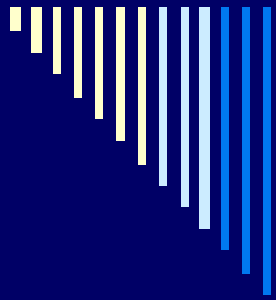


Policy and practice issues relevant to the
training of CHWs
Alternatives to didactic/pedantic methods,
including participatory liberation education
and popular education methods

APHA Annual Meeting & Exposition
Community Health Planning and Policy Development Section
November 6, 2007
Washington, DC

Graciela Camarena, Texas
Brenda Cartwright, Hawaii
Romelia Rodriguez, New York
Sergio Matos, New York



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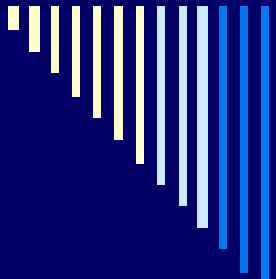
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CHWs respond to community conditions

Escalating Poverty, Hunger, Unemployment, Substance Abuse –
effect on cultural roles/norms

Increasing social hysteria, fear and hostility towards immigrants

Increasing stress, anxiety, mental illness

Increasing violent crime, family violence & teen violence

Increasing poor health outcomes

Increasing health disparities – opposed to Healthy People 2010

Social isolation - Disconnected families and social networks

Diminishing social support and safety-net programs

Deteriorated & inadequate housing & increasing homelessness

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What do CHWs do?

- ❑ Help people examine themselves critically
- ❑ Help people understand their condition
- ❑ Help people identify their strengths
- ❑ Help people access resources
- ❑ Help people develop THEIR OWN goals
- ❑ Help people develop THEIR OWN strategies – reasonable & achievable
- ❑ Help negotiate goals and strategies
- ❑ Help develop social capital & connectedness

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How do CHWs do what they do?

- Trust
- Respect
- Understanding
- Empathy
- Compassion
- Creativity/Resourcefulness
- Empowerment Approach
- Self-reliance, Self-sufficiency

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Enhancing CHW abilities

- Modular Curriculum
 - 70 to 120 hours
 - Core competencies
- Disease-specific modules
 - 12 to 50 hours
 - Chronic disease management including asthma, diabetes, hypertension & nutrition

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Core competencies

1. Essentials of CHWs – 5 hours
2. CHW approach – 8 hours
3. Health care systems & public health – 10 hours
4. CHW Skills I – Communication – 20 hours
5. Health promotion & behavior change – 16 hours
6. CHW Skills II – Informal Counseling – 12 hours
7. Outreach methods & strategies – 12 hours
8. Model community interventions – 8 hours
9. Advocacy & responsibility – 10 hours
10. Working for long-term goals – 8 hours

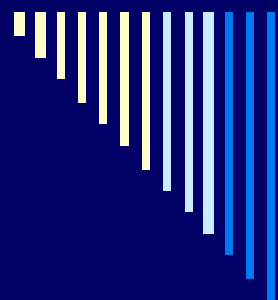
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Chronic disease management

- Working for long-term goals – 8 hours
- Asthma – 14 hours
- Diabetes – 14 hours
- Hypertension – 4 hours
- Nutrition – 8 hours

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Training methods

Tell me and I forget
Show me and I remember
But let me and I understand
- Confucius

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Training methods

- ❑ Participatory and experiential
- ❑ Discovery process
- ❑ Liberating education
- ❑ Promotes critical thinking
- ❑ Shifts perspective from faults to strengths
- ❑ Changes approach from service to empowerment
- ❑ Strengths assessment first – Needs assessment second

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Training principles

- Always ask first. Ask participants what they know before you tell them what you know. Provide opportunity for participants to fully contribute their wisdom and experience. Use brainstorming, open discussions, & small groups. Participants will almost always provide the content you want to cover.
- When you ask, wait for the answer. When you get an answer, recognize it, honor it, respect it & refer back to it whenever appropriate.
- Set up situations that provide opportunities for discovery. Learning is most effective through discovery.
- Use debrief to cover any content missed in the discussion.
- Use lecture as a last resort.

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Module II: Community Health Worker Approach (8 hours)

- ❑ Lesson 1a: Adult Learning Methods
- ❑ Lesson 1b: Traditional “Banking” Approach vs. Liberation Education
- ❑ Lesson 1c: Multiple Intelligences
- ❑ Lesson 2: Family Assessment Paradigm Shift
- ❑ Lesson 3: Popular Education Philosophy and Methods
- ❑ Lesson 4a: Empowerment Approach
- ❑ Lesson 4b: Service Model vs. Development Model
- ❑ Lesson 5: Roles of a CHW within a Model of Empowerment
- ❑ Lesson 6: Conversations to Empower

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Module IV: Community Health Worker Skills I – Communication (20 hours)

- ❑ Lesson 1: Establishing Partners
- ❑ Lesson 2a: Introduction to Communication
- ❑ Lesson 2b: Introduction to Non-violent Communication
- ❑ Lesson 2c: Communication Skills Outline
- ❑ Lesson 3a: Compassionate Communication
- ❑ Lesson 3b: Cognitive Approach to Compassionate Communication
- ❑ Lesson 4a: Making Observations
- ❑ Lesson 4b: Conversation Blockers – Zingers
- ❑ Lesson 4c: Making Observations Exercises
- ❑ Lesson 5a: Identifying Feelings
- ❑ Lesson 5b: Expressing Feelings
- ❑ Lesson 6a: Expressing Needs Clearly – Positive Action Wants
- ❑ Lesson 6b: Making Suggestions – Not Demands
- ❑ Lesson 7: Magic Formula – “I” Statements
- ❑ Lesson 8: Typical Responses to “I” Statements
- ❑ Lesson 9: Communication Do’s and Don’ts – Health Literacy & Pictures
- ❑ Lesson 10: Giving Thanks

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Module V: Health Promotion & Behavior Change (16 hours)

- ❑ Lesson 1: Health Promotion
- ❑ Lesson 2: Behavior Change
- ❑ Lesson 3: Healthy lifestyle choices – not just a few pills
- ❑ Lesson 4: Behavior Change - Transtheoretical Model
- ❑ Lesson 5a: Supportive Communication vs. Didactic Teaching
- ❑ Lesson 5b: Facilitation vs. Lecturing
- ❑ Lesson 5c: Communication for Family Empowerment - Facilitation
- ❑ Lesson 5d: Communication for Group Empowerment - Facilitation
- ❑ Lesson 6: Strategic Thinking for Problem Identification & Resolution
- ❑ Lesson 7a: Tailoring Communication to Individual Stages of Change
- ❑ Lesson 7b: Communicating about Immunizations: Getting past the fears

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Module VI: Community Health Worker Skills II (12 hours)

- ❑ Lesson 1a: Informal Counseling - Power & Privilege
- ❑ Lesson 1b: Informal Counseling - Building Trusting Relationships
- ❑ Lesson 1c: Informal Counseling - Personal & Professional Boundaries
- ❑ Lesson 1d: Informal Counseling - Active Listening
- ❑ Lesson 1e: Informal Counseling – Non-verbal Communication
- ❑ Lesson 2a: Prejudice, Bias and Labels I
- ❑ Lesson 2b: Prejudice, Bias and Labels II
- ❑ Lesson 3: Goal Setting, Negotiation and Contracting

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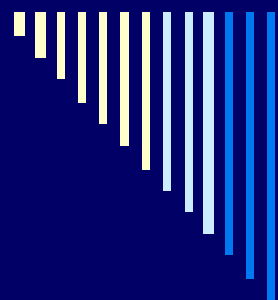


Training Evaluation

- Individual evaluations
- Group evaluations
- Final evaluations
- Evaluations built into the training
- Report back to participants
- Quantitative and qualitative evaluation

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Evaluation Comments

This program changes your heart, mind and soul. It satisfied the craving to become a better person, not just a CHW. Thank you! For everything. Everything I learnt this week will not be forgotten but carried within me every day in my future - which begins today.

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Evaluation Comments

The facilitators were excellent. They put us in a mental and emotional state which brought us to think about the way we need not to deal with our clients.

Continue to do what you're doing. It's changing the world gradually. I think this program turns someone into a new person. Thank you very much. I am not easily impressed but I must say that I am - in a profound way.

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Evaluation Comments

This training qualifies us as professionally trained CHWs. I would encourage you to continue striving with excellence. Thanks, thanks, thank you. I have opened up myself like never before, tear my soul and heart apart, cry a few tears, and did deep soul-searching. I wanted to cry, scream or hit someone knowing how long I was carrying this around with me. But thank God I got relief. I was free. For years it was a burden, and now I am free. Thanks and may God bless you.

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Evaluation Comments

The program helps and allows you to come in touch with your inner self. It challenges us emotionally and puts us to the test of asking ourselves some very serious questions. It allows us to look critically at ourselves and our work ethics. This program should be part of our schools curriculum. Our churches, youth groups, various places and the list goes on. This way everyone would be on one accord. Keep up the good work. You changed my life.

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Evaluation Comments

I have learned to change my way of thinking and to slow down. This was an eye-opener about myself. An area about me I had not looked at until today. So much to process today. It is weighing heavily on me. This class should be available to everyone in customer service. It is really, really needed.

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Evaluation Comments

The trainers interact, motivate, educate, listen, understand and show real compassion. They were great to be with for these past five days and this was the best ever training I've ever been to and can truly say I will never forget. This training is needed for all health workers. We are a very fortunate few. I wish the government of Trinidad & Tobago would commission you to train all workers. I'm sad that just so few of us were exposed to you all. It provided us with life tools that are applicable and practical for every aspect of our lives.

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