

***Dine College Training
Outline for March 22, 2006***

10:00	Welcome and Introductions Course Faculty: Edward Garrison and Mark Bauer Sergio Matos and Mark Homan, Guest Faculty Desired Outcomes for this Training	10 minutes
10:10	Individual/Participant Introductions Share Your Name and Who Named You	20 minutes
10:30	Bingo Game: Exercise in the Human Assets	20 minutes
10:50	History of CHW's: Use of a Radio Talk Show An Adult Liberating Learning Activity	40 minutes
11:30	Another Adult Learning Method Sign Language Activity...Organizing Participants into Smaller Work Groups	45 minutes
12:15	Discussion of Community Development	
	Definition of Community Development	5 minutes
	"Service Versus Development"	10 minutes
	Family Picture Activity (Assets Versus Needs)	30 minutes
	Review of Community Capital	15 minutes
	Elements of Community Development	15 minutes
1:30	Lunch	
2:30	Identifying Communities Resources (20 minute community capital identification activity) Relating to Participatory Action Research	45 minutes
3:15	Create an Ideal Change Agent Activity Note: What do CHR's do to Gain these Skills and Perspectives?	45 minutes
4:00	The Development and Sharing of Ideal CHR Posters	40 minutes
4:45	Closing Review of Outcomes and Evaluation of Training	15 minutes

History of Community Health Workers

Voices from the History of Community Health Workers

Introduction:

This “Sociodrama” was written and produced, in part, by community health workers from Portland Oregon under the direction of Noel Wiggins. Romelia Rodriguez and Julie Thimot, community health workers from NYC under the direction of Sergio Matos, have added roles. This creative and dynamic method of teaching the history of community health workers is part of a tradition of “popular education” that is used in community health worker programs throughout the world.

Characters

1. Announcer
2. Community Member
3. Russian Feldsher
4. Delegate to the First WHO Convention
5. Chinese Barefoot Doctor
6. Latin American “Promotor de Salud”
7. Four CHWs From Indonesia, Tanzania, Iran And Columbia
8. Indian Health Service – Community Health Representative

9. Office of Economic Opportunity Outreach Worker
10. Three members of the Black Panther Party
11. Delegate to Alma Ata Conference
12. Community Health Promoter from Arizona
13. Three Community Health Aides from St. Lucia
14. Village Health Worker from Project Piactla
15. Community Health Worker from Jamaica, NYC

The Radio Play

Announcer: Today, radio listeners, it is our pleasure to present a play titled “Voices from the History of Community Health Workers.” As you may know, the field of community health work has a long and interesting history. We would like to share with you some of the voices from that history. So sit back, make yourself comfortable, and enjoy the play!

Community member: I’m a member of a community. I could be from Germany or Zimbabwe, Argentina or Saint Lucia. I may be alive today, or I may have lived 600 years ago. People like me – neighbors, friends, and family members – have been passing on health information and advice for as long as there have been communities. We are the promotores, healers, nannies and grandmothers.

Russian Feldsher: Hello. My name is Natasha. I was born in the 17th century in Russia, and I’m called a “Feldsher.” I’m not a doctor, but I went through four years of training so that I could take care of the health of civilians and soldiers.

Delegate to the World Health Organization meeting in 1946: Hello, my name is Roberta. I was proud to be a delegate to the founding convention of the World Health Organization in 1946. We defined

health as “a state of complete physical, mental and social well-being and not merely the absence of disease.” This was revolutionary! But we went further. We adopted a constitution that proclaimed that, ‘The enjoyment of the highest attainable standard of health is one of the fundamental human rights of every human being without distinction for race, religion, political belief, economic or social condition.’ I hope to live to see these goals realized.

Chinese Barefoot Doctor: I am a poor peasant from the interior of China and my name is Chin Shui. After the Chinese revolution in 1949, our leader Mao Tse Tung wanted to bring health care to the rural areas. He sent some doctors from the city but they did not want to stay. So they trained us poor peasants to care for the health of our communities. We are called barefoot doctors because many of us do not have any shoes.

El Salvadoran Health Promoter: Me llamo Esperanza Perez. Hello, my name is Esperanza Perez. I am a *promotora de salud* in the community of Calavera in Venezuela. Since the 1960's, the Catholic Church has trained many *promotoras* here and in many parts of Latin America. We provide medicines and health care for poor farmers and workers who have never seen a doctor. We also help people understand why they are sick, and who is to blame. This makes the army and the government angry, and so many of my coworkers have been captured, tortured and killed.

Four Community Health Workers from Indonesia, Tanzania, Iran and Colombia: (All at the same time) We are community health workers from around the world from the 1960's to the present. We go by many names. We are also called volunteers, village health workers and community health aides. In some places, we are used by governments to prevent revolutions. In other places we are used by governments to promote revolutions. And in still other places we are able to simply do what is best for our communities.

Office of Economic Opportunity Neighborhood Health

Representative: My name is Jackie and I used to work for a neighborhood health clinic in Portland, Oregon. In the 1960's, the Office of Economic Opportunity gave money to start outreach worker programs at a lot of community health centers in U.S. cities like Portland, Los Angeles, and New York. We usually worked on just one health issue like cancer or prenatal care. My program ran out of money in 1972 and I lost my job. This happened to a lot of outreach workers in the 1970's and early 80's.

Indian Health Service Community Health Representative: I am a Native American and member of the Navajo Nation. We have a long tradition of healing and respect for the wisdom of our elders in my community. In the 1960's I began to work for the Indian Health Service's new Community Health Representative Program. Our program is still the oldest and largest community health worker program in the United States, though it has gone through many changes. Now, I am President of NACHR, the National Association of Community Health Representatives.

Community Health Promoter: Hi, me llamo Isabel. My name is Isabel. I am a migrant farm worker. In 1988, I started to work as a health promoter for the Healthy Start Project in Arizona. The movement that my project grew out of started with the Federal Migrant Act of 1962, which required that outreach services be provided to migrant labor

camps. Several health promoter projects with migrant farm workers started at about that same time. Some of the programs were the *Lay Health Advisor Program* in North Carolina, the *Camp Health Aide Program* in Michigan, and the *Healthy Child Project* in Oregon.

Three members of the Black Panther Party, New York City: Hello. We are members of the Black Panther Party in New York City. In 1972 we issued our Ten Point Program, which was a statement of what we want and what we believe. We said: “We want completely free health care for all Black and oppressed people. We believe that the government must provide, free of charge, for the people, health facilities which will not only treat our illnesses, most of which have come about as a result of our oppression, but which will also develop preventive medical programs to guarantee our future survival. We believe that mass health education programs must be developed to give all Black and oppressed people access to advanced scientific and medical information so we may provide ourselves with proper medical attention and care.” Along with our brothers and sisters in the Young Lords Party, we provide our community with free breakfast programs, free health clinics, and programs to rid our communities of the scourge of drugs.

Delegate to the Alma Ata Conference, 1978: Hello. In 1978 I traveled to Alma Ata in the Soviet Union to attend the International Conference on Primary Health Care. Although the World Health Organization had proclaimed health as a fundamental human right

thirty-two years ago in 1946, last year nearly 1 billion people in the world were living in poverty. Our vision was to create a worldwide system of primary health care to bring about the goal of “Health for all by the year 2000.” A key component of our strategy was “Community participation in health” which meant involving community members in identifying health problems and participating in their solutions. We created “village health worker” programs to bring about this community participation. I am looking forward to the Year 2000 to see the realization of our dreams.

Three Community Health Aides from St. Lucia: (All together) We are community health aides and we live in St. Lucia. We are trusted members of the communities we serve and work to help people living with HIV and AIDS to get the help and support they need. We help people who need nursing care, food, housing, healthcare and support in general. We encourage people to get tested and help those who test positive with disclosure issues. We help PLWHA adhere to their treatments. We also help people develop their social networks and reintegrate with their families. We hand out condoms and talk to people about safer sex practices. We talk to people about getting off the drug and staying clean. Sometimes people have so many problems that I don't think I can make it. Sometimes I feel overwhelmed and alone. I wish I could meet others who do this work and so we could share our experiences and resources.

Village Health Worker, Project Piaxtla: Hello. I work as a village health worker for Project Piaxtla in western Mexico. We base our project on the ideas of Brazilian educator Paulo Friere who developed the practice of popular education with rural peasants in his country. We believe in the empowerment role of community health workers. Our most important role is to increase people's awareness of their own situation, help them recognize problems and develop solutions. In our village we analyzed the factors behind the high death rate of children from diarrhea and malnutrition. We realized that conventional health measures were not enough to improve the life of our children. So we organized peasant and took back our land. With irrigation we doubled the yield of our crops giving our poor families more to eat. Our children gained weight and no longer died from common health problems.

Community Health Worker from Jamaica, New York: Hello, my name is Rosemary and I work as a community health worker in Jamaica in New York City. I got pregnant when I was 18 and didn't know very much about keeping healthy. A community health worker came to visit me and helped me understand how to care for my baby and myself. She also helped me enroll in a GED program and get my high school diploma and gave me support when I was dealing with my boyfriend who liked to get rough with me at times. Now I work for the program that helped me. I feel great because I am giving back to my community. I love my job, but sometimes I would like more

recognition for the work I do and a chance to advance in my career. That's why I have joined the Community Health Worker Network of New York City, which is helping CHWs from all over the city make our voices heard. I never even knew I was a CHW until I started meeting other people who did similar work and who shared my passion for working with people.

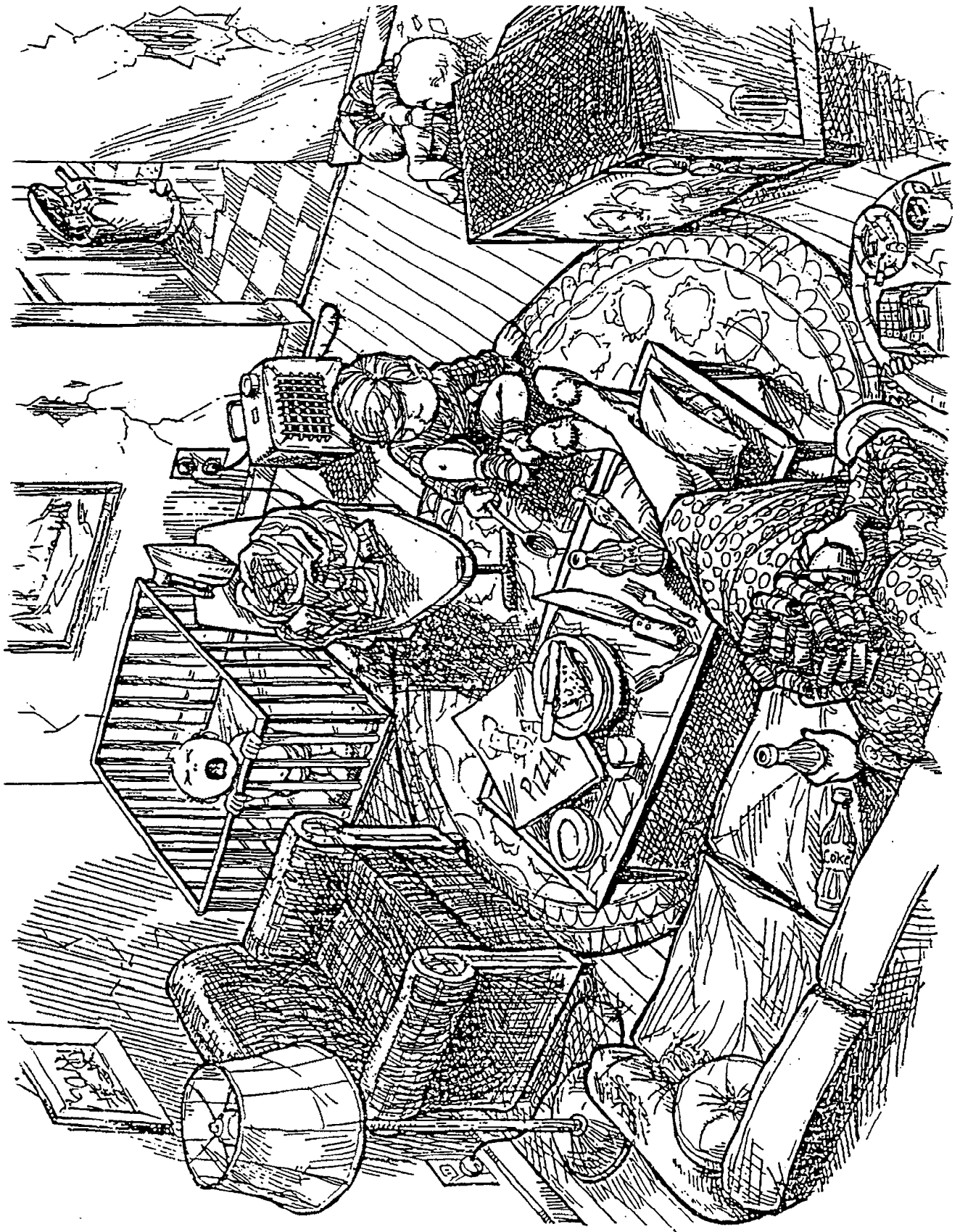
All characters together: We are community health aides, outreach workers, health promoters, community health workers, and volunteers. Although we live in different times and places, we have a lot in common. We want to be able to do what is best for our communities. We want to be respected and rewarded for our knowledge and skills. We want opportunities to get more training and to advance within our field. As we begin to get to know one another and work together, we are gaining strength and power.

Announcer; Well, listeners, that's all for today. We hope you have enjoyed our program about the history of Community Health Workers. Join us again at this same time next week when the topic will be **"Increasing Respect and Appreciation for Community Health Workers."** Thanks for listening!

Ten Pondering Questions

Mark S. Homan

1. What have I learned about myself as a result of my involvement? How do I think differently about myself now?
2. What have I learned about my community? How do I think differently about my community?
3. What have I learned about how change takes place? What theories have I developed?
4. How have my reflections and my dialogue with others brought new understanding or knowledge?
5. What do I better understand about how collective action both maintains conditions as well as changes them?
6. What have I learned about how people can organize themselves and shape their existence?
7. How does the interplay between group members allow each and every one to express and develop their capacity?
8. What are some of the “big” questions I have been asking myself?
9. How have I connected my beliefs, my experiences, and my actions?
10. How have I become more aware of myself and my world? What do I see now that I didn't see before? How have I become better at looking?



Bingo Card Ice-Breaker

Meditates _____	Owns a Horse _____	Shears sheep (or goats) _____	Has Grandchildren _____	Likes Dancing in Pow-Wows _____
Reads Books _____	Is an Artist _____	Likes Photography _____	Sings in the Shower _____	Likes Baking _____
Plays Piano _____	Has been to California _____	FREE _____	Speaks 3 Languages _____	Likes Vegetables _____
Has a Computer _____	Has 2 Children _____	Attends School _____	Makes Jewelry _____	Can Weave a Navajo Rug _____
Is a Musician _____	Likes Fashion _____	Goes to Gym _____	Has Gone Scuba Diving _____	Enjoys Old Movies _____

Building Community Capacity

Mark S. Homan

1. Is there an identified community? If so, who has defined it? How is it defined? If not, is one identifiable?
2. Does the project build skills of community members? Can these be identified?
3. Does the project produce new leaders and new *teachers*? What processes are intended to produce new leaders and new teachers? That is, what intentional steps will be taken?
4. Who owns the project? How is this seen? Who holds decision making authority? If ownership is external, what processes are in place to transfer ownership to the members of the community? Which members?
5. Does the project produce new community resources that can exist apart from the project or after the intended life of the project? How will this occur?
6. Do the benefits or resources created by the project in turn create new benefits or resources?
7. Which community capacities or assets will the project build upon? How will these be expanded by the project?
8. Which community conditions does the project intend to change?
9. How does the project promote inclusivity?
10. How does the project build social capital?
11. How does the project acknowledge and meet system needs?

Types of Community Capital
Mark S. Homan

- ❖ Environmental
- ❖ Physical
- ❖ Human
- ❖ Economic
- ❖ Political
- ❖ Informational
- ❖ Social
- ❖ Cultural
- ❖ Spiritual