



Review of CHW training course 2024

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As we know, people with disabilities might not get the health care and preventative services needed to improve their health outcomes due to various challenges. They are more likely to have less access to health care, have more depression and anxiety, engage more often in risky health behaviors such as smoking and are less physically active. (National Center on Birth Defects and Developmental Disabilities (NCBDDD), 2019)

According to Iowa's State Health Assessment in June 2022, Iowa there are about 12% of people in Iowa reported living with a disability in 2020. People with disabilities often do not get the health care and preventive services they need to stay healthy. They also may face barriers to working, going to school, finding accessible places to live, accessing safe spaces for physical activity, or accessing transportation. These barriers can be a factor in poor mental health as well as lead to other types of health issues (e.g., lack of exercise, falls)." Approximately 380,000 Iowans live with a disability. (Healthy Iowans, Iowa's State Health Assessment , 2022)

Community health workers and other frontline workers play a key role in improving health outcomes. After completing this course from the lens of disability, we suggest adding an addendum video for CHWs to further educate valuable community health workers about engaging individuals with disabilities, family members, and support staff. Please see the following table for thoughts, ideas, and/or suggestions:

Summary of Suggestions to Add to Disability Addendum

CHW Training Observation: Course 1	Suggested Action Step
<p>Throughout course: There are visual representations of persons with disabilities in wheelchairs.</p>	<p>Include stock images of people with diverse disabilities including those with Down Syndrome, with support animals, with canes, with prosthetic devices, with communication boards or devices, etc.</p>
<p>Throughout course: Signs/icons/symbols are represented in everyday life, however, only the wheelchair icon relates specifically to people with disabilities.</p>	<p>Add a section displaying icons/symbols representative of people with disabilities to familiarize CHWs. Disability Access Symbols Office of Accessible Education (stanford.edu)</p>
<p>Module 1: CHWs build valuable relationships with other care providers such as “community members, supervisors, doctors, nurses, social workers, policy makers...”</p>	<p>Other potentially important relationships for people with disabilities are with direct support professionals, legal guardians, physical/occupational/speech therapists, psychiatrists, and managed care case workers.</p>
<p>Module 1: Talks about ADA briefly</p>	<p>Add basic information about Americans with Disabilities Act, Individuals with Disability in Education Act, and Workforce Opportunity and Innovation Act in new module.</p>
<p>Module 1: Quadruple Aim includes improving the patient experience in healthcare. This improves outcomes as well. Encouraging patients to take ownership of their health and build trusting relationships with healthcare providers are parts of this particular aim.</p>	<p>Add a section within a disability module related to patient-centered care, shared decision-making, and supported decision-making to impact the aims of improved patient experience and outcomes. Discuss the options for those with life-threatening disabilities regarding end-of-life care, DNR, DNI, and making wishes known to medical facilities and caregivers. Discuss accommodations needed in clinic visits for extra time, extra space for equipment, sensory needs, etc. Discuss legal guardianship and conservatorship and how</p>

	that affects the ability for individuals to make healthcare decisions for themselves.
The term “chronic health condition” is frequently used and examples given include cancer, asthma, and heart disease.	Add discussion about the intersection of chronic health conditions and disabilities which may require more specialized treatment and education strategies. Is a disability considered a chronic health condition? This could be discussed in an additional module.
Module 2: Discusses healthcare history with minimal history related to disabilities.	Include healthcare history impacting people with disabilities and advocacy within the US.
Module 3: Discusses public health with minimal reference to disabilities.	<p>People with disabilities may need more specialized support from public health workers and programs. CHW needs to be aware of these resources in this area.</p> <p>Suggested: https://www.cdc.gov/ncbddd/disabilityandhealth/disability-public-health.html</p>
Module 4: Discusses Medicaid for low income only and Medicare for disabled persons and older people.	Add some disabling conditions/diagnoses covered by Iowa Medicaid through Iowa’s disability waivers; length of waitlist to receive the waiver; need for more providers of waiver-funded services. CHWs need to understand the waiver system and how to help clients apply. (We may want to keep this very broad even for Iowa since waivers are being reviewed/changed.)
Module 4: When healthcare inequality is discussed, examples of low income, black, and undocumented communities are used.	Add that healthcare inequality affects disabled persons as well.
Module 4: Talks about CHW advocacy	Make the connection of advocacy to include disability advocacy.

Module 5: Socio-ecological Model examples did not include a person with a disability.	Add example of a person with a physical or intellectual disability for demonstration for the SEM model's use.
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CHW Training Observation: Course 2	Suggested Action Step
Module 6: Disability was addressed in this section, but not defined.	It would be helpful to explain the difference between a "chronic health condition" as mentioned in Course 1 and a disability. Including both physical and mental health disabilities would be beneficial.
Module 7: The importance of informed consent was explained in this module so that clients understand the risks and benefits of an intervention.	CHWs need to understand that the risks and benefits of an intervention may be different for people with disabilities compared to the general population so they can advise clients properly.
Module 7: Clients may have many different types of support.	Multidisciplinary teams may include direct support professionals and legal guardians for clients with disabilities.
Module 7: Includes the consideration of "factors that influence behavior."	CHWs need to be educated on some of the factors that influence behavior for people with disabilities including needing more processing time, triggering of PTSD, and anxiety.
Module 7: Instruction in this section suggests taking notice of clients' body language and facial expressions.	CHWs may need guidance from the client's support persons on interpreting the client's body language or facial expressions if the client has communication challenges, fine or large motor mobility issues, tics, facial differences, or processing difficulties.
Module 8: Instruction included information on the initial client interview.	Include process of determining whether or not a client needs a support person or legal guardian at initial interview.
Module 8: The importance of creating a welcoming and comfortable space for interviews was described.	CHWs should understand the accommodations people with disabilities may need. Examples: accessible doors, sensory concerns like lighting or noise.

Module 8: Obtaining informed consent was addressed, including for a minor child which requires a legal guardian's consent.	Include that adults with disabilities may have legal guardians as well, who may or may not be a family member.
Module 8	Include information on interviewing a client with a communication device, or who is deaf or blind.

CHW Training Observation: Course 3	Suggested Action Step:
Module 9: Client-centered counseling for behavior change was addressed.	Caregivers may unintentionally reinforce behaviors that the client and CHW seek to change, so the CHW may need to counsel direct care providers and other support persons.
Module 10: Health conditions mentioned include diabetes, pregnancy, etc., but not disabilities.	Make sure to include disabilities in health conditions and include a variety of diagnoses for inclusion and awareness.
Module 10: Example of populations who may have low health literacy are mentioned.	Include people with moderate to severe intellectual disabilities in this population as well.
Module 11: Section 2 talked about "fall risks."	Other safety issues for people with disabilities could be addressed such as "No Smoking" signs in homes where oxygen is in use or assessing the ability/space for physical transfers of people with mobility issues in and out of chairs, beds, bathtubs or showers.
Module 11: Preparation for home visits was discussed.	Before a home visit with a client who has challenging behavior or who is non-verbal (or who has a family member with these diagnoses), ask about how to interact with the person and what the person likes or dislikes. Ask if there are any triggers for

	challenging behavior and what is the best way for CHWs to support de-escalation.
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CHW Training Observation: Course 4	Suggested Action Step:
<p>Module 12: Supporting clients with stress reduction plans and strategies was addressed.</p>	<p>Add discussion of how stress behavior may look different for people with disabilities. Mental and physical resources may be depleted more quickly. Consider how to manage stress by managing sensory inputs. Nonverbal people with disabilities will need individualized support in understanding how to communicate stress to others.</p>
<p>Module 12: Supporting clients with stress reduction plans and strategies was addressed.</p>	<p>Add there may be alternative ways to relieve stress for people with disabilities. For example, sometimes increased sensory input is calming (pressure to top of heading, pushing hands together)</p>
<p>Module 12: Supporting clients with stress reduction plans and strategies was addressed.</p>	<p>PTSD responses may appear as noncompliance or not communicating in people with disabilities. A CHW may need to adjust their physical proximity, wait time, and volume and speed of conversation prior to approaching.</p>
<p>Module 14: Email is discussed as a professional form of communication and tips are given.</p>	<p>Consider that written communication via email may be more challenging for those for whom English is their second language or who have a disability. Also, consider that the client’s receptive language (understanding of language) may be stronger than their ability to respond.</p>

CHW Training Observation: Course 5	Suggested Action Step:
Module 15: Chronic health conditions are defined as “illnesses that last a year or more and need ongoing medical attention, limit activities of daily living.”	Disabilities would not fit this definition of chronic health conditions as they are not illnesses, but they do last years, need ongoing medical attention, and limit activities of daily living. An additional module on disabilities could address this.
Module 15: Section 2 addresses the intersection of chronic health conditions and mental health.	The intersection of chronic health conditions and disabilities could be addressed here, as well as adding the presence of mental health issues to this intersection. Our notes include some data on disabilities and mental health.
Module 16: A CHW helped a person with a walker to find ways to exercise.	Discuss how a CHW may need to coordinate with physical and occupational to address physical activity for people with disabilities.
Module 17: It was discussed the Native Americans are more likely to experience trauma.	Include statistics on high rates of sexual abuse of people with disabilities. Sexual Violence and Intimate Partner Violence Among People with Disabilities Sexual Violence Prevention CDC
Module 18: Health equities included races.	Equity did not address disabilities.

Future Self-advocates as CHWs: Suggestions for Accessibility and Success

In considering the potential needs of self-advocates taking this course and successfully completing the course with minimal support, we offer the following table of suggestions.

CHW Training Observation:	Suggested Action Step:
Throughout course: It is unclear as to whether reading the textbook is supplementary or required.	Clearly state how the textbook should be used. Clearly state whether the online course can be completed without the textbook.
Most modules: No indication of approximate time needed to complete module. In the optional progress checklist,	Include approximate time needed at beginning of each module.

approximate length is given for Course 5 only.	
Several modules: Do not have playback speed options.	Include the option to adjust the playback speed as an accommodation for trainees with disabilities or with language barriers
Module 3: Upstream video had no sound or narration/captions, only music and video.	Include captions and alt-text type of description option for taking this course for those with visual impairments.
Quizzes: Several of the quiz questions are so specific that it may be difficult for someone who does not have excellent recall/memorization skills.	Give examples of quiz questions at beginning of training course to show whether mastery of concepts or recall of specific details will be required. Should the quiz be considered “open book” with access to the textbook?
Quizzes: If a question is accidentally left blank, it is counted as incorrect.	Require an answer to proceed to the next question to focus on testing for knowledge rather than navigation skills.
Quizzes: Correct answers were not given after the quiz was completed, so trainees had to search for answers to reinforce their learning.	The online training course was not searchable for terms or concepts to review, e.g. “empty chair.” Only in the Kindle version could a term be searched for to reinforce learning.
Virtual Live Sessions: Homework required several steps to fully submit assignment, creating confusion as to whether it was submitted.	Indicate with clear instructions and visual aids how many steps are needed to submit an assignment completely.
Virtual Live Session Assignment 1: This is an extensive writing assignment with a lot of moving parts.	Create a graphic organizer to fill in required research feedback.

Works Cited

Healthy Iowas, Iowa's State Health Assessment . (2022, June). Retrieved from Iowa.gov: <https://publications.iowa.gov/41180/1/SHA2021.pdf>

National Center on Birth Defects and Developmental Disabilities (NCBDDD). (2019, August 2019). Retrieved from Center for Disease Control and Prevention:
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