

Unit 1: Code of Ethics for Community Health Workers

Slide 2 Unit 1 Code of Ethics Objectives

Following successful completion of this unit, learners will be able to

Objective 1: describe vocational ethics and ethical practice of CHERP-trained Community Health Worker.

Objective 2: explain the Code of Ethics for Community Health Workers



As a community health worker or CHERP, you play a dual role in your community. You are a friend, relative, family member, co-worker, Boy Scout leader, soccer coach, etc. You may also be a member of a professional health care team. In this dual role, it is important for you to keep your personal relationships separate from CHERP relationships.

This does not mean you cannot help friends, relatives, and close relationships improve their health. CHERPs work mostly effectively with people with whom they are close. It just means keep personal business personal and keep CHERP business professional.





Being ethical as a CHERP is critical to your success. Let's look at the list of important Do's and Don'ts to keep in mind for ethical practice.

Slide 5 CHERP DO's:

The Code of Ethics for Community Health Workers help to guide to good decisions when faced with difficult situations you may encounter. The following are recommendations of what CHERPs should consider for ethical practice

CHERPs should:

1. Be honest, reliable, and respectful when working with community members, health care professionals, and the community.
2. Honor community member, state, and federal laws of confidentiality.
3. Use health information and health education materials from reliable, credible, and valid medical resources and practices.
4. Help the community member to navigate the health care system according to his or her needs (culturally sensitive, community member-centered, individualized).
5. Assist community members with interventions such as behavior modifications and healthy lifestyle choices that come from appropriate medical knowledge and practice resources
6. Know when to appropriately refer a community member to a health care professional.
7. Report actual or potential harm of a community member to appropriate authorities.
8. Maintain cultural competency and respect for cultural diversity.
9. Seek appropriate and credible continuing education and training opportunities.
10. Maintain professional boundaries between the CHERP and the community member.



Just as important to ethical practice and the “Do’s” list, the next list is a guideline on things that CHERPs should **NEVER** do.

Slide 7 CHERP “Don’ts”:

Below is the list of things that CHERPS should not do.

CHERPs do not:

1. Diagnose, prescribe, or medically treat illness or disease for a community member. CHERPs are not physicians.
2. Share private information about a community member’s medical history and care without prior appropriate permission from the community member.
3. Extend themselves beyond their knowledge and skills.
4. Promise a community member something they cannot deliver.
5. Discriminate against a community member or health care professional.
6. Misrepresent their training or education level or their ability to provide services.
7. Put a community member in danger or in an unsafe environment.
8. Cross professional or personal boundaries with a community member or health care professional.
9. Promote a specific product or service for personal gain.
10. Accept payment or gifts, unless they are part of a legal contractual arrangement.



As you can see, the list of Do's and Don'ts are practical, common sense guidelines put in place to help you make decisions in typical situations you may face.

Let's say a neighbor, who knows you are a CHERP, comes to you for some advice. She tells you she has an enlarged thyroid and will be getting some testing done to see if the thyroid is cancerous. She asks you to help her formulate and write down some questions she can ask her doctor when she sees him next week.

This neighbor is a member of your church congregation. Is it appropriate for you to tell the Pastor about your neighbor's health problem? Is it appropriate for you to tell members of the congregation to pray for your neighbor? The answer to both of these questions is **NO!**

- **You should never reveal information about any of your clients' health without written or documented consent.**

Now read the cases that follow to see how other issues of ethics come into play for CHERPs.



Case Scenario 1: Confidentiality



Susan is a thirty-five year old mother of two children, a 3-year old boy and a 2-month old baby girl. Susan has been feeling a little overwhelmed by life.

Several weeks ago, Susan started working with a community health worker (Ginnie) for help with healthy family meal planning. Susan has also been seeing a counselor (Nora).



Hello, I
am
Nora.



Hello, I
am
Ginnie.



Susan gave her community health worker (CHERP), permission to discuss her situation with her counselor, Nora. Nora revealed to Ginnie that Susan is suffering from postpartum depression. Nora believes that Ginnie's help with healthy meal planning may also alleviate some of Susan's emotional distress.

Ginnie and Nora came to a clear understanding that the CHERP's role was to:

- provide nutritional education and guidance in family meal planning
- not to provide any type of clinical counseling or therapy. This will be Nora's responsibility as the professional counselor.

Today, Ginnie goes to the grocery store and runs into Susan.



Oh. Susan, what a
pleasant surprise.



Hey , while you're here, I want you to know that I spoke with your counselor. We had a good chat and she told me about your depression. We can talk more about it next Friday in private when we meet and talk about your family nutrition plan.

Oh, ...yeah...I guess?



Don't feel embarrassed, Susan. There are many women who have problems similar to yours. Oh, what a coincidence! See that woman down the aisle? I worked with her last year. She was depressed after her baby was born, too. She is fine now. Let me introduce the two of you. You might be able to help each other.



Slide 17 Confidentiality Knowledge self-check

Susan seemed to be uncomfortable talking with Ginnie about her health and emotional problems in the grocery store. What did Ginnie do wrong? Which answer would you choose?

- A. Ginnie should have respected the right to privacy of Susan but she did everything else ok.
- B. Ginnie violated the privacy of both Susan and the other patient in the store.
- C. Ginnie did everything right.
- D. Ginnie violated Susan's privacy but not the privacy of the lady in black because she didn't hear what Ginnie said anyway.

If you selected option "B", you are correct.



In the above case, the CHERP seems to want to be helpful to her community member, Susan, and has good intentions. The CHERP had a conversation with Susan's counselor to get more information about her condition. However, the CHERP violated the **Confidentiality** Code of Ethics, by discussing Susan's personal information carelessly in a public place where others may overhear.



Uncertainty and uncomfortable feelings are shown in Susan's reply of "I guess" to the CHERP's comment about next Friday's appointment. The CHERP also violated **Wellness and Safety** of the community member by not considering the environment in which the discussion took place.



The CHERP also discussed another community member's private health information when she disclosed the community member's postpartum depression to Susan. This is another violation of **Confidentiality**. Even though the CHERP thought knowing another person with a similar health history could help Susan, the CHERP violated the confidentiality of both parties. In addition, the CHERP placed Susan in an awkward position by asking her to meet and share her condition with another woman. The CHERP never asked Susan if she wanted to discuss her situation with another person.



In our example scenario, the CHERP did not show respect for the privacy of Susan or the other community member. By not maintaining confidentiality of personal health information, the CHERP more than likely also violated the CHWs Code of Ethics for **Maintaining the Trust of the Community**. Recall the code states “*CHWs are often members of their communities and their effectiveness in providing services derives from the trust placed in them by members of these communities. CHWs do not act in ways that could jeopardize the trust placed in them by the communities they serve.*”

The CHERP could have maintained **confidentiality** by not discussing Susan's or the other community member's personal health information in a public area (the grocery store). The CHERP should have waited until the next appointment (on Friday), in a safe and private environment, to further discuss some options for Susan's support, such as a support group for healthy nutrition and meal planning with collaboration from her health care professional. If the CHERP truly thought that Susan or the other community member could benefit by knowing each other, the CHERP should have received permission from both women to discuss personal information before any introduction was made.



Case Scenario 2: Overstepping Boundaries



Let's try another scenario. We will call this one "Overstepping Boundaries" or going beyond one's qualifications.



Jared is a 52-year-old businessman who has been physically inactive since high school. He is overweight and started seeing a CHERP for advice on how to modify his lifestyle to lose weight and become healthier. Jared appears to be healthy, meaning there is no medical history for disease or disease symptoms. This second visit is where the CHERP and Jared plan to discuss a lifestyle modification program to help Jared accomplish his weight loss goals.




I really want to change some of my behaviors, because lately I have felt very fatigued, even when I've had a good night's sleep. I get migraines once in a while and my vision gets blurry too. I guess it's just stress at work.

Sorry to hear you have low energy. I think we can fix your problem. Anything else I should know before we get started?






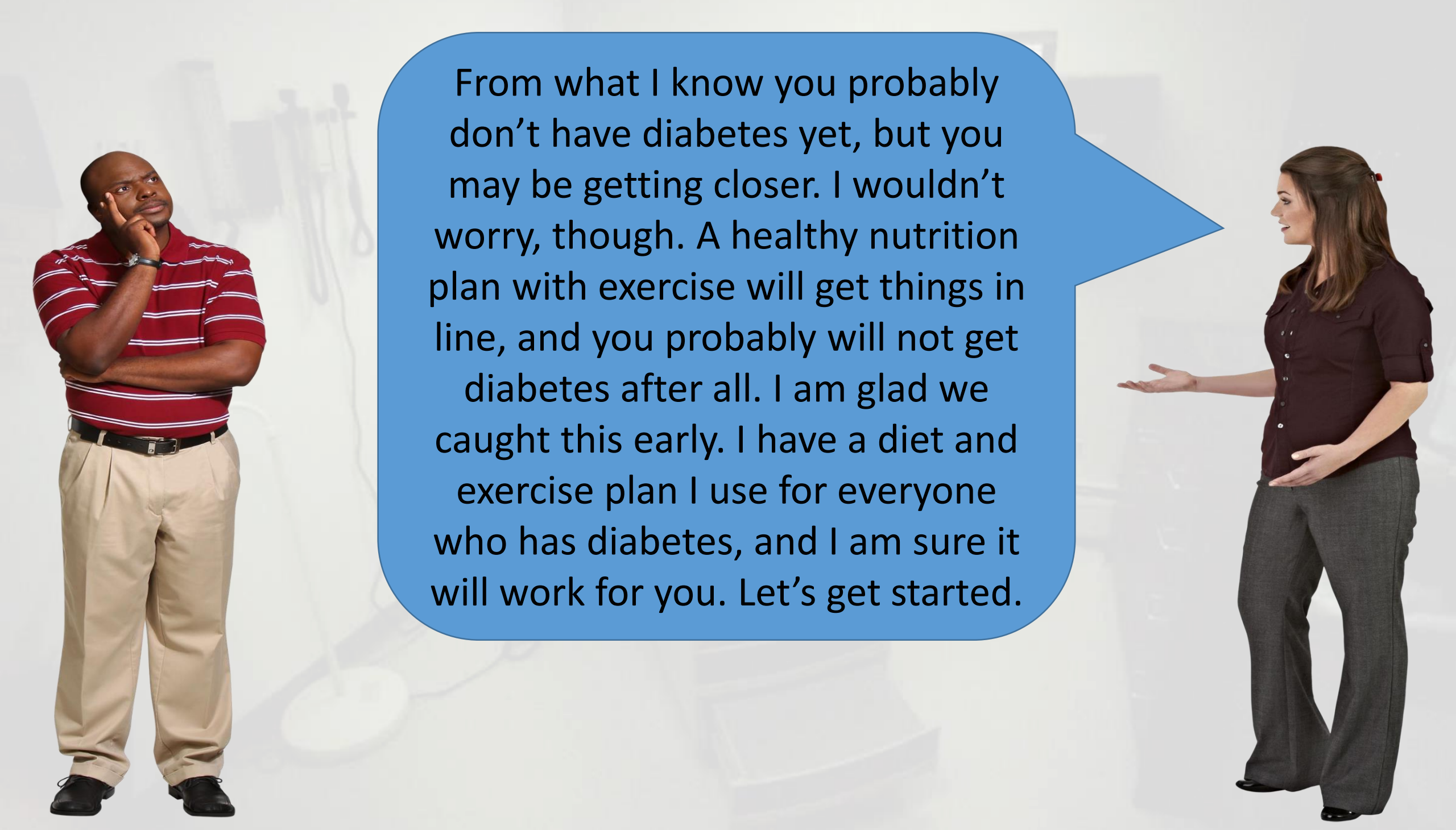
No, not really. I think my symptoms have gotten worse, and that is why I came to seek some help from you. I do want to eat healthier, but I don't know if I can diet. When I get hungry I get headaches and start to feel weak.

A man and a woman are standing in a medical setting, possibly a hospital room. The man, on the left, is wearing a red and white striped polo shirt and khaki pants. He is looking at the woman with a thoughtful expression, his hand on his chin. The woman, on the right, is wearing a dark blue button-down shirt and grey pants. She is gesturing with her right hand as if speaking. A blue speech bubble is positioned between them, containing text. The background is a light grey wall with a window and some medical equipment visible in the distance.

Jared, I think I know
your problem. I think
you are a borderline
diabetic. Do you know
about diabetes?



I know very little about diabetes. I never had any problems in the past, and the doctor did not say anything about it at my last check-up 9 months ago.



From what I know you probably don't have diabetes yet, but you may be getting closer. I wouldn't worry, though. A healthy nutrition plan with exercise will get things in line, and you probably will not get diabetes after all. I am glad we caught this early. I have a diet and exercise plan I use for everyone who has diabetes, and I am sure it will work for you. Let's get started.




Can you identify what the CHERP did that was unethical?



The CHERP promised something she could not deliver. This could be considered unethical in **Maintaining the Trust of the Community**. Jared may not trust the CHERP in the future if she cannot produce what she promised. CHERPs do not “fix” problems, they assist others to fix or improve problems by guiding them in decision-making, education, and action.

CHERPs **do not diagnose**. The CHERP in scenario 2 violated the **Scope of Ability and Training** by saying Jared was borderline diabetic. Jared may not be borderline diabetic and may have a more severe health issue. Without the proper evaluation by a health care professional, the CHERP is merely guessing a diagnosis of diabetes. It could be Jared is hypoglycemic (low blood sugar) and is not borderline diabetic. Even though Jared had a check up 9 months ago and nothing significant was noted by his physician, he may not have told the physician the same symptoms he reported to the CHERP.

- The CHERP should have advised Jared to make an appointment with his health care provider, following the ethical code of **Referral to Appropriate Services**, to discuss his symptoms of fatigue, vision, sleep-patterns and stress before starting a lifestyle modification to lose weight.
- This course of action would follow the ethical code, **Quality of Care**, by encouraging Jared to have his overall health evaluated by a health care professional before starting a lifestyle change after being inactive for so many years.
- The CHERP also made statements about Jared's health that may or may not be true, such as "you probably will not get diabetes after all." This lacks quality of care by assumption from the CHERP. The CHERP did not provide health education or health information based on medical knowledge or practice.
- The CHERP cannot predict the health outcome of a community member.

You have come to the end of this lesson. To advance to the next activity please click on the **Green Arrow** ► below at the bottom right of the screen or use the button to navigate within the course. Click on  at the top right to take you back to the course outline.