



# COMMUNITY HEALTH WORKER MANUAL

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# TABLE OF CONTENTS

1. Welcome & Introduction.....	1
2. Vision & Mission Statement.....	1
3. What is a Community Health Worker?.....	1
4. The Importance of CHWs to OSCI.....	2
5. CHW Role & and Scope of Practice.....	3
-WHO Does a CHW Serve?.....	3
-WHAT Does a CHW Do?.....	3
-Client-based work.....	3
-Community-based work.....	4
-Advocacy.....	5
-WHEN Do CHWs Provide Services?.....	5
-WHERE Does a CHW work?.....	6
-Basic Expectations of CHW Conduct.....	6
6. Confidentiality.....	6
7. Stakeholders.....	7
8. Program Quality & Documentation.....	8
A. Client-Based Work.....	9
1. Referrals to CHW Services.....	9
2. Initial Client Intake.....	9
3. Client Follow-up.....	12
4. Client Engagement Notes.....	12
5. Person-Centered Plan.....	13
6. Client Assessment.....	14
7. Exiting Clients from CHW Services.....	14
B. Community-Based Work.....	15
C. Advocacy.....	16
9. CHW Work Plan/Report Out.....	17
10. CHW Team Strength & Growth Cycle (Supportive Supervision).....	18
11. CHW Training & Professional Development.....	20
Appendices:	
Appendix 1 – CHW Roles, Skills & Qualities - OSCI.....	22
Appendix 2 – OSCI CHW Position Description.....	23
Appendix 3 – OSCI’s Organizational Chart.....	26
Appendix 4 - Six Useful Questions.....	27
Appendix 5 - OSCI CHW Quarterly Work Plan Tool.....	29
Acronyms.....	30
References.....	30
Additional Resources.....	31

# 1. Welcome & Introduction

Welcome to the Oregon Spinal Cord Injury Connection (OSCI) Community Health Worker (CHW) team! Your role is important and one that will support those who have sustained a spinal cord injury (SCI). As a CHW, you will help our community thrive while building OSCI's capacity to promote health equity, wellness and opportunity for those affected by a SCI.

This CHW Handbook provides context and guidance for your work, including information about opportunities for growth and professional development as a CHW serving the spinal cord injury community.

This manual is a living document and will be updated as OSCI's programming evolves.

## 2. Vision, Mission Statement & Core Values

Oregon Spinal Cord Injury Connection's **vision** is for each person who experiences a spinal cord injury to: Experience the power of change. Thrive with a spinal cord injury. We envision a community that has overcome the adversity of spinal cord injury and emerged united as a stronger, connected force for an inclusive world.

Our **mission** is to promote health, build community, and create opportunity for people affected by spinal cord injury. Our goal is to ensure everyone who sustains a spinal cord injury has the care and community they need to thrive.

OSCI exists because no one anticipates having a spinal cord injury, because there is no cure for paralysis and those who sustain a SCI have an arduous, life-long journey of adapting to paralysis, staying healthy, and rebuilding their life while personally coping with social stigma and systemic oppression against disabilities.

The **core values** of OSCI are: acceptance, accessibility, learning, disability justice, strengths-based, person-centered, trauma-informed care, self-determination, community build/strength, trust and partnership.

## 3. What is a Community Health Worker?

The American Public Health Association defines Community Health Workers as: frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. This trusting relationship enables CHWs to serve as a liaison, link and intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs 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.

In Oregon, Community Health Workers are one of five types of Traditional Health Workers (THW) that are certified and registered with the Oregon Health Authority (OHA). The OHA's Traditional Health Worker Commission oversees the training requirements and the THW registry, and advocates for Oregon's health delivery system to utilize THWs.

A Community Health Worker with ***Oregon Spinal Cord Injury Connection*** is someone who is thriving after a spinal cord injury and is a trusted connection to the OSCI community. A thriving person has adopted positive coping mechanisms, has strong self-awareness, is grounded in self-acceptance, and is well-adjusted. They are engaged in their community and invite others to join. An OSCI CHW accompanies newly-injured or those still adjusting, and uses their experience to empower others to achieve an active and full life. Community health workers who live with a spinal cord injury are knowledgeable about, and are experienced with secondary health conditions, community reintegration, peer support, coaching and mentorship.

A CHW plays an important role in helping individuals learn to direct their own care, adopt positive coping mechanisms and health-promoting behaviors, skills, and habits that will help them thrive. A CHW provides a warm introduction to the SCI community where new friendships support recreation, education, employment, stable housing, and peer connections. Additionally, as a liaison and link to the healthcare system and other community organizations, CHWs can offer tangible aid through resources and serve as a role model on how to access services.

## 4. The Importance of CHWs

Trauma of a spinal cord injury can leave lasting marks on a person's mind, heart and body that can result in their inability to trust easily. A community health worker is a peer who has similar lived experiences of spinal cord injury trauma who can offer emotional support in the form of empathy, empowerment, trust and care.

This injury imparts a tremendous physical, emotional, psychological and financial burden on those who sustain it, as well as on their families and communities. Our organization, and the CHW team in particular, helps those with a spinal cord injury flourish despite all of this.

The OSCI CHW team uses a strength-based, client-centered, trauma-informed approach to create safe spaces for our clients and for the community to take risks, learn and adapt. OSCI's approach to services is person-centered, based around a profound respect for each individual and their right to self-determination.

While our programs are available to anyone experiencing spinal cord injury, we prioritize those who experience the greatest systemic barriers to care and community.

We build community by facilitating community programs and create systems-level change by advocating and educating other stakeholders about the needs in the SCI community. CHWs are advocates who lift up the voice of our community, particularly those who experience the greatest needs.

## 5. CHW Role & Scope of Practice

The role and scope of practice of an OSCI CHW can be further described by outlining who they serve (the WHO), what the CHW offers to a client (the WHAT), when services are provided (the WHEN), and where CHW services will be offered (the WHERE).

### - WHO Does a CHW Serve?

Community Health Workers provide services to:

- People with spinal cord injuries, especially those who experience the greatest systemic barriers to care and community
- Family (partners, children), friends of those with SCIs
- Health providers (physicians, nurses, therapists, health administrators, etc.), social service workers/managers, caregivers
- Health systems policy makers/legislators
- Businesses providing durable medical equipment (DME), DME supportive services
- Community-based organizations offering services relevant to those with SCIs

### - WHAT Does a CHW Do?

#### **Client-based work**

The primary focus of OSCI's CHW work is to support individuals with spinal cord injuries. CHWs provide direct support to clients who are newly-injured or still adjusting.

Since OSCI's CHWs have lived experience with spinal cord injuries, they bring first-hand knowledge of medical system navigation to the peers they serve. Those with SCIs often experience ongoing and complex interface with the healthcare system, including follow-up and maintenance regarding secondary health conditions. CHWs are uniquely qualified to assist clients to navigate medical and community services, offering education, support, and advocacy when needed.

CHW client-based roles include providing:

#### **a. Social Support**

- Build trust and rapport with clients by engaging, creating safe space, listening, encouraging and sharing
- Act as a mediator/liaison. This includes cultural and disability mediation among individuals, communities, and health and social service systems

#### **b. Assessment**

- Formal assessments using OSCI-specific and validated tools. Examples include: Craig Hospital Inventory of Environmental Factors (for home visits), UCLA Loneliness Scale (for mental health/social isolation)
- Informal assessment of client's well-being, home, family, safety (keeping in mind that CHWs are mandatory reporters)

**c. Education & Referrals**

- Education and referrals to needed resources. Examples include: information and resources about secondary health conditions or other topics that are helpful in promoting client well-being, DME closets, adaptive equipment, transportation, housing or educational grants
- Other needed services including long-term supports and services (in-home personal care worker, caregiver), health care provider, or specialized supports (seating clinic, disability support group)

**d. Navigation**

- Help access health care and/or social services. This may involve conducting online research of insurance benefits, health system and provider websites, supporting clients with phone calls or emails to providers. As role models, CHWs can demonstrate how to access services such as non-emergency medical transport. They can also accompany clients to provider appointments.

**e. Advocacy**

- Advocate for access to health system/social services
- Assist clients in requesting second opinions on medical diagnoses/plans, directing care; client advocacy with providers, educating providers

**f. Invitation**

- Join OSCI Facebook group
- Ask clients to follow OSCI and other supports on social media
- Invite clients to participate in OSCI community activities (meet-ups, wheelchair maintenance workshops, storytelling workshops)

## **Community-Based Work**

Another important CHW role involves community-based work. It's in the community where we meet new people, create relationships with other organizations, and build awareness of SCIs in society by actively participating in the broader community.

CHW community-based roles include:

**a. Hosting community events**

- Meet-ups, wheelchair maintenance workshops, storytelling workshops, "campability" events, educational forums, etc.

**b. Partner collaboration**

- Facilitate SCI relevant community events, including maintaining communication, planning/executing logistics, participating in local events, welcoming participants, collecting necessary data, providing follow-up to providers

**c. Storytelling**

- Collecting and sharing client and community stories for funders (and others) as a way to illustrate the impact of OSCI's work in the community

**d. Outreach to SCI community**

- Building a community-based peer network

#### **e. Outreach and partnership development**

- Examples include: DME closet, federally qualified health clinics (FQHCs), community-based organizations (CBOs), coordinated care organizations (CCOs), faith-based groups, etc.

### **Advocacy Work**

OSCI advocates for the rights of people with a spinal cord injury, with the overarching goal of promoting and supporting self-empowerment for those with SCIs.

CHWs advocacy-based roles include:

- a. **Representing OSCI** by sitting on community advisory councils/committees
- b. **Offering public testimony**/public comment to legislators
- c. **Promote advocacy efforts** by inviting/demonstrating/teaching others in the SCI community how to advocate for their rights; participating in advocacy events
- d. **Researching/documenting issues affecting the SCI community** (e.g. writing articles, photography) which can be shared on the OSCI website, newsletter or other social media channels

The work of a CHW is multi-faceted. See **Appendix 1** for further detail on the diverse CHW roles, skills and qualities within OSCI.

**Appendix 2** provides an example of an OSCI CHW position description.

**Appendix 3** is an organizational chart, which illustrates staffing and reporting lines within OSCI. [OSCI org chart revised 7/16](#)

## **- WHEN Do CHWs Provide Client-based Services?**

OSCI's CHW client-based services are initiated when an individual is referred to OSCI for support. Services will last for as long as the client benefits from CHW services. An indication for continued services is when a CHW and client observe fruitful progress towards a Client-centered Plan (described later in this document).

CHW services are typically provided for six months to two years in duration, following an initial referral to OSCI. Because of the client-led nature of CHWs' work, there is no predetermined length of services for OSCI clients. Each client situation is unique, and CHWs will engage in a collaborative decision making process to determine the appropriate length of CHW services.

In regards to scheduling of services, CHWs will maintain scheduling flexibility as much as possible in order to accommodate client needs and varied lifestyles.

## - WHERE Does a CHW Work?

CHWs can perform their services in many settings and typically meet clients where they are, or in a convenient, comfortable location in the community. Many CHW services can also be provided virtually.

Common settings for OSCI CHWs to perform their work include: hospitals, acute rehabilitation units, outpatient or long-term rehabilitation facilities (skilled nursing), physician or physical therapy offices, long-term care facilities, other medical provider offices, client homes, or in the community (restaurant, park, church, professional or legislative settings).

## - Basic Expectations of CHW Conduct

CHWs should be mindful that they are ambassadors of Oregon Spinal Cord Injury Connection in the community and with our partners. The professional conduct of a CHW builds trust and confidence with clients and partners, which is the foundation for doing our work effectively. Please be mindful to maintain professional standards at all times.

While this is not an all-inclusive list, some of the basic expectations/standards for OSCI CHW conduct include:

- Protect client confidentiality
- Maintain professional representation of OSCI
- Avoid conflicts of interest (e.g. a personal or financial interest with a client or partner of OSCI)
- Maintain clear boundaries with clients to whom OSCI provides services (e.g. avoiding romantic or sexual relationships, business dealings, borrowing or lending money, home sharing or bias/preference for one client over others)
- Refrain from using tobacco, marijuana, alcohol or illegal substances. Given the peer and role model dynamics of CHWs, use of substances or intoxication while working is strictly prohibited.

## 6. Confidentiality

OSCI takes client confidentiality seriously. In order for CHWs to be effective with their clients and in their communities, they need to establish a foundation of mutual trust, safety and respect. One critical aspect of creating a trusting relationship is to ensure that clients' private information is protected. For this reason, CHWs must prioritize the protection of their clients' information, and consistently follow confidentiality guidelines. Protecting client confidentiality is the law ([What is HIPAA?](#)) and CHWs are expected to maintain the confidentiality guidelines below at all times.

### **Confidentiality Guidelines**

- All personally identifiable information pertaining to individuals served by OSCI CHWs shall be maintained in a confidential manner and in accordance with HIPAA regulations. CHWs are expected to maintain physical control of clients' electronic and hard copy personal information at all times, preventing unauthorized viewing by others.

- No personally identifiable information pertaining to individuals shall be discussed with others or released without the individual's knowledge or a written authorization to release such information (CHWs should obtain a signed release of information form prior to sharing a client's personal information with others)
- For individuals served by OSCI, no personally identifiable records will be photocopied without the expressed approval of the client.
- Requests for copies of records must be accompanied by a signed authorization form from the individual or the individual's legal representative. Authorization forms must indicate the specific data requested.
- All hard-copy records pertaining to individuals are to be stored/filed in locked containers with access limited only to authorized OSCI staff, or securely locked in a car trunk if being transported by CHW vehicle.
- OSCI employees who work directly with an individual, or who work in a program to which the individual has been referred, may access the individual's file.
- Any employee who makes a disclosure of personally identifiable information regarding individuals served by OSCI without a release of authorization is subject to disciplinary action including dismissal. Known violations should be reported to the Program Director or Executive Director.
- All reported violations are to be reviewed and investigated by the Program Manager or Executive Director within forty-eight hours of the reported incident. Employee disciplinary action (up to dismissal) may take place for employee HIPAA violations.
- Written documents/records requiring disposal should be placed in a locked and secure location approved by OSCI until they can be appropriately shredded.

Training will be offered to all OSCI CHWs to provide further information and clarification on the organization's professional expectations and standards, including confidentiality.

## 7. Stakeholders

Due to the multi-faceted and complex needs of clients with SCIs, CHWs interact with an array of stakeholders in the health sector while working with clients. Some of these stakeholders include CCOs, health care systems, health insurance payers, social service agencies, and other community-based organizations and/or businesses providing goods and services to the disability community.

**Unite Us** a central component to OSCI's stakeholder strategy. Unite Us is an online platform that builds coordinated care networks of health and social service providers in Oregon, allowing for bidirectional referrals and coordination of care between community-based organizations and care providers. OSCI is poised to begin using this new platform to better connect with and serve SCI clients in Oregon communities. Through Unite Us, OSCI will have improved organizational

positioning and coordination with Oregon healthcare systems (hospitals and local public health authorities) as well as community-based organizations to facilitate social services and positively impact social determinants of health.

Below is a list of some of the most common stakeholders a CHW will encounter while supporting clients:

### **16 Coordinated Care Organizations (CCOs) of Oregon**

(<https://www.oregon.gov/oha/HSD/OHP/Pages/Coordinated-Care-Organizations.aspx>)

**Oregon Health Systems**, including:

- Oregon Health and Sciences University (OHSU) Health
- Kaiser Permanente
- Providence Health and Services
- Legacy Health
- Samaritan Health Services
- Asante Health
- Peace Health
- St. Charles

**Oregon Hospitals** <https://www.oahhs.org/oregon-hospital-map/oregon-hospital-map.html>

**Oregon Health Plan / Medicaid**

- <https://www.oregon.gov/oha/hsd/ohp/pages/index.aspx>
- <https://one.oregon.gov/>
  - Primary and specialty care providers
  - Emergency and urgent care providers
  - Inpatient and outpatient rehabilitation
  - Physical, Occupational, Speech therapy
  - Durable medical equipment providers
  - Disability Services
  - Oregon Health Plan/private insurers
  - Local public health authorities
  - Social service providers/organizations
  - Community and faith-based groups

## **8. Program Quality & Documentation**

The main goal of OSCI's documentation process is to guide and support the CHW's work, emphasizing collaboration between the CHW and client (Section A below), maintaining impactful community programming (Section B) and advocacy (Section C). Another important purpose of OSCI's documentation is to track the overall work of the organization, providing a framework for funder-reporting, organizational decision making and quality improvement.

## A. Client-Based Work

The following workflows are designed to guide and support CHWs, so that they can get to know their clients, develop client-led goals, and create a feedback loop between the client and CHW. This documentation process is designed to support mutual learning, program adaptation and continuous quality improvement for the CHW, client and OSCI as an organization.

### 1. Client Referrals to CHW Services

OSCI welcomes referrals through multiple avenues, supporting the “no wrong door” approach to service.

Some of the main referral sources of individuals seeking OSCI CHW services include:

1. **Unite Us - Connect Oregon coordinated care network.** This is an online platform that facilitates referrals and coordination between medical and community network partners such as OSCI.
2. **Local health care, social service, other community partners.** Direct referrals through phone or email are accepted from local providers and partners, including: therapists, emergency room staff, rehabilitation social workers, disability case workers, 211 Info information and referral specialists and non-profit social service providers.
3. **Family members and loved ones** may contact OSCI directly to seek out CHW support.
4. **Word of mouth.** CHWs may receive referrals directly from SCI clients who may have learned about OSCI from other community members.

Referrals to CHWs will be documented through the Unite Us online platform. Since this referral avenue is new to OSCI and is currently under development (as of September 2021), OSCI may choose to document CHW referrals on their own referral log sheet, while the Unite Us process is being formalized.

The referral information notes should include: 1) date of referral, 2) name of client, 3) status of referral (pending/no intake yet, active) and 4) closure date.

### 2. Initial Client Intake

The intake process outlined below is a guide for organic relationship building. CHWs will use a person-first, strengths-based and trauma-informed approach to building relationships. Collecting basic client data is an important way for CHWs to document and track their work, and information should always be gathered in a way that promotes trust and transparency between the CHW and client.

During the first meeting with a new OSCI client, a CHW will begin completing an initial intake (“Getting to Know You”) form. This form should be completed collaboratively with the client in their first or second encounter, with the purpose of gaining an understanding of who the client is (basic demographics), preferred communication method/s, current medical and psychosocial status, and client’s priorities/goals.

Clients can decline to answer any question and CHWs can return to questions later if and when a client is ready to share. A CHW should bear in mind that a client with a recent SCI will be in a very different place than a client living with a longer-term injury. A CHW will use their judgement regarding which questions are appropriate at the time of intake, based on the individual client's context.

CHWs can guide the initial intake conversation by first requesting for the client's permission to ask some basic questions, which will help the CHW understand who the client is and how the CHW can help.

It should be noted that not everyone referred to an OSCI CHW is appropriate and ready to engage in services. The first few meetings will allow CHWs to assess client readiness. CHWs may meet with potential clients who have SCIs but are not currently open to CHW engagement, or may not be appropriate for CHW services. For example, someone might have an acute or complicating issue such as a serious substance use disorder or mental health concern. In these cases, a CHW should refer a potential client to the appropriate services, rather than taking the individual on as an OSCI CHW client. A record should be made of the initial contact with these clients.

### **Client Intake (“Getting to Know You”) Questions**

OSCI will be using the Unite Us platform to gather necessary information from clients during the intake process. While the process of using the Unite Us platform is being formalized, OSCI may gather its own client intake data.

The following list provides a general guide of the information that CHWs will gather from new clients during the intake process.

#### **DEMOGRAPHIC INFO**

1. Name of client (first, last)
2. Address
3. Phone number
4. Email address
5. Preferred method of contact (phone call, text, email, day/time of day, other?)
6. Preferred language (speaking, writing)
7. Date of birth
8. Race/ethnicity
9. Gender, preferred pronouns
10. Current relationship status (single, married, partnered, widowed, divorced, other?)
11. Children (yes/no, currently in their care?)
12. Health insurance payer (OHP or private)
13. Educational attainment
14. Previous work history
15. Own home / renter
16. Current mode/method of transportation (if out of hospital)

Note: Oregon Health Authority's *Race, Ethnicity and Language and Disability* (REALD) form will be used to guide OSCI's process of gathering clients' demographic information.  
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/me0074.pdf>

Another resource for OSCI's client intake is:  
<http://oregonsci.figoliquinn.com/oregon-sci-peer-network/>

### **SOCIAL SUPPORTS / STRENGTHS**

1. Who are your main social supports right now (family members, partner/spouse, friends, neighbors, faith community, caregivers, other)?
2. What are some of your strengths? (What do you feel you are good at? What would your family members or friends say are your strengths?)
3. What helps you cope with the changes you have/are experiencing with a SCI?
4. What do you enjoy doing (hobbies, activities, other)? Note: this question may not be appropriate for those with recent injuries)

### **SPINAL CORD SPECIFIC, MOOD, HEART/MIND**

1. Date of SCI
2. Level of SCI (arm/hand function)
3. Cause of SCI (optional)
4. Mobility device/s used (manual wheelchair, power wheelchair, walker/cane, other?)
5. How would you describe your mood right now? (Stable, depressed, anxious, mood swings, other?)

During initial intake meetings, CHWs should note any observations they have regarding physical, mood, heart/mind issues of their clients.

See **Appendix 4** for [Six Useful Questions](#), which is a resource for CHWs to use during the initial intake process. This tool can help guide discussions between a CHW and client on multiple levels (physical, heart and mind).

### **CLIENT GOALS**

1. What are some of your most important goals right now? (collaborate with client on what they would like to work with CHW on – these goals will change/evolve as you get to know the client)
2. How can I, as a CHW, support you?
3. Is there anything else that is important for me to know as we begin working together?

Note: It is very important that clients get connected to the broader SCI community, meet peers and make new friends with SCIs. Whether or not the client states **increased social connection** as a stated goal, an important part of OSCI's work is to build/broaden a client's social support network into the SCI community. A CHW might suggest that a client connect with others through social media (Facebook group), or invite them to participate in OSCI or partner activities (meet-up, camping, adaptive cycling, etc.).

## **FOLLOW-UP SCHEDULING**

1. Date/time/location of next CHW meeting
2. Plan follow-up with client within 5 working days of initial encounter

During the initial meeting/s with a new client, CHWs should schedule a follow-up visit (in person or if preferred by client phone/or video platform). CHW should plan to follow-up with the client within 5 working days. Subsequent visits will continue relationship building between the client and CHW, focusing on any follow-up needs or priorities identified by the client.

CHW should be sure to leave their contact information with the client at the first encounter, so that new clients know how to keep in contact as support needs or questions arise.

## **3. Client Follow-up**

Frequency of contacts between the CHW and client will vary, depending on the level of need and desire for follow-up by client. For example, newly-injured clients may request more frequent visits in the first months to provide support, resources and stabilization, while those who have longer-term injuries may only need a monthly check-in for socialization and peer support. In general, CHWs will have more frequent contact with a client right after initiating services, and then reduce the frequency of encounters based on a client's expressed need or desire. Some clients may reach out only on an "as needed" basis when they have questions or need CHW help navigating a new service.

Some clients may text or use a social media app to communicate with their CHW. While any electronic method of communication with a client is acceptable, a CHW should never share clients' personal health information or discuss a client's case on non-HIPAA compliant platforms. CHWs should document confidential and sensitive client information in their Engagement Notes (see below). CHWs should always avoid sharing personal or sensitive information on insecure platforms.

## **4. CHW Engagement Notes**

For each client interaction, the CHW will document a brief summary, describing the services provided and preliminary outcomes of the encounter. This will include what intervention/s the CHW provided, time and duration of the contact, any notable CHW observations, and any additional follow-up steps identified by the CHW and client.

The purpose of these notes is to help CHWs track what services they have provided to each client, so they know where to pick up on future services. These notes will also allow OSCI to track client reach/numbers if needed by a funder, and help identify and analyze any trends in CHW services. Notes should also include outreach attempts when the client could not be reached (e.g. phone call to client on 6/2/21 to outreach about monthly meet-up, no answer/left message).

CHWs should document their engagement notes within 24 hours of a client encounter (visit or conversation).

CHW Engagement Notes will be submitted to the Program Manager (through the Unite Us platform, or by the first Monday of each month if submitted through OSCI prior to Unite Us process going live). These notes will be reviewed and discussed with the Program Manager or CHW Supervisor on a monthly basis, or as needed to support CHW workflow and program quality.

**Example CHW Engagement Note**

West's CHW notes for client KPM

CLIENT	DATE	CHW INTERVENTION/S	TYPE OF CONTACT	APPROX TIME SPENT	OBSERVATIONS	NOTES/ FOLLOW-UP
KPM	5/21/21	-Support and ed given re: wound care -Gave info about getting new wheelchair cushion -Provided peer/emotional support	Home visit	60 min	-Appears to have good support from sister  -Has poorly fitting wheelchair cushion, getting sores	-Call next week to be sure she gets new cushion, see how wound recovery is going  -Next home visit scheduled for 6/15/21 at 4:00 PM

**5. Person-Centered Plan**

After the CHW determines that the client is appropriate and ready for CHW services, the OSCI client and CHW will collaboratively document a Person-Centered Plan (sometime between the second and fourth visit/encounter). This plan should be simple, brief and done in a manner that is most helpful and user-friendly for the client. The Person-Centered Plan is a tool for the CHW and client to collaboratively identify a few important goals that the client can reasonably achieve in the next 6-12 months. The plan can include short-term (6-12 months) and long-term (12-60 months) goals. This process will build off of the Initial Intake/"Getting to Know you" Form.

**Example of a Person-Centered Plan** (any other client-friendly format is acceptable):

CLIENT	DATE	TOP GOALS	WHAT'S NEXT	OTHER NOTES
KPM	7/6/21	- Find ongoing social support  - Apply for disability services	Attend 8/22 monthly meet-up (try it out); 7:00 PM at XXX (location)  Get application from XXX county office, fill it out (ask Casey for help if needed) and return to office by end of July	-Meet with CHW last week of July (Casey will text to confirm date/time)  -Might need help finding new PT??

## 6. Client Assessment

**30 DAY ASSESSMENT:** While CHWs are working with clients, it is important to solicit ongoing feedback to understand how things are going with their services after about 30 days of the initial encounter. This will provide the CHW with an opportunity to learn from the client about what CHW services/support are working and what can be improved. This a good time to make any updates (if needed) to the client's Person-Centered Plan. This is a mutually beneficial process, since it helps clients build skills in identifying their own needs and goals, while helping CHWs to gain valuable feedback on how they might improve their services to clients with SCIs in their community. If needed, this process also allows an opportunity for the CHW to ask any additional questions needed by a funder.

During a check-in/visit, the CHW can let the client know that they would like to ask for their feedback on how things are going with their services, and learn how they can improve the work they are doing together.

### ***Example Questions for the 30 day Assessment:***

1. What has been most helpful about the CHW services you have received so far?
2. How can I/we better meet your needs? What is missing?
3. What suggestions do you have for OSCI on how to improve CHW supports for folks with spinal cord injuries?
4. Would you like to make any updates or changes on your Person-Centered Plan? (If yes, assist client in making updates)
5. Do you have any other thoughts or feedback you would like to share with me today?

**ONGOING ASSESSMENT:** An ongoing assessment of CHW services should be repeated with the client (same as above 30 day feedback) to continuously update and modify their Person-Centered Plan. The frequency of the assessments will vary, depending on how long the client has been served by the OSCI CHW. Ideally, an ongoing assessment is completed with the client every 60 - 90 days.

The process of asking for regular client feedback helps OSCI continually improve its CHW services, providing a mechanism to ensure that CHW support is focused on the client's current needs and desires. Another important value of engaging in a routine assessment process is that it strengthens client skills and confidence in expressing their feedback to others, which is beneficial as they navigate multiple services with other providers.

## 7. Exiting Clients from CHW Services

A client will exit OSCI CHW services when services are no longer desired by the client, the CHW determines that services are no longer appropriate for the client, or when there is a mutual

agreement that the client is not fruitfully progressing towards goals in their Person-Centered Plan.

Under the following circumstances, individuals will exit OSCI CHW services:

- Client (or client's legal representative) requests to end CHW services.
- Potential client/client cannot be located or reached after CHW has made repeated attempts to contact the individual (usually within a 30 day period).
- Client and CHW mutually decide to end services after concluding that client's Person-Centered Plan has been completed and/or is no longer moving forward in a fruitful way.
- An individual continually behaves in a manner that is dangerous or harmful to the CHW
- An individual no longer qualifies for CHW services or is found to be more appropriately served by an alternate provider in the community.
- Client requests to transfer services to a different organization.
- There is a conflict of interest between the client and CHW.

Once it has been determined that a client will exit services, a CHW (or other OSCI staff) will request a final exit feedback session/conversation with the client to learn from the client's experiences with OSCI. This feedback will not be sought from clients whom CHWs have been unable to reach, or if by doing so it would present safety concerns to a CHW.

***Example Questions for Exit Survey:***

1. What has been most helpful about the CHW services you received? What did you most appreciate or benefit from?
2. What could we have done better? What was missing?
3. What recommendations do you have on how we can improve CHW services for individuals with SCIs?
4. Do you have any additional thoughts or feedback you would like to share about your experiences working with a CHW at OSCI?

## **B. Community-Based Work**

Community-based work is an important way for CHWs to support OSCI's efforts on the broader community level. To promote and support impactful community programs, the CHW Team will plan, facilitate and report out about the community-based efforts they are engaged with.

Outlined below are the basic CHW community level responsibilities, along with reporting requirements. These efforts are important aspects of the CHW role, in order to support and sustain OSCI's quality, impactful community programming.

### **1. Support Current OSCI Community Programs**

- a. Educational Forums
- b. Wheel Connect

- c. Wheelchair Maintenance Workshop
- d. "Campability"
- e. Storytelling Workshop

## 2. Develop Work Plan Goals

- a. Every OSCI CHW will be designated as a lead facilitator for one or more of OSCI's community programs (abovementioned programs or new, emerging ones).
- b. CHWs are expected to include 1-3 community-based goals on their personal work plan.

### **Responsibilities for a CHW lead facilitator include:**

- Communications** - Work with communications coordinator to ensure the community-based effort is on the community calendar and promoted through social media channels, newsletter and OSCI website.
- Invitation** - Invite regular clients and new folks to the event, including community partners or others who may be interested in the work.
- Preparation and facilitation** - Gather all materials necessary for a successful event, show up early to check-in/set-up, welcome people, at the end of event clean-up/return space to original condition, follow-up with participants with a 'thank you' or other services they may have requested. Solicit feedback on how the event went and how it might be improved.
- Capture data** for reporting on community programs and events, including a participant list, success stories and/or pictures.
- Report out** on your accomplishments on your work plan and share information about your community-based efforts at OSCI team meetings.

## C. Advocacy

CHWs have a unique and powerful perspective when it comes to advocating for the rights of people with spinal cord injuries. Some OSCI CHWs may focus their efforts in the area of advocacy. For CHWs who choose to focus on advocacy efforts, a few guidelines to support this work are found below.

### 1. Develop Advocacy Work Plan Goals

- a. Identify advocacy opportunities
- b. Maintain schedule of meetings/follow-up
- c. Report out (monthly) to the Program Manager/ED/CHW team on the status of advocacy work

## **Responsibilities for CHWs Focusing on Advocacy:**

CHW advocacy responsibilities will depend on the area of work they choose to focus on and which partners are involved. CHWs focusing on advocacy should:

- Discuss (and solicit support)** from OSCI's Program Manager/ED/CHW team as needed to brainstorm, plan and carry out advocacy efforts
- Capture data** for reporting on advocacy efforts, such as the number of participants in a meeting or event, success stories and/or pictures.
- Report out** on your accomplishments on your work plan and share information about your advocacy efforts at OSCI team meetings.

## **9. CHW Work Plan/Report Out**

In addition to the above-mentioned client-based documentation tools (Client Intake Form, Engagement Notes, Person-Centered Plan and Client Assessments), CHWs will also report on their community-based work and advocacy in their quarterly work plans.

**Appendix 5** provides a CHW work plan template; the **OSCI CHW Quarterly Work Plan**. This tool will help each CHW develop an individual work plan and report out the work they are doing in the three areas within the CHW scope of work: client-based, community-based, and advocacy.

This work plan template has been developed for CHW benefit to help them organize and prioritize their work, as well as reflect on accomplishments. Each CHW will report out on their work plan quarterly, which provides a valuable opportunity to gain feedback from their supervisor and team; brainstorm solutions to any barriers confronted in their work, and share success stories they have observed. Through the completion of this quarterly tool, the CHW will have an opportunity to reflect on their accomplishments of the previous quarter and outline specific individual goals for the upcoming quarter.

The OSCI CHW Quarterly Work Plan tool will be reviewed/discussed in one-on-one meetings between the CHW and the Program Manager (or CHW Supervisor) quarterly -- at the end of March, June, September and December.

During these meetings, collaborative discussions will take place to review CHW outcomes, goals, support needs, and observations, with a focus on facilitating CHW development and growth. The CHW work plans will also be shared at CHW team meetings, in order to facilitate opportunities for CHWs to exchange information on their accomplishments, coordinate among CHWs with similar goals, and to facilitate brainstorming discussions on how to improve CHW services.

**The quarterly CHW Work Plan tool is guided by the following questions:**

- What accomplishments over the past quarter are you most proud of** in the three areas of the CHW Scope of Work (client-based, community-based, advocacy)? Can you share a client story, the number of clients you have served, a new partnership formed, advocacy effort you were part of?  
*-Categories: client work, community work, advocacy work*
- What feedback have you gathered** from your 30 day/ongoing client assessments and program activities completed during the past quarter? What feedback have you received from clients and program participants? Do you have any reflections or plans on how to improve your work based on this feedback? (this is an opportunity to synthesize client/program activity feedback, look for any patterns and engage in ongoing quality improvement plans for CHW services)
- What are your personal goals as a CHW?** (at least 1, up to 3) for next quarter? (For example: Host 3 monthly meet ups, coordinate 1 advocacy event, outreach to X medical office, schedule presentation with X on SCIs/CHW supports available, get trained in X). Each goal should be broken down into specific steps, as well as target dates. *-Categories: client work, community work, advocacy work*
- What support do you need right now** from OSCI? (Be specific – examples might be more frequent communication with peer CHWs, training in a specific area, clarification on an OSCI policy, work supplies, etc.)
- Do you have any continuing education needs** or requests? (if so, please list topics where more education/training is needed, specific requests)
- Do you have any observations or suggestions on your CHW role** (For example: caseload too high or low? specific challenges? suggestion for improving support among CHWs?)

## **10. CHW Team Strength & Growth Cycle (Supportive Supervision)**

One of the greatest strengths of OSCI is that we are a team. We work together and learn from one another. Our strength as a team also makes our community stronger. This radiates out to the community and our partners.

Supportive supervision is an approach that can facilitate ongoing team growth at OSCI, as we reflect on our work and learn from one another. In most cases the Program Manager or CHW Supervisor will facilitate the supportive supervision process, but the learning you gain will come from your personal reflections (or reflections of your CHW teammates). Supportive supervision is a model of open and transparent communication that promotes constant learning and growth among CHWs and your supervisor. OSCI values the unique experiences, strengths and contributions of each CHW on the team.

It's important to note that the supportive supervision process also encourages CHWs to provide ongoing feedback to their supervisors. A priority of the CHW Supervisor and Program Manager is to make time to meet with the members of the CHW team on a regular basis, and to maintain an "open door" policy so that CHWs can freely share any ideas or concerns as they arise.

CHWs' diverse roles, skills and qualities outlines the many important skills and qualities are noted in **Appendix 1**. These CHW qualities ground and support OSCI's ability to engage in mutual learning, growth and ongoing quality improvement.

***The following meetings, or "touch points," are core aspects of OSCI's supportive supervision process:***

***Daily*** - CHW staff are welcome to communicate with OSCI's Program Manager, CHW supervisor or peer CHWs on a daily (or "as needed") basis to receive guidance and support, get questions answered, etc. This "open door" approach is an important aspect of OSCI's ongoing support offered to all CHWs.

***Weekly*** - Weekly meetings will take place with CHWs, Executive Director, Program Manager, CHW supervisor and other staff. This meeting serves as a regular check in to discuss topics of interest to the SCI community and OSCI, and to offer mutual support.

***Some of the topics/themes discussed in weekly meetings include:***

- Mutual support between CHWs, other OSCI staff
- Information sharing/updates on CHW work or organizational/administrative issues
- Brief trainings by OSCI staff or guest speakers on key educational topics, "meet and greets" with partners (peer CHW organizations, health care providers, CCOs, etc.)

***Monthly*** - All CHWs participate in a monthly group supervision session, facilitated by the CHW Supervisor or Program Manager.

***Some of the topics/themes discussed in monthly CHW group supervision include:***

- Sharing out of experiences with clients, partners, team members or other individuals encountered through the course of CHW work
- Check-ins for mutual support; discussion of CHW's professional or personal needs that are impacting their work
- Case consultation (can use previously mentioned Verbatim process as appropriate)
- Collaborative problem solving and brainstorming
- Sharing of new resources, approaches, ideas

The Verbatim Format is a discussion framework that may be helpful to share client cases (example below).

<https://chaplainsreport.com/2011/08/15/a-bit-of-what-clinical-pastoral-education-does/>  
<http://hsl.mchs.com/docs/chaplaincy/Other-Forms/Verbatim-Reflection-Format.doc>

***Each CHW will also have monthly one-on-one supervisor meetings.*** During these meetings (which will occur at least once a month), CHWs and their supervisor will exchange, update or discuss any administrative issues (policy questions or updates, planning of time off, work expectations, etc.). This is also an important time for the CHW to periodically share (and receive feedback) on team and supervisory issues, their quarterly work plan, client documentation notes, and work with clients. Most importantly, this supervisory meeting is an opportunity to gain needed support and address any ideas or concerns that CHW would like to share on a one-on-one basis with their supervisor.

**Quarterly** - As discussed in Section 9 above (CHW Work Plan/Report Out), each CHW will meet one-on-one with the OSCI Program Manager (or CHW Supervisor) on a quarterly basis to discuss/review their CHW Quarterly Work Plan tool. This meeting will occur during the months of March, June, September and December each year. The CHW Quarterly Work Plan tool will be used as a springboard to discuss how things are going within the three areas within the CHW scope of practice: client-based, community-based, and advocacy work.

## **11. CHW Training & Professional Development**

CHW training, certification and ongoing professional development is a high priority for OSCI. CHWs are supported to receive training relevant to their role during paid work time, and training opportunities approved by the Program Manager/ED are paid for by OSCI.

OSCI requires all CHWs to maintain OHA CHW certification. In addition, CHWs are expected to participate in supplemental training about SCI-related health and wellness, peer mentoring, health equity, trauma-informed care and other important topics.

### **- Training Required by the Oregon Health Authority**

**Oregon Health Authority CHW certification.** This is a minimum requirement for employment as a CHW with OSCI.

Anyone interested in becoming a CHW in the State of Oregon must complete a 90-hour certified Traditional Health Worker training listed here: [Oregon Health Authority : THW-Approved Training Programs and Continuing Education](#)

How to become a CHW:

- [Oregon Health Authority : How to Become a Certified Traditional Health Worker](#)
- [Oregon Health Authority : Community Health Worker \(CHW\)](#)

Once a person has completed their CHW training, they must also be certified by the Oregon Health Authority Traditional Health Worker Commission. This enters them into the [Traditional Health Worker Registry](#).

Certification as a CHW with OHA lasts for three years. Every three years a CHW must complete 20 hours of continuing education units/courses and submit those to OHA THW Commission to maintain their certification.

## **- Training Required by OSCI**

- 1) **Peer Mentor training** <https://unitedspinal.org/sci-peer-mentor-training-program/>
- 2) **Secondary health conditions/chronic disease management.** Oregon State University: <https://workspace.oregonstate.edu/course/community-health-worker-continuing-education-course-management-of-chronic-health-conditions>)
- 3) **Spinal cord injury specific training.** Example sources:  
[https://sci.washington.edu/info/forums/forum\\_videos.asp](https://sci.washington.edu/info/forums/forum_videos.asp)  
<https://norcalsci.org/virtual-is-the-new-reality-video-archive-1>
- 4) **Supporting client self-determination/self-empowerment/trauma informed care**
- 5) **Health equity/social determinants of health**
- 6) **Navigating Medicaid, disability services**
- 7) **Technology/communication platforms** - Google suite, Powerpoint, creating meetings with google hangouts, Zoom, etc.
- 8) **OSCI staff expectations and guidelines** (Review of organizational policies, including confidentiality, time keeping/time off, meeting expectations, documentation, etc.)

Additional CHW training topics and sources for training will be identified by the OSCI team and offered to staff as needed.

# APPENDIX 1.

## Roles, Skills & Qualities – OSCI CHW

ROLES	SKILLS	QUALITIES
1. <b>Mediator/Liaison:</b> cultural and disability mediation among individuals, communities, and health and social service systems	Strong communication and interpersonal skills	Has LIVED EXPERIENCE with a SCI, or has a family/has been a caregiver for at least 1 year to someone with a SCI; is connected to the SCI community
2. <b>Educator:</b> providing culturally and disability appropriate health education and information	Service coordination and navigation skills	Has a DESIRE and TIME to connect with others and work to make life better for others who are living with a SCI and their families
3. <b>Networker:</b> care coordination, case management, and system navigation	Capacity building skills	Has a POSITIVE ATTITUDE and is both optimistic and realistic about SCI prognosis/outlook
4. <b>Peer Mentor/role model:</b> providing coaching and social support; is a role model to others with SCIs	Advocacy skills	Has KNOWLEDGE, is EAGER TO LEARN and GROW regarding living with spinal cord injury. Maintains professional requirements as a CHW in Oregon
5. <b>Advocate:</b> advocating for individuals and communities	Education and facilitation skills	LISTENS WELL, is present, and shares personal experiences and advise when the peer is ready
6. <b>Trainer:</b> building individual and community capacity	Individual and community assessment skills	Strong and courageous
7. <b>Caregiver:</b> providing direct service	Outreach skills	Friendly/sociable
8. <b>Surveyor:</b> implementing individual and community assessments	Professional skills and conduct	Open-minded/non-judgmental
9. <b>Connector:</b> conducting outreach and engagement	Evaluation and research skills	Caring/Empathetic/Compassionate
10. <b>Learner:</b> participating in professional development, program evaluation and research	Knowledge base	Patient/Persistent/Respectful/Honest
		Motivated; capable of self-directed work
		Dependable/responsible
		Dedicated
		Flexible/adaptable
		Creative/resourceful
		Navigates conflict well

Adapted from: Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field Progress Report of the Community Health Worker (CHW) Core Consensus (C3) Project: BUILDING NATIONAL CONSENSUS ON CHW CORE ROLES, SKILLS, AND QUALITIES. April 2016.

## APPENDIX 2.

# Example Job Description OSCI Community Health Worker



**Position Title:** Community Health Worker

**Timeframe:** Immediate Opening - MM/YYYY; XX hrs/week, flexible days/hours

**Hourly Rate:** \$18/hr

### **Background:**

Oregon Spinal Cord Injury Connection (OSCI) is a 501(c)3 nonprofit serving the spinal cord injury (SCI) community in Oregon and SW Washington. We work to improve the quality of life, health and independence of those living with SCI through social connection, programs and access to resources.

### **Position Details:**

Oregon Spinal Cord Injury Connection is hiring a Community Health Worker (CHW) to work in the XYZ region (of the State).

The Community Health Worker has three main bodies of work: client-support, community outreach and engagement, and advocacy. The work of the CHW is central to Oregon Spinal Cord Injury Connection fulfilling its mission of ensuring every person with a spinal cord injury has the care and community they need to thrive. They do this by promoting health, building community, and creating opportunity for its members.

This is a culturally-specific community health worker position and applicants must demonstrate their membership in, or intrinsic relationship to spinal cord injury communities through their cover letter in order to be considered.

### **Essential Duties and Responsibilities include:**

The CHW contributes to Oregon Spinal Cord Injury Connection's mission, commitments, goals, and to the team effort by performing the following duties:

- Provide client-support to newly injured people with spinal cord injury or those who need support adjusting post-injury. This includes social support, health system navigation, and patient advocacy.
- Perform community outreach and engagement activities that build connections and capacity among members of the SCI community. This work includes planning, coordinating and facilitating community programs that create connection to the broader SCI community, resources and services and provides a safe, accepting environment for our members to connect, learn, and recreate.

- Provide education, create materials and conduct extensive outreach to the SCI community to inform individuals and families about SCI specific topics referring to local resources and supportive services.
- Assess clients' involvement in services, identify barriers to care and readiness to access care, including client knowledge of insurance eligibility status, underlying health conditions, and other personal information required for treatment or services.
- Serve as an advocate, model for others the role of a good advocate, and facilitate trainings that build the capacity of others with spinal cord injury to become advocates for their community. This includes participating in community advisory councils/committees, providing public testimony, and visiting State representatives to educate and inform.
- Maintain detailed documentation regarding community engagement, assessment and referral activities
- Maintain a high level of confidentiality in accordance with program ethics and related health laws, such as HIPAA
- Maintain a high level of communication with OSCI while working remotely
- Develop and maintain professional relationships and partnerships with community partners that are in contact with the SCI community members
- Use social media and virtual meetings to reach a broad array of Oregonians with spinal cord injuries
- Support participants with connection to OSCI programs

**Other duties:**

- Collect information and data using the highest degree of confidentiality and professionalism
- Submit monthly reports in a timely fashion
- Contribute to the overall team effort by completing other duties as assigned

**Required experience and skills:**

- Minimum 3 years of lived-experience with spinal cord injury, or is family/partner of person living with spinal cord injury
- Experience conducting community outreach and/or health education
- Strong computer skills, including Google suite, Microsoft, and Zoom
- Strong written and verbal communication skills
- Comfortable hosting/facilitating online Zoom group educational sessions
- Self-starter and works well independently
- Prior experience serving the disability community
- Ability to drive or use transportation throughout Oregon for community visits

**Preferred experience:**

- Native Spanish speaker, or can speak other language natively
- Completed 90-hour community health worker training ([Read more here](#))

**Education:**

- Bachelor's degree (Preferred but not required)

**To Apply:**

Please send your resume and cover letter to [contact@oregonsci.org](mailto:contact@oregonsci.org). Applications will be screened, followed by an in-person interview.

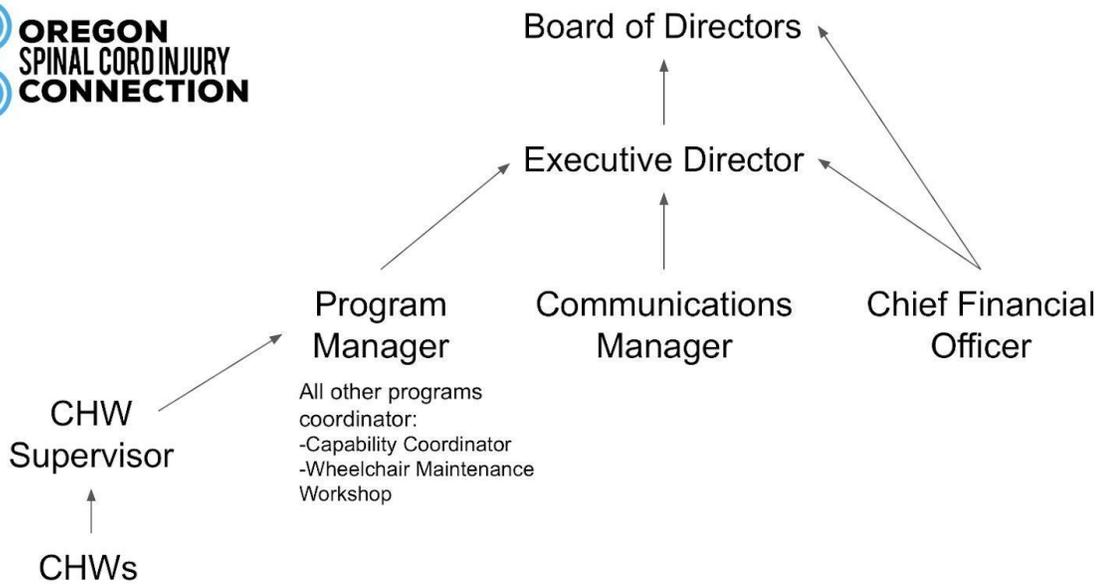
**Training:** *If you are interested in this position but aren't sure if you have the right background or experience please do apply.* As a successful applicant, you will receive training and supportive supervision throughout the duration of this work to ensure our objectives are achieved. You will be oriented to the organization and the goals and objectives of the scope of work. We work as a team and support the training and capacity building of our CHWs.

If you would like more information please email [contact@oregonsci.org](mailto:contact@oregonsci.org).

# APPENDIX 3.

## Oregon Spinal Cord Injury Connection (OSCI) Organizational Chart

ORGANIZATIONAL CHART



## APPENDIX 4.

# Six Useful Questions

**Instructions:** These questions will help you learn about some of the biggest health issues that a client with a spinal cord injury will most likely face on a daily basis.

### 1. How's your SKIN?

This question is inquiring about a person's skin health on the bony areas of their body that potentially receive prolonged pressure and could develop a pressure ulcer. It is also inquiring about a person's habit of relieving pressure from these areas (pressure release). You might follow-up this question with, "Are you being proactive about doing pressure releases"?

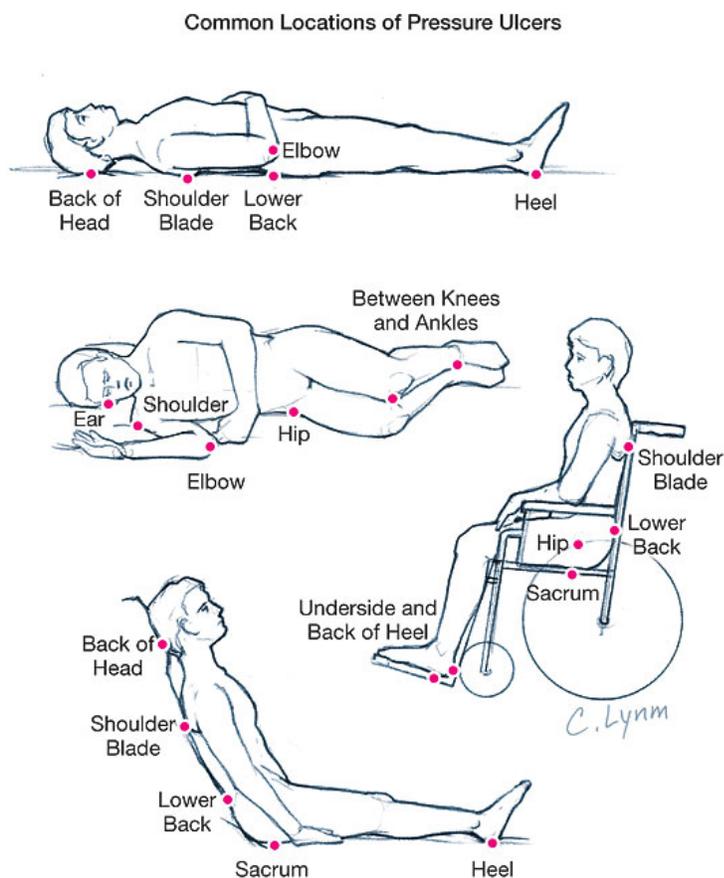


Image source: <https://care1staz.com/az/PDF/provider/preventive-and-practice-guidelines/Pressure-Ulcers-in-the-developmentally-disabled-05-2010.pdf>

## 2. How's your WHEELCHAIR?

For most people living with a SCI, a wheelchair offers independence. A poorly fitting chair or cushion can inhibit a person's independence and cause pressure injuries and shoulders and elbows pain or injuries. Push rims can also give a person blisters and/or cause the skin on their hands to split. Battery life is also very important for power wheelchair users. Batteries should be charged every night no matter how charged the battery indicator reads.

## 3. How's your BATHROOM ROUTINE?

This question is inviting a person to tell you about their bladder and bowel management program and their showering routine. Individuals with all levels of SCI experience some change to their bowel, bladder, and sexual function. This can have a major impact on a person's independence and sense of dignity. Some issues that may arise include incontinence or constipation. The logistics of their bowel program (its duration, use of suppository, etc.), frequency of catheterizing, type/cost of catheters, frequency of UTIs, nutrition/hydration are all important considerations for those with SCIs. You may not have the answer to some of the issues a client raises, but you can help find resources or refer them to someone with more expertise.

## 4. How's your PAIN?

Many people with SCI deal with some degree of chronic nerve pain due to their injury. The worst cases do not respond to pharmaceutical drugs; others are manageable with medical marijuana, yoga, or acupuncture, and few people have zero nerve pain.

## 5. How's your HEART?

This question inquires about two parts - a person's feelings and a person's heart-health.

**Feelings:** how is the person dealing with their loss and feelings of grief, sadness, anger? Do friends and family, or others with SCI, support them or visit them?

**Heart-health:** how is the person eating and exercising to care for their HEART and body?

## 6. How's our MIND?

This question will help you learn about how a person copes with all the changes they've experienced in their life. You may suggest they take up an art or refer them to the Oregon SCI meet-up, support group, Facebook page, or to adaptive recreation activities.

# Appendix 5.

## OSCI CHW Quarterly Work Plan Tool

Link: [CHW Quarterly Work Plan template](#)

OSCI CHW Quarterly Work Plan

Employee:  
Q 1 2 3 4 Year:

CLIENT-BASED GOALS				
GOAL	Tasks	Feedback Measure	Resources Needed	Target Completion
1.				
2.				
3.				
COMMUNITY-BASED GOALS				
GOAL	Tasks	Feedback Measure	Resources Needed	Target Completion
1.				
2.				
3.				
ADVOCACY GOALS				
GOAL	Tasks	Feedback Measure	Resources Needed	Target Completion
1.				
2.				
3.				
PROFESSIONAL DEVELOPMENT GOALS				
GOAL	Tasks	Feedback Measure	Resources Needed	Target Completion
1.				
2.				
3.				

# ACRONYMS

SCI – Spinal Cord Injury

OSCI – Oregon Spinal Cord Injury Connection

CHW – Community Health Worker

THW – Traditional Health Worker

OHA –Oregon Health Authority

DME – Durable Medical Equipment

# REFERENCES

APHA

[APHA.org](https://www.cdc.gov/communityhealthworker/) Community Health Worker

UCLA Loneliness Scale

[https://fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/Self\\_Measures\\_for\\_Love\\_and\\_Compassion\\_Research\\_LONELINESS\\_AND\\_INTERPERSONAL\\_PROBLEMS.pdf](https://fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/Self_Measures_for_Love_and_Compassion_Research_LONELINESS_AND_INTERPERSONAL_PROBLEMS.pdf)

CHW roles

<https://mnchwalliance.org/roles>

<https://www.health.state.mn.us/facilities/ruralhealth/emerging/chw/docs/2016chwtool.pdf>.

<https://inchwa.org/wp-content/uploads/2019/01/7.-CHW-Scope-of-Practice.pdf>

Oregon Health Authority

<https://www.oregon.gov/oha/OEI/Pages/THW-CHW.aspx>

<https://www.oregon.gov/oha/OEI/Documents/EOCCO-CHW-Policy.pdf>

CHW supervision:

<https://chwcentral.org/supervision-of-community-health-workers/>

<http://www.centerforhealthimpact.org/wp-content/uploads/2015/12/CHW-Orientation-Toolkit.pdf>

<https://nhchc.org/research/publications/chws/supervision-of-chws/>

Other:

OSCI background information (OSCI website, Google Drive documents, phone interview with Casey Moore, OSCI CHW, 7/1/21)

Peer Delivered Services Operations Manual, Mental Health & Addiction Association of Oregon (October 2020); Interview with Executive Director Janie Gullickson, 6/21.

## **ADDITIONAL RESOURCES -Training/Supportive Supervision**

Oregon Community Health Workers Association

<https://www.orchwa.org/orchwa-resources>

Trauma Informed Care (Trauma Informed Oregon)

<https://traumainformedoregon.org/>

8 Dimensions of Wellness (SAMHSA):

<https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4958.pdf>

Facilitative Supervision (Engender Health)

<https://www.engenderhealth.org/pubs/quality/facilitative-supervision-handbook/>

Supportive Supervision (National Academy of Medicine)

<https://nam.edu/supervision-strategies-and-community-health-worker-effectiveness-in-health-care-settings/>

CHW note writing (Boston University)

<https://targethiv.org/sites/default/files/supporting-files/chw-23-Documentation-for-CHWs.pdf>