



New Mexico Department of Health Office of Community Health Workers (OCHW)

Application for State Endorsement of Community Health Worker Training Programs

CHW Core Competencies: Generalist Training Application Instructions

Please read the Application Information thoroughly before beginning your application.

- This application consists of 6 Parts. Applicants must complete the following parts in their entirety:
 - **Part 1:** Overview of Training Program: Sections 1-3
 - **Part 2:** Training Content: Sections 1 -2
 - **Part 3:** Instructor Information: Sections 1-2
 - **Part 4:** Designee Signature
 - **Part 5:** Initial Endorsement Fee is \$300 and must be submitted with application with check or money order. Endorsement is good for one year. :

**Mail To: Office of Community Health Workers
 NM Department of Health - Public Health Division
 PO Box 25307
 Albuquerque, NM 87125
 Account: XXXXXX7789**

- **Part 6:** A copy of the completed application and all supporting materials should be compiled into a 3 ring binder. Binders should be organized as follows:
 - Table of Contents
 - A labeled divider for each application Part. Each divided section should contain the relevant pages of the completed application and all supporting materials (follow the Application Checklist for guidance).
 - Binders should be mailed or hand delivered to:

**Carol Hanson, Program Director
 NM DOH Office of Community Health Workers
 300 San Mateo Blvd NE, Suite 902
 Albuquerque NM, 87108**

- Please keep a copy of all of your materials
- Please contact the NM DOH Office of Community Health Workers staff with any questions:

Claudia Macias, Southern Liaison	Office: 575-528-5145 Email: claudia.macias@state.nm.us
Diana M. Abeyta, Tribal & Northern Coordinator	Office: 505-827-0015 Email: diana.abeyta@state.nm.us

CHW Core Competencies: Generalist Training Application Checklist

Part I: Overview of Training Program Information

- Section 1: Contact Information
- Section 2: Application Category
- Section 3: Training Summary (A- I)
- Attached promotional materials if available
- Attached training calendar if available
- Attached sample attendance record

Part 2: Training Content

- Section 1: Scope of Work/Practice Tasks
- Section 2: Competency Content Charts and accompanying documents for each competency applying for
- Training agenda
- Internally developed training materials or outline of published /formal curriculum used
- Evaluation materials

Part 3: Instructor Information

- Section 1: List of Core Instructors/Trainers
- Section 2: Instructor/Trainer Survey (may be completed online)

Part 4: Signature Page

- Application signed and dated

Part 5: Fee - Initial Endorsement Fee of \$300.00

- Check or Money Order submitted with application.

Part 6: Three Ring Binder

- Application and all supporting materials are clearly legible and ordered by dividing tabs corresponding to the application parts 1-4 as listed above.

PART 1: Overview of Training Program

Section 1: Contact Information

Contact Name: <i>First</i> <i>Middle</i> <i>Last</i>		
Job Title:		
Contact Telephone:	Contact Fax	Contact Email Address

Name of Sponsoring Organization:																
Physical Address: <i>Street Address/PO Box</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>												
Mailing Address: <i>Street Address/PO Box</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>												
Organization Telephone:	Organization Fax:	Website Address:														
Organization Type: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">College or University</td> <td style="width: 33%;">Faith-based Organization</td> <td style="width: 33%;">Tribal Government</td> </tr> <tr> <td>Community College</td> <td>Government Agency</td> <td>IHS Clinic or Hospital</td> </tr> <tr> <td>Community Based- Organization</td> <td>Local Health Department</td> <td>Tribal Clinic or Hospital (638)</td> </tr> <tr> <td>Clinic or Hospital</td> <td>Other _____</td> <td></td> </tr> </table>					College or University	Faith-based Organization	Tribal Government	Community College	Government Agency	IHS Clinic or Hospital	Community Based- Organization	Local Health Department	Tribal Clinic or Hospital (638)	Clinic or Hospital	Other _____	
College or University	Faith-based Organization	Tribal Government														
Community College	Government Agency	IHS Clinic or Hospital														
Community Based- Organization	Local Health Department	Tribal Clinic or Hospital (638)														
Clinic or Hospital	Other _____															

Is your organization accredited by the Council for Higher Education Accreditation or similar accreditation body? No Yes If yes, please fill in formation below.			
Name of Accrediting Organization:			
Contact Name in Accrediting Organization :	Title :	Telephone:	Email Address:
Mailing Address: <i>Street Address/PO Box</i>		<i>City</i>	<i>State</i> <i>Zip Code</i>
Status of Accreditation		Date of Last Accreditation	

Section 2: Application Category Training Summary

Please mark the category for which you are applying:

<p>Complete CHW Core Competency Training Program</p> <p>Must meet the minimum number of classroom contact hours for each of the Core Competencies for a total of 100 hours.</p> <p>If your program offers an additional practicum/ mentored field experience please indicate the number of hours _____</p>	<p>Partial New Mexico CHW Core Competencies Training Program</p> <p>Please indicate competency areas applying for in the box below.</p>	<p>Continuing Education Units CHW Certification Renewal</p> <p>Please indicate competency areas applying for in the box below.</p>
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**Check the core competency trainings for which you apply for endorsement.
Please check all boxes that apply.**

Core Competency 1: The CHW Profession

Core Competency 2: Effective Communication

Core Competency 3: Interpersonal Skills

Core Competency 4: Health Coaching Skills

Core Competency 5: Service Coordination Skills

Core Competency 6: Capacity Building Skills

Core Competency 7: Advocacy Skills

Core Competency 8: Technical Teaching Skills

Core Competency 9: Community Health Outreach Skills Core

Competency 10: Community Knowledge and Assessment

Core Competency 11: Clinical Support Skills - *OPTIONAL*

C. Training Cost and Available Support:

1. Please detail any costs associated with the trainings described.

2. Please detail any support provided to participants to attend the training.

D. Training Location , Format and Frequency:

1. What regions of the state is your described training(s) available in (example: NM/TX Border, Statewide, Navajo Nation, NM/AZ Border)?

2. Please describe the setting and format of the training(s). Example: academic, on-the job, distance learning, or community center.

3. How often is the described CHW training(s) provided? Please attach calendar or schedule if available.

E. Training Language:

1. Please indicate the languages in which the described training(s) are available (check all that apply)

English

Spanish

Navajo

Other _____

F. Training Attendance:

1. Each endorsed training program must retain an accurate attendance record for all CHW Core Competency trainings held for a period of 5 years. Please attach a sample attendance record that includes the following:

- | | |
|---|--|
| 1. Name of training and organization | 2. Core Competencies covered |
| 3. Title of training | 4. Total contact hours |
| 5. Dates and locations of training | 6. Instructors Names |
| 7. Type of training information (full, partial CEU) | 8. List of participants with contact information |

G. Training Approach, Development, and Delivery

1. Please describe the overall approach to CHW training that guides and informs your training program(s).

2. Please describe any features of the describe training(s) that accommodate the learning needs of New Mexico's diverse CHW community and provide an opportunity for CHWs with limited writing or test-taking skills to excel.

3. Please indicate the aspects of your training program(s) in which CHWs are involved (check all that apply).

Curriculum Planning

Curriculum Delivery (co-trainers)

Mentoring

Curriculum Development

Training Evaluation

Other _____

3a. Please provide a brief description of the involvement of CHWs in your training program(s) for each of the boxes checked in the previous question, #3.

H. Training Evaluation:

1. Please describe any evaluation used for your training(s) (example: participant feedback, practical exam, knowledge test, etc.)

2. What do participants receive upon completion of the described training(s)? Check all that apply.

CEUs - list hours _____

College Credit - list number of credits _____

Certificate of Completion

Other _____

I. Organization Experience

1. Approximately how many trainings has your organization provided to CHWs or other health care professionals in the past two years?

2. Complete the information below for the last 3 trainings your organizations has provided to CHWs or other health care professionals.

Training Number 1

Dates of Training (MO/DY/YEAR- MO/DY/YEAR)	Location of Training (City)	Number of Hours
Title of Training:		Target Audience:
Core Competencies Addressed:		
The CHW Profession	Service Coordination Skills	Community Health Outreach Skills
Effective communication Skills	Capacity Building Skills	Community Knowledge & Assessment
Interpersonal Skills	Advocacy Skills	Clinical Support Skills
Health Coaching Skills	Technical Teaching Skills	

Training Number 2

Dates of Training (MO/DY/YEAR- MO/DY/YEAR)	Location of Training (City)	Number of Hours
Title of Training:		Target Audience:
Core Competencies Addressed:		
The CHW Profession	Service Coordination Skills	Community Health Outreach Skills
Effective communication Skills	Capacity Building Skills	Community Knowledge & Assessment
Interpersonal Skills	Advocacy Skills	Clinical Support Skills
Health Coaching Skills	Technical Teaching Skills	

Training Number 3

Dates of Training (MO/DY/YEAR- MO/DY/YEAR)	Location of Training (City)	Number of Hours
Title of Training:		Target Audience:
Core Competencies Addressed:		
The CHW Profession	Service Coordination Skills	Community Health Outreach Skills
Effective communication Skills	Capacity Building Skills	Community Knowledge &
Interpersonal Skills	Advocacy Skills	Clinical Support Skills
Health Coaching Skills	Technical Teaching Skills	

PART 2: Training Content

Section 1: Scope of Practice Tasks

The following tasks are important to one or more of 6 CHW Roles that make up New Mexico's CHWs Scope of work/practice. Please mark which of the following tasks CHWs will be prepared to do upon completion of your training (check all that apply).

- | | |
|---|--|
| Find and recruit individuals & families | Conduct home visits and environmental assessments |
| Utilize community health outreach methods and strategies | Promote self-sufficiency |
| Conduct home visits | Teach families how to self-advocate |
| Promote health literacy | Translate and interpret |
| Perform advocacy activities | Teach health promotion and prevention |
| Conduct community organizing activities | Coach on problem solving , self-care, & self management |
| Practice cultural sensitivity & cultural competence | Support & model behavior change |
| Provide culturally and linguistically –appropriate services | Apply adult learning principles |
| Translate & interpret | Utilize harm reduction principles |
| Connect with clients and families | Lead educational & support groups |
| Identify individual strengths and needs | Identify community strengths and needs |
| Address basic needs (food, shelter, safety) | Utilize community-based research tools & methods |
| Promote understanding of health information | Communicate & represent needs of community to partners & organizations |
| Promote understanding of educational health materials | Develop & implement community action plans |
| Set goals and provide action planning | Conduct interviews |
| Navigate health & social service systems | Enter data and conduct web searches |
| Facilitate enrollment in health programs & Services | Conduct community organizing |
| Coach on problem solving | Conduct health screenings |
| Provide moral support | Measure and respond to vital signs |
| Coordinate referrals, care, & follow-up | Arrange/provide transportation/ambulance |
| Provide feedback to medical providers | Conduct home visits |
| Promote follow-up/ maintenance of treatment | Link to available health services & low/no cost support programs |
| Record and document information | |



**Application for State Endorsement of
Community Health Worker
Core Competency Training Programs**
Continued

Section 2: Training Content

Please review the next eleven Core Competency charts and answer the following questions below for EACH core competency for which your organization is applying.

1. Also attach a training agenda for EACH Core Competency addressing the concerns of the learning objective and learning methods.

2. Please indicate the type of instructional materials utilized for the training:
 - a. Published/certified curricula from another training program (cite & attach)
 - b. Published text book(s) (cite)
 - c. Internally developed materials (attach)



OFFICE OF COMMUNITY HEALTH WORKERS
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Comm.HealthWorker@state.nm.us
www.nmhealth.org



Core Competency 1: The CHW Profession

Competency Domains	NM Content Standards	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods
1.1 Scope of practice & history of the profession	1.1.1 Describe the history, role, & impact of CHWs/CHRs in improving individual & community health			
	1.1.2 Describe the NM CHW Scope of Practice			
1.2 CHW code of ethics, professional boundaries, and self-care	1.2.1 Define the CHW Code of Ethics and demonstrate performance of ethical behavior as a CHW			
	1.2.2 Identify & explain the boundaries of the CHW role, how to establish boundaries with clients, & the role of a CHW on multi-disciplinary teams			
	1.2.3 Describe & utilize self-awareness and self-care practices			
1.3 Public health concepts & approaches	1.3.1 Describe the determinants of health & recognize how they impact health needs & priorities			
1.4 Client-centered approach	1.4.1 Describe a client-centered approach			
1.5 Cultural humility & competence	1.5.1 Recognize and appropriately respond to the beliefs, values, culture, and languages of the Individuals/ communities being served			
1.6 Organizational & professional development skills	1.6.1 Prioritize, activities & effectively manage time			
1.7 CHW certification & professional development	1.7.1 Describe & access national & state CHW professional organizations & training resources			
	1.7.2 Explain the NM CHW voluntary certification policy & process for obtaining certification (including grandfathering)			
	1.7.3 Identify and utilize tools and resources for CHW professional development			



Core Competency 2: Effective Communication Skills

Competency Domains	NM Content Standards	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods
2.1 Observation & non-verbal communication	2.1.1 Identify & respond to non-verbal communication			
	2.1.2 Use appropriate body language & other non-verbal communication skills in communicating with individuals			
2.2 Verbal communication	2.2.1 Communicate with individuals in a non-judgmental & appropriate manner			
	2.2.2 Speak & write to individuals in their preferred language at an appropriate literacy level (obtain interpreters if unable to communicate in client's preferred language)			
	2.2.3 Describe client rights, confidentiality, & health information in clear language & assess client comprehension			
	2.2.4 Practice active & reflexive listening & attend to client concerns			
	2.2.5 Ask open ended questions to gather client information & elicit perspectives & needs			
	2.2.6 Utilize affirming statement to provide positive reinforcement			
	2.2.7 Use summary statements to review information & establish mutual understanding			
	2.2.8 Use written & visual materials that convey information clearly & respectfully			
	2.2.9 Utilize basic group communication & facilitation skills when speaking to groups			
	2.2.10 Provide professional appropriate feedback to other members of care team			
2.3 Negotiate, mediate & resolve conflict	2.3.1 Assist individuals & groups in managing & resolving conflicts			
2.4 Documentation	2.4.1 Report relevant information to others succinctly, accurately, and in appropriate format			
	2.4.2 Document information in an effective, efficient, and timely manner			



Core Competency 3: Interpersonal Skills

Competency Domains	NM Content Standards	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods
1.1 Establish trust	1.1.1 Engage clients and service providers in ways that establish trust and rapport			
	1.1.2 Create a non-judgmental atmosphere in interactions with clients and their families			
	1.1.3 Utilize a client and community-centered approach (assets-based, non-directive)			
6.2 Build Relationships	6.2.1 Establish relationships with individuals, their families, and providers			
	6.2.2 Adapt strategies to unique client characteristics and circumstances			
6.3 Demonstrate empathy & compassion	6.3.1 Demonstrate sensitivity, respect, and empathy			
	6.3.2 Embrace difference non-judgmentally & be sensitive to the experience of clients & their families			



Core Competency 4: Health Coaching Skills

Competency Domains	NM Content Standards	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods
4.1 Health promotion & disease prevention	4.1.1 Provide information about health risks & possible problems in a manner that allows clients & families to face current of potential problems with minimal fear and avoidance			
	4.1.2 Define, provide tools, & implement preventive health measures with clients & the community			
4.2 Behavior change strategies	4.2.1 Utilize various motivational approaches to gather client's health goals & priorities			
	4.2.2 Identify & strategize coaching interventions using the stages of change model			
	4.2.3 Utilize behavior change strategies to collaboratively develop, implement, and revise health goals & self-management plans with clients			
	4.2.4 Respect & actively support client's choices and preferences			
4.3 Maintenance & relapse prevention	4.3.1 Identify & integrate formal & informal resources to support client choices & preferences			
	4.3.2 Document information in an effective, efficient, and timely manner			



Core Competency 5: Service Coordination Skills

Competency Domains	NM Content Standards	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods
5.1 Case finding & recruitment	5.1.1 Identify high risk clients or clients with unmet needs			
	5.1.2 Record & maintain information on clients, referrals, & appointments			
5.2 Navigation & linking to services	5.2.1 Develop & document lists of clients, partnership networks and institutional resources, to address individual, family, & community needs & to improve service delivery			
	5.2.2 Establish & maintain relationships with staff at referral organizations			
	5.2.3 Refer clients to appropriate service providers & confirm that appointments were kept			
	5.2.4 Advocate effectively with others so that clients receive needed care in timely manner			
	5.2.5 Train clients how to follow-up on referrals and provide support as needed			
	5.2.6 Facilitate client enrollment into appropriate programs			
	5.2.7 Serve as a liaison between organizations & specific groups			
5.3 Case Management	5.3.1 Help improve access to resources by identifying barriers, documenting details, & developing strategies to remove them			
	5.3.2 Provide information & support to individuals to self-advocate			



Core Competency 6: Capacity Building Skills

Competency Domains	NM Content Standards	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods
6.1 Strengths- based approach	6.1.1 Build upon rapport with clients and their families to help them identify their own strengths and problem solving abilities			
6.2 Individual empowerment	6.2.1 Broaden clients' awareness of contextual factors that influence individual and family behavior			
	6.2.2 Continue to learn new ways of service the community and support others to do the same			
6.3 Health literacy	6.3.1 Promote & support clients, families, & communities to obtain, understand, & use health information			
6.4 Community Organizing	6.4.1 Mobilize individuals, families, & communities to identify & pursue community goals			
	6.4.2 Identify community leaders and allies			
	6.4.3 Work with others to organize appropriate & effective community events, forums, and action			
6.5 Leadership development	6.5.1 Build personal leadership skills			
	6.5.2 Support the development of leadership skills in others			



Core Competency 7: Advocacy Skills

Competency Domains	NM Content Standards	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods
7.1 Speak on behalf of individuals & organizations	7.1.1 Speak for individuals or communities to overcome barriers & withstand intimidation			
	7.1.2 Promote self-confidence of individuals to speak out for themselves & others			
	7.1.3 Train individuals & communities in advocacy techniques			
7.2 Educate health & social service system	7.2.1 Promote a cause that is relevant to the community served, and organize individuals, resources, and data to support the cause			
	7.2.2 Maintain awareness of structural & policy changes in the health & social service systems			
	7.2.3 Participate in agency and public efforts to promote awareness & respect for differing cultural groups in the community			
7.3 Work for change in practices & policies	7.3.1 Be aware of common challenges to human, civil, & legal rights			
	7.3.2 Identify health issues that can be effectively addressed with advocacy			
	7.3.3 Identify decision makers and individuals/groups of influence			
	7.3.4 Assist individuals & communities to take collective action			



Core Competency 8: Technical Teaching Skills

Competency Domains	NM Content Standards	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods
8.1 Adult learning principles	8.1.1 Utilize adult learning principles & methods to motivate, inspire, and promote learning in 1-on-1 and group settings			
	8.1.2 Use training strategies & techniques that address various learning styles			
	8.1.3 Provide reliable information appropriate to the needs of the learner			
8.2 Health education with individuals & groups	8.2.1 Plan & organize presentation, training sessions, workshops & other activities			
	8.2.2 Identify & explain training program goals & objectives			
	8.2.3 Support active & equal participation in groups			
	8.2.4 Seek & incorporate feedback from training participants			
	8.2.5 Evaluate the effectiveness of training program			
	8.2.6 Operate commonly used audiovisual equipment			
8.3 Effective Meetings	8.3.1 Planning meeting agenda & manage time appropriately			



Core Competency 9: Community Health Outreach

Competency Domains	NM Content Standards	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods
9.1 Indications for using outreach	9.1.1 Identify health issues to be addressed by outreach & desired health outcomes			
9.2 Planning & conducting health outreach including home visiting	9.2.1 Define communities to be served by outreach			
	9.2.2 Identify basic geographic & structural features that support & inhibit outreach in the community			
	9.2.3 Build relationships through community networking, community forum, and organizational allies			
	9.2.4 Build a positive reputation in communities for outreach			
	9.2.5 Identify & respond to ethical challenges in outreach			
	9.2.6 Engage in & utilize appropriate outreach methods (individuals vs. groups, home visiting, agency outreach, street outreach, activity based outreach, social marketing, etc			
	9.2.7 Adapt outreach strategies based-on population			
	9.2.8 Support the development of leadership skills in others			
9.3 Safety	9.3.1 Identify personal safety issues and plan responses to potentially dangerous situation			



Core Competency 10: Community Knowledge & Assessment

Competency Domains	NM Content Standards	# of Contact Hours	Training Program Learning Objective	Description of Learning Methods
1.1 Gather community knowledge & strengths	1.1.1 Identify document community strengths, assets, and resources			
	10.1.2 Identify community leaders, organizations, and characteristics important to improving, and maintaining client and community health			
10.2 Identify community needs and priorities	10.2.1 Stay current on issues affecting individuals & know how & where to find answers to difficult questions			
	10.2.2 Identify, assess, and document community needs using health status data, demographic information, surveys, focus groups, canvassing, etc			
	10.2.3 Acquire information on specific health trends and topics			
10.3 Share Results	10.3.1 Document findings and share results to support program planning, implementation, and evaluation			
	10.3.2 Share results with community in way that is clear and understood			

PART 3: Instructor Information

Section 1: List of Core Instructors/Trainers

Please list the following for each one of your core instructors/trainers:

Name: (First) (Last)		
Job Title:		
Telephone:	Fax:	Email Address:

Name: (First) (Last)		
Job Title:		
Telephone:	Fax:	Email Address:

Name: (First) (Last)		
Job Title:		
Telephone:	Fax:	Email Address:

Name: (First) (Last)		
Job Title:		
Telephone:	Fax:	Email Address:

Name: (First) (Last)		
Job Title:		
Telephone:	Fax:	Email Address:

Section 2: Instructor Requirements

Please have each one of your core instructors/trainers complete the following questions.

- An instructor will need to have at least three years of experience working with CHWs and have a bachelor's degree or higher from an accredited institution. Please attach letter of reference for each instructor.

Section 1: Contact Information

Name: (First)		(Last)	
Job Title:			
Telephone:	Fax:	Email Address;	
Name of Sponsoring Organization:			
Physical Address: (Street Address/PO Box)		(City)	(State) (Zip Code)
Mailing Address: (Street Address/PO Box)		(City)	(State) (Zip Code)

Section 2: Education & Work Experience

1. Have you worked as a CHW?

No **(Skip to question #3)**

Yes

2. In what settings have you worked as a CHW? Check all that apply.

Clinical

State or local government

Community

School-based

Non-profit organization

Other

College/University/learning institution

3. Have you worked with CHWs?

No **(Skip to question #5)**

Yes

4. In what settings have you worked with CHWs? Check all that apply.

Clinical

State or local government

Community

School-based

Non-profit organization

Other

College/University/learning institution

Section 2: Education & Work Experience continued

5. Have you supervised CHWs? CHWs?

No **(Skip to Section 3: Training Experiences)**
Yes

6. Approximately how many CHWs have you supervised?

1-5	11-15
6-10	More than 15

7. In what settings have you supervised CHWs? Check all that apply.

Clinical	State or local government
Community	School-based
Non-profit organization	Other
College/University/learning institution	_____

Section 3: Training Experience

1. In what capacity and/or profession have you provided trainings for CHWs? Check all that apply.

- | | | |
|---------------|------------------|---------------|
| CHW | Educator/trainer | MD/ Physician |
| Social Worker | Health Educator | Other |
| Nurse | | |

2. Have you provided CHW training as an independent contractor?

No

Yes Please specify _____

3. Please list the organizations you have represented when providing trainings (Example Project ECHO, Navajo Nation CHR Program, or Southern Area Health Education Center).

4. In what kind of formats/settings have you trained CHWs?

- | | |
|----------------------|--------------------|
| Continuing education | Training center |
| College class | Conference setting |
| Employer/On-the-Job | Community setting |
| Other _____ | |

5. How many years have you trained CHWs in New Mexico?

- | | |
|------------------|------------------------|
| Less than 1 year | 6-10 years ago |
| 1-3 years | More than 10 years ago |
| 4-5 years | |

6. When did you last provide trainings for CHWs?

- | | |
|------------------|------------------------|
| Less than 1 year | 6-10 years ago |
| 1-3 years ago | More than 10 years ago |
| 4-5 years ago | |

7. Which languages do you provide CHW training in? Check all that apply?

- | | |
|---------|-------------|
| English | Navajo |
| Spanish | Other _____ |

Section 4: CHW Core Competencies

Please indicate the areas you provide training for each of the 10 NM CHW core competencies and/or the 11th (optional) listed below. Check all that apply.

1. The CHW Profession

- | | |
|--|---|
| CHW scope of practice and history of the profession | Client centered approach |
| CHW code of ethics, professional boundaries, and self care | Cultural humility and competency |
| Public Health concepts and approaches | Organizational skills & professional skills |
| CHW certification & professional development | |

2. Effective communication skills

- | | |
|--|--|
| Observation & non-verbal communication | Negotiate, mediate, & resolve conflict |
| Verbal communication | Documentation |

3. Interpersonal Skills

- Establish trust
- Build relationships
- Demonstrate empathy & compassion

4. Health Coaching Skills

- Health promotion and disease prevention
- Behavior change strategies (motivational interviewing, goal setting, & self management support)
- Maintenance and relapse prevention (disease management)

5. Service Coordination Skills

- Case finding & recruitment
- Navigation and linking to services
- Case management and care coordination

6. Capacity Building Skills

- | | |
|-------------------------|------------------------|
| Strength-based approach | Community organizing |
| Individual empowerment | Leadership development |
| Health literacy | |

7. Advocacy Skills

- Speak on behalf of individuals and communities
- Educate health & social service systems
- Work for change in practices & policies

Section 4: CHW Core Competencies continued

Please indicate the areas you provide training for each of the 10 NM CHW core competencies and/or the 11th (optional) listed below. Check all that apply.

8. Technical Teaching Skills

Adult Learning

Effective Meetings

Health Education with individuals and groups

9. Health Outreach Skills

Indications for using outreach

Planning and conducting health outreach
including home visiting

10. Community Knowledge and Assessment

Gather community knowledge and strenghts

Identify community needs and priorities

OPTIONAL

11. Clinical Support Skills

Blood pressure: interpretation and coaching

Blood glucose: interpretation and coaching

Cholesterol: interpretation and coaching

Section 5: Specialty Knowledge and Skills

Please indicate the areas you provide training in for each of the areas below.

1. Clinical Skills

Conducting self-care screenings

First Responder/ EMT

Basic laboratory skills

CPR/ First Aid

Medical assistant (MA) or nursing assistant (CAN) skills

Obtain/maintaining medical devices
(ex. Hearing Aids, glasses, dentures)

2. Eligibility, Enrollment, & Enabling Services

PE MOSSA determiner

Employment

Pharmacy patient assistance

Housing

3. Specialty Content Areas

Chronic Disease (Diabetes, obesity, tobacco cessation, cancer, heart disease, asthma, Hep C, etc)

Sexual & Reproductive Health (HIV, STDs, pregnancy prevention, etc)

Infectious Disease (TB, Flu, immunizations, food handling, etc)

Maternal & Child Health (nutrition, developmental screenings, breastfeeding, parenting, child development, etc)

Behavioral Health (addictions, violence prevention, mental illness, crisis intervention)

Environmental Health (toxins, contaminants, or pollutants of water, soil, or air)

Oral, Ocular, and Aural Health (vision, hearing, dental care, etc)

Fitness and exercise

Nutrition

Emergency

Emergency preparedness

Health Outreach to special populations (seniors, homeless, youth, immigrants & refugees; LGBT, etc)

Other _____

Section 6: Training Delivery

1. What type of training methods do you use? Check all that apply

Mentoring

Group briefings/guest speakers

Books articles/references

Formal training (established objectives, learning methods to meet the objectives and an evaluation component to determine if the objectives have been met)

Publish Training Curriculum

Other _____

2. How is your training evaluated upon completion? Check all that apply.

Survey regarding quality or satisfaction

Skills test

Pre & post knowledge test

Exam

Other _____

3. Please use the space below to provide any additional comments to describe your education and work experience as it applies to CHW training.

PART 4: Designee Signature

****Note:** This application must be signed and dated by the organization's Chief Executive Officer or designee.

- Please read the statement below and sign below to indicate your understanding and acceptance.

As an Authorized Representative of _____ I certify that all of the information provided in this application is true and complete. I understand that providing false or misleading information may result in the voiding of this application or the revocation of any endorsement certificate issued.

Printed Name: _____

Title: _____

Signature: _____

Date: _____