PHN and the CHW is one of assignment of aspects of the nursing plan of care, not one of delegation of specific tasks. Care should be taken to follow the Nurse Practice Act's guidance on assignment of care.

The PHN assigns activities within the CHW competencies as per their job description and ensures accountability to the individualized nursing plan of care for the client. As stated previously, it is the responsibility of the local implementing agency to ensure that CHWs are prepared and competency validated to perform the responsibilities of their position within the respective organization. It is the responsibility of the PHN to know which activities may be performed by the CHW under their job description and to use the nursing process and critical thinking to discern if an assignment to a CHW is appropriate for the client. The nurse supervises the activities assigned to the CHW in the nursing plan of care. The local implementing agency is responsible to supervise the individual.

When making an assignment to the CHW, the PHN is also responsible to ensure documentation of the activity by the CHW and to evaluate the effectiveness of the assignment. In the Babies First! and CaCoon programs, the PHN must review and sign CHW documentation in the chart and in any TCM specific documentation within a specific time frame defined by the local implementing agency.

The PHN is also responsible for periodically reassessing the client in person to determine if the client's needs or preferences have changed. This in-person reassessment shall be conducted at least every 3

months or more frequently if changes occur in the client's condition. In order to ascertain the need for a more frequent reassessment, the PHN must review documentation notes after each home visit (as noted above) and be in regular communication with the CHW regarding their interactions with the client.

FREQUENTLY ASKED QUESTIONS.

1. Can a CHW administer a screening such as PSQ-9 or ASQ?

For the PHN to assign a screening such as PSQ-9 or ASQ to the CHW, the CHW must first be competency validated in that skill. In addition, when the PHN develops the plan for the CHW to administer the screening, they must carefully consider the screening tool. If the screening tool provides clear guidance about how to follow-up, the CHW may complete the screening independently, document their findings, and follow-up accordingly. If the PHN observes that the tool asks for judgment to be exercised regarding how to discern the appropriate next steps, the PHN should either provide clear parameters for when the CHW must report back to the PHN and/or clear parameters to help the CHW determine the appropriate next steps.

2. Can the CHW provide direct services such as blood pressure screening or height/ weight?

The role description above notes that the CHW may provide some direct services such as first aid or blood pressure screening. If the PHN determines it is appropriate given the client's condition, the PHN may assign BP screening to the CHW provided that the CHW is competency validated in that skill. When the PHN develops the nursing plan of care, they must define specific parameters regarding follow-up steps and when the CHW should report back to the PHN.

3. May we rename our administrative staff role to "CHW"?

No. Other roles may continue to exist in a PHN home visiting program, including administrative and other support staff. The role of the non-nurse home visitor in the Babies First! or CaCoon programs should be defined as a CHW if they are providing home visiting services.

4. Is my nursing license on the line for CHW activities?

The CHW does not work "under the license" of the PHN. The CHW works for the local implementing agency to which they have been hired and the local implementing agency is responsible for their training and competency validation. The PHN is accountable to the nursing plan of care they create. The PHN must use their nursing judgment ensure that any assignment is appropriate for the CHW role given the client's specific condition. The PHN must provide appropriate parameters for follow-up if necessary.

5. Should the CHW submit THEO data for their visit?

Yes. The CHW must submit THEO data for any home visiting service just as the PHN would.

6. Can CHWs be used as interpreters?

While a CHW may provide interpretation services, a CHW and an interpreter are not interchangeable. Each role has distinct sets of competencies and skills and some individuals may have both. If a CHW will provide interpretation services, consider appropriate training and compensation. Interpretation services are not considered TCM billable.

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