This chapter comprises three activities and one assessment for enhancing knowledge and skills related to the topic of home visiting. Home visits are opportunities for CHWs to bring key health resources to the client, such as medications, and to provide on-going services, such as client-centered health education, care management, or chronic conditions management.

This chapter corresponds to, and is meant to be used with, Chapter 11, “Home Visiting,” of Foundations for Community Health Workers, Second Edition.
CHAPTER AT A GLANCE

Home Visiting

CHWs may conduct home visits in many different types of settings and for a wide variety of reasons. For example, CHWs may provide home visits to clients who have missed appointments or are “lost to follow-up” to check on their health and to see if they wish to re-engage in services. CHWs also visit clients who are too sick or disabled to easily visit an agency or clinic, including clients who are recuperating post-surgery or who are receiving treatments for cancer or other health conditions.

Home visits also provide CHWs with opportunities to observe and learn about the social conditions that influence people’s health and well-being. By visiting clients where they live, CHWs can learn about clients’ key relationships, the quality and security of their housing, their possible exposure to environmental health risks, their food security, and their access to other key health resources. By understanding the social conditions that affect clients, CHWs and their colleagues are better able to support clients to access new resources and make desired changes to promote their overall health.

Training CHWs to conduct home visits typically unfolds over several months at City College of San Francisco (CCSF). We provide learners with multiple opportunities to practice key concepts and skills by using case studies, role plays, and other learning activities. The content in this chapter is designed to be covered in three to five classes or training sessions, depending on your training schedule. Ideally, these classroom training activities will be complemented by opportunities for newly employed CHWs (or learners completing an internship placement) to shadow or accompany senior CHWs as they conduct home visits in the field (with the permission of clients).

Chapter 11 draws upon concepts and skills addressed in several Foundations for Community Health Workers, Second Edition chapters including Chapter 6, “Practicing Cultural Humility,” Chapter 8, “Conducting Initial Client Interviews,” Chapter 9, “Client-Centered Counseling for Behavior Change,” and Chapter 10, “Care Management.” We recommend training CHWs about home visiting after you have provided training in these other core competency areas.

This guide is meant to be used when teaching/training Chapter 11 of Foundations. We have included step-by-step activities for key sections, not the entire chapter. We recommend reading Chapter 11, because the textbook provides more material about home visiting, as well as a deeper explanation of concepts related to activities in this guide.
## CHAPTER AT A GLANCE (continued)
### Home Visiting

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<td>This activity provides learners with an opportunity to discuss the settings, goals, and challenges of home visits from the perspectives of clients and CHWs. Large group discussion and small group activity</td>
<td>★ Identify settings and goals for home visits, as well as key concerns for clients and CHWs. ★ Discuss key resources to bring when conducting a home visit. ★ Identify challenges for both CHWs and clients that arise during home visits.</td>
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| This activity provides learners with an opportunity to role play how to begin a home visit with a new client. *Includes:*  
| Learner Handout 11.2 A: Home Visiting Role Play Scenarios  
| Learner Handout 11.2 B: Extended Case Study Scenarios | ★ Identify effective strategies and approaches for initiating a new home visit. ★ Demonstrate how to begin a home visit with a new client. |
| **ACTIVITY 11.3: CASE STUDY (60–70 MINUTES)** |  |
| This activity is designed for learners to apply knowledge about home visiting to a case study. Case study review and small group activity *Includes:*  
| Learner Handout 11.3 A: Case Study, Roger | ★ Discuss how to apply key concepts and skills for conducting a home visit. |
| **TRAINING WITH VIDEOS FROM CHAPTER 11 OF FOUNDATIONS** |  |
| Chapter 11 of the textbook includes an interview with a working CHW about conducting home visits. |

## ASSESSMENT

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ACTIVITIES

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Introduction to Home Visiting: Home Visiting Settings, Goals, and Concerns

This activity provides learners with an opportunity to discuss the settings, goals, and challenges of home visits from the perspectives of clients and CHWs.

1 Introduction

Tell learners that this activity is an opportunity to talk about home visiting and to analyze the settings in which home visits take place, the primary reasons or goals for home visits, and key concerns for both clients and CHWs. Learners will work together to develop a list of key resources to bring along when they conduct a home visit.

2 Independent Writing and Discussion in Teams of Two

Ask learners to take out piece of paper and a pen (hand out paper, as necessary) and provide them with just a few minutes to write about a time when they had a new or unexpected visitor in their home.

- How did they feel?
- What did they do?

When they are done writing, ask learners to meet in teams of two and to share what they’ve written. Write the following questions on a white board or flip-chart paper, and ask learners to discuss them:

- What do you think it would be like for you if a CHW showed up to conduct a home visit in your home tomorrow?
- What concerns might you have?
- What hopes would you have for how the CHW would conduct the home visit?
Introduction to Home Visiting: Home Visiting Settings, Goals, and Concerns (continued)

3 Large Group Debrief
Debrief the independent writing and small group activity by posing questions such as these:

⦁ When you consider that a CHW may visit you to conduct a home visit, what thoughts or concerns come to mind?
⦁ What are your hopes for how another CHW would conduct a visit to your home?
⦁ In what ways are home visits different from appointments in which the client meets with you in an office or clinical setting?

As necessary, remind learners that home visits are very different from meeting with clients in office settings. During a home visit, CHWs are in the client’s space. This requires the utmost respect for the client as well as their environment, living conditions, and relationships. These are opportunities for you to demonstrate respect and cultural humility.

4 Talking Wall
Post pieces of flip-chart paper (or other large pieces of paper) around the room. Each piece of paper should be labeled with one of the following topics:

⦁ Settings in which home visits take place
⦁ Primary reasons to conduct home visits
⦁ CHW concerns about home visits
⦁ Client concerns about home visits

Distribute markers to learners and provide them with approximately 10 minutes to record their own answers to the posted topics and to read to themselves and respond in writing to the ideas posted by their peers.

5 Large Group Debrief
Take a few minutes to review and discuss the information posted by learners on the Talking Wall. Facilitate discussion by posing questions such as these:

⦁ What common themes did you notice from the Talking Wall?
⦁ What information or ideas surprised you?
⦁ What questions do you have about the ideas shared by your colleagues?

Take additional time, as necessary, to discuss the CHW and client concerns related to home visiting, including options for how to deal with these concerns. Make room for learners to talk further about any negative experiences they or their families have had related to professionals who have visited their own homes (such as representatives from Social Services, Child or Adult Protective Services, etc.).
Introduction to Home Visiting: Home Visiting Settings, Goals, and Concerns (continued)

If learners do not share the following information, the trainer may wish to highlight these concepts from Foundations:

Settings in which home visits take place:

- Home visits may be conducted in any place where clients live or stay; such locations may include apartments or houses, single-room occupancy (SRO) hotel rooms, shelters, transitional housing programs, jails, residential recovery or treatment programs, hospitals or nursing homes or any place where homeless clients may live (on the streets, in parks, beneath overpasses).

Primary reasons to conduct home visits:

- Common concerns and challenges for CHWs are addressed in Chapter 11.

CHW concerns about home visits:

- Common concerns and challenges for CHWs are addressed in Chapter 11.

Clients may have a wide range of concerns related to home visiting, such as these:

- They may have concerns about maintaining the privacy or confidentiality of certain information. For example, clients may be worried that neighbors or family and friends who live with them or who are present during the home visit will learn information about their health or status (such as living with cancer or HIV disease) or identity, including issues such as drug use, sexual orientation, or immigration status.
- They may be worried that CHWs will judge their living situation, including their relationship with others or the quality or cleanliness of their home environment.
- Clients may not have anywhere for a visitor to sit or the ability to offer anything (such as water or tea) to a guest.
- Clients may be concerned that you will uncover more information about their health, such as the severity of their symptoms, challenges with medications management, exposure to smoke or other triggers, or their lack of electricity, water, or food.
- Clients may be worried that you will uncover their participation in illegal or underground activities such as drug use.
- Some patients who are very ill or toward the end of life may be worried that you will move them from their homes and into an institutional setting.
- Clients may be concerned that you will report any activities in their house or surroundings such as child abuse, neglect, or domestic violence.

6 Small Group Activity: Packing Your Home Visiting Bag

Assign learners to small groups of four or more. Explain that their task will be to identify ten items to pack and bring with them for a home visit. Explain that these items need to
**Introduction to Home Visiting: Home Visiting Settings, Goals, and Concerns (continued)**

fit inside a portable backpack. Provide each group with an envelope, ten small pieces of paper and just 5 minutes to brainstorm and write down a list of ten key resources to bring on a home visit.

Circulate among the groups to answer any outstanding questions and to offer any necessary guidance. Call time, and ask each group to place the ten pieces of paper within the envelope.

1. **Large Group Discussion**

Ask each small group to trade envelopes with another team. Ask teams to take turns reaching into the envelopes that they receive and selecting an item; then, one at a time, have them read it aloud to the large group. As each group reads from the outreach lists, ask them to only read aloud any new items that have not yet been identified.

As groups read off suggested items to bring when conducting home visits, write them down on a white board or piece of paper. Permit time for learners to clarify information about any item that they don’t understand. As necessary, ask the large group to describe how a particular item would be used during a home visit.

Check to see that the resources presented in *Foundations* are covered. In addition to the essentials, such as agency literature, client action plans, releases and other forms to leave with clients or for them to sign, or medications that the CHW has been authorized to bring to the client, highlight any suggestions for ancillary materials that may help to build or maintain rapport with a client. These items may include, for example, a folding stool to sit on, nutritional food items that can be easily prepared by the client, or items like toothpaste, shampoo, or socks.

Refer to Chapter 11 for a suggested list of resources to bring when conducting home visits.

Finally, ask learners to brainstorm a list of attitudes to bring with them when conducting a home visit. These may include, for example, an open mind and a non-judgmental attitude, cultural humility, curiosity, interpersonal warmth, patience, and a strengths-based perspective.

2. **Reinforcement**

Take a few moments to reinforce key concepts for home visits shared by learners, from *Foundations* and other sources, and from your own experience.
Home Visiting Role Play

This activity provides learners with an opportunity to practice how to begin a home visit with a new client. We recommend facilitating this activity after Activity 11.1 and before Activity 11.3.

1 Introduction

Frame this activity as an opportunity to talk about how to initiate a home visit with a new client. Learners will share their ideas for how to begin a home visit and practice their approach in role plays.

2 Large Group Discussion

Ask learners to consider the moment when they have arrived at a client’s home and are about to start the home visit:

- What do you want to say and do to begin the home visit?
- What do you not want to do or say?

Write two columns on the board or on flip-chart paper. Label one column “Do” and the other “Don’t.” As learners share their ideas, record them in one of the two columns.

As necessary, add to the lists by sharing ideas from Foundations, other sources, and your own professional experience. Key messages to share may include the following:

To Do:

- Notify the client in advance, if possible, to schedule a home visit for a specific date and time.
- Review the client’s record or files, as appropriate and available, to familiarize yourself with the client’s health status, resources, challenges, and goals.
- Prepare and pack all of the essential resources to bring with you (documents and forms, action plan, prescriptions and refills of medications, etc.).
Home Visiting Role Play (continued)

- Announce yourself clearly.
- Introduce yourself warmly and explain the purpose of the visit.
- Respect the client’s right to privacy, and don’t state or share confidential information with others.
- Respect the client’s home environment. Practice cultural humility and stay curious to learn about the client’s living circumstances. Carefully observe the resources that the client has, as well as those they may need further support with (strength-based perspective).
- Determine what the client wants and what is most appropriate and possible in terms of talking about their health condition if others are present. You may ask the client if it is possible to have a private conversation, or ask for permission to talk with the client in the presence of family or caretakers.
- Be patient and start the visit slowly, trying to measure and match the pace and agenda set by the client.
- Ask the client what their goals for the visit are, and how you can best support them today.
- Bring something that is useful to the client (such as, for example, food, water, socks, medication, something to read—as appropriate and approved by your agency).
- Be polite and respectful to everyone in the home.

Not to Do:

- Share confidential information within earshot of others.
- Be judgmental about the client’s living situation or environment. Remember that judgments are conveyed not just by words, but by our actions and body language.
- Address your own agenda without stopping to address the client’s priority questions and concerns first.
- Push or insist on a visit. If the client indicates that they don’t want you to visit at this time, be patient and see if they may change their mind; if they do not, leave in a way that is designed to build rather than harm your professional relationship.
- Ignore or be rude to others—family, friends, or neighbors—who may be present.
- Examine or investigate the client’s “home” without their permission, such as walking into rooms or looking into closets, cabinets, or the refrigerator.
- Overstay your visit. If the client expresses signs that they want the visit to complete soon, or if they appear exhausted or tired, check in with them and see if it is a good time to leave and schedule another appointment later on.
Home Visiting Role Play (continued)

3 Small Group Role Plays
Assign learners to small groups of three to five learners to role play an initial visit to a new client. Distribute one or more role play scenarios to each group. Note that we have provided a range of role play scenarios at the end of this activity. You may wish to disseminate different scenarios to each group. You may also wish to create your own scenarios in advance of this activity.

Ask the small groups to determine who will play the role of the client, the CHW, other roles as designated, and the observer(s). Give the role play cards to the party indicated, and provide learners with a few minutes to review the information.

Circulate among small groups as they do their role plays to offer additional guidance as necessary, and to observe their work.

OPTION Depending on the comfort and experience of the learners, you may wish to allow some groups time to practice more basic skills, such as calling a client, introducing themselves and their agency, and so on.

4 Small Group Debrief
Provide learners with a few minutes to debrief and discuss the role play, using a plus/delta (+/Δ) format (see “Training Techniques”). Ask learners to identify the following:

● The home visit situation and any challenges faced by the client or CHW
● What the CHW did well to establish the home visit (+)
● What the CHW could do differently to initiate the home visit (Δ)

Continue to circulate among groups to note the concepts that they share for the large group discussion.

OPTION If the training group is small enough, role plays can be acted out and debriefed for the whole group with feedback coming from all participants.

5 Large Group Debrief
Facilitate a brief discussion among all learners by posing the following types of questions:

● What types of challenges did the clients and CHWs face?
● How did the CHWs respond?
● What did you learn about effective ways to approach an initial home visit?
● What additional questions or concerns do you have about initiating a home visit to a new client?
Home Visiting Role Play (continued)

As appropriate, share your own observations of good practices, as well as aspects of practice that could be improved.

6 Reinforcement

Take a few moments to reinforce key concepts for initiating home visits shared by learners, from Foundations and other sources, and from your own experience.

- Home visiting is an opportunity to provide meaningful services to clients, to better understand the social and economic factors that influence their health, and to build rapport.
- How you approach the visit—from the moment of first contact—may determine its success.
- Draw upon all of your client-centered skills—including unconditional positive regard, interpersonal warmth, and cultural humility—to support the client’s autonomy and well-being.
- Remember that during a home visit, you are literally stepping into the client’s world and environment. Demonstrate your respect for their home and culture and your appreciation for being permitted access.
Activity 11.2 Learner Handout 11.2 A: Home Visiting Role Play Scenarios

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HOME VISITING ROLE PLAY # 1

For the CHW:
The client has not been to the health care center in nearly six months and your supervisor has asked you to make a home visit to find out why she is not keeping her appointments and to discuss the importance of coming to the clinic. The client is very happy to see you. She is alone in her apartment and wants to talk about her arthritis and her increased difficulty with mobility and managing daily activities.

For the Client:
You have not been to the health care center in nearly six months and are very happy to see the CHW. You are alone in your apartment and want to talk about your arthritis and your increased difficulty with mobility and managing daily activities.

---

HOME VISITING ROLE PLAY # 2

For the CHW:
The client has a chronic health condition and when you arrive, the client’s partner is also in their home. You'd like to hear what your client has to say, but their partner keeps interrupting and doesn't let the client speak.

For the Client:
You want to talk to the CHW about your chronic health condition, but you have a partner (girlfriend/boyfriend) who keeps interrupting, trying to speak for you, and otherwise take control of the visit.

For the Partner:
You are a caring but outspoken partner who is worried about the client. However, you have a tendency to speak for them. When the CHW asks the client a question, you tend to take over.

---
HOME VISITING ROLE PLAY # 3

For the CHW:
The client has bipolar disorder and is on disability. They are doing well managing their medications and their symptoms. They are at home in a third floor walk-up apartment recovering from a broken leg, which makes it difficult for them to get out.

For the Client:
You have bipolar disorder and receive disability. You are doing well managing your medications and your symptoms. You are at home in a third floor walk-up apartment recovering from a broken leg, which makes it difficult for you to get out. You don't have any food in your small studio apartment and haven't eaten for a day. You don't want the CHW to look in the refrigerator or the cupboards or to think that you can't take care of yourself. You have struggled hard to be independent and don't want anything to jeopardize that. You are conflicted between pretending that everything is okay, and wanting to ask for some help getting food.

HOME VISITING ROLE PLAY # 4

For the CHW:
The client is too sick to come to the office and wasn't able to pick up their HIV medications. They have been waiting for the CHW to bring a refill of their medications. They have been struggling with nausea, diarrhea, and exhaustion. The client hasn't been able to go out to do laundry, and the apartment smells of their dirty sheets and clothes. You feel overwhelmed by the odor and are worried about how to handle this.

For the Client:
You are too sick to go to the office and weren't able to pick up your HIV medications. You have been waiting for the CHW to bring a refill of your medications. You have been struggling with nausea, diarrhea, and exhaustion. You haven't been able to go out to do laundry, and the apartment smells of dirty sheets and clothes. You are embarrassed because you took such pride in having it together before you got so sick. You are glad to get your medications but don't want any charity or judgment.
HOME VISITING ROLE PLAY #5

For the CHW:
The client lives in an apartment that is very cluttered and it is difficult for you to walk through the entryway into the kitchen, where the client is sitting. You can’t find a clean, uncluttered surface to sit on or to put your things and it is making you very uncomfortable. You are uncomfortable with the mess and are uncertain about drinking from the dirty water glass the client brings you. You have brought the client a refill of their medication for their chronic obstructive pulmonary disease (COPD) and want to see if you can schedule a time for the client to come in to the clinic to meet with the doctor.

For the Client:
You live in an apartment that is very cluttered and it is difficult for the CHW to walk through the entryway into the kitchen, where you are sitting. You are a bit defensive about your home at first, because relatives have criticized it and called you a hoarder. To show your hospitality, you offer the CHW a glass of water. You are worried that the CHW will judge you or tell you to clean up your apartment. For you, the real issue is your chronic obstructive pulmonary disease (COPD) and your increased difficulty sleeping and breathing. You have been waiting for a refill of your COPD medication.

HOME VISITING ROLE PLAY #6

For the CHW:
This client lives under a tarp strung between shopping carts beneath an overpass among a small group of people who are homeless. You feel a bit uneasy being in the area, knowing that you have medications and other items of value in your backpack. The area is dirty and loud, but the client’s living space is dry and well-organized. The client is resting on a blanket on the ground.

For the Client:
You live under a tarp strung between shopping carts beneath an overpass among a small group of people who are homeless. The area is dirty and loud, but your living space is dry and well-organized. You are resting on a blanket on the ground and offer the CHW a biscuit.
This activity is designed for learners to apply their knowledge about home visiting to a case study. Learners will work in small groups to review a case study and answer a series of questions.

1 Introduction

Explain that learners will be asked to analyze the case study about Roger, included at the end of this activity (or an alternative case study, as you decide). They will be asked to answer a series of questions and to share their ideas with the large group.

Assign learners to small groups of four or more, and hand out copies of the case study and discussion questions (Part 1 only). Ask for volunteers to help read the case study aloud. Clarify any outstanding questions about the information presented in the case study.

2 Small Group Discussion

Tell learners that they will have approximately 10 to 14 minutes to discuss the case study and respond to the questions posed on the handout. Assign some groups to discuss the even numbered questions (2, 4, 6, 8, and 10) and other groups to discuss the odd-numbered questions. Ask each group to select one person to record their responses and one person to share these ideas during a large group report back.

Circulate among the small groups to clarify the activity or respond to questions, as necessary, and to note comments to share during the subsequent large group discussion.

3 Small Group Report Back

Ask one member from each small group to briefly report back and share their responses to the discussion questions. To avoid duplication and to provide each group with an opportunity to share, ask each group to start by sharing their response to just one of the case study questions. As the presentations continue, ask
Case Study (continued)

learners to avoid sharing ideas that have already been shared by other small groups and to focus on adding new examples for client-centered practice to the discussion.

Facilitate discussion, leaving room for all learners to ask questions, raise concerns, and share additional ideas about how to best support Roger. Draw upon the information provided in Chapter 11 throughout.

**TIP** If learners are describing how they would work with the client in abstract terms, ask them to share exactly what they would say to the client (rather than describing what they would say). You may also consider asking learners to role play part of a conversation with the client to demonstrate how they would use specific client-centered counseling skills.

4 Case Study Discussion, Part 2

Explain that learners will be asked to consider how conducting a home visit can change when other people are present. Together you will review the same essential case study about Roger, but this time, when the CHW conducts the home visit, other people are also there.

Hand out the extended case study scenarios (included at the end of this activity), and read Part 2—with Roger’s sister Mandy—aloud with learners. In the large group setting, ask learners to brainstorm their answers to the discussion questions provided with the case study.

Be prepared to share additional information with learners, as necessary, such as the following:

- The presence of other people during a home visit can pose challenges and present opportunities. Key concepts to keep in mind include these:
  - Maintain Roger’s confidentiality by not discussing private information (such as diagnoses, medications, or personal behaviors) in front of others, unless you have his consent.
  - Demonstrate cultural humility and respect for Roger’s family culture and relationships with others.
  - Note possible dynamics between the Roger and others that may promote his health or pose risks. For example, other people may be able to provide meaningful assistance to Roger in implementing an action plan. They may also complicate or get in the way of Roger’s plan to promote their health and wellness.
  - It may be difficult or impossible to create an opportunity to talk privately with Roger when others are present. You don’t want to place him in an awkward situation. You may be able to ask for privacy by saying something like: “Mandy, I apologize for the inconvenience, but would it be possible to have 15 minutes alone with...
Roger to talk about some confidential matters?” If Mandy doesn’t accept this suggestion gracefully, it may be best to drop it and to try to reschedule another visit with Roger.

- When you next have an opportunity to talk privately with Roger, at his home or in another location, you can ask him about his relationships with others, and ask him how he would like you to involve or not involve them as part of his action plan.

Case Study Discussion, Part 3

Now ask learners to review Part 3 of the case study with Roger. In this scenario, Roger’s ex-boyfriend Felix is present when you conduct the home visit. Once again, ask learners to share their responses to the questions posed and add additional information or questions as you wish. This scenario provides an opportunity to consider how to work with a family member or friend to help support a client’s health.

Reinforcement

Reinforce key messages about conducting home visits including those identified by learners and from Foundations. These may include the following:

- Keep safety in mind throughout the home visit, keeping your eyes and ears open for potential risks to you or the client.
- Try to place yourself in the client’s shoes and to imagine the home visit from their perspective. What concerns or questions might they have? How may they wish you to behave and interact within their home?
- Respect the client’s right to privacy. Be cautious about speaking about personal matters if others can overhear, unless you have the client’s permission to include them in the conversation. Don’t leave medical prescriptions or client documents out for others to view. If necessary, ask for privacy to talk with the client. If possible, move to a private area within the home, or elsewhere. You may need to schedule another home visit at a time when the client expects to have greater privacy.
- Work from a strength–based perspective that emphasizes a client’s internal and external resources. Do the same with family and friends—don’t forget to identity, acknowledge, and build upon the strengths they may offer.
- Practice cultural humility: don’t make assumptions about the knowledge, behaviors, or values of your clients or impose your own cultural norms.
- Observe and assess the environment, looking for health resources and risks such as access to power, heat, clothes, and food. Ask the client’s permission before observing further, such as checking the kitchen for food resources.
Case Study (continued)

- Support the client to revise and implement their care management or action plan as necessary, including issues such as medications management, coordinating health care and other appointments, food security, and behavior change.
- Provide clients with referrals to resources, including clear guidance about why and how to access these resources.
- Set boundaries and stay within your scope of practice.
- Encourage the family to work together as much as possible—people with shared interests are linked and empowered.
- Document your work accurately.
PART 1: ROGER

Roger is 44 years old and living with HIV and hepatitis C. You have been providing Roger with case management services for the past nine months. Recently, Roger missed two appointments with his doctor. He has not been to your agency for over a month. You called Roger this morning and were able to get him on the phone. He sounded very weak and very ill. You set up a time to visit him this afternoon. You want to see how he’s doing, if he’s taking his medications, if he is eating, if he is willing to go to the clinic. When you arrive at Roger’s trailer, he does not answer the door, but calls to you to “come in.” The trailer is one large room with a small kitchen, a living area, and a bed. The place is a mess: there are empty food containers, dirty clothes, and vodka and beer bottles scattered around. Roger is lying on the couch. When he sees you, he smiles: he is happy that you are there.

Discussion Questions:

Based on the information provided in the case study, do your best to answer the following questions:

1. How will you prepare for the home visit?
2. What goals will you set for the visit?
3. What concerns might you have about the home visit, and about Roger's health?
4. What challenges might you face in conducting this home visit?
5. How will you demonstrate cultural humility and respect for Roger's home environment?
6. What will you do to preserve Roger's privacy?
7. What information about Roger's health do you want to learn during the home visit? What questions might you ask to gather this information?
8. How might you conduct an environmental assessment? What might you learn that might be helpful in guiding your work with Roger?
9. How will you follow up with Roger regarding his case management plan and actions that he can take to promote his health?
10. What types of referrals might you share with Roger, and why?
11. How will you demonstrate client-centered concepts and skills during the home visit?
PART 2: ROGER’S SISTER, MANDY

Roger's sister, Mandy, opens the trailer when you arrive. “What do you want?” she asks. When you try to talk with Roger, Mandy jumps in to answer your questions, dominating the conversation. She makes critical comments and jokes about Roger, his drinking, and his inability to care for himself. She tries to shift the conversation to focus on herself and what a burden Roger has been for her. She complains that Roger (because of chronic diarrhea) has soiled all of his bed sheets, and she has had to move him to the couch, has put plastic bags under him, and now she has to go to the Laundromat around the corner! Roger looks embarrassed as his sister talks and turns away from you.

Discussion Questions:
1. How does the presence of Mandy change this home visit?
2. What questions or concerns do you have related to Mandy?
3. How might you create an opportunity to talk privately with Roger?
4. What might you ask or say to Mandy?

PART 3: ROGER’S EX-BOYFRIEND FELIX

Roger's ex-boyfriend, Felix, opens the door when you knock at the trailer. He says hello, introduces himself, and says, “Excuse me, I'm heating up Roger's lunch.” You observe that Felix is making soup on the hotplate and is helping to clean up the apartment. There is a large bag with trash inside it and basket with freshly cleaned clothes and sheets. Felix asks you: “Can you help me make up Roger's bed? He wants to move back from the couch.”

Roger says, “I don't know what I'd do without him.” Roger indicates that you can talk about his health plan with Felix there: “Felix probably knows more than I do about my HIV and hepatitis and my meds and everything. He is always reminding me to take my medications.” Felix asks, “Is there anything I can do to help Roger?”

Discussion Questions:
1. How does the presence of Felix change your approach to the home visit?
2. What questions or concerns do you have related to Felix?
3. How may you wish to include or exclude Felix during this visit?
Training with Videos from Chapter 11 of *Foundations*

In addition to the videos that accompany the activities in this guide, we have developed an additional video to accompany Chapter 11 of *Foundations*. We encourage you to use this textbook video as a training resource.

This video can be found on the *Foundations* YouTube channel ([www.youtube.com/channel/UCKSB1-LQsSfsRp24Q9W2Jlw](http://www.youtube.com/channel/UCKSB1-LQsSfsRp24Q9W2Jlw)) and is described in the Video Directory included in the appendix of *Foundations*. This interview with a CHW who works in San Francisco, CA, highlights strategies for conducting successful home visits.

- Conducting home visits

You can use the video interview to facilitate discussion by posing questions such as these:

- What were the central messages conveyed in this interview?
- How might these concepts be helpful to your work as a CHW?
- What additional information do you want to highlight about this topic?
We have included an assessment that covers important skills for this chapter. There is not an assessment for every activity or for every learning outcome in this chapter. We encourage you to adapt this or add any other assessments from your own resources.

**ASSESSMENT 11.1: Home Visiting Case Study**

- This case study assessment asks learners to apply client-centered concepts and skills in their answers to questions about conducting a home visit with Robert. This case study can be used as an in-class case study exam or as a take-home exam. If you assign it as an in-class exam, we recommend that you provide the case study for learners to read in advance. On the day of the exam, provide them with the questions, and sufficient time to answer them.
Assessment 11.1  Home Visiting Case Study

Your name: ____________________________________________________________

Date: ________________________________________________________________

The following is a case study about a client named Robert. Please carefully review the details provided. Do your best to respond to each of the questions posed, applying client-centered concepts and skills related to conducting a home visit to Robert. Write your answers in the space provided, or on a separate document with each answer numbered (1, 2, 3, etc.).

Please note that this exam is worth _________ points.

You are a CHW at a local nonprofit agency that provides services to people with limited mobility, many of whom are homebound. The agency provides a Friendly Visitor Program. Through this program, CHWs check in with clients on a regular basis at their homes to see how they are doing and what their current needs are. Today you are preparing to visit Robert.

Robert is a 47-year-old man living with type 2 diabetes and multiple sclerosis who has been gradually losing mobility. Robert has been doing a good job managing the medications he takes for his diabetes. Now he is at the point that he requires a wheelchair and assistance to get into and out of it. Robert has a home health aide who visits daily to support him, a primary care physician he sees regularly, and his sister Melissa who helps take care of him. Robert lives alone in a small home that is poorly maintained. The neighborhood is isolated on the north side of the highway, and most of the surrounding homes are small and in ill repair.

Today’s visit with Robert will be the second time you have met with him. During your first visit, Robert told you that he wants to lose weight and eat better. You noticed that he has mostly foods of poor nutritional value (“junk food”) around the house and he eats foods that are high in sugar and calories, as evidenced by empty candy wrappers and chip packages strewn about his house. He told you that his entire family struggles with healthy eating, and his sister buys him these food items every week using his food stamps.

Robert has also shared with you some pictures from his experience singing in his church choir, which he thoroughly enjoyed, but he hasn’t been to church for many months. Robert also enjoys reading novels and singing at home (although he much prefers to do so in the choir). He used to enjoy cooking but says he “just can’t do it anymore.”

In your last meeting, you discovered that Robert has access to Meals on Wheels but has never used these services. During that meeting with you, he decided he would like to try eating those meals (as they are healthier than the store-bought food his sister brings).
You have set up the Meals on Wheels delivery service for Robert and at your visit today, you plan to follow up to see how the service has been for him. Robert has had three meals delivered so far and has really enjoyed them. In addition, you have also decided to provide some healthy eating information for him.

You call Robert to remind him that you will be coming later today for your meeting with him. You arrive at his home. You knock on the door and his sister answers. You introduce yourself to her and tell her that you are there to speak with Robert. Her name is Melissa. She immediately begins telling you how much time and effort she puts into helping Robert. She dominates the conversation, and you suspect right away that she feels she is the primary one in control of Robert’s care. She tells you, “I had a friend who had those Meals and Wheels and she said they weren't any good!” She leads you to Robert’s room. Robert is in bed, watching television. He smiles when he sees you, and his demeanor is friendly and welcoming.

Please answer each of the following questions about the case study to the best of your ability.

1. What will you do to prepare for your visit with Robert? What will you pack? How will you bring your materials?

2. How will you greet Robert when you first see him today?

3. As a CHW, what are your primary goals for this home visit with Robert (what do you hope to achieve)? Share at least one goal.

4. When you arrive at Robert’s home and are greeted by his sister Melissa, how do you ensure his confidentiality is maintained, and/or how do you secure permission to discuss Robert’s health and care in front of another person?

5. How will you interact with Melissa? What might your goals be? How might you respond when she criticizes the quality of Meals on Wheels?

6. What are two examples of something you might say to Robert, using client-centered skills, to recap your previous meeting and set the stage for today’s check-in?

7. What are at least three of Robert’s internal resources or strengths?

8. How will you follow-up with Robert about his care management plan and actions he can take to improve his health?

9. What type of referrals might you want to offer to Robert, and why? How will you offer the referrals?

10. What are three action steps you will take after today’s visit with Robert?
Assessment 11.1  Home Visiting Case Study Answer Key for Trainers

This case study can be used as an in-class case study exam or as a take-home exam. For an in-class exam, we recommend providing the case study to learners in advance, and providing them with at least 45 minutes on the day of the exam to answer the questions. If you assign this as a take-home exam, remind learners to work independently as they write their own answers—in their own voice—to the questions posed. Review guidelines for avoiding plagiarism.

Acceptable answers may vary from trainer to trainer. We are including a guide to the type of answers that we would look for in grading this exam but, of course, please adjust this answer key as you wish.

Assign each question a value, such as 10 points, and a total value, or 100 points. Typically, we use 70% as the line between passing and failing, with 70% representing satisfactory work and a grade of C or better. For this exam, with 10 questions, the 70% mark would be 70 out of 100 points.

1. What will you do to prepare for your visit with Robert? What will you pack? How will you bring your materials?

   Answers may include reviewing Robert’s case file and gathering health resources, such as medications, and health information, such as pamphlets or brochures about relevant topics, such as healthy eating guidelines for people living with diabetes. Other items may include printed materials about Meals on Wheels, info about healthy food near Robert’s house, and other referrals or resources. The CHW will carry these materials in a bag or backpack.

2. How will you greet Robert when you first see him today?

   CHWs should indicate that they will greet Robert warmly, reintroduce who they are and the agency or program they work with, and clarify the key goals or purpose of the meeting. The CHW should confirm that this is still a good time for the visit and ask Robert how he is doing.

3. As a CHW, what are your primary goals for this home visit with Robert (what do you hope to achieve)?

   Primary goals are to assess Robert’s current priorities and concerns. The CHW will also assess how Robert is doing with the management of his diabetes and MS and any needs he may have related to this, such as the need for medications or assistance with medications management. The home visit is a good time to assess his access to healthy food and, specifically, if he has been getting the Meals on Wheels and how he likes the food. You may also assess issues of mobility, access to transportation, as necessary, and his connection to others. For example, if Robert can’t go to church, would he be interested in asking some of his choir members to visit him? The CHW role is to support, guide, and empower Robert to make decisions about how he wants to take care of his health.
4. When you arrive at Robert's home and are greeted by his sister Melissa, how do you ensure his confidentiality is maintained, and/or how do you secure permission to discuss Robert's health and care in the presence of another person?

The CHW may ask for a few minutes of privacy to talk with Robert one on one. If this is possible, the CHW can ask Robert if it is okay to talk about his health in front of Melissa, and what information, if any, he wants to keep confidential. If it isn’t possible to arrange for a private conversation with Robert, the CHW should follow his lead in terms of what they talk about, and/or inquire about setting up another time to visit or talk by phone privately.

5. How will you interact with Melissa? What might your goals be? How might you respond when she criticizes the quality of Meals on Wheels?

Communicating with Melissa may prove to be a challenge. Goals are to try to establish a positive connection with her and not to provoke an argument or conflict. Most importantly, the CHW will want to find a way to communicate directly with Robert without having Melissa taking over and to focus the conversation on Robert’s opinions, values, questions, and concerns. Regarding Melissa’s comment about Meals on Wheels, the CHW might acknowledge that people have different opinions about the meals. If possible, the CHW may try to focus the discussion on how the meals can support Robert’s health. Or, if it isn’t productive to talk about Meals on Wheels when Melissa is present, the CHW may arrange to talk with Robert privately later on (by phone or during another visit) and to ask him what he thinks about the meals and if he is eating them.

6. What are two examples of something you might say to Robert, using client-centered skills, to recap your previous meeting and set the stage for today’s check-in?

Answers may include the use of cultural humility to refrain from judging or making assumptions about Robert’s home or health. The CHW may also use client-centered counseling and case management skills, such as emphasizing Robert’s strengths, and using harm reduction to support Robert to eat a healthier diet. The CHW may also provide affirmations, ask open-ended questions, and share reflective listening statements designed to provide Robert with an opportunity to talk about priority concerns. The CHW may ask questions such as these: “How is Meals on Wheels working for you?”, “How is your plan going for finding realistic ways to improve your diet?”, or “What would you like to talk about today?”

7. What are at least three of Robert’s resources or strengths?

Answers may include a willingness to receive support services and work with providers, family and system support, hobbies such as singing and reading, and having a home.
8. How will you follow-up with Robert about his case management plan and actions he can take to improve his health?

Answers may include reviewing Robert’s action plan to assess his progress, adjusting the plan as needed based on changing circumstances, and keeping the plan practical and achievable. It is also important to affirm his progress and achievements and to ask open-ended questions that provide opportunities for Robert to talk at greater length about priority concerns and questions.

9. What type of referrals might you want to offer to Robert, and why? How will you offer the referrals?

Referrals will be presented as suggestions for Robert to consider rather than as directions. Possible referrals for him to consider may include these: 1) transportation assistance so that he can attend choir practice and performances; 2) membership to a local library so that he can have access to the music and novels he enjoys (perhaps Melissa or other friends can help with picking up and dropping off loans from the library); and, 3) an appointment for Robert and his sister to meet with a nutritionist or someone who can help them explore healthier options for shopping for foods that are within his budget.

10. List three action steps you will take after today’s visit with Robert.

After the visit, the CHW should document key information learned, observations made, and actions taken during the visit; they should then file paperwork safely and securely meeting HIPPA guidelines. The CHW should follow up with any action steps identified with Robert, such as providing referrals and checking in to inquire about his experience accessing these referrals. The CHW should remind Robert of the next scheduled appointment and make plans for this interaction including preparing any and all needed materials. At the office, the CHW can talk with their colleagues about any outstanding questions or concerns.
PART 3

ENHANCING PROFESSIONAL SKILLS