



Community Health Worker National Education Collaborative



Arizona's First University.



AREA HEALTH EDUCATION CENTERS PROGRAM

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Oregon: Noelle Wiggins - Multnomah County Health Department's Community Capacitation Center (Portland)

Texas: Leticia Flores - El Paso Community College (El Paso)

Adapter Institutions

Arizona/New Mexico: Diné College

Connecticut/New Jersey: Housatonic Community College, and Essex County College Camden AHEC

Florida: St. Petersburg College, Hillsborough Community College, and Central Florida Community College

Hawaii: Maui Community College and Kapi'olani Community College

Minnesota/Indiana: Minneapolis Community Technical College, South Central Technical College at Mankato, Ridgewater College, and Ivy Tech State College

Oregon: Portland State University

Texas: El Centro College and South Texas Community College

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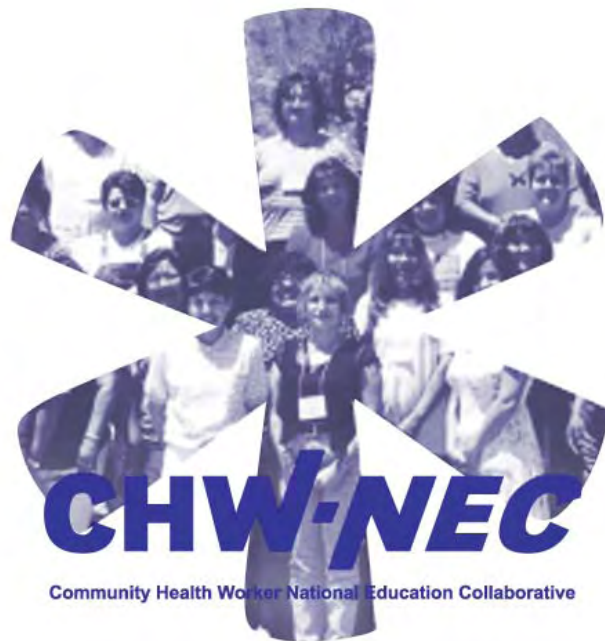
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To order a copy of the Project's DVD - **"Reflections on the CHW-NEC: Lessons Learned"**
go to the website: www.chw-nec.org



Jacob Sutton, videographer for the CHW-NEC Project.



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KEY CONSIDERATIONS FOR OPENING DOORS:

Developing Community Health Worker Education Programs

Developed by

The University of Arizona

Arizona Area Health Education Centers Program

Community Health Worker National Education Collaborative

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PREFACE

Acknowledgements

The Community Health Worker National Education Collaborative (CHW-NEC) first and foremost acknowledges community health workers (CHWs) for their ongoing efforts to improve the health of communities and improve access to quality and culturally competent health care services. CHWs all across the U.S. seek to build their capacity, leadership, recognition, and validation of competence through their participation in quality training programs. Colleges have emerged only relatively recently (since the 1990s) to develop and deliver educational programs and services for CHWs who are now recognized members of the community health care team in the U.S. We acknowledge and congratulate the colleges and the leadership and invaluable engagement of active and seasoned CHWs, themselves, for creating a new platform for education—providing a new door of entry to higher education and opportunity for both college credit and non-credit bearing educational services.

From 2004-2008, many supportive individuals in public health, community health workers of all types serving in broadly diverse settings, universities, colleges, many community health and human service agencies, employers, and many local, state, and federal government entities have contributed their time and insight for the CHW-NEC to achieve a “national community of practice.” The overall purpose of the CHW-NEC initiative was to identify and promote curricula and educational programs that best represent the most promising practices for uniquely non-traditional CHW student success in the U.S.

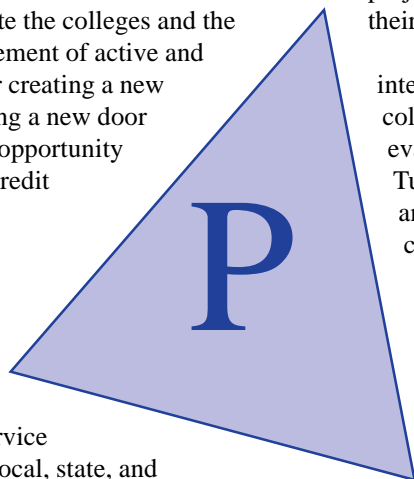
The authors wish to acknowledge community health workers for their ongoing efforts to best serve their communities, reduce health disparities, and promote equity in access to health care. To all the contributors and collaborative partners, we, indeed, say thank you. Additionally, we especially want to thank the leadership of the CHW-NEC Project Advisory Council Co-Chairs; these are seasoned CHWs, Yvonne Lacey of Berkeley, California and Durrell Fox of Boston, Massachusetts, who are recognized widely as national leaders in the CHW workforce movement. The CHW-NEC national advisory

council was invaluable in guiding and informing the project to express the “key considerations” for achieving a national consensus on “promising practices” in the development and delivery of competency-based education for CHWs.

Additionally, we thank several individuals for their ongoing contributions as CHW-NEC project staff during the life of this project including most notably, Nancy Collyer of The University of Arizona Area Health Education Centers (AHEC) Program. In addition to this project, Nancy has worked actively to support the growth and development of the CHW field for many years. Also at The University of Arizona AHEC Program, we thank Jude Yandow, Kathy Trana, Linda Zimmerman, Rick Hodge, and project student aides, Sarah Deurloo and Richardo Silva, for their unique assistance and enthusiasm for this initiative.

At The University of Texas at El Paso, a community health intern, Eliza Lerma, assisted with some early investigation of college-responsive curricula. We also thank our external evaluator, Linda Scheu, of The Pima Prevention Partnership in Tucson for her contributions to the refinement of project goals and objectives and the evaluation processes she used for the careful documentation of outcomes and lessons learned.

Finally, we would like to acknowledge the valuable contributions and encouragement of our funders from the U.S. Department of Education’s Fund for the Improvement of Postsecondary Education (FIPSE), including project officers Karen Levitan, Lavonna Grow and Don Fischer.



Footnote: The CHW-NEC project was funded by the U.S. Department of Education’s Fund for the Improvement of Postsecondary Education. FIPSE funds initiatives which have a broad national application and replication or adaptation potential. They fund projects that address pressing or emerging postsecondary educational issues for the advancement of instruction and curriculum reform.

PREFACE

Letter from the Project Co-Directors

Beginning in the 1990s, the CHW field saw a trend in community health worker education shifting from a long-time tradition of employer coordinated on-the-job training to colleges playing an active role as partners in CHW education and workforce capacity building. This trend had its early roots in a San Francisco State University and City College of San Francisco project (1995) supported by the U.S. Department of Education's Fund for the Improvement of Postsecondary Education (FIPSE). This project resulted in the development of a "credit-bearing" CHW educational program known today as "Community Health Works" (Love, 2004). Building upon this model and other emerging college responsive programs, "Project Jump Start" at the University of Arizona also received funding from FIPSE in 1998. The focus of this postsecondary initiative was to create a credit-bearing approach for meeting the needs of CHWs through four Arizona community colleges (Proulx, 2000) predominately serving rural, socioeconomically disadvantaged, and special population (Native American tribal and Mexican Border area) neighborhoods.

Since these early college programs, many college-supported educational programs have been developed. Annually, for many years at the American Public Health Association (APHA) conferences, representatives of colleges and related CHW training organizations convened in a network to share approaches to CHW college-supported education. Through that networking, plans began to develop for a way to guide and coordinate growing college interests in CHW education. This networking led to the development, planning, and implementation of the "Community Health Worker National Education Collaborative."

The CHW-NEC formally began in the fall of 2004 when a FIPSE grant was awarded to the University of Arizona Area Health Education Centers Program. All of the participating postsecondary educational institutions in the project were at differing stages in their development of curricular offerings, and all were willing partners ready to work in a "*national community of practice initiative*" to explore the best approaches for college-supported CHW-responsive education. The FIPSE-funded CHW-NEC effort has gone a long way toward building trust and respect for a national learning community dedicated to defining and refining promising practices in CHW education.

This guidebook is now offered to the wider community of potential collaborators in CHW health and education communities in the hope that we can translate lessons learned during the project into "CHW-driven" educational programming. Reflected in this guidebook, CHWs, health care and human services allies, and representatives of some 22 college-based educational institutions have reviewed the most promising administrative and academic practices and have prioritized these into a set of "Key Considerations."

As one begins exploring the resources of this guidebook, the project also wishes to recognize the important CHW capacity-building work of those who were not in a college setting. The lessons learned in those non-collegiate settings have also contributed to this guidebook. To that end, as we close out the formal years of the FIPSE-funded CHW-NEC initiative, we have deliberately linked the nationally active CHW-NEC website and all its resources with the APHA CHW Special Primary Interest Group's (SPIG) new Committee on Education and *Capacitacion* and more recently with the American Association of Community Health Workers (AACHW). These organizations are postured to support continuing national coordination and active dialogue relating to CHW education. One can learn more about this on-going work by contacting the APHA CHW SPIG and the AACHW.

Community Health Workers of all titles and types (Outreach Workers, *Promotores*, Native Community Health Representatives (CHRs) and those recognized by many more titles) are now finding a new entry-point in postsecondary education, wherein the validation of the core competencies for this workforce and wherein curriculum "standards and credentialing" are now high on the national health and human services agenda. As the CHW field is becoming more "institutionalized" in the U.S., training, which had been largely outreach grant-project-driven and provided on-the-job, has become more heavily scrutinized. "College-supported and core competency-based education" has been growing in response to these trends in the CHW field. The Community Health Worker National Education Collaborative (CHW-NEC) personifies how postsecondary engagement with a breadth of contributions from the CHW workforce can reach a national consensus for the entry-level preparation of CHWs. There is now a broadly accepted "core-competency" definition for this workforce.

We hope you find that this guidebook and the project website www.chw-nec.org serve your interests well in the continuing development and delivery of quality curricula and instruction for U.S. community health workers everywhere.

Don Proulx and E. Lee Rosenthal
Project Co-Directors

PREFACE

Letter from the National Advisory Council Co-Chairs

On behalf of the Community Health Worker National Education Collaborative (CHW-NEC) National Advisory Council, we would like to present to you this CHW-NEC Guidebook, which chronicles the work and findings of a National Community of Practice project.

The CHW-NEC was funded in October 2004 through the U.S. Department of Education Fund for the Improvement of Postsecondary Education (FIPSE) and the project's national advisory council was called into action to guide and advise the initiative from the start. The origins of the program began with discussions on recommendations and lessons learned from the 1994-1998 *National Community Health Advisor Study* which sought input from many CHWs and employers of CHWs all over the country. Through site visits and interviews during the *Study*, we learned that CHWs were concerned about training, longevity of employment, salaries, and they also needed some understanding and common definition for a CHW. In the beginning (the early 60's and 70's), there was no clear information regarding what and who a CHW was - because each program defined the CHW role according their specific programs, considering their regions, county, and city or town.

The fact that a first order of business for the CHW-NEC was to activate and support a CHW-led, majority CHW advisory council sent a message to the many CHW leaders that there was a new national project examining CHW training and college-responsive education that truly prioritized and valued the voice of CHWs, themselves.

The CHW-NEC journey from conceptual framework to a project in action was one filled with many challenges and successes each step of the way. One challenge that the project was successful in addressing was bringing together and supporting the CHW-NEC National Advisory Council, which was made up of members who were diverse in many ways including age, experience in the CHW profession, and states/regions in which they lived; cultures and communities they represented; all coming to the table with varying levels of expertise. This diverse group created an electric and exciting atmosphere at meetings and during monthly conference calls. One reason that the CHW-NEC has been a success is because the national advisory council and project staff were able to collaborate with and provide technical assistance for the core technical assistance partners and adapter institutions from across the country.

This diverse group of 10 active, experienced CHWs and five (5) CHW allies/partners all had a vision of working together to design a framework and to make recommendations for model CHW training and college-responsive education programs. Advisory council members came together from all regions of the country to guide, advise, and support the CHW-NEC project and its staff. We worked with staff to review programs and curricula for CHW training programs based at 22 colleges and universities, as well as some programs that were hosted by community-based organizations, like Area Health Education Centers (AHECs). We assisted in identifying promising practices influenced by lessons learned and recommendations from the project partners; a natural progression from the *National Community Health Advisor Study*. In addition, the Advisory Council developed a list of Key Considerations as a guideline which we felt would benefit CHWs individually, as well as various CHW training programs. These Key Considerations were developed as a blueprint for both existing programs and for newly emerging CHW college-responsive training programs and related educational initiatives.

We all agreed that it is important to continue to recognize the work of CHWs, especially at this time of declining quality health care services and related resources. We support standardizing CHW core roles and competencies and CHW leadership development. The Advisory Council held high hopes at looking back to see we were part of creating a formula that helped develop, maintain, and sustain successful CHW training programs nationally. We wanted to hear about programs that integrate CHW leadership in all levels of planning, implementation, evaluation, and sustainability. We already were having an impact due to the fact that we were able to bring together a national group of CHW leaders and top allies/partners to focus on CHW training and education for four years. This national focus has already had a positive impact on the many colleges, universities, and community-based organizations that participated in the CHW-NEC, and we hope to have an ongoing impact on CHW training, education, and capacity building nationally for many years to come.

The work of the CHW-NEC and the National Advisory Council has, indeed, continued well beyond the first three funded years. During the funded project years, the CHW-NEC co-sponsored a CHW training and education networking meeting each year at a session of the CHW Special Primary Interest Group (SPIG) during the annual meeting of the American Public Health Association (APHA). That collaboration helped to create a new CHW SPIG subcommittee, the

(Continued on next page)

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Education and *Capacitación* Committee in which many CHW-NEC expert consultants and advisory council members are involved. The CHW-NEC National Advisory Council also shares some of its CHW leaders with the newly formed American Association of Community Health Workers (AACHW), so we plan to carry the Key Considerations and CHW-NEC torch with us as we further develop the AACHW.

We continue to link the CHW-NEC to the approximately 16 identified CHW-led networks and associations across the country (2008). We also look to continue to form alliances and provide technical assistance for community-based organizations, colleges and universities that wish to incorporate the “Key Considerations” outlined by the CHW-NEC into their CHW training and educational programs.

We urge you to make good use of this Guidebook and the Key Considerations, therein, as important tools for CHW workforce development, training, education, and ultimately for sustainability of CHWs and the CHW profession.

Thank you for your continued interest in the ever-changing and ongoing growth of the Community Health Worker profession.

Sincerely,



Durrell Fox

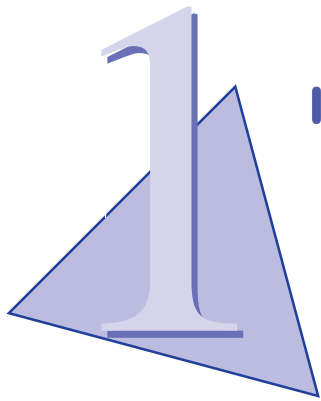
Co-Chair, CHW-NEC National Advisory Council
Boston, Massachusetts



Yvonne Lacey

Co-Chair, CHW-NEC National Advisory Council
Berkeley, California

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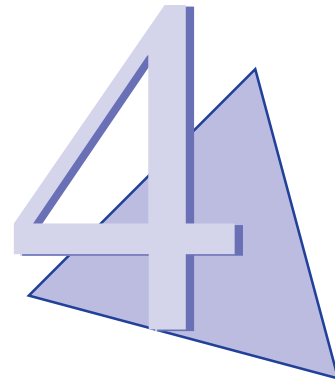
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1. INTRODUCTION

A. CHW-NEC Background

As the community health worker field has become more fully integrated in the U.S. health care and human services systems, training, which has traditionally and primarily been provided on-the-job and driven by episodic grant-funded “community outreach” initiatives, has received growing national interest in streamlining and “standardizing” educational efforts to guarantee “standards of competence.” In recent years, since about 1995*, college-supported education began to respond to basic and entry-level core competency-based training for the community health worker field. Now there is a burgeoning interest in recognizing and compensating the services of CHWs by Medicaid and Medicare reimbursements within federally recognized health care service organizations. Competency-validated education is a growing response nationally to these trends. For this to happen, however, a “national community of promising and broadly endorsed practice” is needed that prepares CHWs of all types and in all practice settings to validate core CHW competencies within the existing workforce and for the competency defined preparation of CHWs just entering the workforce.

In the CHW-NEC project, fifteen (15) adapting colleges were initially identified and supported by a partnership of six (6) collaborating technical assistance universities, colleges, and higher education-related entities, each of which had some direct experience in college-responsive educational programs and services for CHWs and their employers.

Bringing higher education institutions and CHW program individuals together, who could contribute unique direct experiences (“the good, the bad, and the ugly of it”) and lessons learned, with active seasoned CHWs, who could well inform “responsive” competency-defined curricula and instructional developments, was the primary design/methodology of this “National Community of Practice” initiative—now widely known as the “Community Health Worker National Education Collaborative (CHW-NEC).” This FIPSE-funded project used a “logic model” as the initial framework for identifying and inviting collaborators who could bring direct experience and expertise to the project to target a set of “root causes or antecedent conditions” affecting the logical development of a national community of practice.**

This logic model and the antecedent conditions identified by the project are illustrated on the project website. The kick start to this national collaborative was a National Community of Practice Invitational Workshop hosted by The University of Arizona in Tucson in June 2005. This venue brought together a

nationally identified and committed collaboration team to develop a technical assistance approach and collaborative work plan for engaging the initial 15 adapter institutions, which expressed interest and institutional support for their participation in the project. These “adapters” were at varying places in their development of curricula, educational design/methodologies, and delivery of instruction tailored to the expressed needs of their service regions across the U.S.

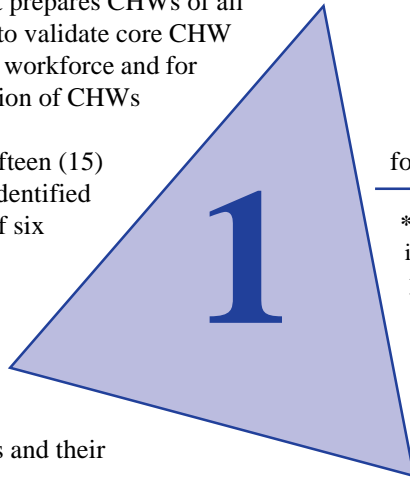
The project engaged an outside evaluator to develop an evaluation plan designed with four clear goals in mind:

1. The provision of available promising practice materials;
2. The testing and utilization of these materials to develop curricular plans and instructional delivery strategies which are most compatible with and responsive to the unique character and needs of the CHW workforce;
3. The implementation and evaluation of these curricular and instructional plans for student success and to meet employment competency demands; and
4. The dissemination of the lessons learned from engaging in this national initiative.

The evaluation plan was strategized to measure both the formative and summative objectives of the project.

*FIPSE funded the earliest college-responsive demonstration initiative in California. Known as “Community Health Works,” a performance-based curriculum and a CHW career ladder educational track was established in collaboration with CHW employers and through a partnership between San Francisco State University and the City College of San Francisco (1995-1998).

** As elucidated by Renger and Titcomb in “A Three Step Approach to Teaching Logic Models,” American Journal of Evaluation, Vol. 224, 2002.



1. INTRODUCTION

B. Collaborative Partnership Overview

This CHW-NEC project had a kick start because of several years working with the American Public Health Association (APHA) CHW Special Primary Interest Group (SPIG), wherein leaders nationally came together annually to review and recommend key considerations for effective educational programming for CHWs.

Arizona was particularly well suited to carry out a FIPSE-supported “Nationwide Community of Practice” initiative from 2004-2008, because of the groundwork and experience (lessons learned) in an Arizona FIPSE-supported initiative from 1998-2002 known as “Project Jump-Start.” This project worked with several community colleges, Arizona Area Health Education Centers (AHECs), CHWs themselves, and CHW employers to develop and deliver community college responsive education which was well informed by Arizona CHWs actively serving in disadvantaged and largely rural neighborhoods; these CHWs included Mexican border community Promotores and tribal nation Community Health Representatives (CHRs). The seasoned CHWs in this Arizona project essentially helped to teach the college faculty “what to teach and how to deliver it effectively” to serve non-traditional adult learners, many of whom were not high school or GED completers and who were largely representative of the same socioeconomically disadvantaged neighborhoods and cultures where they served. The project published a “Core Curriculum Guidebook for A Community Health Worker Basic Certificate Program” (January 2002, University of Arizona).

Another important set of lessons came from the experiences of an earlier FIPSE-supported “Community Health Works” collaborative project (1995-98) with San Francisco State University and the City College of San Francisco; this was largely urban-based in contrast to Arizona’s Project Jump-Start initiative. The California project approached college curriculum development and instructional delivery from a performance-based perspective. The Community Health Works project staff and some of the actively working CHWs from California also participated in an Annie E. Casey Foundation-supported National Community Health Advisor Study, carried out by the University of Arizona Rural Health Office (1994-1998). This study identified the knowledge, attitudes, and skills, which appeared to be common among community health worker programs across the country. Employers were particularly engaged by the San Francisco project to help inform and develop a CHW workforce career ladder which could be defined and differentiated into three levels of competence and job-level responsibility for CHW I, II, and III.

Regardless of rural, urban, or special population-based work, the issues of prominence in the CHW field have grown and changed in the decade since 1998 from the early exploration of the field’s status at the state and national level to the overall recognition and growth of the field in 2008. Among those changes and developments are:

1. The formation of CHW networks and associations across the states, regionally, and by ethnocentricity in many special population settings, including “Promotores” serving Hispanic cultures and Native American Community Health Representatives (CHRs) serving the tribal communities among many Indian Nations within the U.S.;
2. Considerations for the efficacy of higher education (college-level programming) responsiveness to serve CHWs as a growing national workforce;
3. Concern for who is informing the training “standards” and “CHW-character appropriate” educational practices nationally;
4. Questions relating to what are the nationally accepted CHW “core competencies” and concern for best practice validation of those competencies, whether through college or community-based credit-bearing training or non-credit and direct experience preparation; and
5. The desire for a “core-competency defined CHW workforce” that can be recognized for Medicare/Medicaid reimbursements to employers who hire CHWs. This workforce has largely been deployed to provide community health outreach, including neighborhood and family education, to reduce health disparities in socioeconomically disadvantaged neighborhoods and to connect people with the healthcare and human services they need.

The CHW-NEC project was designed to engage broad national partnerships in a process of national networking with the APHA CHW SPIG, with nationally recognized CHW service programs, through contacts with the CDC, with the Health Resources and Services Administration of the U.S. Department of Health and Human Services, and with other federal and state agencies. These partnerships all expressed a high level of interest in a national agenda that needed to document U.S. experience with the funding and deployment of outreach initiatives for primary care programs all across the country...programs which have trained and integrated community health workers to reach the most vulnerable populations in the nation over the past several years.

1. INTRODUCTION

This resulted in the identification of **CHW program experts** and **active/seasoned CHW leaders** nationally. These partners were invited and engaged in the project to help identify which educational institutions, which active/seasoned CHWs, and what national expert advisors might be interested in helping to inform a “national community of practice.” The project sought partners who would not just be interested in participating passively in the project’s work nationally. The project looked for potentially important **core technical assistance institutions** (primarily colleges) who were interested in participating in a collaborative and who were already engaged and ready to share lessons learned, including barriers experienced, in the development and delivery of CHW educational programs. Interest was strongly sought in the validation of core competencies and in entry-level recognition for CHWs as an emerging and growing workforce; the CHW workforce desired to gain national recognition “as important members of a nation’s health care team.”

The project searched for educational institutions, mostly community colleges, which expressed interest in aligning with identified core technical assistance institutions regionally to serve as “**Adapter Institutions.**” These institutions were selected based upon letters of high level administrative and institutional commitments to assign and support their staff to fully engage in the initiative.

The Project partnership so emerged as follows:

- Six (6) geographically and strategically located Core TA Institutions
- 15 Adapter Institutions
- 5 Expert Consultants, and most importantly
- A National Advisory Council of 15 members primarily made of 10 active/seasoned CHWs, including promotores and Native American tribal CHRs

The following are the participating institutions, advisors, and project consultants:

Core Technical Assistance Institutions:

1. **Arizona:** The University of Arizona and Pima Community College (Tucson)
2. **Connecticut:** Southwestern Connecticut AHEC (Bridgeport)
3. **Florida:** University of South Florida’s Lawton and Rhea Chiles Center (Tampa)
4. **Minnesota:** Minnesota State Colleges and Universities System (Mankato)
5. **Oregon:** Multnomah County Health Department’s Community Capacitation Center (Portland)
6. **Texas:** El Paso Community College (El Paso)

Adapter Institutions:

1. **Arizona/New Mexico:** Diné College
- 2-3. **Connecticut/New Jersey:** Housatonic Community College and Essex County College/Camden AHEC
- 4-6. **Florida:** St. Petersburg College, Hillsborough Community College, and Central Florida Community College
- 7-8. **Hawaii:** Maui Community College and Kapi’olani Community College
- 9-12. **Minnesota/Indiana:** Minneapolis Community Technical College, South Central Technical College at Mankato, Ridgewater College (MN), and Ivy Tech State College (IN)
13. **Oregon:** Portland State University
- 11-15. **Texas:** El Centro College and South Texas Community College

Expert Consultants

1. Sergio Matos (New York)
2. Sarah Redding (Ohio)
3. Carl Rush (Texas)
4. Cindy Tsai (California)
5. Ann Withorn (Massachusetts)

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2. Melinda Cordero (California)
3. Teresa Hines (Texas)
4. Agnes Hinton (Mississippi)
5. Cathy Stueckemann (Maryland)

1. INTRODUCTION

C. Purpose of the Guidebook

This guidebook was developed to offer lessons learned and recommendations made by the “Community Health Worker National Education Collaborative” (2004-2008) for college responsive programs. The CHW-NEC was funded from September 30, 2004 through September 29, 2008 by the Fund for the Improvement of Postsecondary Education (FIPSE) of the U.S. Department of Education. The University of Arizona in Tucson was the grantee. Arizona’s Area Health Education Centers (AHEC) Program Associate Director, Donald E. Proulx, MEd, served as the principal investigator and project director. E. Lee Rosenthal, PhD, of the University of Texas at El Paso served as co-director and Nancy E. Collyer of The University of Arizona served as the project senior program coordinator.

The overall purpose of this national initiative was to establish a “National Community of Practice for College Responsive Educational Programs and Services” for the community health worker (CHW) workforce. Community health workers are culturally and linguistically competent members of the nation’s public health and health care delivery workforce. They are particularly effective in reaching minority and socioeconomically disadvantaged populations in resource-poor neighborhoods, where they help the nation to address health disparities in both urban and rural settings. The project’s purpose was not to set “national standards for the accreditation of CHW educational programs” nor to establish a set of “standards for the national credentialing” of CHWs. History and tradition tells us that accreditation and credentialing standards are only adopted when a critical mass of CHWs are represented by their own “national association” similar to those developed for nursing (NLN and ANA) and for many allied health professional associations like ARRT for radiologic technology. The American Association of CHWs only just began formally organizing in 2007.

This guidebook not only shares the work, findings and recommendations of the CHW-NEC initiative, it also serves to connect interested individuals, institutions of higher education and related agencies with a project website: www.chw-nec.org and an extensive set of national expert advisors and project collaborators. These collaborators offer important recommendations for the development of CHW educational materials, curricula, services, and promising practice delivery strategies, which are particularly responsive to CHWs of all types and job titles. Community health workers across the

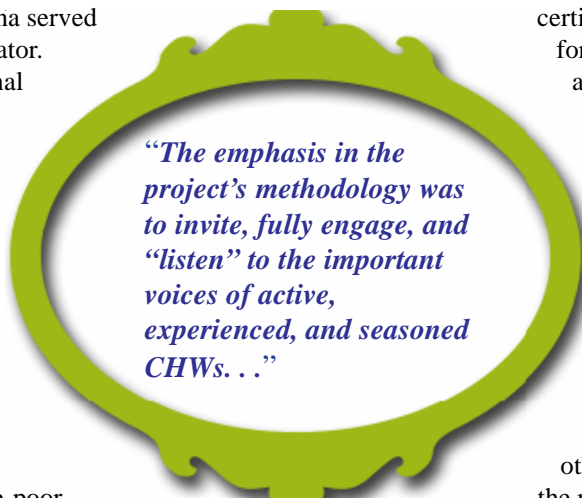
U.S. have become important members of the nation’s health and human services delivery team.

The emphasis in the project’s methodology was to invite, fully engage, and “**listen**” to the important voices of active, experienced, and seasoned CHWs in the identification, validation, training and dissemination of the most promising practices for the educational preparation, deployment, and continuing development of competent CHWs. This initiative focused on the development of a “core competency-based basic entry-level of education” for workers in community health.

While this project did not attempt to define a standardized curriculum or to make recommendations for certification or other forms of credentialing for CHWs, these topics are very important and are reviewed within the scope of the project’s dissemination of findings and materials. **DVDs have been produced to disseminate regional technical assistance and training sessions provided by the project extending from Florida to Hawaii.** Project workshops and training agendas focused on national and regional topical areas of interest; presentations were made by members of the project’s national collaborators and by other invited expert consultants. Some of the referenced CHW-NEC DVDs include a

review of the national status of CHW certification/credentialing...a 101 type presentation as of 2007 (See Carl Rush’s Review on Credentialing on the CHW-NEC website).

Project materials are well described and accessible on the CHW-NEC website: www.chw-nec.org. This website offers video clips, technical assistance training agendas, speaker/presenter profiles, session handouts, and PowerPoint presentations. The website also provides a directory of suggested literature, a listing of national presentations made by the project team, access to important recent research publications about the CHW workforce, and studies on outcome/impact measures and cost-benefit analyses.



1. INTRODUCTION

D. The CHW Field: Historic Trends

CHWs represent a vital emerging *force* in public health. In a recent assessment of health disparities, the Institute of Medicine's *Unequal Treatment* reported that the incorporation of CHWs into health programs can help improve the health of those who are not well served by the current health care system (Smedley, Stith, and Nelson, 2002). In its 2002 report *Community Health Workers/Promotores de Salud: Critical Connections in Communities*, the Centers for Disease Control's (CDC's) Division of Diabetes Translation and Division of Adult and Community Health noted that, in CDC-funded programs, "a common thread [is] community members [serving or acting] in the role of CHWs." An evidentiary study funded by the Centers for Medicare and Medicaid Services on approaches to cancer prevention among elders of color found that CHWs were the "primary mechanism for cultural tailoring" (U.S. Department of Health and Human Services, 2003). In 2007 the Health and Human Resources Administration released the Community Health Worker National Workforce Study <http://bhpr.hrsa.gov/healthworkforce/chw/default.htm#preface>. These reports reflect a growing recognition of the important role CHWs can play in ensuring the delivery of quality and culturally competent medical care and health promotion services.

1. Community Health Worker Training, Education, and Capacity Building

CHW training and capacity building programs are critical to the support of CHW workforce development. With no formal training, CHWs bring important insights and abilities to the classroom regarding work gained through shared experiences within the communities where they serve. Beyond this, many important skills and capacities can be developed. The best CHW training or capacity building embraces an adult education philosophy to enhance CHWs' existing knowledge and skills. "Popular education" builds on this philosophy (Freire, 1970) and is successfully used in many CHW programs, particularly in Spanish-speaking communities.

Many different skills and topics are addressed in CHW initial and ongoing training. Early in their training, CHWs typically learn about their multiple roles and responsibilities; about resources available in their base agency and about other area health and human services, as well as about health information related to the issues they address in their service program. The National Community Health Advisor Study, <http://www.rho.arizona.edu/Resources/Studies/cha-study/default.aspx> (Rosenthal, Wiggins, Brownstein, et al., 1998) identified core skills common among CHWs; these are frequently among the cornerstone of CHW training programs. They are: communication skills, interpersonal skills, service coordination skills, capacity-building skills, advocacy skills, teaching skills, organizational skills, and knowledge of community needs, services, and health issues. Many curricula integrating these skills are utilized in CHW training and capacity building.

In the last several decades, CHWs received training mostly through training on-the-job, usually developed and facilitated by a program coordinator. On-the-job training is still an important cornerstone of CHW training and capacity building both in formal and informal settings, such as CHW conferences. Since the 1990s, a number of CHW education and training centers have developed; some of these programs offer credit-bearing options for CHWs versus on-the-job training. In the new millennium, community colleges are clearly becoming an important source of initial and on-going education for CHWs. In response to this, the CHW-NEC was formed to help bring greater unity to how the field approaches CHW capacity building. Specifically, the CHW-NEC project worked to develop promising practices guidelines to support college-based CHW educational programs; these are presented later in this guidebook. These guidelines are in lieu of educational program standards that may eventually be established by a CHW-led group such as the newly formed AACHW.

2. CHW Credentialing

A separate but related issue to college-supported CHW education and related certificates, is the establishment of CHW credentialing programs. There is an ongoing debate among CHWs themselves and among CHW supporters as well about the value and the risks of CHW certification (Rosenthal, Wiggins, Brownstein, et al., 1998; Keane, Nielsen, and Dower, 2004). There is concern that credentialing might limit access to the field for some potential CHWs, such as those with limited English language proficiency and/or with little formal schooling. At the same time, many believe credentialing could improve chances of sustainable funding sources for CHWs and could further national recognition for CHWs. Today, most CHWs no longer wish to be referred to as "lay health workers," and, indeed, this is important with two-thirds of the CHW workforce now being paid for their service (HRSA, 2007).

Several states have begun to explore how they can establish CHW certification; two states have already adopted credentialing. Texas was the first, beginning with activities in 1999 that ultimately recommended the state establish CHW certification standards for individual CHWs and for CHW educational programs. Early work in developing a state credential was criticized for the lack of CHW involvement. In response, the state established a nine-person committee, including four certified CHWs, to oversee the implementation process.

Ohio has also adopted a credentialing program in which the state Board of Nursing regulates the CHW certification process. A few other states including Minnesota, Indiana, and Alaska, have linked use of certain curriculum to state requirements or benefits and still other states are exploring and/or implementing possible credentialing of varying types and at various levels, including credentialing individual CHWs, their trainers and/or

1. INTRODUCTION

curricula, and CHW programs themselves. A key in this exploration is ensuring CHW leadership is involved in guiding any developments in this direction. (See *Carl Rush's Review on CHW Credentialing on the CHW-NEC website.*)

3. CHW Evaluation and Research

As the CHW field has grown, there has been increasing evaluation and research in the field assessing processes and outcomes of CHW programs. CHW contributions were explored in a study of CHWs funded by the Pew Health Professions Commission; the study identified that CHWs have been found to contribute to increasing access to health care; improving quality of care; reducing the costs of care, particularly by reducing unnecessary utilization of emergency medical services; community empowerment and growth; and providing a new entry point into the labor market for people who traditionally had difficulty entering the paid workforce (Witmer, Seifer, Finocchio, Leslie, and O'Neil, 1995).

In a subsequent analysis of the literature on CHW research and evaluations in the U.S., Swider (2002) added "improving health status" and "promoting behavior change" to the list of outcomes found in some CHW programs. The cost effectiveness of CHW programs is difficult to document conclusively; programs may indeed be cost effective, but there has been limited evaluation in this area. Swider's review (2002) found that many peer-reviewed journal articles were inconclusive. However, there have been some promising findings in this area. For example, a study in Baltimore (Fedder, Chang, Curry, and Nichols, 1999) identified cost savings from the utilization of CHWs. The study found that with CHW involvement, emergency room visits went down by 40%, emergency room admissions to hospitals declined by 33%, and Medicaid reimbursements declined by 27%. The study reported that the CHW program resulted in an average savings of \$2,245 per patient per year, with a total savings of \$262,665 for the 117 patients served.

From 1994-1998, the University of Arizona conducted The National Community Health Advisor Study (NCHAS), noted previously in this guidebook, with funding from the Annie E. Casey Foundation. This was a first nationwide study of CHWs. The study explored four areas including analysis of CHW core roles and competencies (Wiggins, in Rosenthal, 1998). A decade after the foundation-funded NCHAS (1998), the federal government sponsored the Community Health Worker National Workforce Study under the auspices of the Bureau of Health Professions (2007). The study estimated that in the year 2000 there were approximately 85,000 CHWs serving individuals and families throughout the U.S. The national workforce study estimated that approximately 33% of CHWs were volunteers with other CHWs serving in part and full-time employment as CHWs.

In 2007, recognizing gaps in CHW research to date, a research agenda-setting conference, funded initially by the California Endowment, was held in January 2007, allowing for an interdisciplinary dialogue about what research is needed in the future to better document CHW contributions. At the two-day invitational conference, "Focus on the Future: Building a National Research Agenda for the Community Health Worker Field," CHWs and others came together to define research, practice, and policy issues confronting the field. The participants engaged in a consensus building process to develop a CHW research agenda. Among the top areas prioritized by the meeting participants were the need for CHW research on "CHW Funding Options, CHWs as Capacity Builders, and CHWs Promoting Real Access to Care."

4. CHW Networks/Associations

Regional, state and several national CHW organizations are helping to strengthen the CHW field and provide opportunities for CHW leadership in the field. Active national networks in the CHW field include (2008):

1. The American Public Health Association (www.apha.org/membersgroups/primary/) CHW Special Primary Interest Group, led by CHWs and representing CHWs in public health;
2. The National Association of Community Health Representatives (www.nachr.net/), an association of Native American CHW programs, funded in large part by the Indian Health Service;
3. National Hispanic Association of Community Health and Outreach Workers, Inc., formerly the *Red Nacional de Promotores*, bringing together CHWs from across the country, especially Spanish-speaking *Promotores(as)*; and
4. The American Association of CHWs (www.aachw.org - forthcoming website) formally established in 2007 to bring together state, regional, and national networks.

In addition to national CHW networks, numerous regional and state networks have played significant roles in the CHW field over the past decade. One example is the Community Health Advisor Network, predominantly made up of volunteer CHWs in the southeastern U.S. One of the first formal state networks of CHWs in the U.S. was the New Mexico Community Health Worker Association formed in the mid 1990s. The Oregon Public Health Association has a special committee on CHWs, chaired by CHWs, that provides leadership at the state level and also leverages national influence. Over time, several states, including Maryland, Mississippi, Virginia, California, Massachusetts, Arizona, and Minnesota have established statewide associations or centers to bring CHWs together. A current list of CHW networks can be obtained through APHA and the AACHW.

2. PROMISING PRACTICES

A. Introduction to Promising Practices: The CHW-NEC Framework

The CHW-NEC partnership developed a framework for understanding educational program development consisting of seven components grouped under four main categorical areas. The framework, illustrated by a triangle (see below), provides a stepwise ladder of investigation for new program development and/or for strengthening existing programs.

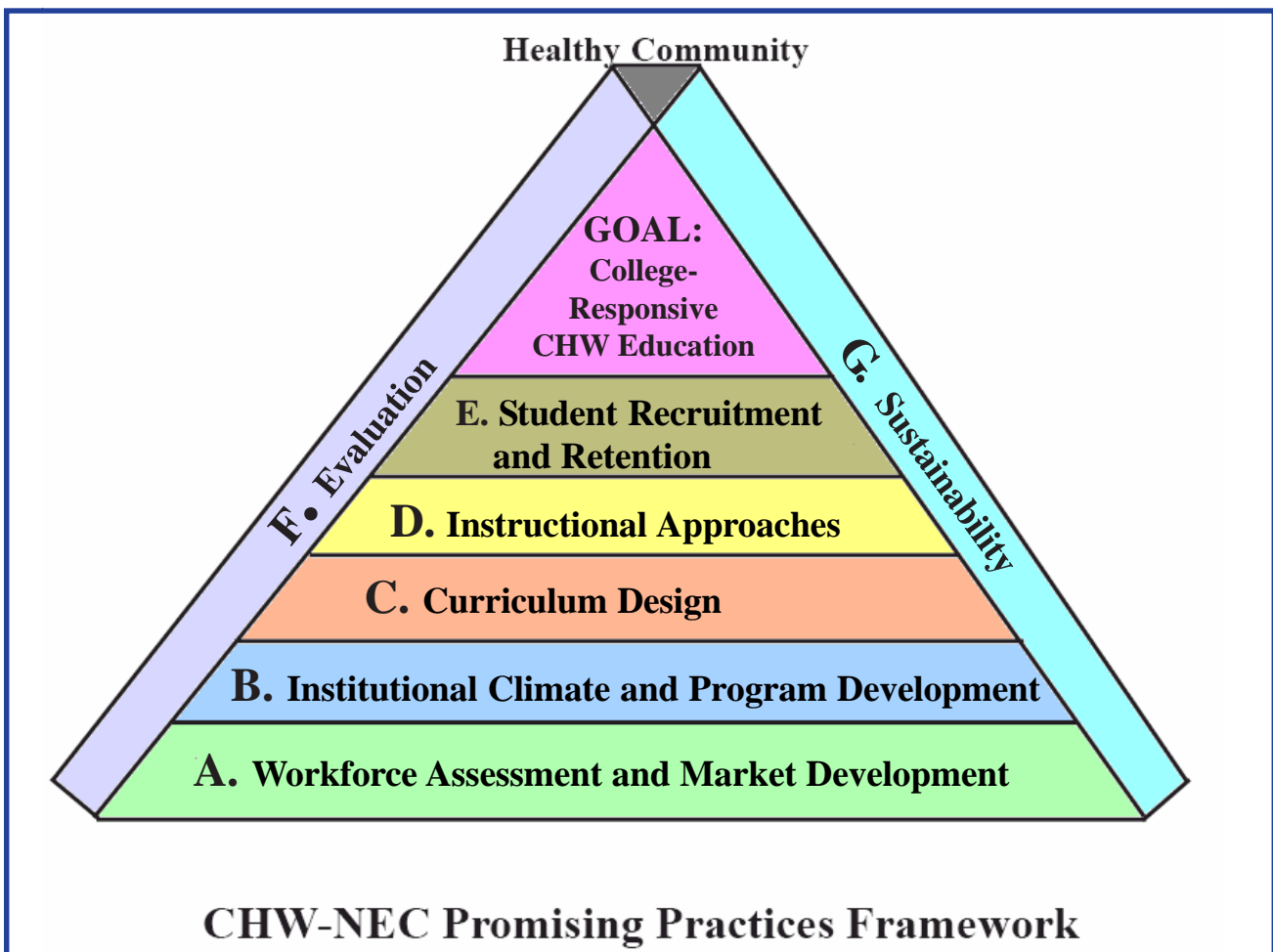
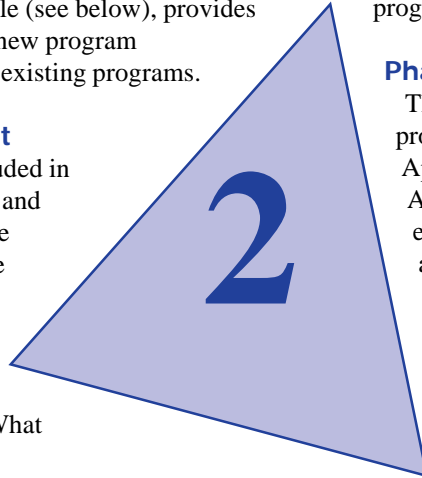
Phase I: Program Development

There were two components included in this phase: (1) Workforce Assessment and Market Development, in which college faculty and staff need to play an active role in examining the employment opportunity landscape for CHW in their service region. This phase also included (2) Institutional Climate and Program Development. What

support is presented by institutions of higher education for developing a curriculum or educational program track for CHWs? Will the institution build a CHW educational program that is responsive to existing and future needs?

Phase II: Program Implementation

There were three components in this phase of the project: (1) Curriculum Design, (2) Instructional Approaches, and (3) Student Recruitment and Retention. A primary consideration in all these components was to examine how to meet the needs of the non-traditional adult learners. The last two Phases – III: Program Evaluation and IV: Sustainability held only a single component for the project's inquiry. The promising practices that the project identified are each grouped under these areas of the framework in this guidebook.



2. PROMISING PRACTICES

B. Defining Promising Practices

Promoting “Promising Practices” is a part of a quality movement that encourages the concept of “doing our best;” in fact, it is modeling what we want those we serve to do as well. Based on a review of selected public health literature discussing promising practices, the following areas were adopted as key characteristics for any promising practices adopted by the CHW-NEC partnership:

1. There are measurable objectives
2. They are participant-driven (empowering)
3. They are evolutionary-with continuous practice improvement in mind
4. They reflect tested theories and beliefs
5. The processes and strategies utilized reflect relevant evidence *
6. They express an environmental understanding of the “climate,” both internal and external for success.

*Evidentiary sources might be:

Published and unpublished literature; staff experience; community/client/student feedback; the experiences of other organizations; expert opinions inside and outside the field; Internet sites; funder impressions; evaluation findings; and subjective and objective data. “Promising Practice” is suggested as an alternative term, when clear empirical evidence does not validate something is a “Best Practice.”

The CHW-NEC team also acknowledges that there are some risks associated with the adoption of “Postsecondary Promising Practices.” Pursuing such practices may promote a movement toward developing guidelines, standards, and norms that can be utilized to **control** services or, in this case, educational programs that are not compatible with community needs. At times promising practices may place a higher value on cost efficiency vs. people-oriented values. The CHW-NEC partners believe that critical on-going reflection regarding promising practices can serve as a remedy to counter these risks. The CHW-NEC also acknowledges the term “useful practice” as suggesting that the context of a practice will determine what is best.

1. How are the promising practices identified for CHW education?

- A program design that “Works” is constructed using Promising Practices!
- If students/CHWs enroll and successfully complete the curriculum, it’s because the curriculum and the instruction are properly tailored to meet the competencies, character and learning style needs of the students/CHWs.
- If the instruction is taken to the student, rather than the student, by imperative, being taught on a campus, then the program is student-centered, not campus-centered. This is a CHW “best practice.”

- If unrealistic academic prerequisites are not put up as barriers to enrollment, then the program is constructed on the basis of serving the needs of non-traditional adult students, who are likely not high school graduates or GED completers.
- Student success is based upon an interactive adult learner-based format...oral work is as highly regarded as written work.
- A curriculum that is responsive to the needs of students to demonstrate performance is working to promote student success.
- A postsecondary program that serves employers effectively is based upon the needs of the workforce. A program that graduates successful students who serve as CHWs in the field utilizing their newly acquired education skills and knowledge is a promising practices program.

2. Some suggested evidenced-based support for Promising Practices:

- Adult Learning Theory applies (see pages 15-16 of the University of Arizona Core Curriculum Guidebook).
- Stimulus-response behaviorist theory (B.F. Skinner and others), including “reinforcement theory” applies. That is, student success begets an enhancement of learner self-confidence, which is reinforcing to further success for students new to postsecondary education.
- John Dewey’s educational philosophy applies: “Education as Experience!” That is, what the learner brings with them (their direct experience and prior training/education/learning) is as important as what they may newly experience in the postsecondary environment.
- Paulo Freire’s (Brazilian Educator) “Popular Education Pedagogy” applies to non-traditional adult learners, with limited literacy/language skills...learning to read and write through discussion...education of, by, and for the people...problem-centered learning.
- Maslow’s “Hierarchy of Needs” theory applies. Start with the simple and grow to the complex.

1. Brownson R, Gurney J, and Land G. Evidence-based decision making in public health. *J. Public Health Management Practice*. 1999, 5(5), 86-97.
2. Cameron, R., et al. Linking science and practice toward a system for enabling communities to adopt promising practices for chronic disease. *Prevention Health Promotion Practice*, January 2001, 2 (1), 35-42.
3. Kahan B and Goodstadt M. The interactive domain model of best practice in health promotion: developing and implementing a promising practices approach to health promotion. *Health Promotion Practice*, January 2001, 2(1), 43-67.

2. PROMISING PRACTICES

C. Promising Practices Identified by the CHW-NEC

This section poses questions for guidebook readers who may be in some phase of CHW educational program development, including those who are attempting to start new programs and those who are already offering educational programs.

During the life of this project, the CHW-NEC partners identified many promising practices that have relevance to CHW education and training programs. In exploring those practices spanning the life of a CHW educational program, CHW-NEC partners have articulated key issues pertaining to each promising practice that should be examined in the process of starting or strengthening a CHW capacity building program, particularly within, or in coordination with, formal academic institutions.

Accordingly, this section of the guidebook poses questions for the readers that the project investigated. Postsecondary institutions should work to address these questions if engaging in the development of CHW educational and training programs. The "Key Considerations" outlined in this section set the stage for these questions. This questioning process offers program developers a framework and some insight for considering important decision points along the way to delivering successful and responsive educational program options.

In order to develop a successful CHW educational program there are many steps in the process and many questions to address. Readers may walk through the phases of CHW educational program development, wherein this guidebook highlights the promising practices identified by the CHW-NEC. Within each of the promising practices presented, there are important questions for consideration in achieving institutional success.

Community Health Worker National Education Collaborative Promising Practices Menu Overview List

A. Workforce Assessment and Market Development:

1. Completing Labor Market Assessments; the First Step in a Program Feasibility Study
2. Carrying Out Employment Market Development
3. Promoting CHW Leadership – CHW Association Development
4. Addressing State and Related Certification Requirements
5. Supporting and Developing CHW Fieldwork Preceptors

B. Program Development and Institutional Climate:

1. Identifying a Program Home/Best Fit Within the Institution
2. Engaging Active/ Experienced CHWs and Employers as Advisors to Program Development
3. Starting with an Entry-Level Basic Certificate Program
4. Avoiding Pre-Requisite Requirements for Admission to an Entry-Level Basic Course of Study
5. Evaluating Existing College Courses to Support the CHW Curriculum
6. Marketing the Program

C. Curriculum Design:

1. Implementing a Competency-Based and Basic Core Skills Curriculum
2. Integrating a Performance-Driven Assessment Process
3. Selecting Appropriate Elective Courses for CHW Students
4. Developing Specialty Health Track Modules
5. Including Health Issues Content for a Broad Student Orientation to First Aid/

CPR, General Health Issues, and Bio/
Social Determinants of Health

D. Instructional Approaches:

1. Using Flexible Scheduling Like Block Scheduling and Weekend Classes
2. Providing Instruction Which is Student-Centered
3. Addressing Institutional Requirements for Instructor Credentials
4. Selecting and Developing Direct Employment Community-Based Teaching Sites
5. Integrating Popular Education/Adult Learning Approaches into Instruction
6. Assessing Prior Learning for Credit



2. PROMISING PRACTICES

Community Health Worker National Education Collaborative Promising Practices Menu Overview List (continued)

E. Recruiting and Retaining Students:

1. Using Proactive Student Recruitment Strategies Suitable for Adult Non-Traditional Students
2. Providing Entry-Level Counseling for Students Regarding the CHW Field
3. Addressing Student Participation Barriers (child care, transportation, academics, technology access)
4. Assessing and Addressing Financial Aid and Funding Needs
5. Using Lessons Learned from CHWs in Navigating College Systems
6. Addressing Literacy and Language Issues in the Classroom, Including Computer Literacy
7. Providing Tutors and Mentors

F. Evaluation

1. Evaluating the Effectiveness of the CHW Educational Program
2. Assessing the Comprehensiveness of the Curriculum
3. Conducting Performance-based Evaluation of Instructional Approaches
4. Gathering Student Feedback/Satisfaction Surveying
5. Soliciting Employer Feedback /Survey
6. Doing Student Follow-up
7. Conducting Client Follow-up
8. Assessing Student Learning
9. Evaluating Community Impact



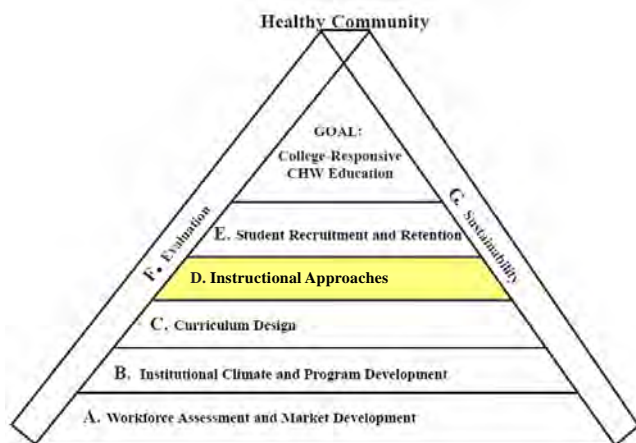
A CHW-NEC Advisory Council member discusses evaluation with the project evaluator.

G. Sustainability:

1. Developing a Community/Employer/CHW Advisory Group
2. Cultivating Workforce Development /Education Funds
3. Sustaining Efforts to Match Student Needs to Relevant Financial Aid Programs and Private Support
4. Publicizing and Celebrating Student Successes
5. Integrating Alumni into Teaching and Mentoring Students
6. Sustaining Faculty Contact with Experienced CHWs
7. Exposing Administration to the CHW Field, Classes, and Publicity
8. Providing Specialty Training Linked to Payers (Medicaid/ CHIP, WIC, Chronic Disease Management, etc.)
9. Creating Curriculum Exchange Opportunities
10. Documenting Student Contributions and Cost-Effectiveness of CHWs in General
11. Establishing Educational Programs as a Point of Entry into Employment and/or Advancement

2. PROMISING PRACTICES

D. Instructional Approaches



CHW-NEC Promising Practices Framework

ELEMENT 1. Using Flexible Scheduling like Block Scheduling and Weekend Classes

Use flexible scheduling to reach the students where they live and work. CHW students, like other adult learners, have many competing demands on their time.

Questions:

- Can the scheduling of courses include input from students about proposed schedules and locations?
- Can classes take advantage of evening and weekend times allowing for longer educational sessions and fewer trips to attend class.
- Can your institution use videoconferencing distance learning technologies and Internet-based learning for students?
- Will students have the necessary resources where they live and work to use these distance learning modalities?

ELEMENT 2. Providing Instruction which is Student-Centered

Deliver the instruction to limited English speakers, if this is needed within the service region of the institution.

Questions:

- Does your approach to learning begin with what the student already knows, constructed to advance their knowledge and skills in their field of work/service?
- Are practical hands-on learning opportunities extensively used?
- Do you address the needs of “English as a Second Language” students by allowing for frequent team work and student team collaborations in the class room where assignments can be communicated and mentored by bilingual class peers?

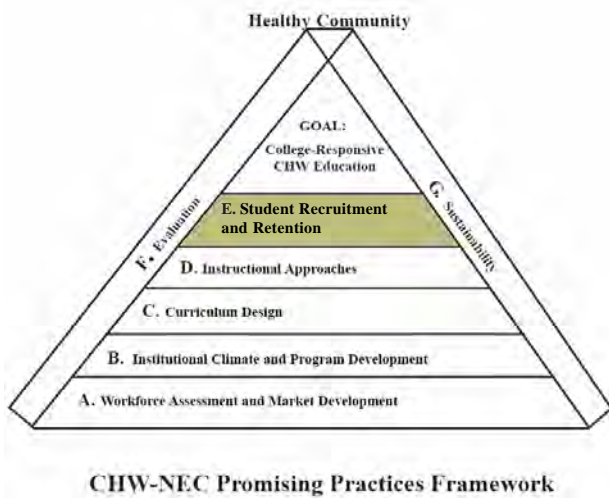
Key Consideration: Instructional approaches

include the methods that are utilized in the capacity building/teaching process including assessment of competence for college credit, interactive classroom activities (role plays, etc) and fieldwork. College-supported educational programs must not lose focus when working with two keys groups—CHWs becoming students and students becoming CHWs. Experienced CHWs are the change agents of their communities. New students have the capacity to impact the delivery of health in their communities and to grow as CHWs. The knowledge of both groups and their experience in the educational system will impact their approach in their own community education efforts.

Notes:

2. PROMISING PRACTICES

E. Student Recruitment and Retention



Key Considerations: Recruiting and retaining students refers to strategies utilized by a CHW educational program to ensure that students/CHWs enter and stay enrolled in a CHW educational program. Recruitment and retention strategies must be carried out by CHW college-supported educational programs which are successful in breaking down traditional academic barriers to admission and matriculation and which develop appropriate and relevant systems that will support CHW efforts in furthering their learning.

Element 1. Using Proactive Student Recruitment Strategies Suitable for Adult Non-Traditional Students

Work actively to recruit potential and existing CHWs to participate in the CHW educational program.

Questions:

- Have you contacted local employers who hire CHWs to encourage them to support staff enrollment in the program?
- Have you prepared a brochure explaining the role of a CHW in health and human service agencies to be distributed to potential employers (i.e. county health departments, community health centers, local neighborhood community centers, etc.)?
- Do you plan to advertise your program in the local newspapers, school newspapers, bulletin boards, etc.?
- Do you invite CHW alumni to help recruit new students?

Element 2. Providing Entry-Level Counseling for Students Regarding the CHW Field

Ensure that incoming students fully understand the broad scope of the CHW practice model and options for paid and volunteer work in the local service area.

Questions:

- Do you plan to offer an entry-level course for students to explore the CHW field?
- How do you help students new to the field to understand CHW work?
- Will your course include information regarding potential employment opportunities in the local community after graduation?

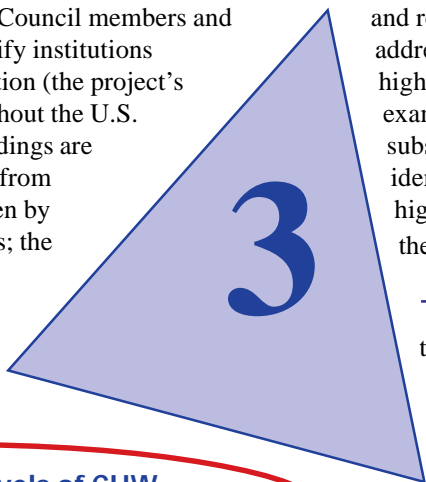
Notes: _____

3. KEY CONSIDERATIONS

KEY CONSIDERATIONS IN ACTION - HIGHLIGHTS

As a part of their contribution to the CHW-NEC project, CHW-NEC Advisory Council members led an effort to document promising practices in CHW education and capacity building throughout the U.S. Council members and all project partners were asked to identify institutions carrying out Key Considerations in Action (the project's prioritized promising practices) throughout the U.S. Highlights of the council members' findings are shared below. These notes are adapted from newsletter stories researched and written by participating advisory council members; the names of the original author and interviewee are listed at the end of each highlighted summary. For

more information, see the CHW-NEC final newsletter where the original stories are featured; the newsletter can be found on the website at www.chw-nec.org. Note that in the interviews and related summaries, External Support for Students is addressed throughout the stories and is not separately highlighted. Also, at the time of original interviewing no example of Credit for Prior Learning was identified, but subsequently developing efforts in Massachusetts were identified; notes on this key consideration are highlighted in the newsletter (Vol.3, No.1) available on the CHW-NEC website.



CHW Leadership at All Levels of CHW Educational Programs

The Central Massachusetts Outreach Worker Training Institute (OWTI) was identified by advisory council members and others in the field as a credit-bearing CHW program that puts issues of CHW leadership front and center. Notably, Tatyana Gorodetsky, a CHW herself, is the director of the OWTI. As this key consideration focusing on CHW leadership is also a central recommendation of the advisory council, the review of Key Considerations in Action begins with this Institute.

The OWTI was developed to address area CHW training needs; it is based at Central Massachusetts Area Health Education Center, Inc. The OWTI collaborates with many groups including area colleges, where in some cases they have cooperative agreements creating links between OWTI and the colleges. The mission of the OWTI is to provide career-focused, college-supported education for CHWs and their supervisors in health and social services.

CHW Leadership in CHW Education:

- At OWTI, CHW leadership was a priority. The director is a CHW with a strong link to the state CHW association, the Massachusetts Association of Community Health Workers (MACHW). The strong bond between the OWTI and MACHW creates synergy in CHW leadership and workforce development movements in Massachusetts.
- The OWTI was designed with leadership and input from CHWs. The model includes CHWs participating as part of faculty/instructor teams for every learning session. For each session, the CHW trainer is paired with a college/university faculty member or an administrator in

the field of health or public health. Staying connected to CHWs, MACHW and community organizations provide OWTI a constant pool of potential CHWs who can participate as students and faculty. This helps sustain the program by already having faculty and students in the pipeline.

- The OWTI's Annual CHW Recognition Day and Graduation is a forum where the CHWs are acknowledged, recognized, and inspired, and it offers a public arena to speak about themselves, community workforce development, and educational advancement. It has become a tradition to have CHWs, who are OWTI graduates and who became the OWTI faculty members, speak at the annual recognition events.
- CHW empowerment, validation, and knowledge-based skills development are all successes the director has observed within the training program. Many CHWs report gaining a new sense of pride, respect, and value. Learning itself has resulted in successfully shifting some CHWs from being reactive to proactive, being empowered with knowledge enabling them to stand up for community needs, and helping them in their efforts to represent the community while working in health and human services agencies and systems.

Sustainability: A state regulation made by the Massachusetts Department of Public Health on CHWs could assist with the sustainability of OWTI, if enforced. The policy states that CHW programs supported with state funding provide or facilitate opportunity for CHWs to participate in at least 28 hours of training per year. OWTI is also looking to employers as potential supporters of sustainability; currently there is a fee of \$150 for CHW training.

This highlighted summary is based on an interview with Tatyana Gorodetsky of the Outreach Worker Training Institute, Worcester, MA; the interviewer was Advisory Council Co-Chair Durrell Fox of the New England HIV Education Consortium, Boston, MA.

3. KEY CONSIDERATIONS

Integrating Policies and Advocacy Activities and External Support for Students

The Minnesota Community Health Worker Project and the Health Care Education Industry Partnership was chosen by CHW-NEC partners to exemplify policy and advocacy activities combined with the development of college-supported CHW education. The partnership is staffed by Anne Willaert based in Mankato, Minnesota. The project and related partnership have worked together to address changing workforce issues confronting Minnesota, and in so doing, they have developed a model of policy change aimed at Centers for Medicare and Medicaid Services that allows for reimbursement of some CHWs in their state. They have also helped to support research that has provided valuable guidance not only for their own state but for the U.S. overall.

Advocacy for CHWs and CHW Education:

- The Minnesota Project and Partnerships' focus on the development of CHW college-based educational programs provided a launching point for innovative CHW advocacy activities, wherein community college faculty and others played a role in helping to develop the CHW workplace.
- A policy council, including many academic partners, met regularly to coordinate statewide CHW activities. This ensured the development of opportunities to communicate the CHW role in promoting public policy to support cost reimbursements for CHW services.
- The Minnesota CHW Project has a long list of funding and supporting institutions and partners including college faculty, CHWs, community agency funders, and other community stakeholders.
- The project's director shares that: "Having community health workers at the table through the entire curriculum development and design process ensured that the learning objectives and curriculum would fully support the role of Minnesota's CHWs. CHWs help bridge the gap in services to the underserved and are vital in creating healthy communities and assisting in the provision of equal access to healthcare for everyone."
- Six course components in the state's curriculum reflect entry-level core competencies, and they incorporate policy and advocacy content. The six components include: (1) the CHW Role, Advocacy, and Outreach; (2) Organization and Resources (Community and Personal Strategies); (3) Teaching and Capacity Building; (4) Legal and Ethical Responsibilities, (5) Coordination, Documentation, and Reporting; and (6) Communication and Cultural Competence.

Sustainability: The Minnesota college programs working collaboratively have helped to build and sustain college-supported CHW training. Together with a CHW-led association, Minnesota collaborators have worked to promote the availability of money to fund CHW services. Through this effort they have helped to create the employment market to sustain them as CHW educators and, most importantly, to help sustain the community work of CHWs.

This highlighted summary is based on an interview with Anne Willaert of the Minnesota State Colleges and Universities System, Mankato, MN; the interviewer was Advisory Council Member Valerie Starkey of the Na Pu'uwai Native Hawaiian Health Care System, Kaunakakai, HI.



CHWs review a proposed curriculum.

3. KEY CONSIDERATIONS

Responding to Diverse Participant Backgrounds

The CHW program at Minneapolis Community and Technical College (MCTC) serves an ethnically and internationally diverse student body. Jane Foote explains that their CHW program is a part of the statewide Minnesota Community Health Worker Project. CHW educational programs at the college were developed to address gaps in the job industry in terms of what colleges had to offer.

Serving a diverse student population:

- In the U.S., tensions existed among immigrant students dating back to struggles in their countries of origin. Students and instructors can overcome some of these historical tensions by putting the theories from the communication module of the Minnesota CHW curriculum into action.
- The Minnesota 11-credit curriculum created seven modules tailoring training to the communities in which CHWs live and work and for the populations they serve. The theme of diversity is woven throughout the curriculum with many opportunities for applying health literacy exercises within the community. One example from the curriculum is the task of mapping the resources available in the neighborhoods where the CHWs serve. In this exercise, the CHW must examine their community from an assets perspective as it relates to the services that are available to the diverse populations living there.
- The curriculum's attention to building student skills and empowering the students with richly diverse presentations, discussions, and assignments, all geared to adult learners, has made this program successful. MCTC has found that all of this, as well as working to build a multi-cultural and international respectful community within the classroom, has helped to ensure that the CHW students achieve their goal of graduating and being prepared to move forward in the pursuit of their goals for the future.

Sustainability: Minneapolis Community and Technical College CHW students from the initial enrollment cohort have already stepped into leadership roles at the school and in their community. Several students from the first class have become mentors, tutors, and teacher aides for other CHW students now participating in the program. The overall sustainability of the program relies on having strong ties to the health and human services industry. To assure the success of students, the Minnesota CHW project worked hard to give the students as much assistance as needed including supporting students in getting financial aid and scholarships, English tutoring, and finding internship site placements.

This highlighted summary is based on an interview with Jane Foote of Minnesota Community and Technical College, Minneapolis, MN; the interviewer was Advisory Council Member Kimberly Brown-Williams of All Children's Hospital, St. Petersburg, FL.



CHWs participate in a cultural competency exercise.

3. KEY CONSIDERATIONS

Integrating Diverse Curriculum and Teaching Styles and Offering Innovative Approaches to External Support for CHW Students

It is clear at Pima Community College in Tucson, Arizona, that CHW students have an investment in shaping their own education. In part this is because of the way that the CHW program director, Mark Homan, decided to “create a sense of ownership for the students in the program and their education.” To help foster this ownership, the initial CHW course in the college’s 16-credit CHW basic certificate program is tailored to what CHW students would like to learn and how that learning relates to the goal of the overall program. The course and the curriculum can by design shift to meet the needs of the students for any given CHW cohort, including meeting students where they are; often holding class off campus in a community location chosen by the class.

A Responsive CHW Curriculum:

The Pima Community College CHW Program employs many strategies for creating a curriculum that responds effectively to the needs of CHW students, including addressing the fact that many students have not been engaged within traditional postsecondary education environments at all or, at least, not for many years.

The curriculum embraces an adult-centered teaching style accompanied by a proactive approach to supporting unique adult learner needs. The college’s innovative strategies included:

- **Language Translation in Real Time:** Students come from many cultural backgrounds and speak many languages. Mark Homan shares: “I try to assure that every student, regardless of whatever languages they may speak, are able to fully engage.” To address this, he created a multi-language classroom with student translators. For some students, providing translation services can even earn them some internship time for college credit.
- **Small Group Work:** Learning activities are also completed in small groups to address language and learning barriers. These groups take turns leading the class through various activities such as a community development scavenger hunt, where students go out around the classroom and gather materials related to community development. They then create a sculpture of all the things they have gathered symbolizing the important elements related to the community development process.
- **Guest Speakers:** Students enjoy contact with professionals from the community with whom they may work in their CHW jobs. Guest speakers present on topics like Social Security and AHCCCS (Arizona Health Care Cost Containment System), which is the Arizona’s Medicaid program. All presentations are

bilingual or are translated just as other class discussions are translated in real time.

- **Daycare:** When classes are held in a local community center it is easier to offer childcare support. One selected community center for CHW classes has a classroom on one side and a daycare room on the other side of the center. Daycare for the CHW students is provided by a group of grandmothers linked to the center called “the Nanas Group.” These nanas work with the small children helping to teach them about the culture of their own neighborhoods. These services are usually coordinated with the community center staff. The community center is one of seven Family Wellness and Resource Centers in the local area school district.
- **Community Change Course Content:** CHWs take a course that is supported by the textbook: “Promoting Community Change” by Mark Homan. Students are responsible for participating in certain types of community events, such as a conference about working with young people; the students work at the conference to help with its activities.

Sustainability: In addition to the college’s creative approaches for supporting non-traditional adult students, external support for students is important to the program. Effort is given to generating financial support for students’ academic enrollment costs, and unpaid internships are solicited from various community service groups including: the Tucson Unified School District, Rotary Clubs, the United Way, and other organizations within and outside the college environment.

Sustainability student-style: Students help develop their own financial support mechanisms as well. They have volunteered their services in local school districts and with the Tucson water company. In one case, they participated in trainings around health and water conservation. Following this, they went from door-to-door to let the public know about Tucson water issues. They were paid by the water company for their help, but most notably, they decided to not take the monies for themselves. Instead they put the funds earned into a communal pot called the “*olla*” (pronounced: *oya*), and they then put these funds into the Pima College Foundation account.



3. KEY CONSIDERATIONS

The funds that they generate by helping the water utility communicate with the public about water conservation are then used to support CHW students in need. In order to be eligible for this support, applicants go through a student board of directors where they set up their own eligibility requirements. This is a unique means developed by the CHW students, themselves, to support all needy members of the CHW student community. Some CHW students are also linked to local community centers, where students who have completed the college program serve as mentors for the students coming after them. These organized student groups, have also developed important relationships with local area policymakers. For example, the County Board of Supervisors awards the students a certificate upon completing the CHW educational program, county monies are provided to support a CHW community-based training program. This is not a Pima Community College program per se, but it follows the 16-credit basic certificate curriculum. Finally, the Pima Community College supported program has learned about one tried and true way of sustaining students – “food” is made available in the night classes, and students take turns in preparing and offering these foods.

This highlighted summary is based on an interview with Mark Homan of Pima Community College, Tucson, AZ; the interview team was comprised of Advisory Council Members Valerie Starkey of the Na Pu’uwai Native Hawaiian Health Care System, Kaunakakai, HI; Mae Gilene Begay of Navajo Division of Health, Window Rock, AZ; and Cathy Stueckemann of the Indian Health Service, Rockville, MD.



CHW students participating in a “community development scavenger hunt” prepare to create their sculpture.

3. KEY CONSIDERATIONS

Innovative Instructional Approaches

Cornell University was selected as a model institution to exemplify innovative instructional approaches in CHW education. As a part of their work with adult-learners, Cornell not only offers innovative approaches to teaching, they also emphasize the importance of preparing the student for success before they join a student cohort. Cornell stresses the importance of engaging the employer as a true supporter of student success. The Cornell program is known nationwide for offering a competency-based approach to educating “family support workers” serving at the frontlines of health and human services. Quite a number of CHW programs have found this curriculum meets their needs for entry-level prepared CHWs. The program does not require any formal educational prerequisites to enroll.

Innovative Instructional Approaches:

- The program has a unique way by which it delivers the training for participants: “The program is designed for adult learners who learn by practicing and doing,” states Meryl Jones, director of Family Development at the New York City Department of Youth and Community Development. Enrolled individuals develop skills for both work and life.
- Popular education is at the center of this curriculum. The curriculum integrates interactive role plays and analysis of triggers, such as pictures which highlight typical families served. For example, students may be asked to study a drawing to identify the strengths of the family in the drawing. Participants are encouraged to develop confidence in assessing family and system strengths and needs; they are encouraged through problem-solving to build critical thinking skills.
- Curriculum modules are structured to challenge participants to acquire new skill sets and enhance those that they already have. Techniques such as brainstorming, partner work, and small and large group projects are all used; participants learn through discovery. The student/participant-centered learning approaches support student success; and this cooperative approach to education also ultimately prepares students in their approach with their community clients in the same way.
- The program emphasizes preparing participants for their own learning experiences. There is an orientation for applicants to the program, which includes a discussion of expectations, program structure, student preparedness, and suggestions for success. The orientation addresses many myths about barriers to success and offers examples of student support that are

in place by the program at Cornell to address barriers. Participants are encouraged to get employer approval and buy-in for their enrollment, even to the extent that employers may support the costs of their enrollment.

- The family development approach helps families develop the capacity to solve problems and achieve long-lasting self-reliance. Services provided by family workers are more focused on helping families use their own strengths and skills to reach their own goals.
- Those who enroll in the Cornell program often report changes in their behavior from being very quiet and reserved to having the confidence to be vocal advocates for the underserved. Ultimately, employers and related community-based organizations gain more competent workers who help to improve community program outcomes, and wherein overall organizational cultures improve.

Sustainability: Cornell’s curriculum is implemented in collaboration with the New York Department of Youth and Community Development. This training program is available in all 62 counties of New York State and in 16 other states. To date (in 2008), there are 3,500 graduates in New York State and more than 10,000 graduates overall.

This highlighted summary is based on an interview with Meryl Jones of the New York City Department of Youth and Community Development, New York, New York; the interviewer was Advisory Council Member Romeila Rodriguez of Woodhull Medical Center, Brooklyn, NY.



CHW students engage in role playing as part of the “popular education” training model.

3. KEY CONSIDERATIONS

Addressing Personal Barriers to Participation

Maui and Kapi‘olani Community Colleges in Hawaii offer a place where natural leaders can continue their education and earn college credit to support their work as CHWs. These graduates become the next generation of Hawaii’s health professional workforce. According to Napualani Spock, director for the Community Health Workforce of the Hawaii Primary Care Association, “getting in the door to start the program is not easy for many potential students.” Through collaborations between the colleges, workforce development staff, and advisory councils, the programs conducted community assessments and surveys so they would have information about the needs and interests of the future student body in the community health worker programs.

Personal barriers to mainstream education identified by CHWs varied; they include:

- the unknown process of taking college courses
- past due book fines from a previous college experience affecting the current application
- non-established residence in Hawaii
- high tuition costs
- non-existent immunization records
- lack of or limited access to transportation
- child care costs and options
- finding a balance between work, family, and classes

Brainstorming to eliminate personal barriers: Hawaii’s educational program works to address the issues identified as barriers to access. Through open conversations and work groups among the students, the identified barriers are reviewed and the groups brainstorm about ways to eliminate the barriers. In the process:

- CHW student role models give hope to many students who experience bumps in the road as they navigate their way through the college experience.
- It is understood that a CHW’s education does not start or end in a classroom. Community health workers continue to build leadership, communication, and other skills through their first-hand experiences in community settings, as well as in the classroom setting.

Sustainability: A community health worker program is as good as the foundation upon which it is built. Ms. Spock believes that the experiences of community health workers as students increase the success of the next enrollment group. Learning from prior mistakes and realistic approaches, builds the foundation of a strong and sustainable CHW educational program—one that continues to provide the support and knowledge base which complements the life experiences of CHWs throughout the islands of Hawaii.

This highlighted summary is based on an interview with Napualani Spock of the Hawaii Primary Care Association, Pu’ unene, HI; the interviewer was Advisory Council Member Graciela Camarena of Migrant Health Promotion, Welasco, TX.

Creating Links between Education and Career Growth

Community Health Works was originally developed through a partnership of the Department of Health Education at San Francisco State University and the Health Science Department at City College of San Francisco. Representatives from many sectors came together early in the process of development; including state policymakers, hospital administrators, and local workforce agency staff. They discussed the growing health care industry and explored the skills needed by CHWs to serve effectively in that system. The first six years (1995-2001) of funding for the collaborative effort between the University and City College came from the U.S. Department of Education’s Fund for Improvement of Postsecondary Education (FIPSE). Community Health Works is thought to be the first program to establish a credit-bearing certificate of education for CHWs in the United States.

Linking Education and Career Growth:

- During the course of implementing the program, the Community Health Works team modified how they linked education and career growth for their students. They expanded classes to meet demands from students and employers. At first, CHW instructors taught small class groups, but students and potential students pushed to have larger classes. Area hospitals and other agencies were always in need of more CHWs.
- Graduates are able to obtain good jobs. Some students have come back to the institution as presenters who talk about their experience both as CHW students and as CHWs in the workplace. This certificate program gives the students the experience and awareness of the community that supports their role as a CHW.

3. KEY CONSIDERATIONS

- The program conducts routine surveys in CHW work sites. Accordingly, courses are modified every year to address current needs in the workplace. CHW training is community-based and includes internship experiences for both working CHW students and new CHWs. The internships strengthen student opportunities to network for jobs and to learn both the skills and content that are on target for local area jobs.
- One of the challenges of “creating links between education and career growth” is funding for students’ education. The tuition costs in this California-based school are \$20 a unit for in-state students and \$150 a unit for out-of- state students. The program prefers to offer free tuition to their students and, they have largely been able to do that up to this point in time.

Sustainability: The Community Health Works program is responsive to its industry partners and its students. As staff member Alma Avila explains, “they are continually exploring ways to address area workforce capacity building needs.” Currently they are working to establish CHW educational programs for youth. By being responsive to the demands of the workplace and the community, this historic program has continued to sustain itself.

This highlighted summary is based on an interview with Alma Avila of City College of San Francisco, San Francisco, CA; the interviewer was Advisory Council Member Kimbro Talk of the Navajo Health Services (Diné Nation), Shiprock, NM.

Evaluating All Aspects of the Program for the Life of the Program

Several Florida community colleges started a collaboration as a part of an innovative research effort funded by the Centers for Disease Control known as the *Maternal and Child Services Workforce Development* (MCSWD) program. It was established to promote a stronger workforce, in this case, the CHW workforce. The program targeted core maternal and child health competencies, safe childbirth education, developmental disabilities, and intervention and family support systems available in the community.

The overall goal of the MCSWD program was to determine the most effective strategies, programs, and systems to build capacity among CHWs that would enable them to both reduce illness and death among mothers as well as to promote healthy lifestyles among childbearing families. The program developed a core curriculum offering 21 academic transferable

credits that articulated well with existing postsecondary human service, pre-health science, and health-related professions educational programs in the colleges. The program targeted existing workers who were providing outreach, support, and intervention services for childbearing families and their children (birth to age 5) in public health, child development, and family service settings.

The evaluation of this educational intervention had four levels:

1. The Individual Level - the individual family support worker/CHW students
2. The Agency/Program Level - the home agency of the participating CHW student
3. The Community/Client Level - the communities and clients served
4. The Educational Program Level - looking at the educational institution

The research team, coordinated by Darlene Shearer, collected evaluation information four times throughout the length of the program regarding CHW student learner outcomes. This included visiting the agency of each CHW student to determine if they had the same kind of duties and the same amount of work experience before, during, and after the program. They collected student profiles including such data as current job allocation and previous schooling.

Evaluating CHW student development:

- To understand academic achievement, individual colleges tracked student grades; their grades improved over time. Although there were a few students that dropped out due to family problems, no students failed.
- To evaluate student problem solving skills, students were asked to write narrative reports on different cases, for example, “what would they have done in a given situation?” Notably, with courses offered only in English, in some instances, the program had to provide tutoring for students in order to fully evaluate critical thinking skills in exercises such as this.
- Changes were noted in CHW self-confidence related to their knowledge of maternal and child health issues.

This highlighted summary is based on an interview with Darlene Shearer of the University of South Florida, Tampa, FL; the interviewer was Advisory Council Member Myrna Jarquin of Montgomery County Human Services Center, Rockville, MD.

3. KEY CONSIDERATIONS

Working to Sustain Students and the CHW Educational Program

The City of Denver compensates the University of Denver to coordinate a CHW educational program in local community colleges. The students and area residents are community members representing the cultural and linguistic diversity of the state. These individuals work in a variety of community-based locations including health, school, and community centers. Some other venues in which they work are going door to door to inform people of services. They work with clientele of various local shops and have made a link with a clinic to help students access pregnancy testing.

Sustaining Students:

- One of the greatest achievements for CHW students has been the opportunity to succeed in college. In many cases, these are first generation college students. They have 35 faculty members, all unique, who take great joy in seeing the individuals in this program succeed.
- The Denver Community College CHW program has been a win-win situation in many ways: there are new partnerships with new streams of business interested in CHWs. Career pathways are being developed from CHW outreach to patient navigation.
- CHWs are better prepared for the work they do, and the policymakers see this as a success because of the diversity of the workforce. In addition, the clients benefit from the CHW being better prepared.
- Helping support students to take courses in the communities where they live and work helps support CHW educational needs statewide. Recognizing this, Denver Community College enrolls students statewide. CHW students can go to their local community colleges for the first required CHW courses and then travel to Denver for some CHW core course requirements, necessitating only a short stay in the city.
- CHWs can become leaders and serve as mentors for new students coming into the program. The program seeks CHW feedback and responds to meet the needs of students in many different ways. For example, in response to student input, the students take the first set of three classes and then take a study break.
- One challenge the program staff notes is language barriers for many Spanish speakers. The college requires exams be completed in English. If a student has problems with English, they are referred to the *English as a Second Language* course.

Sustainability: The program addresses sustainability issues by assisting students with financial issues and personal choices. At present, when students apply for admission, they also apply for any grants or tuition reimbursements available through Denver Health Community Voices. To date, none of the students has had to pay for their courses. This sustainability is dependant upon a patchwork of funders that have worked well to cover students' needs. The program's director, Elizabeth Whitley, notes that to make the project and sustainability work, academic partners need to be flexible and committed to educating this type of non-traditional adult and often working student. Also, the program needs a broad base of community support including such groups as Sisters of Color, Planned Parenthood, and others. Funders need to include both government and private supporters. Institutions currently providing funding for the program include the W. K. Kellogg Foundation and the Colorado Department of Public Health and Environment. In addition, tobacco settlement money is provided from the State of Colorado.

This highlighted summary is based on an interview with Elizabeth Whitley of The Community College of Denver; the interviewer was Advisory Council Member Cynthia Thomas of the Arizona Community Health Outreach Workers Network (AzCHOW), Inc., Tucson, AZ.



See the CHW-NEC Newsletter Vol.3, No.1 on the website: www.chw-nec.org for the complete interview reports on "Key Considerations in Action."

4. CONCLUSIONS

In the overall perspective, the findings from the CHW-NEC project from October 1, 2004 through September 30, 2008 reveal there is no “one best system” for community health worker training—no ‘single silver bullet’ for a nationally adopted educational program. There is also no standard “curriculum size” that fits all regional needs. Rather it is clear that locally-responsive educational programs are needed to address community health worker capacity building needs.

Success can be realized in both postsecondary credit and non-credit-bearing training tracks. There are multiple postsecondary doors of entry that work and which can adequately serve differing workforce markets nationally. The initial critical step to successful curriculum development is to measure and properly understand regional workforce market demands and to participate in workforce market development by “doing” respectful and responsive training.

What the CHW-NEC particularly offers is a set of “Key Considerations” for a “national community of promising practices.” The national education collaborative recommends starting with training at an entry-level for community health workers of all titles and in all service settings across the United States. Grow from the simple to the more complex only as the workforce and market place invites or requests increasing levels of educational support.

The CHW National Education Collaborative also found the foundation for delivering “a successful national community of practice” comes with the invitation and respectful engagement of the voices of seasoned and active community health workers in curriculum design and instructional delivery processes. America’s institutions of higher education need to “exercise academic restraint and humility” to effectively hear the counsel of those who are already serving effectively in community health work. The Key Considerations rendered by the CHW-NEC National Advisory Council of ten active and seasoned CHW leaders and five experienced CHW program directors and advocates are illustrated and emphasized repeatedly in this guidebook as a central product of this collaborative. See the full “Key Considerations” document on the website at www.chw-nec.org

In every setting investigated by the CHW-NEC, community health workers—*promotores*, community health representatives, doulas, community health advisors, access to care advocates, patient care advocates, patient navigators, neighborhood outreach workers, health start mentors, and all those who do community health work under so many different titles—share “a common core set of competencies” to be effective in their communities and to be invaluable to their employers in reaching

populations who are most in need of culturally appropriate services. Those core competencies, still being affirmed by the field as it grows and develops, provide a critical starting point for curriculum development that is tailored to the local level. As the field further affirms these core competencies, those working in CHW education and capacity building will increasingly be able to contribute to growing a strong and united CHW workforce.

In addition to a core set of entry-level competencies, community health workers are often further prepared to successfully serve within many health and human service issue areas including:

- 1) In chronic disease issue areas, such as diabetes, obesity, HIV-AIDS, cancers of all types, asthma and other chronic obstructive pulmonary diseases, and many more;
- 2) In behavioral health, such as domestic violence, child abuse, bullying, substance abuse, sexual abuse, and many more; and
- 3) In human services such as food banks, homeless shelters, disaster preparedness settings, immigration services and many other issue areas.

Community health workers serve in all these issue areas and in many different settings, including hospitals, clinics, health departments, community health centers, tribal health and Indian Health Service units, and more.

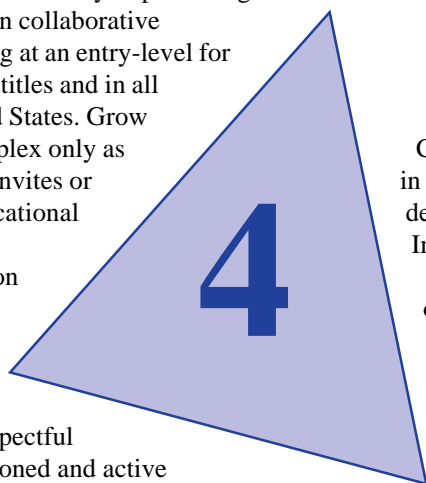
Final reflections on lessons learned in the long journey of the Community Health Worker National Education Collaborative bring to light several key considerations in their own right.

In starting and strengthening a CHW educational program, a broad partnership needs to be involved. Everyone needs to be at the table to plan, implement, and design a strong CHW educational program. Assure sufficient engagement of all partners in curriculum development, instructional delivery, evaluation, and program sustainability: employers, community health and human services agencies, students, faculty, administrators, and local, state, and national public and private funders. This is especially important for both CHWs and their current or potential employers/coordinators:

- CHW engagement is an imperative for educational institutional success.
- Employers and related stakeholders must be at the program feasibility study table.

The institutional climate must be taken into account from program initiation to sustainability:

- Institutional and faculty sensitivity for addressing barriers to student success is an imperative.
- Institutional support can be fickle and may fluctuate with changes in an institution’s administrative climate and where competing curricular demands are always present.



4. CONCLUSIONS

- “Small is Beautiful”...Start with a Bite-size Entry-Level Certificate of training.

Approaches to education and capacity building must reflect approaches that CHWs need to utilize in the field to inform and empower those they serve:

- Adult learning pedagogy is an imperative for adult non-traditional student success.
- Offering orientations for students new to higher education to navigate the college is important to successful matriculation, retention, and completion rates.
- Core competencies set the initial stage for training to be responsive to the CHW field of work.
- CHW training in common core competencies across the country is important, but programs of study must also be uniquely tailored to regional needs.
- Offering a CHW curriculum, which is responsive to the unique character and needs of the workforce becomes a college program development ‘labor of love’ when external grant incentive support is absent.
- Offering recognition for the competencies that CHWs bring with them to the college is important, but it takes a lot of work to design a credit by assessment system.
- The attributes of direct experience which CHWs bring to the educational program are an invaluable resource to the learning activities in any program of study; trainers and faculty need to take advantage of these attributes.

Understanding the dynamics of the local marketplace in terms of the current status and potential long-range demand for CHWs is critical to the educational institution decision-making process on whether to start a new program/curriculum.

- Workforce market assessment and employment market development are both important. These are critically important first steps in the program’s feasibility study.
- Service agency support for students to complete a program of study and preparation for work can save on-the-job training costs for employers.

Finally, it is clear that the developmental nature of the field contributes to an ongoing need for those engaged in CHW educational program development. It is important for postsecondary institutions to keep apprised of the CHW leadership in the field and changes occurring at the state and national levels, particularly regarding accessibility of educational resources for CHW programs and related training standards. Many institutions have found they need to play a role in being a part of this dialogue. Among the bigger issues in this area are the growing interests in and initiation of CHW credentialing which in some ways can muddy clarity and create delays in educational design and instructional delivery. Ongoing dialogue with CHWs and other leaders in this area is imperative.



Some postsecondary institutions offer distance learning classes in order to meet the needs of its CHW students: this also addresses small class sizes.

4. CONCLUSIONS

TIPS FROM THE FIELD

1. The first Rule is “KISS IT.” Keep it simple and salient from the start. Begin with an entry-level core competency-based basic certificate curriculum, which is CHW informed and employer validated.
2. Avoid unrealistic and unnecessary academic admissions barriers for a basic entry-level program; avoid unnecessary pre-requisites.
3. Take it to the students...to the community. Try to make it student-centered not campus-centered.
4. Built it from the Outside In not from the Inside Out. Build the curriculum from the perspective of community-based CHW practice sites. Consider a curriculum constructed from the perspective of where CHWs work and serve in their communities.
5. Exercise Academic Humility. Invite seasoned and active CHWs and employers to inform and validate the curriculum and instruction which the college offers. Engage CHWs as program advisors, as teachers, as teacher aides, as guest lecturers, as fieldwork site leaders, supervisors, and preceptors (to help validate the competence of students), as mentors and advisors for students (offering help for CHWs as students to navigate the college). In other words, fully engage the leadership of experienced, seasoned, and successful CHWs to support the college’s development and delivery of a CHW responsive program.
6. Make sure it meets a 4 As Test:
 - Is it Appropriate? Is it entry-level, welcoming to adult learners, liberating, language-sensitive, competency-based, and culturally appropriate?
 - Is it Acceptable? Is it at a content level of acceptability? For example, don’t require pharmacology, anatomy and physiology, or even full blown medical terminology courses, when this is truly not needed. Do the training in the context of the unique character and need of the community (ies) being served.
 - Is it Accessible? Avoid barriers to matriculation, like academic screenings which make non-traditional learners feel fearful. Offer the instruction where students live and work in the college’s service region. Consider student transportation issues and options (for example, student car pools, and public transportation options); can childcare alternatives be explored to assist these adult students as parents?
 - Is it Adaptable? Is it “community evidence-based?” Is it tailored to unique population and neighborhood needs? Can instruction be scheduled in blocks of time, like over weekends? Can distance learning technology reach students in multiple sites...is this technology user friendly...will resource-poor communities and disadvantaged students have access to the college’s distance learning technologies?

4. CONCLUSIONS

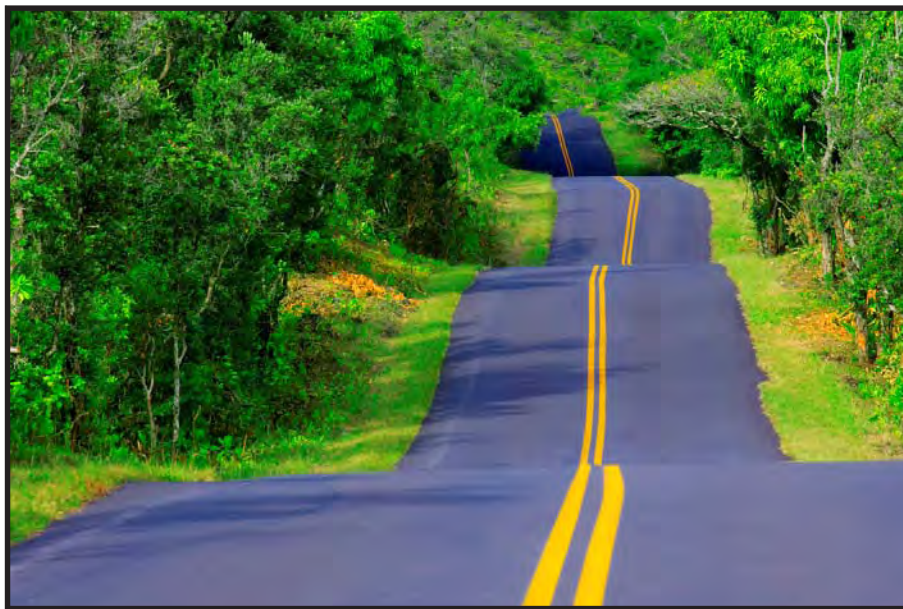
The CHW-NEC Journey

This project was conceptualized in an era when community colleges were just beginning to define their roles in community health worker education. They were the maverick institutions that stepped in with a variety of instructional responses to address the expressed needs of CHWs and their employers. As the CHW-NEC project was funded over a four year period from 2004 through 2008, it became increasingly common to hear and connect with community colleges that were exploring their educational roles in this field. Today, while CHW college-supported programs are not yet widespread, it is clear that the growth in interest and in actual programs is now moving like a small wildfire. Community health workers are here to stay; as evidenced by the 2007 release of the HRSA CHW National Workforce Study, the CHW workforce is estimated to be more than 100,000 with approximately one third of that workforce playing a role in volunteer programming. The question is no longer should colleges and credit-bearing education be a part of the field, but how must it be done?

In the years ahead, it will be important to watch the signals from the American Association of CHWs and other national CHW leadership groups including the CHW group within the American Public Health Association, now moving to Section status, with its special Committee on CHW Education y *Capacitacion*. These groups will help set the stage for endorsing core competencies in the community health services field and to define acceptable credentialing which will impact educational programming. The Key Considerations for promising practices

in CHW education identified by the CHW-NEC Advisory Council can also offer some directions for colleges and other institutions working to develop programs; like the community health services field, the Key Considerations will also continue to evolve. The CHW-NEC website is offered as a venue to capture and track that evolution.

The CHW-NEC offers a starting point for the field in creating a national infrastructure and set of overarching values related to CHW education and capacity building. During its four years, the collaborative partners were like canaries in the coal mine—institutions developing new programs in a still evolving field. Each program amalgamated its programming to the shape of the local landscape. The CHW-NEC was successful in providing acceptable, appropriate, adaptable, and accessible technical assistance to help with local and regional landscapes responsively. For educationally responsive postsecondary programs to continue growing and developing curricular doors of entry for the CHW workforce, the educational institutions always need to reach for the best guides in the field—the seasoned CHWs who bring a long and honorable tradition of standing in two worlds and making them connect.



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