



## Letters from the Advisory Council Co-Chairs

*Yvonne Lacey and Durrell Fox*



**S**adly, all good things must come to an end and now the CHW-NEC Project team is putting the finishing touches on our three-year project. I am especially going to miss collaborating with the colleges and the regular conference calls, getting to know the Council members and their thoughts about the field of CHW work and education.

I hope that you enjoy the newsletter stories written by our CHW Council members about promising Key Considerations in Action in colleges all over the U.S. I also hope that you will keep these key promising practices alive and continue to build on and strengthen them in our future as we continue to improve CHW educational and capacity building opportunities.

Sincerely,

*Yvonne Lacey*

CHW for Life

**A**s a Co-chair of the CHW-NEC Advisory Council and as a CHW leader who has been involved in national and local CHW movements, I welcome you to the last edition of the CHW-NEC Newsletter which features several stories that demonstrate our Key Considerations in Action. The Advisory Council developed CHW-NEC Key Considerations that will continue to be one of our legacies as they can provide guidance and recommendations for CHW training programs to provide the best CHW responsive programming design. Any program that incorporates all of the Key Considerations will truly be appealing to CHWs as well as to colleges, universities, and community-based organizations who want to continue to build effective and efficient CHW training and educational programs.

I've been very active in the CHW-NEC throughout its three-year history and have been honored to be a CHW leader who participated in conference calls, facilitated and presented during technical assistance sessions and represented the CHW-NEC Advisory Council at many meetings and conferences. I look forward to continued communications with CHW-NEC staff and advisory councilors as we look to maintain an active website to continue dissemination of our work from the last three years, as well as some new projects that may arrive.

I'm also proud to continue to represent Massachusetts and its strong, truly statewide CHW association. We have now ascended to a leadership role in the state for all CHW training and workforce initiatives. In this newsletter I authored a story about CHW leadership in the Massachusetts Outreach Worker Training Institute as a true demonstration of a Key Consideration in Action. Each story is authored by a CHW member of the Advisory Council and comes from the heart as well as from our observation of promising practices that illustrated our Key Considerations in Action.

Sincerely,

*Durrell Fox*

CHW leader 1991- ....



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## Introduction to Key Considerations in Action Interviews

By E. Lee Rosenthal, MPH, PhD, CHW-NEC Co-Director

The Community Health Worker National Education Collaborative (CHW-NEC), funded by the U.S. Department of Education Fund for the Improvement of Post Secondary Education, brought together a national Advisory Council made up of 15 members including ten Community Health Workers (CHWs). In addition, representatives of 22 institutions of higher education from throughout the country were invited to join the CHW-NEC to address college-supported CHW education. The Advisory Council reviewed the many promising practices in CHW college-supported education identified by project partners and others to select key priority practices. The project's Key Considerations of the identified promising practices form a "top picks" menu (see Key Considerations Check List Box ) that crosses the full lifecycle of CHW educational programs from start-up and early assessment of administrative climate to evaluation and sustainability of an education program.

Having identified these Key Considerations, CHW members of the Advisory Council next took the lead in gathering data on the Key Considerations in Action. Each institution selected was identified by one of the Collaborative partners as carrying out their program in the way that exemplified at least one Key Consideration.

Together in pairs, the Council members interviewed individuals identified in these college settings to document selected Key Considerations in Action. All participating Council members completed a conference-call based training on interviewing protocols.

Although this interview process was exempt from Internal Review Board (IRB) requirements, each interviewee

received informed consent information regarding their participation in the proposed interviews. Council members took turns taking notes during the interview and then each took the lead in summarizing what they learned and developed a newsletter story shared here. (Each interviewee was asked to review the final story for accuracy and completeness.)

The CHW-NEC partnership believes that sharing information about these innovative approaches to CHW education can enhance CHW educational program development throughout the country. Thank you for taking time to review these practices. We hope that they will inspire you to enhance or start a college-supported CHW educational initiative of your own that embraces the Key Considerations identified and documented by our CHW-led national Advisory Council. \*

### Community Health Worker National Education Collaborative KEY CONSIDERATIONS CHECK LIST

#### Overarching Considerations:

- Include CHWs at all levels of leadership in CHW educational programs
- Integrate CHW-NEC Promising Practice approaches
- Maintain advocacy and sustainability activities throughout the life of the program

#### Promising Practice Areas and Key Considerations:

##### **I. Program Development**

- A: Workforce Assessment and Market Development
  1. External support for students
- B: Institutional Climate and Program Development
  2. Respond to diverse participant backgrounds

##### **II. Program Implementation**

- C: Curriculum Design
  3. Diverse curriculum/teaching style
- D: Instructional Approaches
  4. Adult learner approaches
- E: Recruitment and Retention
  5. Address personal barriers to participation
  6. Develop credit for prior learning mechanisms
  7. Create links between education and career growth

##### **III. Program Evaluation**

- F: Evaluation
  8. Evaluate all aspects of the program throughout the life of the program

##### **IV. Program Maintenance**

- G: Sustainability
  9. Work to sustain students and program throughout the life of the program
  10. Integrate policy and advocacy activities

## “Addressing CHW Leadership and Faculty Development in CHW Training Programs”

By Durrell J. Fox, Advisory Council Co-Chair

Interviewee: Tatyana Gorodetsky, Director of the Outreach Worker Training Institute (OWTI), Central Massachusetts Area Health Education Center, Inc., Worcester, Massachusetts

### HIGHLIGHTS:

- ◆ CHW Leadership is central to OWTI at all levels
- ◆ Diversity in instructional teams is promoted by integrating CHWs and many others on a rotating basis in the classroom
- ◆ The Massachusetts Department of Health requires that the CHWs it supports participate in continuing professional training; OWTI training helps fulfill those requirements
- ◆ Employers contribute to the cost of training for the CHWs from their agencies
- ◆ The OWTI collaborates with the state CHW association, the Massachusetts Association of Community Health Workers (MACHW)

collaborative efforts and different levels of cooperative agreements with several area colleges. The CM AHEC is one of the regional centers of the Massachusetts AHEC Network based at UMass Medical School, Commonwealth Medicine Division. OWTI has CHWs as co-instructing faculty members for training sessions and has evolved from serving CHWs mainly from Central MA to serving CHWs from other parts of the state. OWTI provides 45-hour CHW Certificate Courses including “generalist” courses for CHWs from a variety of disciplines and specialty courses for CHWs focusing on specific health issues (for example, the Diabetes

During the final full year of the CHW-NEC project, Community Health Workers (CHWs) from the Advisory Council reviewed CHW training programs and identified promising practices that best demonstrate our Key Considerations in Action. We conducted interviews to better understand the practical application of our Key Considerations, and I was honored to interview Tatyana Gorodetsky, the director of the Outreach Worker Training Institute (OWTI) of Central Massachusetts (MA). The OWTI is one of the best CHW training models that demonstrate CHW leadership in every aspect of the program including modeling CHW as faculty in a CHW training program. I make this statement as a CHW who, with over 18 years of service, has been involved in hundreds of CHW training program presentations, and I have also reviewed CHW training program designs and curricula from over 20 CHW training programs in 15 states.

OWTI was born in 2001 out of an identified need from the Greater Worcester community, the Central MA Prevention Center in Worcester and from a Community Health Network Area (CHNA-8)/Community Wellness Coalition. They were addressing the need for a CHW training program in Central Massachusetts since there wasn’t a local place for CHW education and training. OWTI is currently based at Central Massachusetts Area Health Education Center, Inc. (CM AHEC) and has a number of

Self-Management Course for CHWs, Cancer and Cardiovascular Disease courses for Patient Navigators, Chronic Disease Management Courses for CHWs working with various chronic disease patients). In addition to the CHW courses, the OWTI offers 6, 12 and 18-hour CHW Supervisor trainings. The mission of the OWTI is to provide career-focused, college supported education for CHWs and their supervisors in health and social services.

Since the inception of the OWTI, CHW leadership was a priority. The person chosen to direct the OWTI was a CHW; there were CHWs at the table during the implementation/development phase, and there was a strong connection to a CHW led network (the Massachusetts Association of CHWs-MACHW). Tatyana was also one of MACHW’s founding members and a past member of the board of directors. A member of MACHW’s leadership signs each OWTI graduation certificate and presents them during each graduation ceremony. The strong bond between the OWTI and MACHW creates synergy in the CHW leadership and workforce development movement in Massachusetts. Because of this and other reasons listed below, I feel the OWTI provides one of the best examples that demonstrate the “CHW Leadership” Key Consideration in Action.

The OWTI was designed with leadership and input from CHWs. The model includes CHWs as team-instructing

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“Addressing CHW Leadership and Faculty Development in CHW Training Programs”

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faculty members for every session of their 45-hour CHW certificate course (15 sessions @ 3 hours each weekly). CHWs as the OWTI courses participants give input into course curricula content and are offered an opportunity to challenge themselves in a role of class co-instructor. Many CHWs/OWTI graduates have become team-teaching faculty members in subsequent years. For each session, a CHW trainer is paired with a college/university faculty member or a health professional/ administrator in the field of health or public health.

Faculty composition reflects the OWTI commitment to CHW participation as team instructors and members of the curriculum development. It also demonstrates the OWTI’s commitment to diversification of the instructional teams: about 20 percent of the faculty is OWTI graduates and about 20 percent of the faculty rotate or is brought in yearly.

For the past seven years, the OWTI has graduated a total of 212 community health professionals including 140 CHWs and 72 Supervisors of CHWs. These numbers do not include some of participants who could not complete courses and did not graduate. Not all CHWs who enter the certificate course graduate because of various reasons including job insecurity, lack of supervisor support, health, and personal reasons.

Due to Tatyana’s background as a CHW, she thought that CHWs would be the best teachers since “they could not only tell course participants about the community health work in general terms, but they could also demonstrate community health outreach skills and share their individual and professional experience based on community health practice.” Ultimately it became the OWTI philosophy reflected in the following thought: “it takes a CHW to bring community members to health and human services and to bring community outreach experience to the classroom.” If we want the best surgeon for the surgery, why shouldn’t we want the best CHW for CHW training? The idea of the CHWs’ involvement at every juncture is central to the OWTI and is reflected in the team instructional model. Two other ideas of importance suggested by Ms. Gorodetsky are: “invite diversity at every level and treat the model we created as an evolving model to meet CHWs’ professional training needs.”

Empowerment, validation, knowledge, and skills development are OWTI’s successes Tatyana has observed. The OWTI’s Annual CHW Recognition Day and Graduation is a forum where the CHWs are acknowledged, recognized, inspired, and offered a public arena to speak about themselves, community workforce development, and educational advancement. It has become a tradition to have the OWTI’s CHW graduates and those who became OWTI faculty members speak at the OWTI’s annual events.

Staying continuously connected to CHWs, MACHW, and community organizations provides OWTI an opportunity for an ongoing identification of CHWs as course participants and faculty. Having faculty and students in the pipeline helps maintain the OWTI as a training program designed for CHWs.

Enforcement of the currently existing CHW Training Policy developed by the Massachusetts Department of Public Health could assist with sustainability of the OWTI. The policy states: “Each CHW shall attend a minimum of 28, with a goal of 42 hours of relevant professional training per year per DPH-funded full time employee, and be paid while attending training.” This policy enforcement could also lead to state funding for training programs. Significant progress has been made toward this goal.

As per Section 110 of an act providing access to affordable, quality, accountable health care, the OWTI of CM AHEC participates in the Massachusetts Department of Public Health statewide advisory council chaired by the commissioner of public health to assist in developing recommendations for a sustainable CHW program including a training curriculum and CHW certification program to insure high standards, cultural competency, and quality of services.

A crucial role of the CM AHEC in the OWTI’s sustainability makes the training program successful. The CM AHEC leads the way in developing partnerships to support the OWTI’s mission. CM AHEC and its OWTI establish collaborations with various departments including the Massachusetts Department of Public Health (MDPH), local, state, and national CHW programs, educational institutions and agencies including the UMass Medical School, Massachusetts League of Community Health Centers as well as local and national foundations including the Robert Wood Johnson Foundation to continue offering

***“Faculty composition reflects the OWTI commitment to CHW participation as team instructors and members of the curriculum development.”***

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

Interview Team: Mae Gilene Begay, Valerie Starkey, and Cathy Stueckemann

Interviewee: Mark Homan, Pima Community College, Tucson, Arizona

It is clear at Pima Community College (PCC) that CHW students have an investment in shaping their own education. In part that is because of the way that Mark Homan aims to “create a sense of ownership for the students in the program and their education.” To help foster this ownership, the initial Community Health Worker (CHW) course in the Pima College 16-credit CHW basic certificate program is tailored more towards what they would like to learn and how that relates to the objectives of the course. The course and the curriculum overall shift to meet the needs of the students in any given CHW cohort including meeting students where they are – often holding class outside the campus in a location chosen by the class.

The Pima Community College CHW Program has many strategies for creating a curriculum that responds to the diversity of CHWs and CHW students including addressing the fact that many students have not been within traditional education environments for several years. The program also has strong sustainability rooted in the community.

In terms of offering a diverse curriculum and teaching style, PCC offers many unique approaches. Some of those innovative strategies include:

**Language Translation in Real Time** – Students are from many cultural backgrounds and speak many languages. Mark stated that “I try to assure that every student, whatever language they may speak is able to really engage.” So to address this issue, he creates a multi-language classroom with student translators; for some students this may even count toward internship credits.

**Small Group Work** – Class work is frequently conducted in small groups to accommodate language and learning barriers. The groups take turns leading the class and participating in innovative learning styles. One such example is the use of a scavenger hunt as a community development activity; the students go outside the classroom to the nearby surrounding area and gather materials related to community development. They then create a sculpture

### HIGHLIGHTS:

- ◆ Pima Community College makes sure that CHW students have an investment in shaping their own education
- ◆ Curriculum shifts to meet the needs and interests of the students each semester through early and ongoing student input
- ◆ Classes are accessible to students through interactive small group work and through Real Time language translation by other students in the classroom
- ◆ Sustainability is rooted in the community with a community “pot” is generated by student fundraising; they administer it focusing use on student-related expenses

using all the items they have gathered that symbolize elements of community development. This teaching style is very experiential and offers students an exciting and interesting way to learn new material.

**Guest Speakers** – Students enjoy contact with professionals from the community that they may work with in their CHW jobs. Guest speakers often present such topics as Social Security, AHCCCS (Arizona HMO model), which is the state’s Medicaid program, assistance support such as Food Stamps, TANF, etc. Immigrant Rights, and Patient Rights are among other topics addressed. All presentations are translated just as other class discussions in real time in the classroom.

**Day Care** – When classes are held in a local area community center, it makes it easier to offer child care for the CHW students. One selected community center has a classroom on one side and daycare room on the other. There is a kitchen, welcoming area and other small offices. Day care for the children of the CHW students is often provided by a group of grandmothers linked to the center called “the Nanas Group;” they work with the small children and teach them about culture. These services are usually coordinated with the Center staff. The Center is one of seven Family Wellness & Resource Centers in the school district.

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“Integration Diverse Curriculum and Teaching Styles” and “Offering Approaches to External Support for CHW Students”

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**Course Content** – One of the courses in the PCC CHW Certificate Program includes the use of the textbook: “Rules of the Game: Lessons from the Field of Community Change” authored by Mark Homan. In addition, students are responsible to participate in some type of community event, such as a conference on working with young people; the students work at that conference and help to support the efforts of the conference. The students are free to pick an appropriate community event to complete this section of the course.

**Student Organizations** – Some cohorts of CHW students linked to the community centers systems, described briefly above, have created their own organizations. They have their own Board of Directors. One cohort of students that went through the program mentors the next cohort of students, and so forth; a lot of internal mentoring takes place. Also, these organized student groups linked to the Center described above, developed a relationship with the school district and the county Board of Supervisors. The Board of Supervisors has taken a real interest in the center-based program and decided to give a certificate upon completing the program and monies to support the program. This is not a Pima Community College program per se, but it follows their 16-credit certificate program. The Center Director and one of the County Supervisors saw the value of this community health work and the work CHW students had been doing and wanted to strengthen it so they created a program called Neighborhood Coordinators, *Promotores Del Barrio*.

In addition to creative approaches to supporting the students, the Pima Community College CHW Program is also good at keeping itself and its students sustained. A significant percentage of the students in the program, made up mostly of women, are low income. About one third have jobs and approximately two-thirds of them are already employed in CHW work. After the completing the program, a few of them have moved on to work in other fields; going to the school district and in other organizations in the

community. Some have continued their education, including earning bachelor’s degrees.

External Support for Students is important to the program. Some students work in agencies and have other jobs such as Head Start or as Community Health Representatives in the Yaqui Nation; and they do their internship at their place of employment. In this case, the organization may provide for their academic costs (tuition, books, etc.). Other students who do not have a CHW job complete internships in various agencies; many have stipends so that the students receive some kind of support. Still other financial support for students can be found from supporting agencies/organizations that provide unpaid internships and/or academic costs. Some of those entities include the school district, the Rotary Club, United Way, and a PCC organization that promotes bilingual education.

Students help develop other financial support sources too. They develop relationships with the county and school districts and some students have worked with Tucson Water Department. They participate in trainings around health and water issues. Following the completion of this training, they went from door to door to let the public know about these health and water issues; in this case they are paid by the water department. Notably, they do not take the monies for themselves; instead they put it into a communal pot called the “*olla*,” which is part of the PCC foundation. These funds that they generate are then used to support their academic progress. In order to be eligible for these funds, students have to go through a Board of Directors that has set up their own criteria for eligibility. The Board of Directors is not paid for their services. They do it as a means of community participation to support all members of the CHW student community.

According to Mr. Homan, one other way of sustaining students and making course work relevant is to incorporate food in the classes. Students take turns preparing foods; given the diversity of the PCC CHW students, many different ethnic dishes are prepared and enjoyed by all! \*

*“...other financial support for students can be found from supporting agencies/ organizations that provide unpaid internships and/or academic costs. Some of those entities include the school district, the Rotary Club, United Way...”*

## “Responding to Diverse Participant Backgrounds”

By Kimberly Brown-Williams

*Interviewee: Jane Foote, Minneapolis Community and Technical College, Minneapolis, Minnesota*

### HIGHLIGHTS:

- ◆ The Minneapolis Community and Technical College addressing adversities between students dating back to struggles in their countries of origin has been important to student success
- ◆ Students and instructors overcome challenges posed by diversity issues in part by incorporating theories from the communication module of the Minnesota state CHW curriculum
- ◆ The seven module state CHW curriculum was created so that it can be adapted to the community in which the CHW lives and works; the theme of diversity is woven throughout
- ◆ The overall sustainability of the program relies on having strong ties to the industry.

populations; 80 percent of the students spoke a different language; and 30 percent spoke English only as a second language. There were eight to ten different languages represented in that first group of CHW students.

Some issues that arose by having such a diverse student population included working through adversities that existed between students; these issues dated back to their original country feuds. Working together, the students and instructors were able to overcome these obstacles by incorporating theories from the communication module of the CHW curriculum into action. Reflecting that, students were encouraged to

During my interview with Jane Foote, advisor of the CHW program at Minneapolis Community and Technical College (MCTC), I learned a lot about the term “diversity.” The Minneapolis Community Health Worker Program began as a part of a statewide Community Health Worker (CHW) training initiative in 2003. The CHW initiative was of interest to MCTC and other colleges in the state as there were gaps in the job industry and in what colleges had to offer in terms of midline education.

In talking about their diverse student participants in the CHW program, Ms. Foote explained that there has been a steady growth in minority populations in the Minneapolis area. The student population is indeed diverse with 49 percent of the students coming from international and/or minority backgrounds. MCTC is located in the northern section of downtown Minneapolis; this location makes MCTC a very urban center serving many diverse populations. The knowledge and experience of the college in serving diverse populations made it well suited as a pilot site for the CHW training. The MCTC was also very capable of incorporating the CHW curriculum because they were experienced in educating nurses.

The first cohort of CHWs at the college included 16 students; 75 percent of them were currently employed as Community Health Workers. Ninety-five percent of the students in the pilot program represented minority

dialogue about issues while expressing their opinions in a respectful manner. Fellow CHW students worked through their issues by effectively using their newly reinforced communication skills. The Minnesota Community Health Worker Program offers an 11-credit curriculum, which was developed based on the skills needed to become a CHW. There are seven modules in the curriculum and it includes an opportunity for an internship at the end of the course work. The curriculum is unique in that even though it is standardized, it was created so that it can be adaptable to the community in which the CHW lives and work and to the populations they will serve. Throughout the curriculum, the theme of diversity is weaved with many opportunities and exercises within the community. One example from the curriculum is the task of mapping their community. In this exercise, the CHW must explore their community as it relates to services that are available to diverse populations living there. This might include mental health services, oral health services, and other health and human services. To learn more about the Minnesota CHW curriculum visit their website at: [www.heip.org](http://www.heip.org).

Ms. Foote observed that there was much success and empowerment felt by the students through taking the CHW curriculum training. She explained that many students have continued their education and some have earned A.A. and

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## “Addressing Personal Barriers to Participation”

By Graciela Camarena

*Interviewee: Napualani Spock, Hawaii Primary Care Association, Pu’unene, Hawaii*

### HIGHLIGHTS:

- ◆ Maui and Kapi’olani Community Colleges in cooperation with the Hawaii Primary Care Association address personal barriers to mainstream education identified by CHWs
- ◆ Barriers to education include transportation, child care as well as past due book fines from a previous college experience and non-existent immunization records
- ◆ Through open conversations and work groups, the college team works with students to address ways to eliminate those barriers.
- ◆ CHW student role models offer an important resource for students
- ◆ The educational program provides support and knowledge that complements and honors the life experiences of CHWs in Hawaii.

and options, and finding a balance between work, family, and classes. Starting college is a major step that can be overwhelming for someone who does not know the process. The transition to college can be daunting for some people, whether they are a homemaker, employed outside the home, or even someone just finishing high school. It takes courage and a lot of patience to start something that is life changing. Sometimes you have to be “in” the place or situation in order to find out about all the things that are expected of you. This information is hard to

The Hawaiian Islands are no stranger to health promotion and community outreach. Integrated into Maui and Kapi’olani Community Colleges on the main island of Maui exists a program that brings hope for natural leaders to continue their education and earn college credit. These graduates become the next generation of Hawaii’s professional workforce. According to Napualani Spock, director for the Community Health Workforce of the Hawaii Primary Care Association, getting in the door to enroll in the CHW educational program is not easy for the potential students. Through collaborations between the colleges, workforce development, and advisory councils; the program was created in 2002 with feedback from the community leaders whose interest was to go to college. The workforce staff worked together with different health centers to conduct community assessments and collect questionnaires that would provide them with information about the needs and interests of the future student body in the Community Health Worker program.

During the program implementation, various personal barriers were addressed as potential students eagerly came forward to get back into the mainstream education experience. Some issues students faced were: the unknown process for taking college courses, past due book fines from a previous college experience affecting the current enrollment application, non-established residence in Hawaii, high tuition costs, immunization records being non-existent, lack of or limited access to transportation, childcare costs

come by beforehand because everyone’s situation is unique. The persistence and hopefulness that the potential student puts forth creates a sound foundation that helps them through the adversity of getting their foot in the door.

Hawaii’s CHW educational program addresses some of the issues identified as barriers to access. Through open conversations and work groups, the already identified barriers are addressed and the groups brainstorm ways to eliminate those barriers. According to Ms. Spock, 80 percent of the Community Health Workers, who at one point faced college entrance barriers, returned to school and became instructors, supervisors, and earned their master’s degrees in social work. These role models give hope to many students who experience bumps in the road as they navigate their way into and through the college experience. The forte of Community Health Workers is that they embrace their roots, struggles, and dreams and roll that into the new power of giving back and learning from those experiences. Who better than those who have the real life experience to educate others about what to expect and more importantly how to overcome those challenges. Ms. Spock eloquently and proudly talked about the instructors and former Community Health Workers in the colleges who have made and continue to make a difference for future students.

It is understood that a Community Health Worker’s education does not start or end in a classroom. Community

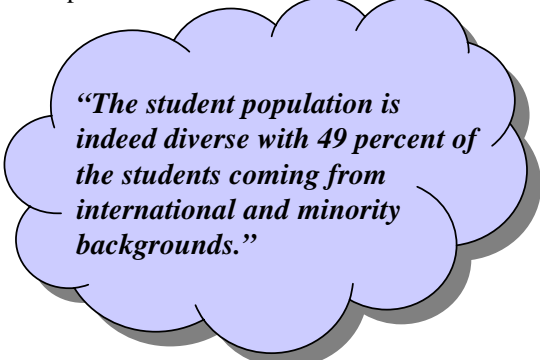
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## “Responding to Diverse Participant Backgrounds”

(Continued from page 7)

A.S. degrees. Students from the pilot program have also stepped into leadership roles at the school and in their community. Several students from the first class have become mentors, tutors, and teacher’s aides to other CHW students now participating in the program.

The overall sustainability of the program relies on having strong ties to the industry. The program is trying to work within the community to assure that sustainability. The program is proud of the successes it has had so far – one of their greatest accomplishments is collaboration with its sister intuitions. The Minnesota CHW curriculum is now a statewide standardized training, so students can attend classes at other intuitions if there is a class they need in order to continue their education. To assure the success of the students, the Minnesota CHW project worked hard to give the students as much assistance as needed including supporting students in accessing financial aid and scholarships, English tutoring, and finding internship site placements. Their attention to building student skills and empowering them through courses rich with presentations, discussions, and assignments targeted to adult learners has made the program strong. MCTC has found that all of this, as well as working to build a multi-cultural and international respectful community within the classroom, help to ensure that the CHW students achieve their goal of graduating and are ready to move forward after graduation to pursue their goals for the future. \*



***“The student population is indeed diverse with 49 percent of the students coming from international and minority backgrounds.”***

## “Addressing Personal Barriers to Participation”

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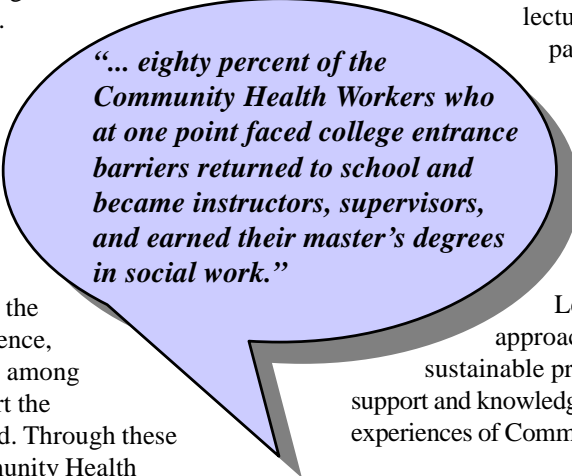
Health Workers continue to build leadership, communication, and other skills through their first hand experiences in community settings as well as in the classroom setting.

Spock states that Community Health Workers are crucial at the developing stage of constructing courses intended for them. Who better to provide real everyday issues than the very people who live them? Annual statewide conference participation enlists the feedback of people with experience, ideas, and shared best practices among groups and colleges that support the Community Health Worker field. Through these sessions and workshops, Community Health

Workers network with peers, clinicians, administrators, and researchers interested in the Community Health Worker field. In between interactive activities and lectures mostly in the English language, the participants gain skills and knowledge, as well as share their unique attributes.

Sustainability of the Community Health Worker programs is as good as the foundation it is built upon. Ms. Spock believes that the experiences of Community Health Workers increase the success of the next group.

Learning from prior mistakes and realistic approaches build the base of a strong and sustainable program that continues to provide the support and knowledge base that compliments the life experiences of Community Health Workers in Hawaii. \*



***“... eighty percent of the Community Health Workers who at one point faced college entrance barriers returned to school and became instructors, supervisors, and earned their master’s degrees in social work.”***

## “Creating Links between Education and Career Growth”

By Kimbro Talk

*Interviewee: Alma Avila, City College of San Francisco, California*

**A**lma Avila, Program Coordinator of the Community Health Worker (CHW) Program at City College of San Francisco (CCSF), has been with the program for two years. She explained how the College’s CHW certificate program serves minority and other individuals by linking them with education and career growth opportunities. The CHW program, a vocational training program, was created in 1994 as a partnership with San Francisco State University to train and create educational pathways for people working in the community.

There are two significant changes that were made to the way the CHW program is implemented and how it links education and career growth for their students. In the past, at CCSF CHW class instructors taught the core classes two evenings a week, but for working students, this was difficult. The core classes are now taught one evening a week for 5 hours to accommodate these students and increase their chances of completing the program. The second change included the way many city health departments recruit for their Health Worker 1-3 series. After key players met, it was determined that the best way to recruit front line Community Health Workers was to partner with City College of San Francisco and provide them with a minimum criteria of skills and knowledge required for these Health Worker positions, and have CCSF offer the training. To this end, a Memorandum of Understanding with the San Francisco Department of Public Health (SFDPH) was created to ensure minimum qualification; this information was incorporated into the CCSF CHW curriculum.

The CHW certificate program at CCSF is community-based with internships available for working students. The program has been serving communities for over 14 years. Since 1994, there have been over 100 students that graduated from this

### HIGHLIGHTS:

- ◆ **The University of California at San Francisco and City College of San Francisco jointly coordinate a CHW certificate program**
- ◆ **In part due to a dialogue with the educational program originators, the City of San Francisco Department of Health created a CHW job classification series allowing more skilled CHWs to enter a higher level of pay and responsibility; the training program helps CHWs meet those job classifications**
- ◆ **With the help of employer survey questionnaires, courses are modified every year to address current needs in the workplace. Including technology needs**
- ◆ **The CHW certificate program at CCSF is community-based with internships available for working CHW students.**

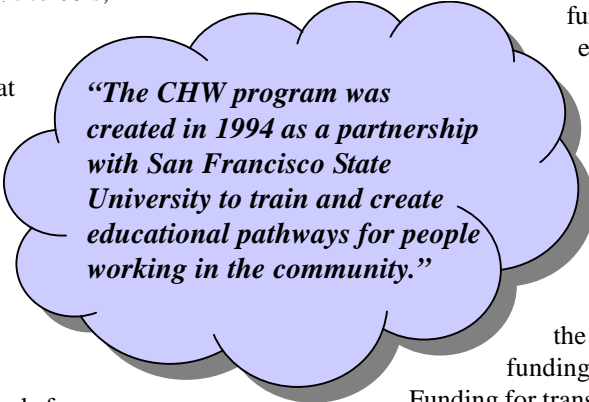
program – in 2005, 22 students graduated; in 2006, 29 students graduated; in 2007, 17 students graduated; and in 2008, 32 students graduated. This is a vocational program in which ALL of the college credits that students earn apply towards their Associate Degree and nine of those credits are transferable to San Francisco State University’s Bachelors in Health Education Degree. Workforce agency staff members work with people seeking employment in the health field, so they refer their clients to CCSF for job-related training. In addition, hospital pilot programs are collaborating with CCSF to provide trained CHWs the opportunity to work in team approach programs for patients needing chronic care, such as those with diabetes and heart disease. Physicians wanted to send their patients home and have CHWs follow up with the patients. The CHW program curriculum continues to evolve and annually incorporates employer feedback in order to prepare and equip the CHW student with the most current information, use of technology in the workplace, and skills needed for them to succeed in the work place. Alma said “one of the things we’ve done is use grant money through workforce development to get CHWs back in school” and “we brought the classes to the communities for CHWs because one barrier to student participation can include the location of a class.”

## “Creating Links between Education and Career Growth”

(Continued from page 10)

People from workforce development agencies, hospitals, CCSF, and members of the community apply to the program in May and start class in the fall. The program can be completed in two semesters with graduation in the spring. Last year, 54 people applied to the CHW certificate program and 38 were selected, leaving 16 on a waiting list for the next session. The student age range is from the late teens to 60’s; age is never asked. The 17-unit program cost is \$20.00 per unit and financial aid is available for those that qualify. In May 2007, 30 of that year’s class of 38 CHW students graduated.

Students are taught using a variety of methods, including Popular Education. This method allows the students to participate in their own education by using their life experiences. The program also utilizes guest speakers and professionals from the community, in addition to movies, games, small group discussions and traditional lectures. All of these methods are utilized to teach the four core competency areas the CHW students must achieve to graduate from the program. In addition, students must complete 128 internship hours of course work covering skills needed to become a CHW. Competencies include: documentation, referral and/or follow-up skills, an informal intake process, and client advocacy. Students earn college credit and build up skills they need to be better in their work as a CHW. Alma indicated that “CHWs are more responsible, have been able to demonstrate their newly obtained knowledge and are more effective in the workplace after completing their CHW coursework.” Graduates have better opportunities to obtain good jobs. Some students have come back to City College to become speakers and talk about their experience as a CHW student. This certificate program gives the students the experience and awareness of the community that supports their role as a CHW. Through employee survey questionnaires at work sites, courses are modified every year to address current needs in the workplace.



*“The CHW program was created in 1994 as a partnership with San Francisco State University to train and create educational pathways for people working in the community.”*

One of the challenges of implementing the Key Consideration of “creating links between education and career growth” is funding and immigration status. While tuition is relatively low at \$20 a unit, for those Community Health Workers or *Promotores* who are undocumented, the only way to participate is to pay the \$150 a unit out of state fee; this is not acceptable to them. Additionally, lack of funding prevents a formal evaluation and growth into other specialty certificates where there is a growing need to meet the youth and the formally incarcerated communities’ training needs.

The next challenge for the program will be to find funding for its growing program.

Funding for translation of the curriculum into Spanish and then Chinese languages will allow the CHW program to offer classes as “non-credit” so that all students can participate regardless of their legal status. Expansion will also include the development of the Youth Worker Certificate Program and the Post Release Wellness Program (training the formally incarcerated to be CHWs). \*

## “Evaluating All Aspects of the Program for the Life of the Program”

By Myrna Jarquin

Interviewee: Darlene Shearer, University of South Florida, Tampa, Florida

The Maternal and Child Services Workforce Development Program (MCS-WFD) at the Chiles Center at the University of South Florida (USFL) was funded by the U.S Department of Labor and the Centers for Disease Control and Prevention to develop postsecondary education for Community Health Workers (CHW). In cooperation with three community college partners (St. Petersburg College, Hillsborough Community College, and Central Florida Community College), the MCS-WFD Program successfully pilot tested a curriculum that focused on Maternal and Child Health and evaluated a 21-credit hour Applied Technical Diploma program that articulates toward an associate degree in Human Services and Counseling. Students of these programs are primarily non traditional, socioeconomically disadvantaged and ethnically diverse students who are employed by health care and human service agencies to work with, teach, and support clients with similar demographics.<sup>1</sup>

At the time of this interview, Darlene Shearer, previous director, was serving as the spokesperson for this program as the funding had ended and the USFL in no longer administering the program. One of Darlene’s roles was to conduct the evaluation component of this project.

The program started in 2002 and ended in January 2006 when the funding was no longer available. The program offered 21 credit hours for a year and a half term. Each student received benefits of free tuition, child care, free text books and tutoring if needed. As mentioned above, the three community colleges involved were: Hillsborough Community College, St. Petersburg Community College and Central Florida Community College. Although the funding for the original pilot program has ended, the community colleges continue to recruit CHWs for training.

The Hillsborough Community College program started in January 2003 with 23 students participating in the pilot project and 18 of those students completed the course. St.

### HIGHLIGHTS:

- ◆ The University of South Florida brought together several Florida community colleges in Florida as part of a research effort funded by the Centers for Disease Control
- ◆ Evaluation of the CHW educational programs focused on four levels as recommended by the project’s multi-disciplinary advisory group
- ◆ Information was collected before, during, and after the educational program to determine changes at all levels
- ◆ One assessment strategy was tracking and analyzing student CHWs’ responses overtime to scenarios commonly encountered; this was contrasted to grades given to the student

Petersburg Community College began in the fall 2003 with 15 students and the entire class completed the course. Central Florida Community College started in September 2004 started with 14 students and nine of those students graduated in September 2005.

Hillsborough Community College started a second cohort with about 20 students and 14 of them graduated. Central Florida Community College started a new group with 19 students in September 2005.

There were four components to the evaluation design of this pilot program:

1. The Individual Level - looking at the individual family support worker/CHW
2. The Agency/Program Level - looking at the agency the participating student came from
3. The Community/Client Level - looking at the communities and clients who were served
4. The Educational Program Level - looking at the process. (See CHW Evaluation Tool Kit website for more ideas on CHW evaluation – <http://www.publichealth.arizona.edu/chwtoolkit>)

One of the things they wanted to evaluate was to see if the Worker would change because of their training in the program. They collected information before and after the program and half way through. They collected information a total of four times throughout the length of the program.

(Continued on page 13)

## “Evaluating All Aspects of the Program for the Life of the Program”

(Continued from page 12)

They went to the agency of each student to determine if they had the same kind of duties and the same amount of work experience. They collected student profiles, asking questions about job allocation, previous schooling, etc.; they were asking these same questions along the way. They saw changes in their self-confidence related to their knowledge of maternal and child health issues.

The individual colleges collected grades on the students. There were a few that dropped out, because of family problems, but nobody failed. The students were asked to write narrative reports on different cases, for example, “what would they have done in a given situation?” Using a computer system that showed the grade levels of the students, there were indicators that with improving grades they were getting better. The courses are offered only in English with an assumption that if one is taking college level courses in the U.S., they should be able to complete the coursework in English. This was not always the case; in some instances, they had to provide tutoring for students.

The University of South Florida was not allowed to read the evaluation from the faculty. Surprisingly none of their faculty could understand what a CHW was, although they were sent to some of the conferences/meetings like the Center for Sustainable Health Outreach’s Unity Conference, etc. to learn about the field. At Hillsborough Community College there was someone who was very interested in learning about the field, but was not available to attend these conferences, so the college was unable to get a faculty member to have a better understanding of what a CHW is. They were creating a training program for a workforce, but didn’t know how many of these people existed out in the community or what they did.

They conducted an assessment and asked the employers what kind of changes they wanted to see in their organization or company after the students finish. They included the supervisors of the students and the supervisor’s of the people in control.

The employees/students thought they could see changes in the long run after graduating, but not so for the employers/supervisors; they didn’t think the students would be more interested in their work. The students felt more important, with more support and sometimes the students thought their work slacked off because they were taking more time to attend college. About 75 percent of the students received an increase in pay after graduating.

Lessons learned:

1. Don’t wait until the program has already started to start an evaluation.
2. The evaluator should be someone from the outside, not the inside.
3. One needs to be spending time to know more about the program in order to make an evaluation.
4. People who design and evaluate the program have to be open minded to all possible changes or outcomes
5. The training appeared only to empower them; it gave them self-confidence, but it didn’t change their skills, it only made them better.\*

*“One of the things they wanted to evaluate was to see if the Worker would change because of their training in the program...They saw changes in their self-confidence related to their knowledge of maternal and child health issues.”*

<sup>1</sup> Program description is taken from information on the University of South Florida Chiles Center website.

## “Working to Sustain Students and the Program throughout the Life of the Program”

By Cynthia Thomas

*Interviewee: Elizabeth Whitley, The Community College of Denver, Colorado*

### HIGHLIGHTS:

- ◆ The City of Denver pays the University of Denver to coordinate a CHW educational program in local community colleges.
- ◆ The program seeks regular CHW feedback and responds through such decisions as having students take a break after the first set of classes
- ◆ The program has many partnerships to support it linking in some cases to new potential settings for CHW employment
- ◆ A patchwork of funders pay for all student tuition to date...

At the Community College of Denver, the Community Health Worker (CHW) educational program is called the Community Health Advisors Certification Program. The students enrolled in the program are either Community Health Advisors or Patient Health Navigators. The initial idea for the program came up in 2001 because of turnover rates and the increasing amounts of time spent conducting on-the-job training. “We felt it was necessary to advance the CHW practice so we invited all the Denver community who had employees or volunteers in these fields and brought them together for a lunch. This identified support for the project, potential CHW employee positions, and helped to launch the present day program,” said Dr. Whitley who attended a seminar in San Francisco that helped her design the Denver program.

The Colorado program is a 17-credit, competency-based, one semester program, with three distinct sections. Section I consists of three workplace core classes: 1) Introduction to Personal Computers, 2) Communication in Health Care, and 3) Advanced Academic Achievement. Section II is the Vocational Core and consists of two community classes: 1) Community Health Issues, and 2) Community Health Resources. Section III is the Cooperative Education, CHW Field Experience, which counts as two credit hours and is a 30-hour practicum).

At the time of the interview, the Community College of Denver was training its fourth cohort of students, with 10 participants enrolled. The program has graduated 20 people

in the first two cohorts. Overall, they have experienced a 30 percent dropout rate. Some reasons for dropout as indicated by Dr. Whitley are lack of secondary educational preparation and students struggling academically to keep up with college level classes.

Funders are both government and private. Institutions providing funding for the program include the W.K. Kellogg Foundation and the Colorado Department of Public Health and Environment, as a part of Tobacco Settlement legislation.

The students are community members and represent the cultural and linguistic diversification of the state.

Colorado is a much-diversified state

ethnically with many immigrants coming from other countries who are new to the U.S. These individuals work in a variety of community-based locations including health centers, school-based health centers, etc. Some other venues in which they work are going door-to-door to conduct health assessments and inform people of services, work with clientele of local barbershops, and they provide free pregnancy testing. The greatest successes for CHW students have 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.

This program at the Community College of Denver has been a win-win situation in many ways: there are new partnerships and new streams of business for agencies, employers, and coordinators of CHWs, the CHWs themselves are better prepared for the work they do, and the policy makers see this as a success because of the diversity of the workforce. In addition, the clients benefit from the CHW being more prepared. The career pathway is well developed from Community Health Outreach to Patient Navigation. In fact, a Patient Navigation Training Collaborative has developed courses for Patient Navigation training.

Another success in CHW education that should be highlighted is the fact that the Community College of Denver is able to enroll students statewide. The past two years the program has been able to educate students from all

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## “Instructional Approaches”

By Romelia Rodríguez

*Interviewee: Meryl Jones, Family Development at the NYC Department of Youth and Community Development, New York, New York*

### HIGHLIGHTS:

- ◆ Cornell University’s Family Development at the NYC Dept. of Youth and Community Development offers a competency-based approach to educating family support workers
- ◆ The training program is designed for adult learners who learn by practicing and doing embracing a popular education
- ◆ Techniques such as brainstorming, partner work, and small and large group projects are used; participants learn through discovery.
- ◆ Participants are counseled on getting employer approval and buy-in

The FDC curriculum, developed by Cornell University, consists of a 90-hour, ten module program made up of intensive, interactive classroom study that covers a variety of subjects such as Family Development: A Sustainable Route to Healthy Self-Reliance, Worker Self-Empowerment, Building Mutually Respectful Relationships with Families, Communication, Cultural Competence, Ongoing Assessment, Home Visiting, Helping Families Access Specialized Services, Facilitating Family Conferences, Support Group and Community Meetings, and Collaboration. Cornell University

The Director of Family Development at the New York City Department of Youth and Community Development (DYCD), Meryl Jones, stated that “for many years, the New York State Department of State (NYS) recognized that youth workers didn’t have the skills they needed to work with youth. Training was fragmented, containing important content information, but insufficient skills. They learned a lot about safety on the job or about reporting requirements. Frontline workers would go to one or two-day trainings and return very excited, but that enthusiasm would diminish pretty quickly. The training was not connected to their work. There was no application.” This prompted NYS to announce an RFP to develop a training curriculum for frontline workers. The result was the Family Development, Training and Credentialing Program (FDC). This major New York State initiative provides frontline workers with the skills and competencies they need to do their work.

Cornell University was chosen to develop a curriculum and the Department of Youth and Community Development was selected to be the implementing agency of the program because they had access to most youth programs and community action programs. DYCD received money from NY State Department of State to implement the training program and award scholarships. This program is now available in all 62 counties of New York State and 16 other states. There are 3,500 graduates in New York State and over 10,000 overall. The program does not require any formal educational requirements.

maintains the integrity of the program by administering a trainers program, coordinating registration and tracking of classes, evaluating trainers and reviewing continuing education requirements, and providing technical support to implementing agencies and community-based organizations (CBOs).

This training program is offered to frontline workers. Participants can apply for the FDC scholarship, which covers the cost of the training. Classes are held at City University of New York (CUNY) campuses and off-site locations. This 90-hour curriculum is offered with available flexible schedules and the opportunity to earn 13 college credits. Successful completion requires completion of assignments and a portfolio, which documents their mastery of the skills covered in the training. In addition, the participant must attend 90 percent of the sessions. The scholarship covers the cost of training, portfolio review, and credentialing exam. Participants have to purchase the Frontline Worker Handbook, which costs around \$35.

Getting buy-in and commitment of support from employers has also been instrumental to the program’s success. In addition to signing a partnership agreement, supervisors must submit a letter of recommendation with the application for their staff members to attend the program. Employers are also invited to participate in focus groups to review the program and the effect on their employees. Supervisors are also invited to attend a training session each semester and often attend the graduation/recognition ceremony.

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“Instructional Approaches”

(Continued from page 15)

What makes this program unique is the way in which this training is delivered to participants. The instructional approaches that are used for this program are designed for adult learners. “They learn differently, they want to talk, they want to share. They don’t want to be lectured to. They learn by practicing and doing,” says Meryl Jones. Individuals develop skills for both work and life. Ms. Jones further states that, “traditional college methods are the easy way out.” Frontline workers work with families and individuals and need the skills to do that, not just the theory. Popular education is the foundation of the curriculum where the learning is interactive and much of the learning comes from the students.

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 used; participants learn through discovery.

The program also invests a lot in preparing participants for this learning experience. There is an orientation before application, which includes a discussion of expectations, program structure, preparedness, and suggestions for success. Challenges to success are also discussed. Participants are asked to develop a plan for succeeding in the training. Many issues surface during this orientation. The biggest challenges they have found so far include financial hardship, allocating time, scheduling study time around family responsibilities, and selecting appropriate locations to participate in the program. Books, child care, access to health and human services, and juggling family responsibilities are also often mentioned. Even the mention of the ‘Portfolio’ is daunting to some. Participants sometimes view this as a thesis or other difficult challenge. This original orientation de-mystifies many myths and explains and identifies supports that are already in place. Participants are also counseled on getting employer approval and buy-in.

The student/participant-centered approaches outlined above set students up to succeed and it models a cooperative approach to education that ultimately prepares students to approach their clients in the same way. Many services and

interventions are fragmented, problem-specific and crisis driven, and are not as effective as they could be in helping families achieve long lasting change in their lives. 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 set and reach their own goals.

Benefits from this practice used for participants and instructors are far reaching. CHW students reported changes from being quiet and reserved to having the confidence to become advocates. Their improved

marketability contributed to their personal development and gave them incentive and drive to go back to school and pursue their career further. Facilitators experienced personal successes, helping families, launching new training sites, and expanding and adapting their skills to new environments and communities. Ultimately, employers and CBOs gain more competent

workers, improved program outcomes, and the organizational culture improves.\*

*“The student/participant-centered approaches set students up to succeed and it models a cooperative approach to education that ultimately prepares students to approach their clients in the same way.”*

## “Integrating Policies and Advocacy Activities” and “External Support for Students”

By Valerie Starkey

*Interviewee: Anne Willaert, Minnesota State Colleges and Universities System, Mankato, Minnesota*

### HIGHLIGHTS:

- ◆ The Minnesota Health Care Education Industry Partnership (MHEIP) brought together by the Minnesota State Colleges and Universities System is a strong coalition that helped develop CHW college programs and related curriculum and lead CHW state-level advocacy efforts
- ◆ The college curriculum has six core competencies including: Advocacy, and Outreach supporting CHW skills
- ◆ The MHEIP Partnership encouraged the state to apply for a Medicaid Waiver allowing for CHW reimbursement increasing CHW program sustainability including CHW training program sustainability
- ◆ MHEIP advocacy efforts and related research has provided valuable guidance not only in Minnesota but also to the US overall

council meets monthly. There are six course components in the CHW curriculum which reflect core competencies and incorporate policy and advocacy. 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.

Anne explained that they have addressed the issue of external support for students using several different strategies. Securing grants that allowed them to offer scholarships, which were provided to more than half of the Minnesota CHW students to help pay for their educational expenses was one strategy used. One school set up

In June 2007, Mae-Gilene Begay and I had the wonderful opportunity of interviewing a very energized woman named Anne Willaert. Anne is the project director for The Minnesota State Colleges and Universities Community Health Worker Program. As part of a national effort to promote and support Community Health Worker (CHW) education within college systems, the Community Health Worker National Education Collaborative established a national advisory council to guide the representatives from 22 higher education institutions throughout the country. This national advisory council identified Key Considerations for college-responsive CHW education. The Minnesota Community Health Worker Program was interviewed to assess to what extent they have incorporated the Key Considerations in their program.

During the interview, I realized that the Minnesota Program recognized the importance of a CHW's role in the development of educational programs for CHWs. We opened the interview with two Key Consideration questions. The first question was “how do you integrate policies and advocacy activities?” The second question was “what kind of external support do you have for students?”

Regarding the issue of integrating policies and advocacy issues into the CHW curriculum, Anne stated that the policy

remedial classes for reading and writing for students who had not yet achieved a post-secondary level of competence. They also took the CHW classes and training into the community for students who couldn't come to the campus.

As Anne spoke about the many attributes of their program, there were a few that stood out and one of them was that “the curriculum validates who they are; everything is done by CHWs or is CHW driven.” Anne also commented that some of the successes in CHW education were driven by CHWs themselves and some of those successes included: 1) the realization of the knowledge they already possessed; 2) the ability to secure a job; 3) the opportunity to seek higher education; and 4) the involvement in public health and other health and human service agencies.

I was also impressed with the Minnesota Community Health Worker Program's curriculum, which addresses the different aspects of CHW education, which gives a well-rounded overview of what CHW involvement entails. The Minnesota Community Health Worker Program has a long list of funding institutions and partners, and they express appreciation to their faculty, Community Health Workers and other community stakeholders for their continuing time

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“Addressing CHW Leadership and Faculty Development in CHW Training Programs”

(Continued from page 4)

quality “training for CHWs with CHWs on board.” Down the road, the OWTI is looking to address employers as potential supporters of training courses’ sustainability (a small fee of \$150, a fraction of the training’s real cost, has been contributed by some of employing agencies in the past).

OWTI has a CHW as the director and that CHW, Tatyana Gorodetsky, is a strong advocate for CHWs. As previously mentioned, she is one of the founding members and a past board member of MACHW. So from the very start of design and implementation of OWTI, Tatyana made sure there were CHWs in key decision-making roles guiding OWTI as well as CHWs serving as faculty.

The OWTI has had many challenges but has continued to sustain the integrity of their CHW team-

instructing model. The OWTI has faced challenges in CHW enrollment and retention related to not sufficient support and buy-in from some CHW programs and supervisors. One of the ways OWTI addressed this challenge was to develop a CHW supervisor training course, invite supervisors of CHWs to co-instruct classes for CHWs, and place the supervisors with their supervisees on a teaching team. The OWTI has also continued faculty expansion, diversification, and coaching.

According to Tatyana and others involved in the CHW movement in Massachusetts, the successes have by far outweighed the challenges. A few years ago, the OWTI team, including CHW graduates and faculty, facilitated Capacity Building sessions providing the Southern New Hampshire AHEC with the technical assistance for CHW training program development. Some CHW/OWTI graduates have gone on to become active in MACHW and also have presented at various workshops and conferences including the American Public Health Association (APHA) annual meeting. CHW and non-CHW faculty have all expressed how the experience of teaching CHWs has enriched them. They talk about how the experience has enhanced their skills, their job performance, and has provided personal growth and development. Some CHW/

OWTI graduates have been able to enter or re-enter college, attain college credits from participation in OWTI, and have advanced further in their college education, job status, and professional career.

Representatives from colleges, universities, MACHW, the Massachusetts Department of Public Health, CHW supervisors, and participating employer agencies appreciate this program and show their support by joining CHWs in the OWTI’s graduation ceremonies. They have constantly expressed how OWTI’s graduates have benefited from the courses and have become an increased asset to the agencies and communities.

Many CHWs gain a new sense of CHW pride, respect and value. Learning itself has successfully shifted some CHWs from being reactive to proactive, and being empowered with knowledge to speak up for their community even louder, and to remember to always represent the community needs while working in agencies and systems. Tatyana and OWTI allies view CHWs as natural humanitarians and leaders. \*

*“... invite supervisors of CHWs to co-instruct classes for CHWs, and place the supervisors with their supervisees on a teaching team.”*

## “Working to Sustain Students and the Program throughout the Life of the Program”

(Continued from page 14)

all over the state, especially in the rural areas. This has been a wonderful aspect of the program because students can go to their local community colleges for the first few courses and then join the Denver program. Denver Health Community Voices pays the Community College of Denver to coordinate the local community colleges (currently, there are five colleges including the Community College of Denver that participate.) At the time of the interview, this program was not presently being offered online, but was being developed and should be up and running soon.

There is CHW leadership in the institution in terms of the “Work to Sustain Students and Program throughout the Life of the Program.” During the practicum portion, CHWs can serve as mentors and become leaders for the new students coming into the program. From CHW feedback, the program has been adapted to meet the needs of the students in different ways. For instance, the students are currently taking the first set of three classes and then taking a break.

One issue that has the potential to be a barrier is whether the courses are offered in English or Spanish. The

community college requires the exams to be completed in English. If a student has problems with English, they are referred to the *English as a Second Language* course pre-requisite.

Dr. Whitley indicated that from the initial outset, they realized implementing a “Work to Sustain Students and Program throughout the Life of the Program” way of thinking was of the utmost importance. She stated that they have addressed the sustainability of this Key Consideration practice in their program by assisting the students with financial issues. At present, when students apply for admission they also apply for any grants or tuition reimbursement through Denver Health. To date, none of the students have had to pay for their courses, although financial sustainability is dependant upon a patchwork of funders.

Dr. Whitley’s advice for someone trying to start a similar program at their institution/ agency would be to select an academic partner who is flexible and committed to educating this type of health care population. And, to get a broad base of community support from community-based organizations like Sisters of Color, Planned Parenthood, etc. ✱

*“To date, none of the students have had to pay for their courses, although financial sustainability is dependant upon a patchwork of funders.”*

## “Integrating Policies and Advocacy Activities” and “External Support for Students”

(Continued from page 17)

and effort in developing a standardized curriculum. As it is quoted in their curriculum, “Having Community Health Workers at the table through the entire development and design process ensured that the competencies and curriculum would fully support the role of the Community Health Worker. Community Health Workers 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.”

In conclusion, I have found this to have been a wonderful learning opportunity

for myself and for all those involved. I look forward to having CHW programs instituted throughout our colleges here in Hawaii and I hope someday again to be a part of a program like the Community Health Worker National Education Collaborative. I express thanks to Donald Proulx,

Lee Rosenthal, Nancy Collyer, Yvonne Lacey, Durrell Fox, and all the Advisory Council members who took part in this wonderful effort. I applaud you all for your excellent contributions, your patience and your time. As we say in Hawaii, “*Pupukahi I Holomua*, Unite to Move Forward.” ✱

*“Securing grants that allowed them to offer scholarships, which were provided to more than half of the Minnesota CHW students to help pay for their educational expenses was one strategy used.”*

## “Assessing Credit for Prior Learning”

*Note: This story was developed in collaboration with CHW-NEC staff rather than by a CHW-NEC Advisory Council member due to scheduling.*

### HIGHLIGHTS:

- ◆ Credit for prior learning provides an alternative to taking course work granting academic credit for competencies a CHW has already developed
- ◆ Students, CHWs, still pay for credits when they apply for “prior learning” credit
- ◆ Developing a portfolio is a labor intensive process that offers an important opportunity for self-reflection; it may be as much work as taking a class on the same topic

may be asked to identify the appropriate academic and professional literature that allows them to critique their practice and thus demonstrate their competence. After completing the portfolio or other activities requested by their instructor/evaluator, the learner’s activities are evaluated and credit is given for successful demonstration of competencies.

### Why is Credit for Prior Learning Important to CHWs?

CHWs bring significant knowledge about their communities to their work as a CHW. Also, as a workforce in transition, moving towards college-supported education, current CHWs may want or need to obtain

The Advisory Council identified Key Considerations in Action from a list of many Promising Practices in CHW and related education. They were particularly interested in a college-based approach to giving “credit for prior learning” and thus this was listed as one of their 13 identified Key Considerations by the Council. In 2007, when the Council began the Key Considerations in Action documentation process (reported in this newsletter), no CHW college-supported educational program could be found that offered an example of a CHW program with the “credit for prior learning” option.

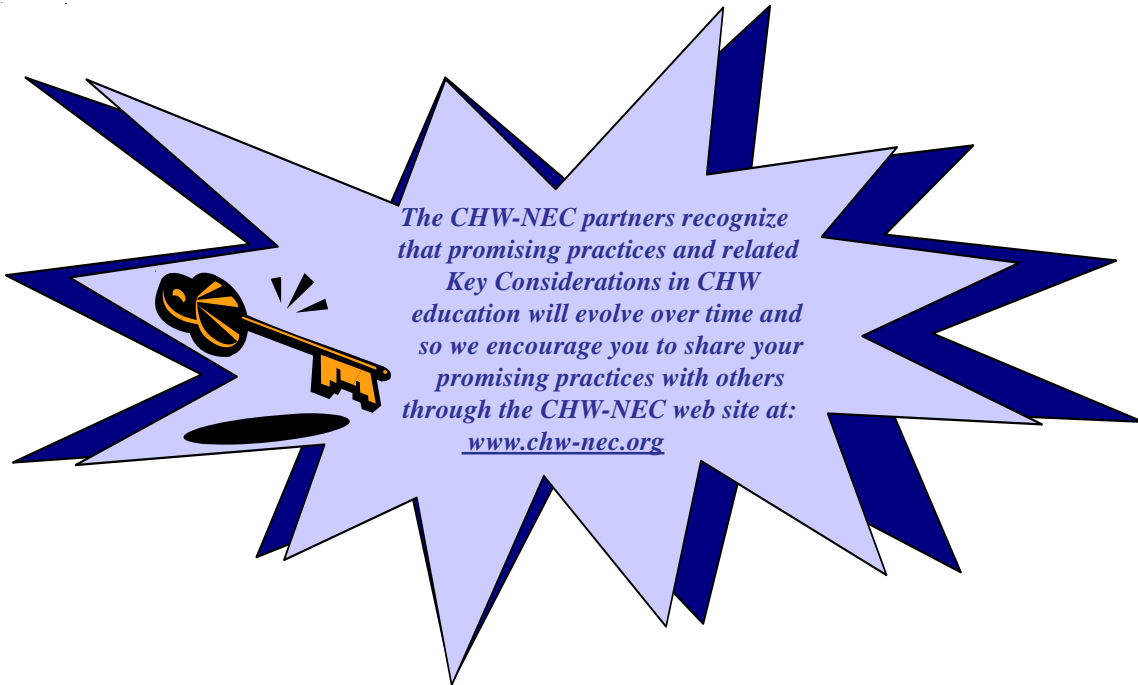
In 2008, the Boston area has made considerable progress in this arena, building on the well-known expertise in this area at the College of Public and Community Service at the University of Massachusetts at Boston. Professor Ann Withorn, a long-time faculty member there and consultant to the CHW-NEC Project, shared basic information on “credit for prior learning” with us, as well as information about some of the developments in the Boston area aimed at increasing options for college credit for prior learning for CHWs.

**What is Credit for Prior Learning?** When “credit for prior learning” is an option in an academic setting, individuals can demonstrate their skills and knowledge (competency) gained through former trainings, their job, or life in the community and if approved, they may be granted academic credit for their existing competency. The learner demonstrates their skills and knowledge through development of a portfolio or some other mechanisms negotiated in collaboration with their instructor/evaluator. They may also involve other students to work with on projects of common interest to demonstrate their knowledge and skills. As a part of documenting their work, the learner

college credits to maintain or further their position in the workplace. Offering credits for prior learning opens the door for CHWs with already developed skills and knowledge, and honors the competence they gained through their home community experience, on the job, and from the periodic trainings, which CHWs typically receive.

**What is Happening in the Boston Area?** The Boston CHW Initiative (BCHWI) is a project that supports the career development of CHWs in the Boston area; it also serves CHW employers and the community through looking at ways to support the growth and development of this workforce overall. The BCHWI has been exploring the importance of “credit for prior learning” options for CHWs and has worked to advance that option for CHWs in the city. Specifically, the BCHWI hopes to work with CHWs to ensure that CHW students present a learning portfolio that meet college standards. Meanwhile, two area community colleges (Massachusetts Bay and Bunker Hill) already offer credit for prior learning for learning linked to individual trainings when solicited and documented by an individual. To expand that option, the colleges are working to set up links to certain trainings, directly diminishing the task of documenting prior learning. Also in Boston, the University of Massachusetts’ College of Public and Community Service has been exploring the development of a CHW track or major; as in all their programs, “credit for prior learning” on the job, in community, and in trainings, would be a corner stone.✱

*Note: Many academic institutions are unfamiliar with this approach and thus they are hesitant to try it. Find out more about “credit for prior learning” by checking the Boston Community Health Worker Initiative at: <http://www.chwinitiative.org/> and/or contact Ann Withorn at [ann.withorn@umb.edu](mailto:ann.withorn@umb.edu).*



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