

Building a Public Health Reserve with Community Health Workers Project

COVID-19 CHW Module

CHW (preferred Name or initials): _____ Client: _____

#adults in household: _____ #children in household: _____

Visit 1 Date: _____ # present (adults/children): ___/___ <input type="checkbox"/> Virtual <input type="checkbox"/> In-person	Visit 2 Date: _____ # present (adults/children): ___/___ <input type="checkbox"/> Virtual <input type="checkbox"/> In-person	Visit 3 Date: _____ # present (adults/children): ___/___ <input type="checkbox"/> Virtual <input type="checkbox"/> In-person
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Initial Assessment

- Purpose: to identify the family's baseline understanding of COVID-19 and protective behaviors.
- Please include all full and partial household members in your assessment.
- Complete full assessment at initial contact; then revisit assessment for changes at visits #2 and #3.

Assessment: COVID Knowledge

Example: "What do you know about COVID-19?"

Visit 1: 2: 3:

Notes from Visit 1:

Notes from Visit 2:

Notes from Visit 3:

Assessment: COVID Concerns

Example: "What are you most concerned about related to COVID-19?"

Visit 1: 2: 3:

Notes from Visit 1:

Notes from Visit 2:

Notes from Visit 3:

COVID Education

- We encourage you to include all full and partial household members in your discussion.
- At initial contact: Introduce essential topics; offer menu; cover additional topics based on client needs/interests as time allows.
- At visits #2 and #3: revisit essential topics to assess for changes, reinforce/redirect as necessary, offer menu and cover additional topics as needed.
- Space education out over all three visits based on client/household preference.

For your discussion of the essential topics that follow, we encourage you to start by asking a few questions to help determine what your client(s) already know and/or have experienced in relation to the specific topic. Please offer educational materials related to each topic as is most relevant to your client's needs and experience.

I'd like to start with some basics and then move into the other topics you select.

1. Testing

Start by discussing client's experience and knowledge around COVID-19 testing. Below are a few questions that you may want to consider as part of your discussion:

Has anyone in the household been tested?

- *How many times?*
- *Where did they go?*
- *What was the type of test?*
- *How easy was it to access?*

Offer educational materials related to testing as is most relevant given your client's experience & needs.

COVID-19 Tests		
Visit 1: <input type="checkbox"/>	2: <input type="checkbox"/>	3: <input type="checkbox"/>
Handout(s) given: <input type="checkbox"/> Types of tests		
Did you... <input type="checkbox"/> Introduce, <input type="checkbox"/> Reinforce, or <input type="checkbox"/> Redirect ...information/knowledge on this topic?		
Notes from Visit 1: 		
Notes from Visit 2: 		
Notes from Visit 3: 		

2. Isolation & Quarantine

Start by discussing client's experience and knowledge around isolation & quarantine.

Below are a few questions that you may want to consider as part of your discussion:

Has anyone in the household had to isolate or quarantine?

- *Describe what you did to isolate/quarantine.*
- *Did any symptoms develop?*

Offer educational materials related to isolation & quarantine as is most relevant given your client's experience & needs.

Isolation & Quarantine			
Visit 1: <input type="checkbox"/>	2: <input type="checkbox"/>	3: <input type="checkbox"/>	
Handout(s) given: <input type="checkbox"/> Isolation & Quarantine			
Did you... <input type="checkbox"/> Introduce, <input type="checkbox"/> Reinforce, or <input type="checkbox"/> Redirect ...information/knowledge on this topic?			
Notes from Visit 1: 			
Notes from Visit 2: 			
Notes from Visit 3: 			

3. Essential Protective Behaviors

Start by discussing client's experience and knowledge around the following protective behaviors:

1. Wearing a mask.
2. Social distancing.

Ask what protective behaviors they follow and how often (include all household members). Below are a few questions that you may want to consider as part of your discussion:

What kinds of things are you and your family doing to protect yourselves from COVID? Do you:

- *Wear a face covering outside of your home?*
- *Avoid going inside bars and restaurants?*
- *Keep at least 6 feet apart from people who are not members of your household?*
- *Avoid groups of 10 or more persons?*

Offer educational materials related to wearing a mask and social distancing as is most relevant given your client's experience & needs.

Wearing a mask			
Visit 1:	<input type="checkbox"/>	2:	<input type="checkbox"/>
		3:	<input type="checkbox"/>
Handout(s) given:			
<input type="checkbox"/> Masks			
Did you...			
<input type="checkbox"/> Introduce, <input type="checkbox"/> Reinforce, or <input type="checkbox"/> Redirect ... information/knowledge on this topic?			
Notes from Visit 1:			
Notes from Visit 2:			
Notes from Visit 3:			

Social Distancing			
Visit 1:	<input type="checkbox"/>	2:	<input type="checkbox"/>
		3:	<input type="checkbox"/>
Handout(s) given:			
<input type="checkbox"/> Social distancing			
Did you...			
<input type="checkbox"/> Introduce, <input type="checkbox"/> Reinforce, or <input type="checkbox"/> Redirect ... information/knowledge on this topic?			
Notes from Visit 1:			
Notes from Visit 2:			
Notes from Visit 3:			

4. COVID-19 Vaccine(s)

- *Have you thought about the getting the COVID-19 vaccine?*
- *What questions or concerns do you (or others in the household) have regarding the COVID-19 vaccine(s)?*

COVID-19 Vaccine(s)			
Visit 1:	<input type="checkbox"/>	2:	<input type="checkbox"/>
		3:	<input type="checkbox"/>
Notes from Visit 1:			
Notes from Visit 2:			
Notes from Visit 3:			

5. Other Protective Behaviors (Optional)

1. Using hand sanitizer/washing hands
2. Virtual school
 - *If there are any children in the home – Do any of the children attend a daycare? School in person? Virtually?*
3. Limiting going out for local activities
 - *Have you (or anyone in the household) attended any social gatherings or other local activities/events in the last 6 months?*

COVID Education – Menu

- Present the menu of education topics to family and ask what they would like more information on.
- Provide links to materials about specific topics or send as attachment to support conversation.
- Invite other household members to also participate or leave materials for family to share with others.
- Circle or mark any items clients or family members are interested in.

Which would you like to start with first?

Let's plan to go into the rest at our next visit.

OR

I will send you some more information and we can talk about it at our next visit.

<input type="checkbox"/>  Living with many family members	<input type="checkbox"/>  Pregnancy	<input type="checkbox"/>  Information or activities for parents & kids	<input type="checkbox"/>  Pets
<input type="checkbox"/>  Shopping & other regular activities	<input type="checkbox"/>  Work	<input type="checkbox"/>  People on dialysis or are high risk	<input type="checkbox"/>  Preparing for home visits
<input type="checkbox"/>  When and how to wash your hands	<input type="checkbox"/>  Preventing the spread	<input type="checkbox"/>  Masks - how to use and how to make	<input type="checkbox"/>  Symptoms
<input type="checkbox"/>  If you are waiting for test results	<input type="checkbox"/>  If you tested negative	<input type="checkbox"/>  If you tested positive or are feeling sick	<input type="checkbox"/>  If you were exposed

COVID Education - Notes from menu conversation

Notes from Visit 1:

Notes from Visit 2:

Notes from Visit 3:

Areas of Life Impacted by COVID

- Discuss recommendations to maintain family wellness and direct families to local resources using your agency list of local providers to support recommendations.
- Include detailed information on how to access the resources per agency practices.
- Follow agency protocols for emergencies.
- For initial visit:
 - o Will vary based on family's knowledge and circumstances related to COVID-19.
 - o Basic recommendations will be introduced at first visit.
- For follow-up:
 - o Follow up on all recommendations and referrals per agency practice.
 - o Reinforce the basic recommendations at visits 2&3.
 - o New issues will be addressed if requested/needed at visits 2&3.
 - o Ask if they were able to follow through on the recommendations and/or referrals.
 - o If not, ask about the barriers they encountered.
 - o Offer assistance with troubleshooting the identified barriers within capacity of CHW.

NOTE: The assessment table contains a list of topics that might come up in these conversations. For any topics that come up that you would like to take more notes on, please use the boxes on the following pages.

Assessment: Ask how the family has been impacted			
Example: <i>How are you coping during these difficult times?</i>	Visit 1	Visit 2	Visit 3
Working outside the home			
Childcare needs			
Health risks			
Job loss			
Concerns about safety			
Economic and food insecurity			
Accessing healthcare - Going for preventive routine care			
Accessing healthcare - Comfort in using urgent/emergent care			
Accessing mental health care			
Ability to care for yourself and family (including family living separately)			
Difficulty caring for pets			
[other topics]			

Topic:Visit 1: 2: 3:

Referrals:

Recommendations:

Notes from initial conversation:

Follow-up at next visit: [Document if client successfully followed through on referral]

Optional additional follow-up:

Topic:Visit 1: 2: 3:

Referrals:

Recommendations:

Notes from initial conversation:

Follow-up at next visit: [Document if client successfully followed through on referral]

Optional additional follow-up:

Topic:Visit 1: 2: 3:

Referrals:

Recommendations:

Notes from initial conversation:

Follow-up at next visit: [Document if client successfully followed through on referral]

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Topic:Visit 1: 2: 3:

Referrals:

Recommendations:

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Referrals:

Recommendations:

Notes from initial conversation:

Follow-up at next visit: [Document if client successfully followed through on referral]

Optional additional follow-up:

Topic:Visit 1: 2: 3:

Referrals:

Recommendations:

Notes from initial conversation:

Follow-up at next visit: [Document if client successfully followed through on referral]

Optional additional follow-up: