



Neighborhood-Based Community Health Worker Program



healthy gen

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About This Resource

For more than 10 years the Foundation for Healthy Generations and our partners built and conducted pilot programs using a neighborhood-based community health worker (CHW) model.

Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this Section:

- Introduction to the neighborhood-based approach
- CHW definitions and guiding principles
- Studies that confirm the value and return on investment of CHWs
- Lessons learned by the Foundation for Healthy Generations and our partners about starting and supporting successful, long-term community-based CHW programs.

1. Background and Introduction

Caring for the Community

CHWs are trusted members of their neighborhood or community. They are often natural helpers who have been recognized for helping neighbors or knowing where to find resources.

Caring for their community is often such a fundamental part of who they are that they don't even recognize that what they do is special.

CHWs are in a unique position because they make contact with both the community and the systems or policy makers that impact their community.

1. Background and Introduction

They listen to neighbors to identify issues that systems or policy makers may not understand or even know about because they do not have the essential, trusting relationship with community members.

CHWs build relationships between the community and these systems or policy makers:

- Raising voices
- Alerting them to issues, and
- Facilitating two-way communication

CHWs become a bridge for knowledge and representation.

About This Resource

What sets this web resource apart from others is the focus on CHW work in community settings?

CHWs play important roles within clinics and health care systems, too. The clinic setting is the subject of many other studies and training programs. Little has been written about the CHW experience in communities.

Community-based CHWs focus on community mobilization and community initiative projects for the health and wellbeing of the entire community. This is different from clinic-based CHWs, whose work is more focused on individual patients.

The Healthy Generations Model

In the neighborhood-based model, CHWs are typically part-time volunteers who receive a monthly stipend. They go through extensive training in such things as community organizing, connecting with community resources, and motivational interviewing.

CHWs are often natural helpers with little or no formal experience. They benefit personally by getting training and job experience that can lead to future paid employment.

As of 2020, CHWs in Washington State do not need to be certified to do the work.



Trust is the conduit of influence.

—Amy Cuddy



1. Background and Introduction

Lessons Learned

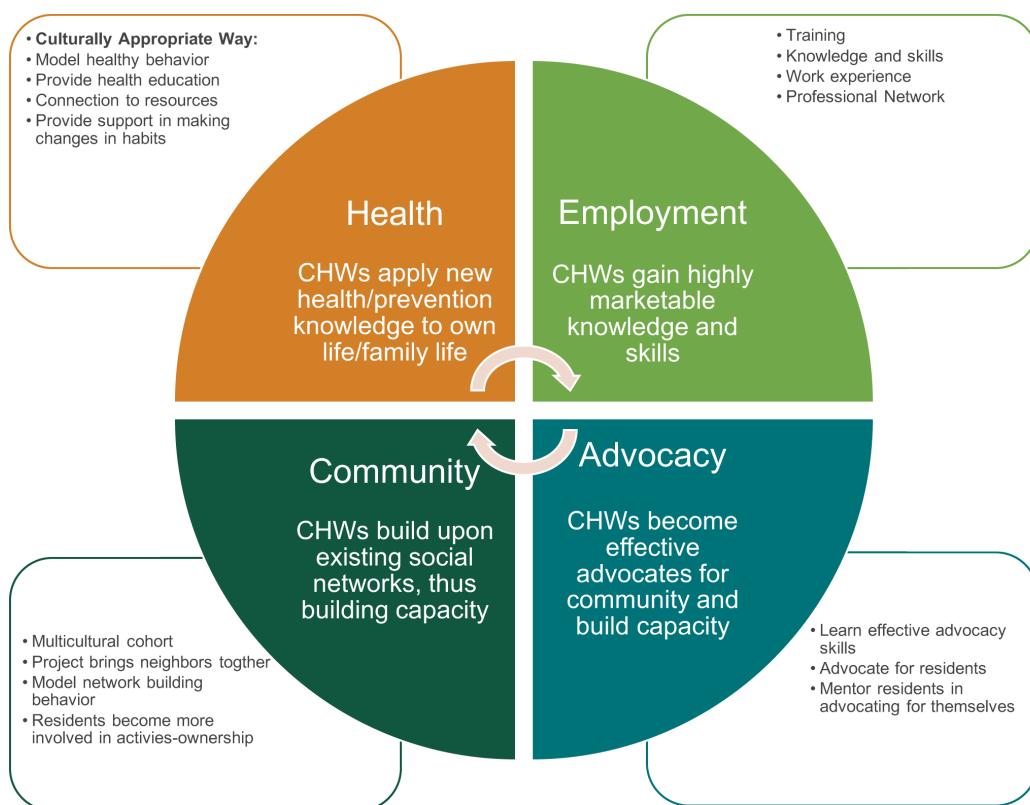
Included in this website are all of the things that we learned from 10 years working with communities. We started with one main goal: to build strategies for improving health.

We learned that CHWs are key to creating enduring health equity. They are in a unique position to build relationships between communities and the outside systems and policy makers whose decisions affect them.

Developing a well trained CHW workforce can play a huge role in improving community health.

This model was designed to be useful in many types of communities and neighborhoods. It has been tried in a number of diverse neighborhoods in Washington State.

It is based on the core value that communities know themselves best and can speak for themselves. That is why programs may look a little different from one community to another. Each program reflects their unique situations.



Despite how different some programs look, there are some key components that form the foundation of the model. This site is structured according to these components.

Building Community Capacity

In this section, we will talk about the key elements necessary to build a community-based CHW program. It begins with the neighborhoods and, within the neighborhood, finding the community voice. Once the voice is found, it is critical to put the voice to action and establish relationships with community organizations.

One of the goals of community-based CHW programs is to build capacity — in CHWs and the community.

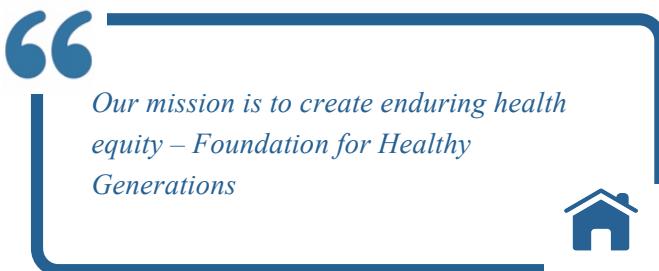
Neighborhoods

Neighborhoods are made up of many different parts, including community members, nearby clinics and hospitals, as well as public health programs, schools, faith communities, and social service organizations. These elements are all part of a neighborhood's history and culture, which may be shaped by income or racial segregation, poverty, crime, and other oppressive barriers caused by systems or policy decisions that don't adequately reflect neighborhood voices.

Part of Their Community and Culture

CHWs are part of the communities they serve. They learn how to blend together the health and social service systems to benefit their neighbors.

The result is better access to the health care and social supports that people need to lead healthy lives.



Focus on the Whole Community

Community-based CHWs focus on community mobilization and community initiatives for the health and wellbeing of the entire community. This is different from clinic-based CHWs, whose work focuses on individual behavior change.

1. Background and Introduction

Shared Decision Making

In the neighborhood-based CHW model, CHWs are the drivers of programs from day one. They work as a group to develop a vision of a healthy neighborhood and the activities they believe will move them towards that vision.

Trusted Community Members

CHWs are trusted members of their neighborhood or community. They are often natural helpers who are recognized for knowing where to find resources. Caring for their community is often such a basic part of who they are that they don't even know that what they do is special.

CHWs are in a unique position. They know how to communicate with their community and the outside agencies that impact their lives.

They listen to neighbors to pinpoint issues that outsiders may not understand or even know about. This happens because outsiders do not have the essential, trusting relationship that CHWs have with their community.

CHWs can raise community issues and create two-way communication with neighbors and outside decision makers. They become a bridge for knowledge and representation.

Two-Way Communication

CHWs facilitate two-way communication. They help their neighbors understand the language used by outside professionals, and about how systems work. They also bring *community voice* to outside agencies in a way that professionals can understand and use.

Community Voice

Relationships and “translation” are critical when decisions are made that will impact the community. Health systems collect data but it only tells one part of the story. *Community voice* puts a human face on the data. *Community voice* gives insights that professionals can use to make better decisions. These decisions are more likely to have positive impacts, not unintentional consequences.

1. Background and Introduction

To create health equality, a community voice is essential in all the work Healthy Generations does throughout the state. For this reason, the Foundation for Healthy Generations believes that supporting neighborhood-based CHWs is key to achieving enduring health equity.



COMMUNITIES

A way to understand what you're seeing in the data, get at root causes, and develop smart, locally informed responses.

Stories: Examples of Community Voice

Working together to Identify and Remove Barriers to Health and Safety

Salishan is a mixed-use neighborhood. This means some residents rent from the Tacoma Housing Authority (THA) and other residents are buying their homes.

Salishan provides a built environment that supports healthy choices. It has sidewalks, crosswalks, and natural barriers to protect pedestrians. It also has street lights for safety at night. So, it was curious to THA staff and other partners why the residents were not using these amenities to walk for exercise or recreation.

The Salishan Community Health Advocates (CHAs) asked residents: what are the barriers to walking? Many responded that they didn't feel safe. After discussing this with THA and partners, they did some more digging.

THA talked to their security company and the local police. According to call data and crime reports, Salishan was one of the safest neighborhoods in Tacoma. The security team reported similar findings.

However, CHAs were able to pose some deeper questions. They asked their neighbors, “What, specifically, are you afraid of?”

The answer: Dogs. There were a few roaming dogs in the community and people were scared to walk around.

Without Salishan CHAs to find the *community voice*, it would have been reasonable to assume that residents had an irrational fear of crime that wasn’t happening. Instead, with the real problem identified, it was something that could be fixed.

This example shows how *community voice* can add personal stories to better explain the data. Because CHWs are trusted by their neighbors, they can get to the bottom of issues and carry the message forward, or encourage their peers to speak out for themselves.

Addressing Safety Across Cultures

Yen Barnes is a CHA in Tacoma. Her phone was ringing off the hook. Her neighbors in the Salishan Gardens senior living building were upset. Strangers were parking in the back lot late at night and coming into their building. They felt unsafe and wanted help.

Yen told her neighbors that she would get to the bottom of it. Then she got to work. She called her supervisor and the building manager. After a short meeting about residents’ concerns, they decided to ask the Tacoma Housing Authority and the security service to come to Senior Bingo that night to hear from residents.

At Senior Bingo, the residents had time to express their fears and concerns about strangers hanging around their building. Then, with the leadership of CHAs, they brainstormed strategies to work together to keep each other safe. One of their challenges was a language barrier. Most of the residents are from Southeast Asia. It is hard for them to call 911 or the security service because of the language difference. The group decided to use the name of the building as a code word. The seniors could call and say, “Salishan Gardens—HELP!”

Since that meeting, the residents report feeling safer and have a better, more positive relationship with both the Tacoma Housing Authority and the security service. The change in the community was all initiated and facilitated by CHAs who lived in the building and were trusted members of the group. Without this crucial connection to the community, residents might have continued to feel vulnerable and unsafe.

Caring for their community is often such a fundamental part of who Community Health Workers are, they don't even recognize it as special.

Community in Action

All communities have strengths, challenges, history, and stories. More importantly, all communities have a future.

Too often the systems—health systems, schools, criminal justice—tend to focus on the challenges or the needs. This has an impact on the perception of a neighborhood, both those living within and those looking in from the outside.

CHWs are natural leaders who are invested in their community and see its value. They focus on the strengths and the gifts of the people living there.

They have the skills to bring people together around an issue, guide discussion, and help support them in identifying next steps that make sense for them.

This builds capacity, both in individuals and in the neighborhood.

The shift in attention—from the negative to the positive—is the first push in improving the health of the whole community.

CHW Growth and Development

This model starts with CHW training and education.

As they learn more about health and community engagement, CHWs start to practice it in their own lives in a way that is meaningful to them.

Then, as they feel personal success, they begin talking about it with their friends, families, and neighbors. They inform, educate, and support those within their circle of influence to make similar, positive changes in their lives to experience better health outcomes.

At the same time, because they are part of a collective group of CHWs, they can work together to build and expand capacity in the community.

1. Background and Introduction

Worksheet

What are some needs in your community that could be helped by a CHW program?

What keeps your community from being as healthy as possible?

How could someone who people trust help your community be healthier?

1. Background and Introduction

Definitions

The American Public Health Association defines Community Health Workers¹ as follows:

A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

Community health worker is a broad term

that is used to describe people who work in communities to improve health. Some other titles that fall into this category are:

- Parish nurses
- Health ministers
- Promoters
- Patient navigators
- Outreach workers
- Health educators
- Family advocates
- Peer educators

CHWs that work outside of clinics and hospitals are focused on health and equity, not just health care.

CHWs are in a unique position. They have the trust of their peers because of their lived experience and shared culture. In many cases, they are “360-degree communicators.” This means they can communicate equally with all parties, inside and outside of their community. They are trusted by the systems and/or policy makers to provide valuable feedback and *community voice*. They also build relationships between the community and outside organizations, systems, and policy makers.

“

A community health worker is a trusted member or has a uniquely close understanding of the community served.



¹ <https://www.apha.org/apha-communities/member-sections/community-health-workers/>

CHWs are trusted by the systems and/or policy makers, providing valuable feedback from their communities that may help improve health care delivery or services.

How CHWs Define Their Role

CHWs are change agents. They relay community feedback and influence decisions in ways that outside professionals cannot. They also start new activities to improve the health of the whole community.

When asked how they view themselves, CHWs in Washington State identified these key characteristics:

- **CONNECT** people to community resources.
- **PROVIDE** health information, outreach, and support.
- **ENGAGE** people in community health and activities.
- **HELP** people understand health information and use it in a way that works for them.
- **ADVOCATE** for their community and support them advocating for themselves.
- **EMPOWER** residents to make healthy choices.

In **Section 5.1, Orienting and Training New CHWs**, we take a deeper look at CHW roles, skills, and core qualities and core competencies.

ROI: The Value of Community Health Workers

Connection for Information and Resources

CHWs are a vital link in bringing health information and resources to their community. They make sure that resources are matched with community culture and needs.

Here are some of the things that CHWs do in a community-based program:

- Engage community members in identifying barriers and developing solutions that make sense for them.
- Connect people with the resources they need to overcome obstacles.
- Work to change policies or systems that negatively impact the community.

CHWs can empathize with their peers who are struggling. They have had many of the same experiences.



Role Models for Healthy Living

In many ways, CHWs become role models for healthy living. Their peers begin to see how someone they know personally can make healthier changes. They are able to make the connection to their own lives.

Health information has a greater impact when the person presenting it is part of their community and has shown by example how to apply it. This is more meaningful than hearing it from outsiders who don't share their struggles.

“

*The power of community to create health
is far greater than any physician, clinic,
or hospital. – Mark Hyman*



Improving Health and Reducing Costs

In our experience, CHWs produce positive health outcomes and financial benefits. CHWs have demonstrated success in many areas including:

- Increasing enrollment in health insurance and preventive care
- Helping people manage chronic conditions
- Improving maternal and child health
- Reducing infant mortality
- Increasing knowledge about screening for cervical and breast cancers.

CHWs have also helped to prevent and manage chronic diseases, such as diabetes, hypertension, cardiovascular disease, asthma, depression, and mental illness.

The table below shows a few examples of how people's health improved because of the work of CHWs.

1. Background and Introduction

	Target Population	Outcomes
Northern Manhattan Community Voices Collaborative	Low-income communities in New York City, NY	From 2000–2005, CHWs enrolled 30,000 people in health insurance, helped 8,000 children become completely immunized, and supported 4,000 families in improving asthma management.
Vietnamese REACH for Health Initiative	Vietnamese American women in Santa Clara County, CA	Women were assigned to two interventions: (1) lay health worker plus media-based education or (2) media-based education only. Among women who had never had a Pap test, 46% in the combined intervention obtained a test compared to 27.1% in the media-only group. Combined intervention activities occurred both inside the clinic and in community settings.
Community Diabetes Education Intervention	Patients with diabetes	Patients who completed one year of the CHW intervention showed significant improvements in hemoglobin A1c.
Effectiveness of CHWs in the care of people with hypertension	Patients with hypertension	Significant improvements in controlling blood pressure were reported in seven of eight randomized controlled trials. Other outcomes include improvements in self-management behaviors, positive changes in health care utilization, and changes in heart mass and risk of cardiovascular disease.
Public Health – Seattle & King County¹³	Children with asthma in low-income households	Reduced asthma symptoms days and urgent health services use.

1. Background and Introduction

Return on Investment

CHW programs also lower health care costs. CHWs improve access to primary care and social services. They also help people better manage their health conditions.

This means

- Fewer emergency room visits
- Fewer hospital admissions
- Fewer hospital readmissions

This table shows the savings potential—or return on investment—of CHW programs.

	Target Population	Return on Investment and/or savings	Impact
Denver Health	Underserved men	\$2.28 return on investment per dollar spent, annual savings of \$95,941	Shifted inpatient and urgent care to primary care.
Baltimore	African-American Medicaid patients with diabetes	Savings of \$1,200-\$9,300 per participant	Decreased ER visits, ER admissions, and total hospital admissions.
Arkansas Community Connector Program	Underserved Medicaid-eligible adults	\$2.92 return on investment per dollar spent	Connected adults with unmet long-term care needs to agencies and services.
Public Health – Seattle & King County	Children with asthma in low-income households	Savings of \$189-\$721 per participant in the high-intensity, home visit group	Reduced asthma symptom days and urgent health services use.
The Langdale Company	Employees	\$4.80 return on investment per dollar spent	Reduced employee weight, blood pressure, smoking, and cholesterol levels.
Molina Health Care in New Mexico	Medicaid patients who are high consumers of health resources	Savings of \$4,564 per enrollee in a Medicaid managed care system	Reduced emergency room use, days of inpatient care, narcotic use, and other prescription drug use.

The Neighborhood-Based Model

What separates the Healthy Generations CHW model from others? Our focus on community. Here are some of the differences between programs that are based in clinics and those that are based in communities.

Comparison of Community-Based and Clinic-Based CHWs

Community-Based Programs

- Focus on the prevention of health problems that impact the entire community, not just a few high-risk individuals.
- Listen to community members and create health projects based on feedback. Community members decide the focus of each project, and the desired outcomes. CHW assist and provide support.
- Encourage community members to speak up and advocate for the community. This can happen in local meetings, or at the state level where policies are being made that could help or hurt the community. CHWs encourage people to “push back” on decisions that affect them, while providing tools, strategies, and support.
- Build bridges between the community and outside agencies. CHWs are two-way communicators. They listen to community members to figure out what they need to be healthier. They can communicate what they have heard to outside agencies. They can also explain the best ways to provide services.
- Create partnerships. Successful CHW programs partner with many organizations. They help bring outside groups into the neighborhood as trusted partners. As trust builds between the community and outside partners, they begin to understand each other better and work together more effectively.

Community-based CHW programs:

- Focus on health issues in a community
- Create health improvement projects
- Encourage advocacy
- Build bridges between community members and health care system and social services agencies
- Provide information and resources

1. Background and Introduction

This chart shows the work that is done by CHWs in clinics and in communities. While there are exceptions, this shows some of the things that they have in common and some ways that they differ.

Community	Clinic
Trusted members of community	Trusted members of community
Provide culturally centered health education/information	Provide culturally centered health education/information
Connect to community services and other resources	Connect to community services and other resources
Provide follow up	Provide follow up
Act as spokesperson for community	Provide direct services such as screenings
Connect people to services	Case management/medical records
Provide outreach in communities	Help navigate confusing medical systems

Education and Training

An essential part of any CHW program is training and education. As CHWs learn more about health and community engagement, they start to practice it in their own lives. Each person makes the changes that are meaningful to them. Then, as they feel successful, they begin sharing it with their friends, families, and neighbors. They inform, educate, and support people in their circle of influence to make similar, positive changes in their lives. Because they are part of a collective group—the cohort of CHWs—they can work together to build and expand capacity in the community.

In *Section 6. Leading and Mentoring*, we provide a variety of tools and suggestions for specific ways that CHWs can experience growth and development on the path to future paid employment.

Worksheet

How do you see this model fitting within your community?

Introduction

For more than 10 years the Foundation for Healthy Generations and our partners built and conducted pilot programs using a neighborhood-based community health worker (CHW) model.

Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this section:

- Heather O'Shea, South Kelso CHW
- Salishan's Community Advocates
- Community Health Working in Salishan
- Neighbors Advocating for Their Vancouver Community
- Spokane Housing
- Healthy Living Neighborhoods in Southwest Washington

1.1 In Their Own Words: CHWs in Action

We asked CHWs to talk about the ways they serve their communities. Here, in their own words, are their stories.

Heather O'Shea, Community Health Worker

In South Kelso, Washington, CHWs work with their neighbors to make life healthier and more enjoyable through social connections.

Neighborhood-Based Community Health Worker Program

Heather enjoys visits to the elderly through the Area Agency on Aging and Disability. She said,

“Sandy and I were doing it together, and we would hook them up with resources to better their lives.”

Heather, who several times during her interview mentioned doing this *with* her new friends, says that being a CHW has changed her. She said,

“I wasn’t that active, and I didn’t have that many friends. And now, with my friends and my coach telling me how intelligent I am and how much of a good person I am, I have developed many friendships and connections.”

Heather was a participant with her group in finding funding for a new ballot box to make it easier to vote in the neighborhood.

Heather also participated in “National Night Out” and putting together Thanksgiving boxes. She is also involved in planning a community BBQ where CHWs and others give out resources, providing fun activities for children, and letting folks know how much their health matters.

“These community events will build relationships in the community and raise awareness about improved well-being for our vulnerable community.”

And in true Heather form, she ends the interview by saying, “And it’s just so nice to be doing it all together.”

Salishan’s Community Advocates

At about 1,200 households, Salishan is the largest subsidized housing neighborhood in Pierce County. It is a Hope VI Community. This means it has a mix of residents who rent from the Tacoma Housing Authority, and residents that are buying their own homes. This neighborhood has a long history of housing some of the poorest families in Tacoma, including refugees.

It is also a strong community of people who love their neighborhood. Gardens are a central activity that provide common ground for the residents. It was this community’s strengths that drew the Foundation for Healthy Generations to pilot a CHW program in Salishan.

“We chose to call ourselves Community Health Advocates to highlight our direct focus on encouraging others to be healthy and promote systemic, policy, and community change. – Salishan cohort”

The Salishan Community Health Advocates began their work in 2011 with the goal of improving the health of their neighborhood from within. The group intentionally chose to identify themselves as *Community Health Advocates* rather than community health *workers* to highlight their direct focus on systems, policies, and environmental changes that provide encouragement and opportunities for the whole community to be healthier.

In 2012–13, a second cohort joined the original group, expanding the base from 11 to 18 advocates. Each year since, as advocates are out in the community, they identify “natural helpers,” neighbors with qualities that would make them strong candidates for becoming advocates, thus building capacity from within the neighborhood to expand their efforts.

Salishan’s advocates live and work in the neighborhood. Reflective of their neighbors, advocates themselves are Vietnamese, Latino, Cambodian, African American, and Caucasian. Their ages span multiple generations, from teenagers to grandparents. They are trusted sources of social support, and provide authentic, two-way communication, serving as resources for residents and organizations alike. Their actions help to create the conditions at the neighborhood level to transform the health and well-being of the entire community.

Advocates complete a three-month introductory training to equip them with skills in community outreach and engagement, coordinating with community resources, and supporting others in making healthy lifestyle changes. They go on to receive additional training throughout the year.

Community Health Working in Salishan

My story is about Ms. Byrd. I like to call her Ms. Byrd out of respect for her age—she’s 83-years-old—but she insists I call her Marjorie. So, after her hip replacement her doc says she must walk every day. She reads in the Salishan Flyer that there is a walking group, so she calls our office to find out more. I call her back. We start walking right away.

At first, it was once a week. That was my commitment. Now, she has us doing it three times a week. But she does it every day if she is not sick and has no doctor’s appointments or anything. Ms. Byrd has been here in Salishan for 43 years!



At first it was once a week.... now, she has us doing it three times a week



Neighbors Advocating for Their Community in Vancouver

The Vancouver Housing Authority (VHA) adopted the Community Health Advocate (CHA) model in 2011, beginning in the Skyline Crest neighborhood. It has since expanded to three senior and disabled properties, and added an Early Learning Advocate that reaches out to all Section 8 families with young children.

The Skyline Advocates have focused on community building and overall health and wellness for the 130+ households they serve.



The Advocates create and coordinate free, onsite weekly opportunities, including an early learning play group, three exercise classes (taught by professionals), a food bank hosted by a nearby church, and a knit/crochet class.



There are many other educational and social activities throughout the year—field trips, classes, and potlucks. Over the years, partnerships have developed with organizations and individuals that have shared their time and resources to support the mission of providing accessible health and wellness opportunities within this low-income community.

The Skyline Neighborhood looks nothing like “low-income housing,” but rather, an eclectic and diverse community that cares for each other, and where outsiders wish they lived.

Example of a success—Welcome Wagon

The Welcome Wagon has been a successful program that we came up with a few years ago. We put together personalized gift baskets with homemade items and deliver them to every new household that moves into the neighborhood.

It is truly priceless to see the initial look of surprise and then appreciation on the face of a new neighbor when we deliver the baskets and say “Welcome! We are glad you are part of this unique neighborhood.” I have seen people’s affect change by this simple act of inclusion and care. I follow it up by explaining that I am a neighbor but also an Advocate, and provide them with my contact info. This is the beginning of a friendlier community.

From a Community Health Advocate

Spokane Housing

Spokane Regional Health District’s community health advocate model is based on the peer-to-peer, CHW approach and applied to the Supplemental Nutrition Assistance Program Education (SNAP-Ed) program.

CHAs are tenants living within various low-income housing sites in Spokane.

- CHAs are usually naturally identified leaders within their community and are trained on many health topics, as well as the skills and abilities needed to become a CHW.
- They provide their fellow tenants with ongoing, regular access to health information, resources, and support to make healthier choices.
- They play a critical formative role in helping design, promote, lead, or co-lead educational efforts and activities in their communities.
- CHAs also assist in identifying barriers and possible solutions to better health for their communities.

These voices have proven strong in creating policy, systems, and environmental changes, and fostering a greater, more sustainable culture of health at these locations.

Why This is Important to Spokane

CHAs and their communities face many barriers to leading healthier lives. Many of these barriers can be lessened or removed when addressed. However,



Many CHAs feel proud to be the go-to trusted member of the community that tenants of all backgrounds feel comfortable about going to with health and resource related questions.



Neighborhood-Based Community Health Worker Program

without the community voices identifying barriers, many would go overlooked and remain unaddressed.

The model naturally establishes a foundation for understanding people's life context, allowing for solution-based strategies to be chosen *by* the community *for* the community.

In 2018, there were 15 trained CHAs in ten low-income housing sites in Spokane County. Locations were chosen to represent geographic diversity. These sites are situated in the economically disadvantaged neighborhoods identified in the Spokane Regional Health District's 2011 Health Inequities report.

What are CHAs Proud Of?

Many CHAs have made incredible health changes personally. They also are playing a powerful role in shifting the culture in these communities towards better health for themselves and their fellow tenant community members.

Many CHAs feel proud to be the go-to trusted member of the community that residents of all backgrounds feel comfortable about going to with health- and resource-related questions. Many have expressed that they have helped tenants out of isolation and started on a path toward a healthier life because of this model.

CHAs are involved in numerous Healthy Eating and Active Living efforts tailored to their community's needs, including (but not limited to):

- 'Plan, Shop, Save, Cook' classes
- Walking groups
- Exercise classes
- Identifying and sharing clinical and community resources supporting better health
- Blood pressure monitoring

Healthy Living Neighborhoods in Southwest Washington

The Healthy Living Collaborative (HLC) of Southwest Washington is committed to community engagement. We recruited and trained CHWs in three distinct locations: Rose Village in Vancouver, South Kelso, and Wahkiakum County.

HLC CHW program objectives are:

- Engage individuals, families, and populations that professionals have difficulty reaching
- Provide culturally appropriate and useful health and human service system information to high-need families and neighbors

1.1 In Their Own Words: CHWs in Action

Neighborhood-Based Community Health Worker Program

- Increase community capacity to promote health and well-being
- Increase social connections, improve resilience, and reduce isolation amongst families
- Increase CHW employment skills
- Reduce chronic disease through increased use of prevention tactics, chronic disease management, and appropriate use of health care or other social and community services

About this Resource

For more than 10 years the Foundation for Healthy Generations and our partners built and conducted pilot programs using a neighborhood-based community health worker (CHW) model.

Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this Section:

- Before You Start: Things to Consider
- Worksheet: Potential Partners and Fiscal Agents

2. Getting Started

Before You Start: Things to Consider

A community-based CHW program can be started by anyone, anywhere.

Still, we have learned that there are some basic things that will help a program succeed.

For those who are thinking about starting a new program, here are some things to consider. Having some clarity about these important, higher level issues will establish a stronger foundation and can help you avoid the pitfalls that other programs have faced.

Commitment From Neighbors And Partners

Every community is unique. The process of starting a community-based CHW program will vary from community to community.

In many cases, it is neighbors coming together to increase community support and improve their quality of life.

Right from the start, you need to get a commitment from the community and partners that they want and support the program.

Organizational Home

Once you have that commitment, other critical decisions come into play. Should you become a nonprofit, or join an existing agency? What is the right business model?

Here are a few questions to help you think through the type of organization that will work best for you.

1. Will this be a community-led effort with a designated fiscal agent or lead organization?

A **fiscal agent** is an established nonprofit organization that agrees to accept donations on behalf of a group that does not have IRS tax exemption. Under this arrangement, a charitable group can get more funding to perform its mission (smallbusiness.chron.com).

If this is what you have in mind:

- What kind of organization? Why?
- What are the benefits of having a lead organization? What are the challenges?
- If you form within an existing organization, how much governing power would they have over your daily operations?
- Could this work as a partnership with multiple agencies?

2. Will the CHW program work better as a new non-profit organization?

- How will it be staffed?
- How will it be funded?
- What are the logistics of having a board of directors?
- How does this impact trust from the community?
- How does this impact the CHWs' ability to be agile, responsive, and flexible?

It is difficult, but important, to balance the structure and support from a sponsoring agency with the autonomy and self-governance CHWs need to make this work have a real impact.

Constant Communication

Constant, open communication between partners is critical. All sides need to know what is happening, what is going well, what is needed, and when there is a problem.

Being open, honest, and addressing matters as they arise will avoid major strife later. It is also the best way to ensure everyone is invested.

Some things that will aid in open, two-way communication include:

- Regular meetings
- Written updates
- Copies of all documents (work plans, data collection, reports, etc)
- Timely requests for information, support or discussion

Here is an example of how one program was structured to balance the needs and expectations of the agency sponsors, with the CHWs' need for autonomy and self-governance.



Funding

Funding is always key to any project. For your community-based CHW program to have long-term success, you will need to develop adequate, sustainable, and reliable funding.

CHWs are typically volunteers who get a monthly stipend and reimbursement for expenses—like transportation—that are part of their work.

A *stipend* is a fixed allowance paid to CHWs who volunteer their time to benefit their community.

In addition to stipends, you can expect to need funding for things like room rental, office space and supplies, child care, and food at events.

A minimum amount of funding is vital for this type of project. It is unique in a couple of ways. It is led by community members who will identify health concerns and lead each other in developing appropriate, workable responses.

Because this work is led by caring and compassionate people who commit their time, it is extremely important to have a stable source of funding to ensure that, once they get started, they have what they need to continue their work.

It is all built on trust. If your funding is unstable, and CHWs are here today and gone tomorrow, it destabilizes the trust the community has in their project.

Office Space

One of the key elements of community-based CHW programs is having an office.

This may seem obvious, but having a central location—a headquarters or hub—is important for many reasons, including:

- Program visibility
- A place for CHWs and supervisors to meet
- Access to equipment and supplies.

Worksheet: Potential Partners and Fiscal Agents

Ideas for potential partner organizations.

Organization/Agency	Contact person

What kind of agency could serve as your lead agency or fiscal agent?

Potential Agency	Potential Benefits	Potential Challenges

Worksheet: Non Profit Decision Tool

What are the benefits and challenges of starting a new non-profit organization?

Benefits	Challenges

About this Resource

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Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

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In this Section:

- Introduction to the neighborhood-based approach
- How CHWs work with social networks and bring community voice to organizations that affect their communities
- Key steps to building projects that work in—and for—the community
- How CHWs contribute to improving health and reducing costs
- Developing partnerships

3. Establishing a Community-Focused Program

How and Why It Works

With several years experience under our belt, the Foundation for Healthy Generations has learned a lot about the basic building blocks of a successful CHW program.

In this section, we draw on our own experience and the experience of others from across Washington State.

Our intent is to provide good guidance for anyone wishing to develop their own CHW program.

Note: Not all of what follows may be a good fit in all situations. You may decide an alternative way works better in your community.

However, you will find the major components that we have learned contribute to success, as well as advice on avoiding potential pitfalls.



Not all sections of this manual may apply to your program. Use and modify what will work for your group.



You may find one tip that is helpful at this point in time. Or you may be able to take advantage of the entire section.

Key Steps

Let's start by looking at these key steps.

1. Defining the Community/Neighborhood
2. Recognizing Community Voice
3. Developing Relationships with Community Based Organizations
4. Identifying Social Networks

It begins with the community and finding the *community voice*.

Once found, it is critical to put the voice into action and establish relationships with outside organizations.

Goals that Reflect Community Values

The purpose of a CHW program is typically to

- Provide access to care
- Increase the community's health awareness through culturally appropriate education
- Promote community advocacy and community building, and
- Improve health outcomes in the community

Neighborhood-Based Community Health Worker Program

Establishing program goals *must* involve community members. The community becomes a vital player in all aspects of the creation of a CHW program.

Community members are the primary stakeholders. They let outside organizations know what they need. They decide what the goal of the program should be.



1. Defining the Community/Neighborhood

Neighborhoods are made up of many parts.

- Community members
- Clinics and hospitals
- Public health programs
- Schools
- Faith communities
- Social services

All are part of a neighborhood's history and culture.

A neighborhood may be shaped by income or racial segregation, poverty, crime, and other oppressive barriers. These may have been caused by systems and policy decisions that don't reflect neighborhood voices.

2. Recognizing Community Voice

Community voice refers to the values, opinions, beliefs, perspectives, and cultural backgrounds of the people in a community. There will be as many perspectives as there are people. But there is also common ground.

Community voice also refers to the wisdom of people to identify their own strengths, needs, and potential solutions to challenges.

This can also be called *authentic community voice*.

Identifying and sharing *authentic community voice* is needed if you want to see changes in health outcomes.

Engaging *community voice* has become a popular idea with public and nonprofit agencies. Yet, many don't know how to get it or what to do with it once they have it.

To see changes in your community, you need to find the community voice.



Outside agencies are often working with deadlines that make it difficult for them to engage and understand the many voices and concerns of a community.

It takes time. A lot of time.

CHWs play a key role in identifying and representing *community voice* to outsiders. They know how to get an understanding of neighborhood wants and needs.

Since CHWs are active members of the community they serve, they are skilled in reaching out to their friends, families, and neighbors to ask the right questions. They listen to feedback, then work with their peers to turn *community voice* into *action*.

Because of their trusted relationships within the community, CHWs can often get perspectives and feedback quickly by working within the norms and culture of their neighborhood.

Community Action

Communities are a mixed bag. All have strengths, challenges, history, and stories.

More importantly, all communities have a future.

Too often, outside agencies and systems—health systems, schools, criminal justice—focus on challenges and needs. This has an impact on how a neighborhood is perceived—both by those living in it, and those viewing it from the outside.

CHWs are natural leaders who are invested in their community and see its value. They focus on the strengths and the gifts of the people living there.

They have the skills to bring people together around an issue, guide discussion, and help support them in identifying next steps that make sense for them.

This builds capacity, both in individuals and in the neighborhood.

The shift in attention—from the negative to the positive—is the first push in improving the health of the whole community.

3. Developing Relationships with Community-Based Organizations

Neighborhoods and their people have many strengths.

This is not to say that they don't need additional resources.

Most communities have agencies and systems that can provide help and support. Some examples:

- Local health departments
- Colleges
- Clinics
- Faith communities
- Schools
- Cultural centers

If these agencies are brought in as partners to work *with* residents, this can create a network of support.

Building strong relationships between the neighborhood and community organizations will help make sure that the resources they provide have a lasting impact.

One way to strengthen neighborhood ties is to invite them to work with residents on a specific project or issue.

Staff get the chance to work alongside community members and experience the wisdom and strengths they use to improve their lives.

Residents begin to build rapport with people from the agencies.

That builds trust.

Partners and Champions

As this process continues, relationships deepen. This often results in one or two agencies that are willing to support neighborhood efforts in a more meaningful way.

This can take the form of providing

- Funds
- Space for neighborhood events
- Volunteers
- Supplies
- Other types of ongoing support

We call this kind of trusted partner agency a *champion*. This distinction is described more fully in a moment.

4. Recognizing Social Networks

Communities are made up of groups of people who are connected to one another. These interacting groups are called *social networks*.

When *social networks* function well, members have strong relationships within their group, and interact with other groups in the larger community network.

This explains why CHWs can reach communities when other health care workers cannot. It is because of their role within *social networks*.

Close-Knit Networks

A *close-knit network* is one type of social network.

In a *close-knit network*, people have strong connections with each other but few connections with outside networks.

Communities that face significant barriers tend to have more *close-knit networks* and fewer outside connections. Members must rely on each other for support. This isolation can result from

things like racism,
poverty, or differences in
culture or language.

Isolation makes it
difficult to access
external support.



*Trust is essential to working with
close-knit networks.*



Close-knit groups can be very protective of each other. They are also wary of outsiders who try to make changes in their neighborhood.

There are many examples of health departments, city governments, and other well-meaning groups coming into communities to make changes without getting community input. They then leave without offering ongoing support.

This lack of long-term investment is very damaging to community trust.

If agencies truly want to improve the public's health and wellbeing, trust is essential to working with *close-knit networks*.

How CHWs Work Within the Social Networks

CHWs help reach into *close-knit networks*.

They may already be part of the network. Or they may have enough in common to gain their trust. Their role in the community allows them to build trust at a deeper level than someone who is not part of the community.

CHWs elevate the community's perspective on its strengths, deficits, and opportunities.

They work with the community to find potential solutions.

They are then able to take community feedback to people who make decisions in organizations, systems, and government.

This helps outsiders work more effectively with the community on changes that will have a lasting impact.

Improving Health and Reducing Costs

It has been proven that CHWs produce positive health outcomes and financial benefits. CHWs have demonstrated success in many areas, including:

- Increasing enrollment in health insurance and preventive care
- Helping people manage chronic conditions
- Improving maternal and child health
- Reducing infant mortality
- Increasing knowledge about screening for cervical and breast cancers

CHWs have also helped to prevent and manage chronic diseases, such as diabetes, hypertension, cardiovascular disease, asthma, depression, and mental illness.

3. Establishing a Community-Focused Program

Neighborhood-Based Community Health Worker Program

The table below shows a few examples of how people's health improved because of the work of CHWs. The results are shown from a clinical standpoint. But the work done outside the clinic by CHWs played a key role in getting these results.

This shows how important CHWs are, and the impact they can have on people's health.

	Target Population	Outcomes
Northern Manhattan Community Voices Collaborative	Low-income communities in New York City	From 2000–2005, CHWs enrolled 30,000 people in health insurance, helped 8,000 children become completely immunized, and supported 4,000 families in improving asthma management.
Vietnamese REACH for Health Initiative	Vietnamese American women in Santa Clara County, California	Women were assigned to two interventions: (1) lay health worker plus media-based education or (2) media-based education only. Among women who had never had a Pap test, 46% in the combined intervention obtained a test compared to 27.1% in the media-only group. Combined intervention activities occurred both inside the clinic and in community settings.
Community Diabetes Education Intervention	Patients with diabetes	Patients who completed one year of the CHW intervention showed significant improvements in hemoglobin A1c.
Effectiveness of CHWs in the care of people with hypertension	Patients with hypertension	Significant improvements in controlling blood pressure were reported in seven of eight randomized controlled trials. Other outcomes include improvements in self-management behaviors, positive changes in health care utilization, and changes in heart mass and risk of cardiovascular disease.
Public Health – Seattle & King County¹³	Children with asthma in low-income households	Reduced asthma symptom days and urgent health services use.

Return on Investment

CHW programs also lower health care costs. Their efforts have improved access to primary care and social services. They also help people better manage their health conditions, reducing emergency room visits, hospital admissions, and returns to the hospital.

This table shows the savings potential—or *return on investment*—of CHW programs.

	Target Population	Return on Investment and/or savings	Impact
Denver Health	Underserved men	\$2.28 return on investment per dollar spent, annual savings of \$95,941	Shifted inpatient and urgent care to primary care
Baltimore	African-American Medicaid patients with diabetes	Savings of \$1,200-\$9,300 per participant	Decreased ER visits, ER admissions, and total hospital admissions
Arkansas Community Connector Program	Underserved Medicaid-eligible adults	\$2.92 return on investment per dollar spent	Connected adults with unmet long-term care needs to agencies and services
Public Health – Seattle & King County	Children with asthma in low-income households	Savings of \$189-\$721 per participant in the high-intensity, home visit group	Reduced asthma symptom days and urgent health services use
The Langdale Company	Employees	\$4.80 return on investment per dollar spent	Reduced employee weight, blood pressure, smoking, and cholesterol levels
Molina Health Care in New Mexico	Medicaid patients who are high consumers of health resources	Savings of \$4,564 per enrollee in a Medicaid managed care system	Reduced emergency room use, days of inpatient care, narcotic use, and other prescription drug use

Champion Partners

A *champion partner* is a partner that consistently provides a substantial amount of long-term support, even when they are not the lead agency. They have a deep relationship with the lead agency, program participants, and those who benefit from your success. This is why they are invested.

Characteristics That Make a Champion Partner

In 2014, the Salishan CHAs wanted to host a ceremony at the end of the year to celebrate the many people and agencies that "do good things inside Salishan."

They discussed what makes an agency or person a "champion."

After much brainstorming and discussion, they selected the following:

Qualities of a Champion Partner

For seeing our potential and helping us realize it. And for commitment to the project.

Community Partners:

- Keep their word
- Have realistic expectations
- Are reliable
- See the value of CHWs
- Goal is to serve community through partnership
- Make good contributions to the community

Developed by the Salishan Community Health Advocates

What does a *partner champion* mean for a community based CHW program? It brings the additional support and mentorship CHWs need on a regular basis to be successful and to excel.

Stories: Examples of Community Voice

University of Washington Tacoma Nursing School

Nursing school faculty became partners, in various ways, with the residents and staff in Salishan for many years. They had already been working with CHAs in the Tacoma area. It made sense for them to be involved in the community-based CHA project.

Faculty arrange for student internships in Salishan. Nursing students learn a variety of skills and approaches to effectively reach different communities and populations. They also learn that the trusted relationship the residents have with the CHAs is the key to them being receptive to outsiders.

These students are bachelors or masters level nurses. They provide workshops to CHAs on things like measuring blood pressure, first aid, and fall prevention.

The nursing students observe the CHAs in their daily work practicing these new skills. They provide quality control and mentoring.

The faculty also spends a lot of time mentoring community leaders on how to conduct program evaluations and measuring health outcomes.

Faculty also mentor and train the CHAs in many topics, like conducting focus groups and building consensus.

Community Health Care Clinic (CHC)

The Tacoma-area clinic system built a new clinic inside the Salishan community. At the same time, new homes were being built for residents.

When the clinic opened, they noticed that no one from the Salishan community was coming.

The CHA project was also new. CHC leadership observed CHAs in action, helping the health department and the housing authority conduct outreach to residents. Clinic staff asked the CHAs to talk to neighbors and find out why they weren't using the clinic.

As the CHAs interacted with their peers at community activities, they asked about the clinic. They discovered that residents didn't know or believe that the clinic was for them. They thought it was too nice!

The CHAs explained that it was quite the opposite—the clinic was built specifically for them.

CHC and the CHAs continued to do outreach at small community events.

Shortly after, CHC leadership invited the CHAs to use the office on the first floor of the clinic. They wanted the first floor to be a warm welcoming place. They thought it would help if CHAs were there to guide people into the building, provide resources, and help build relationships.

At the same time, CHAs were trained to be In Person Assisters. This status allows them to enroll people into the state sponsored health insurance program.

Their office was busy every day. Many of the people the CHAs enrolled had never had insurance and didn't have a primary care doctor or clinic. Many also came from populations that are difficult to reach or serve.

The CHAs either had trusted relationships with these folks and brought them in, or built relationships with them through the process of insurance enrollment.

Many of them then became patients at the clinic.

The CHC leaders took note and began including the CHAs in more planning and advising.

As for the CHAs, having a nice office in the clinic changed how they viewed themselves. They felt more professional and more valued. They started dressing up every day. Their meetings were held in the clinic conference room down the hall. They started conducting meetings with agendas and more structure.

Partnership Opportunities

These are just two examples of how *champion partners* can make a significant impact on a community-based CHW program. There are many more.

It is important for people to meet together to create their own partnership successes. The important thing to remember is that both parties benefit from this type of relationship.

Other ways a *champion partner* can support and mentor:

- Co-write large grants for CHW projects
- Provide space for activities
- Provide marketing (messaging, graphics, printing, signage)

Neighborhood-Based Community Health Worker Program

- Provide space at partner meetings for CHWs to talk about their work
- Sponsor events
- Co-develop presentations at conferences to jointly talk about their work
- Provide an agency van for CHWs to use for travel and events

About this Resource

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Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this Section:

- How to develop a recruiting strategy based on your program needs
- How to implement a successful recruitment and hiring process
- Defining the key competencies and qualities
- Deciding on CHW roles
- Developing job descriptions
- Mapping the neighborhood: Geographic and Social Maps
- Recruiting Strategies
- Identifying the Natural Helpers
- Interviewing tips and tools
- Selecting, hiring, and orientating new CHWs

4. Recruiting and Hiring Community Health Workers

Knowing how to recruit community health workers (CHWs) is key to building a strong program. Not much has been written about how to do this.

4. Recruiting and Hiring Community Health Workers

In our review of projects in Washington State, we were able to identify some of the factors that help. This is especially important when the people doing the recruiting are not from the neighborhood and don't share the characteristics of the people who live there.

In our review of projects in Washington State, we were able to identify some of the factors that help. This is especially important when the people doing the recruiting are not from the neighborhood and don't share the characteristics of the people who live there.

The recruitment of good Community Health Workers creates a good CHW program.



CHWs are the heart of the program. Without a group of dedicated CHWs, it will be difficult to build a program that lasts and is deeply connected to the community.

The important questions to ask:

- *Who* are the right people?
- *How* do you recruit them?
- *What* do they bring to the program?

Taking time to think through and answer these questions will guide your initial recruitment process. Your answers will provide clarity for the organizations and stakeholders who may be assisting you in the process.

In this chapter, we will present information that will help you to find those answers.

The important questions to ask are:

- **Who** are the right people?
- **How** do you recruit them?
- **WHAT** do they bring to the program?

Step 1: Preparation

Who Are You Recruiting?

The first step is to identify the key abilities—or *competencies*—that you need in the group.

Competencies are the skills and abilities that people bring into a job. You may be looking for different competencies each time you recruit, depending on the needs of your program.

Core Competencies

Key Skills

Decide what key skills are needed. These can be skills you want people to already have. Or they can be skills that you will teach. Below are some things to consider:

- Communication skills
- Knowledge base
- Capacity building skills
- Interpersonal skills
- Service coordination skills
- Teaching skills
- Advocacy skills
- Organizational skills

Additional Skills

What additional skills will the CHW need to perform? What roles are called for?

One example is measuring blood pressure.

Some CHW's will come with that knowledge and experience, and others may need to be trained.

The point: some skills are trainable. Some are skills that, in many cases, CHWs already have.

So, when you're recruiting, if you get candidates who don't have all the core competencies on your checklist, it is okay. They can be trained.



If a candidate does not have all the core competencies you want, but can be trained, that's okay.



It is more important that they have the *qualities* that make a good CHW.

Qualities

Below is a list of *CHW Qualities* that was developed by the Washington State CHW task force. These qualities are the most important things to look for. Notice that they have nothing to do with college degrees or technical skills.

- Culturally sensitive, able to work with diverse communities
- Empathic, Caring, Compassionate and Humble
- Persistent, Creative and Resourceful
- Open-minded/Non-judgmental
- Honest, Respectful, Patient, Realistic
- Friendly, Engaging, Sociable
- Dependable, Responsible, Reliable



These qualities are at the core of who the person is. They are much harder to teach.

They tend to be core beliefs, values, and attitudes.

They are essential to being a CHW, no matter what type of work they will be doing in the community.

Not every CHW will possess all of these qualities. This list is meant to be a guideline of qualities to look for in a candidate.

Deep knowledge of—and experience with—the community is also essential.

Focus of the project

There are many types of CHWs and programs. If you research “community health worker programs” on the Internet, you will see a wide variety of program types.

Here are some things to consider when you are thinking through your project focus. Your focus will guide your recruitment.

- **Geography.** Neighborhood or specific area
- **Cultural group.** People with disabilities, young moms, people with diabetes, Latinos
- **Age.** Youth, elderly, everyone
- **Topic.** Heart health, childhood obesity, reduction in emergency use

Ideally CHWs will determine the roles they identify as appropriate and necessary to impact their community.

What role will they have?

Below are common roles that CHWs play. They may not perform all these roles. You will decide what roles are needed in each group.

Better yet, when your program is up and running, the CHWs will identify what roles are appropriate and necessary for them to have the greatest impact in their community.

Potential Roles

Cultural Mediation among Individuals, Communities, and Health and Social Service Systems

- CHWs educate their neighbors on how to work their way through the health and social service systems. They also bring community perspectives and cultural norms to the people who work in those systems.
- CHWs build health literacy and cross-cultural communication.
- *Health literacy* is a person's ability to find, process, and understand basic health information and services to make good decisions about their health.

Providing Culturally Appropriate Health Education and Information

Educate neighbors on how to manage health conditions. Teach health promotion and disease prevention in a way that matches the community's language and culture.

Conducting Outreach

Find and enlist people who will benefit from services. Follow up on health and social service visits. Help people and communities solve problems and remove barriers. Conduct home visits to provide education, assessment, and social support. Give presentations at agency and community events.

Care Coordination, Case Management, and System Navigation

Help people get set up with a medical home or primary care provider. Make referrals, coordinate care, and participate in case management. Connect people with resources and services.

Document their work and track data on both the individual and population levels. Inform decision-makers and systems professionals about community assets and challenges.

Providing Coaching and Social Support

Provide support and informal coaching. Motivate and encourage people to get insurance, health care, and other services. Support people in preventing or managing diseases, within the guidelines set by the program and supervisor. Plan or lead support groups.

Advocating for Individuals and Communities

Serve as an advocate for the basic needs and perspectives of people and communities. This may include being part of policy advocacy.

Building Individual and Community Capacity

CHWs build an *individual's capacity* to manage their health and well-being by:

- Teaching skills
- Expanding the individual's knowledge
- Supporting their empowerment to participate in individual, family, community, and systems improvement

They build community capacity by:

- Strengthening a sense of community and social connection
- Identifying and coordinating the use of individual and community assets/strengths
- Defining community development pathways
- Strengthening and diversifying leadership
- Increasing participation in decision-making
- Training and building individual and group capacity with other CHWs to improve individual and community health



Providing Direct Service

Provide basic screening tests—height, weight, blood pressure, etc. With supervision and training, provide basic services, such as first aid, diabetic foot checks, and more.

Implementing Individual and Community Assessments

Help design and conduct individual and community assessments. Examples: home environmental assessment, survey about community assets and challenges. Help interpret results.

Participating in Evaluation and Research

Be part of evaluating the program and services. Identify and engage research partners. Support the community consent process. Help identify priority issues. Help write questions, develop evaluation and research design and methods, data collection and interpretation. Work with community to go through findings. Engage stakeholders to act on findings.

Prior to recruiting, it is important to identify the key characteristics of the individuals you are recruiting based upon your program focus.

- The key competencies of the CHW.
- The essential qualities a CHW.
- The focuses of your program.

Worksheet

What are some key competencies, qualities, and roles you need to look for in your recruiting efforts?

Key Competencies

Qualities

Roles

Before Recruiting

In this section, we will outline the key areas to prepare before you begin recruiting.

There are additional resources and samples in the ***Resources and Tools*** section to help you establish your own recruiting plan.

Develop a Job Description

The job description will be a core recruiting tool. It should include

- Purpose of the program
- Purpose of the CHW role
- The work that the CHWs will be doing

Make sure it is simple, easy to read, and culturally accessible.

You may need several versions to appeal to different audiences. Here are two examples.



Salishan Community Health Advocate
Job Description

Position: Salishan Community Health Advocate
Status: Part-time volunteer (20 hours/month)
Compensation: \$175.00/month

Description:
Community Health Advocates help neighborhoods become healthier from within. They are ordinary people who are trusted by friends and neighbors and empowered through education and training. By improving their own health habits and using their natural influence, they foster healthy eating and active lifestyles in their community.

Change Agents for Community Health
With training and support, Community Health Advocates serve as change agents who communicate with and influence others in a way that external professionals cannot. Advocates initiate activities that will improve the health and wellbeing of their neighborhood. They focus on the three biggest risk factors for chronic disease: inactivity, poor diet, and tobacco use.

What Community Health Advocates Do:

- CONNECT people to community resources.
- PROVIDE health information, outreach and support.
- ENGAGE people in community health and activities.
- HELP people understand health information and use it in a way that works for them.
- EMPOWER residents to make healthy choices.
- LISTEN...TEACH...LEARN...TALK...SUPPORT

Responsibilities:

- Attend CHA meetings.
- Keep records as required (examples: office messages, program data).
- Communicate effectively and translate when necessary.
- Lead a project and/or support existing events and activities.
- Utilize training opportunities and networking events.
- Represent yourself in a professional manner (see Code of Conduct).
- Maintain Confidentiality of co-workers and residents (see Confidentiality Agreement).
- Connect residents to resources and information.
- Promote healthier lifestyle for community.
- Protect trust of CHAs (as cohort) and residents.

Salishan Community Health Advocates
1708 East 44th, Tashara Health Clinic • Tacoma, WA
Salishancha@healthygen.org/253-682-10910

Salishan Community Health Advocates (CHA's)



...resource experts
...community leaders
...trusted advisors
...YOUR neighbors

Do YOU have what it takes to become an Advocate?

What We Do:

- CONNECT people to community resources
- PROVIDE health information, outreach & SUPPORT
- ENGAGE people in community & health activities
- HELP people understand health information & use it in a way that works for them
- EMPOWER residents to make healthy choices
- LISTEN...TEACH...LEARN...TALK...SUPPORT

...transform your community and become transformed ...

You Need to:

- Attend CHA meetings & be willing to learn new things
- Volunteer 20hrs/month
- Have good communication & people skills
- Be willing to help neighbors

***All training is provided
*You will be compensated
*2nd language encouraged**

If you're already helping your neighbors or interested in health, you'd be perfect!

Come talk to us today

1708 East 44th Street
Eastside Medical (1st Floor)
253-682-0910
salishancha@cheat.org



Community Details

Before you recruit it is a good idea to have some in depth knowledge of the community.

When you are familiar with the neighborhood, you can tailor your efforts to things like “neighborhoods inside neighborhoods,” ethnic groups, social networks, and community agencies or other partners.

One strategy for tracking all this information is to use a matrix (see example on page 13).

The matrix can serve several purposes. It allows you to lay out the neighborhood in a visual way. It also helps you track who you have connected with, and any next steps that are needed.

Once you have checked off a few items on the matrix, you begin to create a picture of potential leads, and areas that might need more outreach.

Demographics

Write down the groups that need to be represented. Each matrix will look different depending on the community you are recruiting from. It should reflect the people and the landscape of the neighborhood.

For example, if the neighborhood is in Yakima, your matrix should include Latino serving agencies as well as people who live there, schools, and other groups.

In rural areas, there may be less ethnic diversity, but other factors to consider. These could include socio-economics, religion, age, or ability. You might be surprised how much diversity there is when you take a closer look.

Organizations

Look for organizations within the neighborhood to partner with in your recruiting efforts.

On the East Side of Tacoma, where Salishan is located, gardening is an important part of the culture. So, we added the Metro Parks garden coordinator to the list of agencies and groups that live or work in the neighborhood.

It is always good to include the neighborhood schools. Their staff know the families. They are also great champions for the program once it is up and running.

Other organizations could be:

- Health departments
- Clinics
- Faith communities
- Charities
- Social service agencies

It can be a good idea to talk to people in the community about who they view as a part of the landscape. In one neighborhood, the housing authority and other partners were trying to push a relationship with an organization that residents didn't want. They felt close to a staff person who they loved and trusted. Once that person left, they weren't quite ready to try someone new.

Example of Matrix of Candidates

How do you find them?		What do they bring?	
WHO	AGENCY	ETHNICITY	
		GENDER	AGE
Wanda		Ms. Johnson/ Garden Coordinator	Vietnamese
Tara		Ms. Johnson/ Garden Coordinator	F
Sophie	Cambodia Women's Association	National Night Out	Thai/Camb
Sallie	THA	X (what kind)	Cambodian
Naomi	WSU		African American
Marisol	THA	X	Camb
Latonia	THA	X	Hispanic
Julie		X	African American
Jim	Vietnamese Women's Association	X	Caucasian
Henry	THA		Vietnamese
Enerita	WSU	X	M
			Caucasian
			Hispanic

Cultural Accessibility and Different Audiences

Just as you can tailor the job descriptions to appeal to different audiences, you may need different types of marketing materials to reach different groups.

Whether you use flyers, ads, or some other form, your materials need to be clear, brief, and give basic information. If you say just enough to catch their interest, people will call or contact you for more details.

When you try to say too much, people get overwhelmed. They are less likely to pass it on to someone they know who might be interested.

When your marketing materials are attractive, simple, and provide the basic information, they are more appealing to a wider range of people.

Using simple language will make it so that folks who have a lower literacy or speak English as their second or third language can get the key points. It is also easier for their family members to translate for them if it is in plain English.

Examples

Salishan Community Health Advocates (CHA's)



...resource experts
...community leaders
...trusted advisors
...YOUR neighbors

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If you're already helping your neighbors or interested in health, you'd be perfect!

Come talk to us today

1708 East 44th Street
Eastside Medical (1st Floor)
253-882-0910
salishanca@chef.org

 foundation for healthy generations
Advancing communities where people live, learn, work, and play

Want to help your neighbor and get paid \$175 for it?



Interested? Contact Marion Lee at 509.324.3613, milee@srihd.org or watch for more info at your housing property the first week in June!

Languages

Does the community have an ethnically diverse population? Many people who speak a language other than English? You will get a better response if your materials are translated. This makes it so much easier for people to read and relate to. More importantly, it shows them, that you are interested in them, specifically. You went the extra step to better communicate with them, rather than expecting them to figure it out.

Not all programs have the budget to pay for language translation. In some neighborhoods, more than 40 languages are spoken. If that is the case, see if you can find a few people who are willing to meet with you. Make it on a day when you can reach out and speak directly to people in their language. Even if you can't have the flyer translated, people still understand what it says, what you are looking for, and that you are interested in them.

Here is an example.

Community Health Advocates in Salishan

Who are they?

- Residents of Salishan who also share the language, culture and life experiences of the community they serve ([their neighbors](#)).
- Trusted members of the community—someone people often turn to for help or advice.
- People who care about their friends, family & neighbors and want to make Salishan a healthier place to live.

What will they do?

- Help people locate community resources.
- Assist people in signing up for services that they are qualified for.
- Provide health information and outreach to people in ways that fit with their culture.
- Bring people together to organize health events or activities like walking groups and exercise classes.
- Helping people understand how to follow doctor's instructions or feed their family healthier meals on a budget.

Why do we need this program?

Benefits to the families.

- The Community Health Advocates will help families understand their own health needs and then work as a team with the families to reach their goals.

Benefits for the community.

- They will bring friends, family and neighbors together to make their community healthier by bringing a health fair to Salishan, starting walking groups or dance classes or joining neighbors together to buy healthy food at a lower cost.
- As these Health Advocates work together with each other and with the families, they will be connecting families and neighbors with each other to build community.

What can I do to help?

- Complete the Salishan Health Advocate Survey! This helps us know who you believe would be a good Health Advocate.
- Provide us with your ideas and suggestions.

Chương Trình Hỗ Trợ Sức Khoẻ Cộng Đồng Tai Khu Vực Salishan

Ho là ai?

- Là những người cư ngụ ở Salishan, cùng chung ngôn ngữ, văn hóa và những kinh nghiệm sống với những cư dân mà họ phục vụ.
- Là những thành viên cộng đồng được tín nhiệm – mà người ta thường tìm đến để xin giúp đỡ hay hỏi ý kiến.
- Là những người thích quan tâm đến bạn bè, gia đình & láng giềng và họ muốn biến Salishan thành một nơi sinh sống lành mạnh.

Ho sẽ làm gì?

- Cung cấp thông tin sức khoẻ và đến với người dân theo kiểu cách phù hợp với tinh thần văn hoá riêng.
- Tập hợp quần chúng và tổ chức những ngày hội và sinh hoạt về sức khoẻ.
- Huấn luyện người dân những việc có thể làm để cho gia đình được khoẻ mạnh.
- Giúp người dân hiểu cách đối phó với bệnh tật.
- Giúp người dân tìm kiếm những nguồn hỗ trợ cộng đồng và làm đơn xin dịch vụ.

Tại sao chúng ta cần có chương trình này?

Lợi ích cho các gia đình.

- Chương Trình Hỗ Trợ Sức Khoẻ Cộng Đồng sẽ giúp các gia đình hiểu biết những nhu cầu sức khoẻ của họ và đạt các mục tiêu của họ.

Lợi ích cho cộng đồng.

- Đem bạn bè, gia đình và láng giềng xích lại gần nhau để làm cho cộng đồng được lành mạnh hơn bằng cách đưa hỏi cho sức khoẻ về Salishan, tổ chức những nhóm đi bộ hay những lớp khiêu vũ hay liên kết những người láng giềng với nhau để mua đồ ăn tốt cho sức khoẻ với giá hời.
- Liên kết các gia đình với láng giềng để xây dựng cộng đồng.

Map the Neighborhood: Geographic and Social

Physical map

First identify the neighborhoods—or sections within the neighborhood—where you want to focus your recruiting.

Next, develop a way to track your progress. Track where you have been active. Know where the potential CHWs are coming from.



Social Map

Make a map of the agencies, faith communities, and other groups that serve the neighborhood. Do they tend to locate in a few areas?

Some things to consider:

- Ethnic groups
- Age—young parents, teens, seniors
- Interests—gardening, faith communities
- Challenges—disabilities, language

Preparation Tools

Be sure you have the right tools to begin your recruiting efforts.

- List of CHW definition, roles, skills and qualities
- Sample Job descriptions
- Sample Flyers
- Sample marked up map

Step 2: Recruit Neighborhood CHWs

It took Healthy Generations seven months to build the first cohort of CHWs. Typically, CHW and volunteer programs have a large turn over. However, after five years, 55 percent of the people we recruited in the first CHW cohort were still with the program. The reason: we took the time to select the right people.

Those people hired and trained as CHWs were already helping their neighbors:

- Connecting people to resources
- Supporting them in making improvements in their health
- Advocating for them when they didn't receive the service or resources they needed.

In other words, they would be doing this “work” with or without the CHW program. We just hired them, trained them, and provided them with a supportive group of like-minded people. We also paid them a stipend.

Recruitment Strategies

In this section, we talk about the ways that people have recruited CHWs.

Strategies were most effective when coordinators considered the personality and nuances of their community, as well as their relationship with the community.

The ideas are listed here in order, from most successful to least successful. They represent the lessons learned by CHW recruiters.

1. Word of Mouth: Let the Community Talk for You

Visibility and trust were the key to success in some neighborhoods.

It was important for neighbors to know about the program. But it was just as important that community members talked about it in social gatherings.

A strong approach was to ask community members—the natural helpers and leaders—to promote the CHW program to their friends, families and neighbors.

“

They would be doing this “work” with or without the CHW program.



“

Visibility and trust were the key components that led to successful recruitment within select neighborhoods.



This makes it more visible in the community, coming from trusted members.

Word spreads when the Coordinator goes out into the community to talk to neighbors. Ask, “Do you know about the project?” Describe it, then ask them to tell others.

This also builds relationships with the community.

If they can’t think of any candidates right away, give them your contact information and encourage them to contact you later.

Attending community events like Field Day or Back to School Night is another good way to start meeting people.

2. Ask people about the natural helpers

The next step: ask people if they know who their friends and family members go to for support. This gets people thinking about some of the roles that community members play.

- Are there people who seem to know how to get connected to the local clinic?
- Does someone have information around legal issues, or organizations that can help people with legal concerns?

These may not be formal roles. They may be subtle and hidden. Perhaps only those who have experienced a need are aware that these natural helpers exist.

In addition, people who are natural helpers are busy helping neighbors because it is essential to who they are. They often do not even stop to think about how they are viewed in the neighborhood, or have a label for it.

People may need time to think about this question.

3. Events

Recruit at events. Some ideas:

- National Night Out
- Back to School
- Health Fairs
- Faith events
- Create your own events
- Ice Cream Social or coffee hours in people’s homes, where they invite their friends

4. Be Present

Be there, in the neighborhood. Walk around.

Don't accost people. But do talk to them.

Go to places where people already gather, like the laundry, property management office on rent days, and community gardens.

5. Prizes

Hold a raffle. Get donations from sponsors like a managed care organization or neighborhood group.

Have residents put their name and phone number on the ticket. This gives you a chance to chat and get to know them. If they are someone you are really interested in, you will have their contact information to follow-up.

Identifying the Natural Helpers

One group used short surveys to get information about natural helpers. Here is their story.

"One of the strategies we used was to be in a place where many people would walk by, such as the community office on rent day or a booth at national night out. We had small surveys to ask people about themselves. The questions were focused on who do people turn to when they have a problem a sick child, or they need to know where to go for a resource.

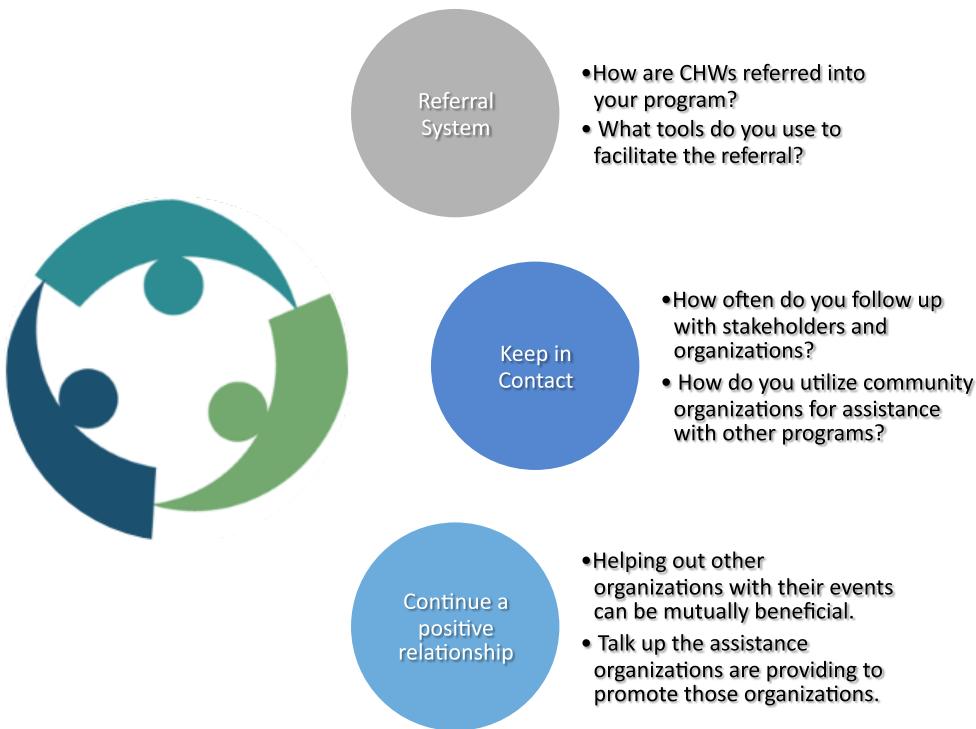
"The intent was that if we got the surveys back, perhaps people would identify someone in their neighborhood who was their natural helper.

"For example, if we got 10 surveys back and three of them said "Sally on T St. knows where all the good food banks are and knows how to help me with my sick baby," then we know Sally is a natural helper. We know that the community already trust her and already goes to her.

"She will be the first person we contact.

"This is just an example of the survey that we used. There are many different kinds. You can make it your own and you can have a translated.

Network with Community Partners



Community plays an important role in choosing CHW's for your program.

Community stakeholders are often the gatekeepers. They can help you reach into the community. This is important in communities that are very protective and wary of outsiders.

When you build their trust, they become a great resource for referring CHW candidates. They also become a support system for the program.

When gatekeepers help choose the CHWs, their involvement becomes an endorsement. Their involvement is the best marketing.

EXAMPLE

"In Tacoma, there is a Vietnamese Women's Association. I asked one person for help with getting some feedback from the Vietnamese community. This person invited the elders from the Association to lunch. First, the conversation was about what the Association was doing. The second hour was our talking about the CHW project and asking if they can think of anyone who might be a good candidate."

Building Trust

Start by talking about your agency.

Then find out about them. Get to know them first. Otherwise they may see you as just another agency/person who wants something from them. Then you don't get the truth or the relationship that will help you once the project is launched. It is worth the time.

Be clear about the kind of person you are looking for. The people that mainstream agencies see as leaders are not the same as the people the community sees as a natural helper. We tend to pick out people who are like us. You need to find the people that the community want—not who you want.

Establish a Referral System

It is important to have a referral system in place. People need to know how potential CHWs can contact you.

Keep the *qualities and skills* tool handy so you can explain what you are looking for in a CHW.

Be open to meeting with the people who come recommended.

The coordinators that we interviewed said that sometimes, the person referred to them by the community were not someone they would have chosen at first glance. But, after meeting and speaking with them, they discovered they were excellent choices.

More importantly, if you ask the community to help you recruit and you do not interview any of their candidates, it will be difficult to maintain trust.

Let community groups know that you will meet with groups if there is interest. This could be small neighborhood groups, faith groups, or associations.

Being reliable is important in building trust. Let them know how long it will take you to follow up with referrals.

Also, ask if they know of any other community stakeholders that might be able helpful to your program.

By this point you should have a phone list of organizations and contact people within them to build a network for the program.

Keep in Contact with Stakeholders

Let stakeholders know when the program is at the implementation stage. Keep them updated on your progress.

This includes checking in with organizations that have expressed interest in the program since the beginning, as well as those that were waiting to see the program in action.

Some organizations will change their mind about partnering when they see how the program aligns with their objectives, and that it is sustainable in the community.

Stakeholders may not be able to refer candidates, but may be able to help in other areas. This could include:

- Providing temporary office or meeting space
- Information and booths at health fairs or other gatherings
- Contact with others who may be able to help you find CHW candidates



Stakeholders may not be able to refer individuals to your program, but may be able to assist you in other areas.



Continue a Positive Relationship

Community partners are key when mobilizing communities to launch a CHW project. People in the community make it possible for CHW programs to grow and become established.

It is essential to keep a strong relationship between your organization and community partners. This includes helping partners with needs they may have.

For example, they may need help with a large event. See this as an opportunity to build relationships with the organization, their staff, and the community. It is a chance to help them *and* promote your program.

Be Visible and Engage with the Community

Attend Community Events

Go to events, like health fairs, community fairs, and school gatherings.

This is especially important in the summer months. That is when people are more likely to be out of their homes and interested in what their neighborhood has to offer.

Be ready in case you are invited to one of these fairs. Even if you don't recruit CHWs at these fairs, you are still getting information about the program out to the community.

Often, you will meet people who want to participate. Or they have stories of family members or friends who have health conditions. You can ask them where they turn for help, or who in the community supported them with their health concerns.

Utilize Community Partners with closer community connection.

It can be helpful to have a partner who has close ties with the community to act as a bridge for you.

They may be able to introduce you to some of the residents, and explain why you are interested in talking to them. This is called a "warm hand-off."

From that point, those residents may be more inclined to engage in a conversation after having someone they trust "vouch" for you.

“

The residents know me because they see me around. We hang out.



4. Recruiting and Hiring Community Health Workers

EXAMPLE

One of the CHW programs was hoping to meet potential CHWs at a local nonprofit laundromat that provided free laundry services to the community on specific days. The recruiters went to the laundromat on these days to conduct outreach and to begin initial CHW recruitment.

At first, no one wanted to talk to him. After a few days, the recruiter went to the owner to ask for suggestions. The owner, who was more connected and had relationships with his customers, spoke to them about who the CHW recruiter was and the goals of his program. After that, the laundromat's customers were more comfortable talking with him, and even got more people to approach him.

Again, it is critical that you build trust with the community. This is easier to do when you have help from people who are not only part of the community, but are well respected. You may be more successful if you bring in your community partners to help with outreach.

EXAMPLE

A coach for the Healthy Living Collaborative in Southwest Washington described how her partners helped her connect with the community.

"One of the [Behavioral Health] community outreach people has helped me immensely in getting connected to Wallace Elementary. Counselors got me connected to the principal there. The city manager of Kelso, she has been incredibly open."

Visibility Within the Community

Familiarity and *proximity* are vital in building trust.

When people see you in their neighborhood (*proximity*) often enough to get to know you (*familiarity*), they will begin to view you as a part of the neighborhood.

However, just being seen in an office is not enough. Having a personal relationship with people is key.

Ongoing community engagement provides an opportunity for building strong, long-lasting relationships. Naturally, your program will be more visible.

Be aware of what populations you are *not* seeing at events or meetings. If the same groups tend to show up, it might be worth exploring new ways to reach those who don't come.

It can be hard to step outside your comfort zone. But it is important when you are trying to build trust with multiple groups within a neighborhood.

If you find that you need a more diverse list of candidates, go back to some of the partners and ask for their help.

What agencies work with a diverse clientele? Are there faith organizations that can help? Businesses that provide goods and services aimed at a specific ethnic or cultural group?

EXAMPLE

If you want to reach the Russian speaking community, do you know what church they attend? Or, say you want to talk to the Cambodian Community, is there a Wat (temple) in town? Do you hope to reach young moms? How do you find them and get an opportunity to talk to them? WIC? A *Moms & Me* group? La Leche League (breast feeding support for moms)?

Utilize Indirect Means of Visibility

Through interviews we learned that just posting flyers was the least effective way to recruit. Placing flyers in prominent locations can be a good way to make the program visible, but there are better ways to reach candidates.

A more effective strategy was to personally hand out paper flyers, especially to people you believe would be good CHWs.

Some organizations may not be able help you directly with recruitment. But they may be willing to pass out flyers to their clients.

Housing authorities and apartment managers were very helpful. They put program flyers on resident's doors. Some of the managers even knew residents they thought would be a good fit for the program.

A WORD ABOUT TIME

This seems like a good time to address the issue of time. All work in the community takes more time than you expect. One of the lessons learned from the Washington State CHW programs was that taking enough time to learn about the community, build relationships in the neighborhood, and really vet the CHWs is critical to getting the right people.

It sometimes feels like a very slow process, and that it is taking too long. However, patience pays off. Taking more time to talk to more people, or talking to the same people again, may seem like it's not useful. But often, it is just what is needed.

Step 3: Interview Potential Candidates

Informal Personal Interviews

Most of the people we interviewed said they held interviews in informal settings, preferably in the neighborhood.

Define your selection criteria before you start hiring. Use the criteria to evaluate all candidates equally.

The interview should include specific questions that are asked of each candidate.

Look for the characteristics that we discussed earlier: *skills (page 4)* and *qualities (page 5)*.

Interviews should include questions that are asked of each candidate.

Design the questions to help you get a sense about how well a candidate meets the criteria.

Listen to how they talk about their lives, their families, and their community.

Questions to Ask Yourself

- Does the candidate use inclusive language when he or she talks about their neighborhood or community?
- Are there signs of resilience, where they have overcome some type of hardship in their life?
- Are they skilled—or have experience—searching for and accessing resources?
- Does it seem they are overstressed, or under a lot of pressure in their everyday life?
- What are their overall future plans?

“

With our teens, we tried to see if it was something they wanted to pursue later in life. What were their goals and direction?



Things to Remember

This is a Conversation

The candidate is learning about the project as much as sharing information about themselves. It needs to be a good fit for both of you.

Project Materials

Have materials ready that explain in depth:

- The time commitment
- How they will be compensated and trained
- How they will be supported by you to do the work.

4. Recruiting and Hiring Community Health Workers

Background Check

Explain that you will do a background check on all CHWs. Explain your policy on background checks and give them a copy.

It is the policy of the Healthy Generations CHW program that, even if their background check is not 100% clean they can still be a CHW. We know people make mistakes. We do not accept anyone who has a conviction for felony assault or is a sex offender.

If the CHW discloses an offense, talk about it.

When was it? What was it? What led up to it?

What did they learn? Have they satisfied the court's requirements? What would they do in a similar situation if it happened today?

Suggest that they take the CHW program information back to their family and friends for discussion. Have them take a few days to think about the conversation and to get feedback from those they trust about how this might be a good fit for them.

Set up a second conversation to follow up on their thoughts and any questions that came up. This provides the opportunity to get more familiar with them and a stronger sense of whether they are appropriate for the project.

Formal Interviews

When you have identified a good candidate, the next step is to hold a formal interview. This is an opportunity to learn more about them. They can also learn more about the roles and responsibilities of the position.

Here are a few suggestions for the interview process.

Interview in Small Groups

If you have a few people who are interested, you might want to ask them questions in a small group. You will be able to see how well they do with group dynamics.

- Are they considerate of others?
- Do they seem to be aware of the space they may be taking up when answering questions?
- Are there signs of empathy when others are talking?

Community Health Advocate Background Check Policy

Purpose:
The Foundation for Healthy Generations and the Salishan community-based Advocate Project are working together to build a sustainable partnership of the Waatchiwa Native American Tribe, Salishan Homeowner's Association and the residents of Salishan. Building meaningful relationships and the capacity of the community is a critical component to the project. It is essential to have residents from a variety of backgrounds and cultures involved in the project.

The safety of our staff, residents and volunteers is extremely important to the Foundation for Healthy Generations and all their partners. For that purpose, residents who apply to volunteer for the Salishan Community Health Advocate project are required to complete a Washington State Patrol background check. Many possible offenders do not have any offenses on their record, and it will exclude them from becoming advocates. Therefore, the following decision will be made on a case by case basis.

- Policy:**
- Each candidate must complete the Washington State Patrol background check form.
 - If the candidate does have offenses, it should be to their benefit to discuss them upfront with the coordinator or facilitator of the project prior to the background check.
 - Most offenses will not preclude candidates from volunteering. However, the decision is made on a case by case basis. See below.

Offense	Considerations	Common Outcome
Non-violent misdemeanors	How recent? Did they satisfy the court?	yes
Violent misdemeanors	How recent? Did they satisfy the court? What type of work and with who?	Under special consideration yes
Non-violent felonies	How recent? Did they satisfy the court?	yes
Violent felonies	How recent? Did they satisfy the court?	Under special consideration
Level 2 or 3 Sexual	This one is exception due to vulnerable populations this project works with	Extreme caution/special considerations



- Do they try to control the situation? Or are they comfortable allowing others to do it?

Not everyone is comfortable speaking in groups, especially if they know they are being evaluated for a position. Make sure to call on those who may not be speaking up. Give everyone a chance to respond.

Formal Interview

This is like a typical job interview. Specific questions are asked. Very little deviation is allowed.

Formal interviews allow you to be consistent in how you approach each candidate. It is easy to use if you don't have much time for each interview.

The negative is that it can seem one sided. It can feel more like you are evaluating them, and less of a chance to begin building a relationship.

It may also set up some unspoken power dynamics. This dynamic can remain throughout the life of the project.

Potential Questions

Here are some of the questions used by the Healthy Generations Neighborhood CHW programs to interview the potential CHAs (CHWs). The purpose of this list is to generate ideas about what questions you want to ask, and information you want to gather on the candidates.

- Tell me what made you apply to be a CHW?
- Tell me about yourself.
- Can you tell me what about health is interesting to you?
- Describe your community to me.
- What type of experience, skills, or knowledge do you bring to us?
- Do you believe volunteering in this program will benefit you as well? If so, how?
- What is your schedule like?
- Is there any kind of support or help you will need to be successful in this program?
- Have you discussed this with your friends and family?

Please remember that you are having a conversation with them. Respect whatever answer they give you. Depending on their generation, or culture—or both—they may not appreciate being probed for more information at this early stage.

However, this is the first of several interactions with them. The hope is that you will get to know them and get a sense of who they are. They need to get a sense of who you are, too.

Some Ideas for Successful Interviews

- **Interviews should take place within the community.** Be aware of transportation concerns the candidate may have if they have to leave the neighborhood. Holding interviews in the community also allows candidates to point to areas that may be part of their history.
- **You want to see how your candidates will interact with other community members.** Due to the power dynamics that are part of most interviews, it is important to provide a relaxed environment. You will be able see how they would naturally interact with others.
- **Use examples.** This will help you see how they problem solve. Present candidates with scenarios where they must solve a problem for a neighbor who needs assistance. Use this to see how they would handle this situation if it happened while they were a CHW. Although the candidate may not have enough experience or context to provide ideal answers, this conversation may provide some insight into how they navigate through barriers or help others.
- **Remember this is a conversation.** They are learning about you and the project as much as you are learning about them. It needs to be a good fit for both. Have project materials ready to explain, in depth, the time commitment, how they will be compensated and trained, and how they will be supported by you to do the work.
- **Have them take a few days to think about your conversation and to get feedback from those they trust about how this might be a good fit for them.** It is suggested that they take this information back to their family and friends for discussion.
- **Set up a second conversation to follow up on their thoughts and any questions that came up.** This provides you the opportunity to get more familiar with them and a stronger sense of whether they are appropriate for the project.

Helpful Hints

Before you decide, have them volunteer with you for a month. They can help at events or spend time in the office. This has proven very useful in:

- Building the relationship
- Learning a candidate's work style and level of job readiness
- Observing them interacting with others

It is also a good time for the candidate to try out this role and see if they really want to commit to it.

If you have observations or hear any comments about the candidates while they are working, write them down on their interview form. This will help with selection.

There will be times, when you are vetting a person, that you receive some negative comments from a neighbor. It can be extremely negative—even scary. The best strategy is to listen, thank them for their time, and move on.

You must collect your own information. There is no way to know what that person's history is with the candidate. What's more, the CHW program is focused on what is—assets, not deficits.

This program has had a huge impact on the lives of the people who volunteer. In interviews, CHWs talked about how “belonging” to this program had a significant impact on how they saw themselves. This, in turn, impacted their behavior.

Have the candidate talk to current CHWs to get insight into the role. They can learn about why they chose to be a CHW, what is fulfilling about the role, and what barriers they still face. Even if they work in a different program, or are based in a clinic, they can still provide some general context for the role.



It is true that one of the best strategies to recruit a trusted member of any community is to ask the community directly. It is wise to also collect as much information about the candidates as possible. You can do this through the application, the interview, and calling references.



There are some great clips on YouTube from CHW programs. These clips give a realistic sense of what this work is like on a daily basis. In most cases, they show CHWs, supervisors, and neighbors being supported, and systems impacted. They show how critical CHWs are.

Interviewing Tools

- Sample matrix
- Background check policy
- Interview questions

Hiring

How to Select CHWs for the Program

Make your choice based on the needs of the community, the program, and the qualities and skills of the CHWs. You're looking for good matches.

Do not consider candidates that are not a good match. Do not hire anyone who does not have the essential CHW qualities:

- *Deep knowledge of and experience with the Community*
- *Culturally sensitive*
- *Able to work with diverse communities*
- *Empathic*
- *Caring*
- *Compassionate*
- *Humble*
- *Persistent*
- *Creative*
- *Resourceful*
- *Open-minded/Non-judgmental*
- *Honest*
- *Respectful*
- *Patient*
- *Realistic*
- *Friendly*
- *Engaging*
- *Sociable*
- *Dependable*
- *Responsible*
- *Reliable*

Remember that these qualities are based in culture.

What friendly looks like in one culture is not what it looks like in another.

Reliable has different meaning to different cultures.

If you do not understand the cultural subtleties of the groups that CHWs come from, see if you can get someone to help interview who does.

Even if this leaves you with a very small pool to select from, you will thank yourself later.

Here are some sample decision criteria, used by the Southwest Washington Healthy Living Collaborative.

- Does the candidate fit with what the program needs? Will they help you achieve the desired outcomes?
- Where does the CHW candidate fit within your other candidate or CHW map or table.
- What communities will each of the potential CHW reach?
- What knowledge and skill does the CHW bring to the program (for example, specific language skills, knows how to take blood pressure, master gardener, great with kids)?

Notifying Candidates

- Call the candidate personally to let them know whether or not they were selected.
- Send a congratulation card to the CHWs you have selected.
- Information they need to start
- Once you have done the work to recruit, hiring is the easy part. Here are some suggestions for the hiring process.
- **Meet with each potential CHW.** Confirm their acceptance into the program. Congratulate them! Present this as a special opportunity for both the program and the candidate. If, at the beginning, you emphasize that this is unique position, it helps build their identity as someone who is important to the program and their community.
- This is a good time to **provide them with the required forms and documents.** It is important to discuss each one. Explain what they are and why you use them. It

is not uncommon for people to have had to fill out lots of paperwork without knowing why. You don't want them to think of your program in the same way.

- If the candidate is asked to sign any forms, **provide a copy of the signed form** to them.
- **Provide any schedules, flyers of events**, activities or meetings that they are expected to attend. It's a good idea for new CHWs to participate in a few different activities. This is a chance to see if there are any they especially enjoy or feel passionate about. This also helps them build personal relationships with their team members.
- **Create a confidential file** for each CHW.

Orientation and Training

After your group is hired, you can start orientation and training.

The orientation should be specific to your program. It should begin as soon as your group is hired.

The essential functions of the orientation are:

- For the CHWs to start building relationships with their supervisor and each other
- Begin building group cohesion and a group identity
- Begin envisioning themselves in the CHW role

You can also help them sign up for formal training. Examples:

- Washington State Department of Health CHW Training

Work with them to develop a vision of what they want their impact to be. This is a little different than a goal or objective. It is asking them to envision their community a couple of years into the future, and describing what they want to see happen because of their collective work.

Activities

Six Mountains Activity: (Click here for full resource.)

This activity from the Women's Health Leadership Institute is designed to

- Get people talking about themselves with the group
- Break down barriers
- Build team cohesion

You can do it early on. Do it again later to incorporate new members or rejuvenate relationships.

SIX MOUNTAINS

PURPOSE:

Develop relationships within the cohort and begin the process of building rapport and cohesion. This activity can assist the process of natural helpers beginning to see themselves as CHWs.

OBJECTIVE:

To learn about each CHW personally and the group. Utilized this knowledge and process as a foundation for building cohesion in the group.

TIME:

1.5 hours

MATERIALS:

- Six Mountains worksheet
- Large chart paper
- Markers

STEPS:

1. Ask each individual to take a few minutes to think about the questions or statements in the squares on their worksheet. Then, on their own, write in what they would like to share.
2. Ask the group to pair up and share the information in 2 or 3 of the squares, it doesn't matter which ones.
3. Bring the group back together. On a large paper with corresponding squares, ask the group to share about themselves in each category.
4. After the group is finished, the facilitator can circle words or statements that were common amongst two or more people. Then underline items that are extraordinary. An example would be someone who speaks several languages or knows emergency preparedness. The last step is to put a star next to anything that is a core competency or quality of a CHW. This helps them see how what they do and who they are is already so related.

Mission Tree Activity

The Mission Tree is also from the Women's Health Leadership Institute.

This activity can be used to discuss

- Issues or concerns, in the community or cohort
- New program opportunities the group is considering
- Creating the vision for the program

Steps

1. On the first sheet of chart paper, ask the group, "What is your vision of a healthy community or neighborhood?" Record their answers just as they relate them.
 - a. After they are done, step back and look at it.
 - b. Ask the group, "What is missing?" and then "what do you think about this?"
 - c. After the group has had time to discuss this together, tell them that this is a rough draft of their "Vision" and "Mission."
2. On the second piece of chart paper, ask the group, "What gets in the way of a community or neighborhood being healthy?"
 - a. Record all their responses.
 - b. Ask the group if anything is missing.
 - c. Tell them that these are the "Root Causes" of problems in the neighborhood.
3. On the third piece of chart paper, ask the group, "What skills/experience/knowledge do you as an individual have to use in helping make this (point to the "Vision/Mission") a reality?"
 - a. If they group struggles with this question, give some examples. Does anyone speak more than one language? Does anyone know CPR? Who knows how to sign people up for DSHS or insurance?
4. On a fourth piece of chart paper, draw a tree (see example).
 - a. In the top, write their Visions/Mission. On the bottom, write the "Root Causes".
 - b. Then on the trunk of the tree, write their skills/experience and knowledge-their assets.
 - c. Explain that they and their relationships with the community is the key to addressing the "Root Causes" and making real change in the neighborhood WITH the residents not for or to them. This will build capacity in the community and will make their Vision of a healthy neighborhood a reality.



¹ Adapted from: From the Roots Up World Neighbors, 2000, Oklahoma City, OK

Example: Salishan Community Health Advocate Orientation

The orientation should be tailored to each program and community. It is an important first step in building relationships between the CHWs and their supervisor.

CHWs will also attend more formal trainings. Their orientation should be focused more precisely on them.

Here is an example from the Salishan community health advocate program.

Salishan Community Health Advocate Orientation

Part 1- Introduction to CHA Concept and Cohort

GOAL:

To introduce the model of community health advocates to group and have group get acquainted with each other.

ACTIVITIES:

1. Opening activity as warm up. (group rules for meetings)
2. Short video of another CHA program
3. Review the Roles & Responsibilities
4. Team building activity-Discuss the meaning of title CHA and logo
5. Team Building activity-set up new CHA's with Gmail (in pairs)

HOMEWORK

- Read the Salishan assessment statistics-a one page brief.
- List two or more special skills/talents/strengths (individual) bring to group.
- Email the CHA who helped set up email account for practice and the Coordinator.

4. Recruiting and Hiring Community Health Workers

Tools and Resources

- Sample Matrix CHW Forms

Skills Assessment

- Salishan Job Readiness Skills

Recruiting

- Recruiting Themes
- CHW Recruitment Research Matrix
- Example Candidate Matrix
- CHW Recruitment Matrix Blank

Job Descriptions

- Recruitment Flyer
- Salishan Job Description
- CHA Salishan Description

Background Check

- Background Check Policy

Interviews with CHW Coordinators

- Interview Themes
- Salishan Experience
- South Kelso Experience
- Wahkiakum Experience

Training, Activities, Orientation

- Training Matrix
- Salishan Community Health Advocate Orientation
- Mission Tree Activity
- Six Mountains Activity

Matrix of CHW Forms

Form	Description	Purpose/Use
Job Description	<p>Outlines:</p> <ul style="list-style-type: none"> • Hours/month • Stipend • General expectations-examples of duties 	<ul style="list-style-type: none"> • Recruiting and hiring CHWs • (gives potential candidates clear idea of position) • Marketing CHW Program • Developing partnerships (ex. w/clinic or Health Dept) • Fund development
Core Roles & Competencies	<p>Outlines:</p> <ul style="list-style-type: none"> • Core Roles of CHWs • Core Competency-Skills • Core Competency-Qualities • Resources for more research/information 	<ul style="list-style-type: none"> • Recruiting and hiring CHWs • (provides recruiter with criteria to use) • Developing partnerships • Program development • Training assessment and development
Code of Conduct Confidentiality	<p>Outlines:</p> <ul style="list-style-type: none"> • Commitment of conduct relevant to CHWs' SOW • Agreement of confidentiality 	<ul style="list-style-type: none"> • Provide explicit guidelines for conduct and confidentiality • Training CHWs (in orientation) • Developing partnerships (if they have concerns about HIPPA or other)
CHA Consent	<p>Authorizes CHEF staff to discuss the candidate's housing and/or DSHS (other) financial matters directly with the agency.</p>	<ul style="list-style-type: none"> • Recruiting and hiring CHWs • (have inventory of their benefits, work w/ agencies to avoid potential issues regarding their stipends)
Schedule Survey	<p>Outlines the candidates schedule including if they work, go to school or have needs such as childcare.</p>	<ul style="list-style-type: none"> • Recruiting and hiring CHWs • (provides candidate's schedule and opens conversation about the time and commitment needed for the project)
Supervisor Guidelines	<p>Outlines:</p> <p>Core values of a CHW supervisor-based on the CHWs core values (National CHW Association).</p>	<ul style="list-style-type: none"> • A code of conduct for CHW supervisor, used as a guideline, reminder of values of CHWs and programs.
CHW Core Values	<p>Outlines:</p> <p>Core Values of a CHW sponsored by National CHW Association. A set of core values that are intended to be broad enough to encompass most CHW programs yet specific enough to be of value and have meaning.</p>	<ul style="list-style-type: none"> • Training CHWs (in orientation) • Developing partnerships • Training assessment and development

Salishan Community Health Advocate Job Readiness Skills

	Job Readiness (soft skills)	Computer Skills	Office skills	Meeting skills	CHW Skills
LEVEL 1	Arrive on time & leave when finished	Learn to use internet	General Office customer service (greet people, answer phones)	Come prepared (w/ materials sent previously, pen, notebook)	Ensure confidentiality -when speak w/ someone & w/ written notes
	Dress professional	Setting up & using email	Use office equipment (copier, fax, scanners)	Be present in meeting (avoid side talking, cell phone)	understand SOW (where their work ends, expert comes in)
	Introduce self/program working with	Using Outlook Calendars	Keep intakes/notes organized	Introduce self and program representing	Follow through w/ contact requests Or referrals
	Call supervisor if late or absent	Use Survey Monkey	Keep outreach materials orderly	Use conversation etiquette during discussion (no interruptions, negative comments)	Provide accurate information
	Respond to emails/voice mails in timely manner (w/in 48 hours)	Register for training/class	Keep inventory updated	Understand goal/purpose of that group (meetings)	Understand importance of teamwork
	Call other CHAs for backup (finding sub for self if absent)	Data entry with excel	Maintain client & program files	Participate in discussions	Topic specific skills (blood pressure, asthma)
	Send follow up emails of what is completed	Create calendars w/ Word or Publisher	Communication hub (distributing emails/voicemails to CHAs)	Help develop agenda	Referrals and system navigation (help people through obstacles)
LEVEL 2	Send thank you emails for appointments/help received	Create project fliers w/ Word or Publisher	Helping develop office procedures (process intakes, order supplies, deal w/ complaints)	Member of sub-committee	Advocacy – community engagement (get feedback, inform about issues)
	Following multiple step instructions	How to pull info up on smart phones	Training others in office skills	Write/send meeting minutes or meeting notices	Understanding health disparities (basic)
	Identifying problems, reporting them, potential solutions	Use on-line training system	Assist w/ higher level admin (reports, organizing meetings)	Help facilitate small groups at meetings	Developing own job descriptions, criteria for projects, work plans
	Taking lead of projects or duties	Overseeing data collection	Create office staff schedule	Facilitate focus groups or sub-groups	Identify needs in community & possible solutions
LEVEL 3	Taking accountability when mistakes are made/ challenges arise	Training others to use survey monkey or WA State HBE		Present at meetings or in workshops	Partner w/ decision makers to affect change in community

Themes	Salishan	Rose Village, Vancouver	South Kelso	Wahkiakum County
Neighborhood Demographic				
Racially Diverse	Yes	Yes	Yes	No
Population Density*	Yes	Yes	Yes*	No
Stable Neighborhood	Yes	No	No	Yes
Organizational Collaboration				
Assistance from location specific organizations	Yes	Yes	Yes	Yes
Assistance from national organizations working in the community	No	Yes	Yes	Yes
Importance in reaching Faith Based organizations	No	Yes	Yes	Yes
Local Businesses	No	Yes	Yes	No
School System	No	Yes	Yes	Yes

Relationship with Community				
Key member(s) of the community essential in recruitment	Yes	Yes	Yes	No
Personal/Work connection to the community	Yes - Work	Anne: Yes – Work Long: Yes - Personal	No	Yes - Work
Strategies				
Trust of community	Yes	Yes	Yes	Yes
Visibility	Yes	Yes	Yes	Yes
Flyers	Yes	Yes	Yes	Yes
Participating in community Events	Yes	Yes	Yes	No
Word of Mouth in the Community	Yes	Yes	Yes	Yes
Referral from Orgs.	Yes	Yes	Yes	No

Ask recruits for other Natural Leaders	Yes	Yes	Yes	No
Challenges				
CHW Personal & Societal hardships	No	Yes	Yes	No
Program Hardship on CHW	No	Yes	Yes	No
Characteristics of CHWS				
Trust from the Community	Yes	Yes	Yes	Yes – more approachability
Natural Leader/Healer	Yes	Yes	Yes	Yes
Chosen by the Community	Yes	Yes	Yes	Yes
Connection to Community/Personal Health	Yes	Yes	Yes	Yes
Large Racial Populations not represented in CHWs	No	Yes	Yes	No
Experience in Systems	No	Yes	Yes	Yes

AODA/Mental Health				
Hiring				
Informal Interviews	Yes	Yes	Yes	No
Multiple Sessions	Yes	Yes	Yes	No
Official Hiring Process	No	Yes	Yes	Yes
Intuition	Yes	No	Yes	No
Coaxing necessary for some CHW's	Yes	Yes	Yes	No

CHW Recruitment Research Matrix

Interviews	Experience	Stakeholders (orgs/Agencies)	Visibility & Trust
Rose Village	<p>"I'm a Public Health Nurse and worked for Clark County public health for 19 years."</p> <p>"For the last 4 years I have been intimately involved with families as well as the community partners that are working in the neighborhood"</p> <p>I came into with the Health access program, a tobacco cessation program providing classes mainly to the Hmong population and neighborhood where the community health center is located</p> <p>That is one of the positives of Rose Villages that there was a lot of strengths and assets to build upon already and we had built relationships already</p>	<p>Schools particularly Family Resource Center at Washington Elementary, Um, the Boys and Girls Club that is held there. A place called Laundry Love offers free Wash and Dry for many of the families of homeless population in the neighborhood, Martin Lutheran church, Village Neighborhood Association, Lifeline – AODA treatment facility, NAMI of Southwest Washington. We reached out to American Building community. ...to family childcare providers and centers. Talked to businesses in the neighborhood including, um, a local Burgerville, with an owner who is very community minded. Reached out to other churches.</p> <p>is helpful to already have connections in the community so that trusted organizational partners so that you can build a bridge between you and the other residents if you are not already embedded with them</p>	<p>We know many of the residents because they have seen us</p> <p>The residents know me because they see me around</p> <p>we wanted to try and find natural trusted healers in that would trust us</p> <p>We hung out.</p> <p>Long hung out at Laundry Love for three days.</p> <p>We attended parent night at the elementary school</p> <p>Events with the Boys and Girls Club , Went to the Neighborhood Association.</p> <p>Being sincere and getting to know the community</p> <p>It really comes down to those relationships that was what was most successful.</p> <p>Be very consistent. With vulnerable community</p>

Wahkiakum County	<p>I am the Wahkiakum Public Health nurse for the county</p> <p>I have worked for the county, it will be 3 years in May</p>	<p>We have a clinic in the county. We have, obviously, the health department. We have an amazing human service dept. which has mental health and chemical dependency</p> <p>Our childcare facility here, St. James, every year has a health and Safety fair.</p> <p>I know people at the Family Health Center which is our medical provider in town. I know people at the Charlotte House which is our DV shelter at St. James. The schools.</p> <p>We looked at our community center for adults</p> <p>They have a Grays River Valley center that is a community center</p>	<p>We are involved in the Point and Time count every year. We have down on the West side of the county they have the last couple of years, they have a Living Well event that we have participated in, the fair</p> <p>We do WIC down there once a month so we would snag people who were coming through.</p>
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South Kelso County	<p>I don't have much of a history with South Kelso at all. I work with the, as a health educator for the Cowlitz county Health and Human Service Department so I have a history with several community partners</p> <p>I wrote way too many grants but it gave me an opportunity to really work with a lot of community partners</p> <p>worked with organizations like St. John's Hospital, the local hospital. I mentioned The Family Health Center has been helping, it's a local nonprofit, they have been supporting the South Kelso Neighborhood Association, a new organization that started up 2 years ago. The Drug Abuse prevention center is located in South Kelso</p> <p>Lower Columbia Mental Health</p> <p>Youth and Family Link and they have a grant called the 21st Century Grant which is a huge program they have at the Wallace elementary school in South Kelso</p> <p>to Ethnic Support council</p> <p>Kelso Housing Authority</p> <p>Kelso Stop Coalition which is a drug free community grant</p> <p>South West Behavioral health</p>	<p>One organization that is huge in our community is Lower Columbia Action Program, CAP for short. They are a huge resource in our community and have a ton of programs like housing, homelessness, weatherization</p> <p>Federally Qualified Health Center, Family Health Center. They also have a huge influence on the community and had just recently opened a clinic in South Kelso</p> <p>Agency on Aging and Disability</p> <p>Another nonprofit called Love Overwhelming</p> <p>South Kelso Neighborhood Association</p> <p>housed in a church, letting us use their entire upstairs area for free. They are called the Abundant Life church of the Nazarene</p> <p>Habitat for Humanity</p> <p>a local business I have working with called La Favorites</p>	
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Interviews	Stakeholders (People)	Recruitment Strategies	CHW Characteristics
Rose village	<p>We have been able to build strong relationships with Family Community Resource Center coordinator at Washington Elementary</p> <p>Strong relationships with the apartment managers there.</p> <p>One of them was we had that relationship but it was in crisis mode so we made some connections there but the other one, she is so good with her residents and she knows them. She would call them down to meet me to help build those connections as she is trusted by them she was able to introduce me to them</p>	<p>. "Come meet my friend Anne, she has got a new project she is working on and I think you will be great for it". – apt. manager</p> <p>We were looking for those natural leaders and helpers or those trusted members of the community</p> <p>Asking them "who were those natural leaders or helpers in the community the ones that everyone goes for information and support who are volunteering that are doing something extra." We tried to find those natural helpers and we asked our trusted partners. But when we got to them we also learned a little bit about their stories. We asked them "who do you go for information and support? Who do you trust? Who in the neighborhood is that person who is always in the know, who is always doing something. We wanted to find those trusted members within</p>	<p>So that was who we were looking for those trusted members from a variety of backgrounds that could reach a variety of populations</p> <p>We were looking for those with different experiences, they had a past history with mental health or substance use</p> <p>We were looking for those trusted members that had that background that can reach into more in that community.</p> <p>We actually have some youth identified but ESC our fiscal agent wasn't able to hire them so we are looking for another pot of money</p> <p>We were looking for parents</p> <p>We were trying to weed out a little bit of those that thought this was a job offer opportunity vs this one that has a calling and a commitment in wanting to see changes in their neighborhood</p>

		<p>different groups. So we just kept asking those questions and what we were looking for is if any of the names kept coming up over and over again. Did we here it more than one time? There were more people that needed them and trusted them</p> <p>We put up flyers at some of the locations where the families gathered</p> <p>We put newsletter article in the Neighborhood Association newsletter and an article on Nextdoor.com</p> <p>Most of it was word of mouth</p> <p>Working with those trusted helpers or leaders in the neighborhood to introduce us to help identify those other trusted helpers and leaders in the neighborhood</p>	<p>Sometimes they have that untapped potential</p> <p>she was making tremendous changes for her health and for the health of her family. As you talk to her you realize that she really does have something that will connect with other people</p> <p>They were already doing this work whether they had a stipend or not</p> <p>There were some that went through the motions. To me, the ones that were more animated during the interview, I could see how passionate they were about it and their potential. Those were the kind we leaned towards</p> <p>I would say finding the natural leaders. Finding people that are knowledgeable about the area.</p> <p>Our CHA's had to have more of a working knowledge of everyone in the community</p>
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Wahkiakum County	<p>We also have a Community Outreach person that helps people as they needing assistance with signing up with cash benefits, medical, food assistance</p> <p>Ginger, she is one of our community people who runs the community center has a large hand in it.</p> <p>it would be Stefanie who is the High School principal</p>	<p>We spoke with the principal, the secretaries, and other kids</p> <p>We are such a small community that people are just kind of “known”.</p> <p>We did a lot of word of mouth. We had flyers that we posted. It was mainly word of mouth</p> <p>We did have people who did read the flyers and call to find out more about it.</p> <p>She (HS principle) gave us names of people who kids kind of congregated around or who would go to ask questions.</p> <p>“...to see individuals at the local coffee shop and ask them if they would be interested in this program</p> <p>We were pretty laid back in our recruitment process</p> <p>We did not do a lot of CHA stuff at the Health and Safety Fair at St. James</p>	<p>We were trying to ensure that we could reach all “groups” within the school</p> <p>We were looking for those that were approachable, people that people tended to gravitate towards anyway</p> <p>We have all female teens. Two juniors and one senior. 2 are 17 and 1 is 18. We have one female in her 50s and one male in their 50s</p> <p>All of them said they wanted to make a difference in their community</p> <p>There was no “You are from this area, so...” Doing the whole community, we just we weren’t overly specific on where they live or what people they frequented</p> <p>It was more, those natural leaders and who would best fit the roles. One of our CHA’s, we chose him based on the fact, he has navigated the system</p> <p>No. There was no necessary criteria.</p>
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		<p>I spoke with the schools and also the community network, meetings and everything we asked around to see who would be a good match and who the natural leaders were in the West end</p> <p>It was kind of as people stopped by and conversations would get going we just told them about the program and we would ask them "Who do you think might be appropriate for this program?</p> <p>We spoke with the principal, the secretaries, and other kids</p> <p>are such a small community that people are just kind of "known."</p>	<p>There were some that went through the motions. To me, the ones that were more animated during the interview, I could see how passionate they were about it and their potential.</p> <p>We were trying to ensure that we could reach all "groups" within the school</p> <p>We were looking for those that were approachable, people that people tended to gravitate towards anyway</p> <p>Our CHA's had to have more of a working knowledge of everyone in the community</p> <p>You pick people that would be OK with working with everyone.</p> <p>We have all female teens. Two juniors and one senior. 2 are 17 and 1 is 18. We have one female in her 50s and one male in their 50s.</p>
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South Kelso	<p>One of their (SW Behavioral Health) community outreach people has helped me immensely in getting connected to Wallace Elementary. Counselors who got me connected to the principal there</p> <p>City manager of Kelso. She has been incredibly open.</p>	I had a flyer that I developed	<p>we were looking for trusted people in the community that neighbors that people already turned to for advice, natural helpers, and then I would say help with community resources, provide information and outreach, organize healthy events and/or activities and basically it was whatever the neighborhood needs or wants to work on</p>
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Interviews	Hiring	Challenges	Program Goals/Requirements	Community Culture/Demographics
Rose village	<p>They were informal conversations. Getting to know them better. If they feel that this is a right project for them. Again, it's a volunteer</p> <p>We did meet with them again</p> <p>They had to go through a hiring process through Educational services district 112</p>	<p>When they realized it was a 20 hour per month volunteer time with a \$200 stipend that was not really their calling. There were a couple that realized that they were at their own capacity and they were not really sure that they could take something else on</p> <p>We fought for her even though ESC did not want</p>	<p>One of our goals for the HLC is to build skills and confidence that down the road could lead to a career path for someone</p> <p>One of the requirements is that they dedicate at least 20 hours a month so finding out if that will meet the needs of the program and that they would be available</p>	

	<p>We brought a laptop and used the WiFi and help them to apply</p> <p>to hire her. We felt like she brings a really important voice around mental health to the table.</p> <p>but a lot of our community health workers are also dealing with these issues on a daily basis.</p> <p>but I could smell the marijuana coming from their apartment and it was all over them and you could tell by their eyes so the fact that they would not be a good fit for CHW</p> <p>trying to base off of what was going on in Salishan, which is a true stipend model because they had different funding stream. WE did not anticipate that When ESC offered to be a fiscal agent, because they are a gov. agency, it's actually not a true stipend because</p>	<p>This is an opportunity for them to really gain some skills and knowledge and be able to do that work better.</p>	
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		<p>taxes are being taken out.</p> <p>One of our CHW's got a part time job and when she was getting her childcare needs arrange, because she has this stipend her Copay went up by over \$100 so her stipend is paying her copay. Other had lost their Food Stamps reduce</p> <p>We do have a CHW living in the shelter right now. We do have a CHW with a 20 days to vacate notice because of the housing crisis at the complex</p> <p>Housing makes a difference in the stability of your CHW's If we do this again, we would probably spend more time to build the team first before going right into training them</p>		
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Wahkiakum county	We did an interview process so we could sit down with them to see if they were truly interested in the program and how it would fit into their life. What did they feel they could bring to the program? With our teens, we tried to see if it was something they wanted to pursue later on in life. What their goals and direction were	Our CHA we had on the West side of the county had to resign due to medical issues.	So that was what are goal was to have somebody on the West side of the county and the CHA aspect was ensure that their needs were getting met and they were getting heard on that end of the county.	We are primarily Caucasian. It is an older community, relatively speaking. We have a lot of people who are receiving services. Housing benefits, Medical/Cash assistance, Food stamps The West side of the county is not as taking care of with services as much as here in Cathlamet simply because it is a rural area at the other end of the county. With all of the schools combined there are only 400 students. It is a very small community. For the most part everyone knows everyone in one way shape or form. With all of the schools combined there are only 400 students
South Kelso		Within our CHW community we do not	we are working on some team building.	It is important to look at it through our main

		<p>have any Hispanic residents as a community health worker</p> <p>There was a lot of informal counseling that you had to do with those you were recruiting in the program. I was unprepared for that.</p>	<p>We are working on Visioning between now and April or probably May, which is finding out from the CHW's what is a healthy community and after that what strategies we will chose to help South Kelso become a healthier, safer place</p> <p>Neighborhood safety comes up constantly and work with the Elementary School</p> <p>The solutions were going to come from the residents the capacity of that and the amount of time I could work on, I believe 10 people was the maximum amount.</p>	<p>elementary school. 60% of the school is Hispanic.</p> <p>90% of the students are qualified for free or reduced lunch. So that is a good indication of the poverty level. The crime rate is extremely high. The demographics is mainly Caucasian and Hispanic.</p> <p>So there is a lot of drug trafficking and a homeless transient population.</p>
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Example of Matrix of Candidates

How do you find them? What do they bring?

CHW Recruitment Matrix

Salishan Community Health Advocates (CHA's)



...resource experts
...community leaders
...trusted advisors
...YOUR neighbors

**Do YOU have what it
takes to become an
Advocate?**

What We Do:

- **CONNECT** people to community resources
- **PROVIDE** health information, outreach & **SUPPORT**
- **ENGAGE** people in community & health activities
- **HELP** people understand health information & use it in a way that works for them
- **EMPOWER** residents to make healthy choices
- **LISTEN...TEACH..
LEARN...TALK...SUPPORT**

**...Transform your community and
become transformed ...**

You Need to:

- Attend CHA meetings & be willing to learn new things
- Volunteer 20hrs/month
- Have good communication & people skills
- Be willing to help neighbors

***All training is provided**
***You will be compensated**
***2nd languages encouraged**

**If you're already helping your
neighbors or interested in health,
you'd be perfect!**

Come talk to us today

1708 East 44th Street
Eastside Medical (1st Floor)
253-682-0910
salishancha@chef.org



Salishan Community Health Advocate

Job Description

Position: Salishan Community Health Advocate
Status: Part-time volunteer (20 hours/month)
Compensation: \$175.00/month

Description:

Community Health Advocates help neighborhoods become healthier from within. They are ordinary people who are trusted by friends and neighbors and empowered through education and training. By improving their own health habits and using their natural influence, they foster healthy eating and active lifestyles in their community.

Change Agents for Community Health

With training and support, Community Health Advocates serve as change agents who communicate with and influence others in a way that external professionals cannot. Advocates initiate activities that will improve the health and wellbeing of their neighborhood. They focus on the three biggest risk factors for chronic disease: inactivity, poor diet, and tobacco use.

What Community Health Advocates Do:

CONNECT people to community resources.

PROVIDE health information, outreach and support.

ENGAGE people in community health and activities.

HELP people understand health information and use it in a way that works for them.

EMPOWER residents to make healthy choices.

LISTEN...TEACH...LEARN...TALK...SUPPORT

Responsibilities:

- Attend CHA meetings.
- Keep records as required (examples: office messages, program data).
- Communicate effectively and translate when necessary.
- Lead a project and/or support existing events and activities.
- Utilize training opportunities and networking events.
- Represent yourself in a professional manner (see Code of Conduct).
- Maintain Confidentiality of co-workers and residents (see Confidentiality Agreement).
- Connect residents to resources and information.
- Promote healthier lifestyle for community.
- Protect trust of CHAs (as cohort) and residents.

Salishan Community Health Advocates

1708 East 44th-Tanbara Health Clinic * Tacoma, WA Salishancha@healthgen.org/253-682-10910

Community Health Advocates in Salishan

Who are they?

- Residents of Salishan who also share the language, culture and life experiences of the community they serve (their neighbors).
- Trusted members of the community—someone people often turn to for help or advice.
- People who care about their friends, family & neighbors and want to make Salishan a healthier place to live.

What will they do?

- Help people locate community resources.
- Assist people in signing up for services that they are qualified for.
- Provide health information and outreach to people in ways that fit with their culture.
- Bring people together to organize health events or activities like walking groups and exercise classes.
- Helping people understand how to follow doctor's instructions or feed their family healthier meals on a budget.

Why do we need this program?

Benefits to the families.

- The Community Health Advocates will help families understand their own health needs and then work as a team with the families to reach their goals.

Benefits for the community.

- They will bring friends, family and neighbors together to make their community healthier by bringing a health fair to Salishan, starting walking groups or dance classes or joining neighbors together to buy healthy food at a lower cost.
- As these Health Advocates work together with each other and with the families, they will be connecting families and neighbors with each other to build community.

What can I do to help?

- Complete the Salishan Health Advocate Survey! This helps us know who you believe would be a good Health Advocate.
- Provide us with your ideas and suggestions.



Community Health Advocate Background Check Policy

Purpose:

The Foundation for Healthy Generations and the Salishan Community Health Advocate Project have developed this project with the dedicated partnership of the Tacoma Housing Authority, Salishan Homeowner's Association and the residents of Salishan. Building meaningful relationships and the capacity of the community is a critical component to the project. It is essential to have residents from a wide variety of backgrounds invested in the work.

The safety of the staff, residents and volunteers is extremely important to the Foundation for Healthy Generations and all their partners. For that purpose, residents who apply to volunteer for the Salishan Community Health Advocate project are required to complete a Washington State Patrol background check. Many people worry that if they have any offenses on their record that it will preclude them from becoming viable candidates. This is not necessarily true. Decisions will be made on a case by case basis.

Policy:

- Each candidate must complete the Washington State Patrol Background Check form.
- If, the candidate does have offenses, it would be to their benefit to discuss them upfront with the Coordinator or Facilitator of the project prior to the background check.
- Most offenses will not preclude candidates from volunteering. However, the decision is made on a case by case basis. See below.

Offense	Considerations	Common Outcome
Non-violent misdemeanors	How recent? Did they satisfy the court?	yes
Violent misdemeanors	How recent? Did they satisfy the court? What type of work and with who?	Under special consideration
Non-violent felonies	How recent? Did they satisfy the court?	yes
Violent felonies	How recent? Did they satisfy the court? What type of work and with who?	Under special consideration
Level 2 or 3 Sexual	This one is exception due to vulnerable populations this project works with.	Extreme caution/special considerations

Themes in Recruitment Interviews

1. Stakeholders
 - a. Coalitions
 - b. Organizations
 - c. Individuals connected to the community
 - d. Churches and Schools
2. Trust
 - a. Advocacy for potential CHWs.
3. Clarity of Purpose
4. Community Engagement in referrals
 - a. CHWs lead healthy programs
5. Connection to marginalize communities
 - a. Target Populations?
 - b. Representatives of marginalized communities
6. Service Agencies, Government agencies and businesses
7. Natural Leaders, Natural Healers
8. Personal Experience
9. Rural Vs. Urban settings
10. Strategies
 - a. Passive Vs. Assertive tactics
 - b. Visibility
 - c. Trust
 - d. Insiders
 - e. Relationships w/ Stakeholders
 - f. Empowering, Energizing Potential CHW's
 - g. Faith Based
 - h. Referral of CHW potentials
 - i. Intuition
 - j. Events – Created or utilizing other important community events
 - k. Flyers
 - l. Word of Mouth
11. Challenges
 - a. CHW Personal Problems
 - b. Housing Instability
 - c. Stipend effects on CHW's
12. Team Building
 - a. Trust within CHW Group
 - b. Solid Foundation to the Program
 - c. Incentives
13. Interviews and Hiring

CHW Recruitment Interviews

Name: Gretchen

Location: Salishan, Tacoma WA

Date of Interview: 2/9/15

1. Information about CHA Program in this location.

- a. Goals – 2011 program infancy – focus on hiring health workers in the community in the hopes that they would change their own behaviors around health, and that would have resonance in their circle of friends and that would change their behavior in health and change norms in Salishan on healthy eating and health activity. This was the original idea. It expanded to advocacy. Originally looking at CHA's as modeling and being advocates to other community members.

2. Size of community

- a. 1200 homes. Wouldn't know how many people live in the community itself

3. CHA/CHWS

- a. 19-21 CHAS in the program. It fluctuates. More people could be added if there was a request for that. 21 seems to be the max to allow for adequate supervision.

4. Funding

- a. Healthy Gen drops a majority of the agencies funding primary budget piece. Also works with a contracted grant writer to get specific funds for specific activities. Also gets operational funds from Funds for Women and Girls.

5. Programs

- a. 100% programs. Youth advocates asked what program they want. They choose cooking and to teach their peers about nutrition. Wrote grants for it.
- b. Bike Club- She suggested the idea and they "fleshed" it out.

6. Personal history with the neighborhood and/or community

- a. Worked in multiple agencies in Pierce County since 1998- Most worked within Salishan for part of the project – DV, Refugee groups, Indochinese Cultural Center.
- b. Work with Tacoma Community House and ESL program
- c. Mostly worked with agencies outside of Salishan: Metro Parks, YMCA, Boys and Girls Club – They come in and provide education programs for the community. Little help in recruiting CHAs.
- d. 6:24 Korean Women's association, Vietnamese women's association, Gardening Group, Eastside neighborhood council, Cambodia Women's network, Churches. Strong African-American churches. Not so much the outside agencies. A little bit from the Health department

- e. Agencies being reluctant. – Clinic was interested but did not have the staff to help out in the beginning. Became very interested after awhile. They did provide rooms and help. Public Health provided staff persons. UW nursing helped to build the project as well. Some were not appropriate (did not probe this)

7. What agencies helped with recruitment? Referred into your program

- a. 13:32 – Residents tell her that she should recruit a person. THA also recommends some people. Local social service agencies help out.

8. Characteristics or qualities looked for in a CHW.

- a. First ask why they came and who sent them to her.
- b. See if their Family sees that this would be a good fit for the program and for the person looking.
- c. Some CHA candidates already say they are interested in the program

9. Group identities

- a. Always looking for a Korean person. No specific age groups
- b. Looking for men, women tend to defer towards men when it comes to getting health information. Talks about the different reception to information when Mr. Hym provides that information then when Tawn does.
- c. 16:26 People come and you know you have to hire them from talking with them besides their demographics
- d. If the person talks about their own health or their family's health
- e. If they talk about the community as "their community" because they are already thinking about participating with their community on "that level".
- f. If they have knowledge of resources or places to go.
- g. Ask a lot of questions about the project shows they have interest in the project
- h. Not interested if they focus on the stipend
- i. No particular education level necessary. Important that they can read and write English "a little bit" so they know what they are signing when they sign their contract and to help translate information from housing to their community members
- j. Would love to have a Slavic male

10. Describe your recruitment strategies

- a. Recruitment is more successful when current CHA's do it.
- b. Rent Day – having raffles was helpful in getting the word out.
- c. Simple but "flashy" signs with the information – pictures of the activities that they do
- d. Important to be at as many community events as you can. Learn more about the networks of people in the community. Discuss Ice Cream socials, Preschool community events, park groups.
- e. Hold meetings with community groups who then refer people who would be good in the program

- f. The community decides then who would be good for the program
- g. Door to Door DID NOT work in Salishan. Fear of safety in doing this. Individuals living in these households may have had negative experience with people knocking on their doors and taking their relatives. Did a study to see who answered the door or who didn't . Not worth the effort and Time it took for this activity. Some racial groups (Korean, Cambodian, Slavic) won't "buy in" unless someone representing their community is with you.
- h. If she asks, the women's associations and other groups would send information out but she doesn't do that often and not much now because she has individuals in the community.
- i. CHW's talking at the temple or at their "Aunty's" house works well
- j. Did use emails and listervs in the beginning but the CHW's are the best recruiters and can decide where the gaps exist (location, race, etc.) and recruit in those needed areas.
- k. Use my commonsense and Social Work sense to see if they are not a good fit for the group.
- l. If they seem "crazy" or know them from the community as not a good fit.
- m. If they seem "scary" after their interview. If they report violent crimes in the past, but not a complete deterrents. I have a "Threshold" around the background check on who I will pick.
- n. If the background check comes back with some dangerous crimes but the candidate answered the initial questions well, she would take it to the group on how they feel about it (not disclosing who the candidate is to the group)
- o. Did this once and wanted to see where that individual would take his experience in the program.

11. Any formal forms or questions you ask during the interview?

- A. General forms that she asks they take to their families to talk about it.
- B. Discuss time they can commit to the program
- C. Look at if an individual's benefits is messed up by the stipend.
- D. Has two interviews. Not a formal interview, sees it more as a "conversation".
Does not have a long volunteer application or ask for references.

12: Advice?

- A: Ask the community who they want. Had surveys at community events that asked individuals if they knew people who provided information to the community already.
- B: From the original 11 I still have 6 from the first group.
- C: The community is picking them in a way. They have to work with them and the "Natural Helper" part is important.
- D: They know me and trust me. The trust factor is important coming from the community.

Community participating in the recruiting process is a main thing.

Try creative options in getting people involved and where you look.

Some are very religious and that's where we found them.

The more fun it seems, the easier to get people involved.

Don't be afraid to make a mistake.

You won't have a forest fire if you don't have the forest. So don't be afraid in creating a forest.

CHW Recruitment Interviews

Interviewer: Shawn Neal

Interviewee: Jenn Schapman – South Kelso

Date: 3/9/15

Tell me a little bit about your CHW Program

I Work for Health Living Collaborative of Southeast Washington. A strategy they had was to create a CHW program. HLC is a collaborative of 4 different counties. It was determined that there was going to be a CHW program project within Cowlitz, Clark, Wahkiakum. I am the community coach for the South Kelso CHW site. We are located in Cowlitz County. I work part time so I was hired at the end of June. I began recruiting at the end of July (2014) and beginning of August. I had 9 CHW workers but lost one so far. So that is from the South Kelso community.

3:44 Can you tell me a little bit about the demographics of the community in South Kelso?

It is important to look at it through our main elementary school. 60% of the school is Hispanic. That is a good indication of the demographics of South Kelso. **90% of the students are qualified for free or reduced lunch. So that is a good indication of the poverty level. The crime rate is extremely high. The demographics is mainly Caucasian and Hispanic.** Within our CHW community we do not have any Hispanic residents as a community health worker. Something that I tried to find someone but was unable to do that. It is right off of the I-5 corridor so there is a lot of drug trafficking and a homeless transient population.

How big is South Kelso?

I think it is at 6,000 people.

5:44 What are some of your goals or outcomes of your program

We don't have those specifics yet. The way we are working on this is we are working on some team building and we just completed the 4 months of training. We really want to work on that team building piece with this CHW group. We are working on Visioning between now and April or probably May, which is finding out from the CHW's what is a healthy community and after that what strategies we will chose to help South Kelso become a healthier, safer place. There are indications on what some things we want to work on. Neighborhood safety comes up constantly and work with the Elementary School. Those things come up often so I have some general ideas but no specific strategies yet.

7:41 When you were recruiting into the program, what did you say your program was about or trying to do?

I had a flyer that I developed. What I would say was that we were looking for trusted people in the community that neighbors that people already turned to for advice, natural helpers, and then I would say help with community resources, provide information and outreach, organize healthy events and/or activities and basically it was whatever the neighborhood needs or wants to work on. The solutions were going to come from the residents. I am not going to tell you what to do. It is to support whatever

the community wants. That was my messaging. It's about solutions come from the community health workers.

9:22 Before your CHW Program, were there other structures in place that provided health information to the community?

Definitely other organizations. One organization that is huge in our community is Lower Columbia Action Program, CAP for short. They are a huge resource in our community and have a ton of programs like housing, homelessness, weatherization. They just do a lot of different things. They have a huge handle in the community. Federally Qualified Health Center, Family Health Center. They also have a huge influence on the community and had just recently opened a clinic in South Kelso, which has been awesome. Agency on Aging and Disability, I can't remember the exact name but they also do tons of resource connections. DSHS is also a place for lots of... I don't think people would necessarily go there for health related issues. We have a healthy lifestyle coalition called Cowlitz on the Move but that is more for professional and not so much community members. There is nothing like our CHW program.

13:01 Is there a Max amount of CHW's you were allowed to have in your program?

No, we were shooting for, with one department person, the capacity of that and the amount of time I could work on, I believe 10 people was the maximum amount. We never had a cap, just a suggested idea on what would be appropriate for my part time status. Clark County has 14 CHW's but they also have 2 community coaches. They were able to take on more CHW's. **Honestly I could not find more than the 9 people that I found.**

"" That was the number that I found within the community that wanted to be a part of this.

14:12 How is your program funded?

By the HLC. I don't know the details on that. Our Fiscal Agent is the ESC112, the regional school district, but we have private and public funding through the HLC.

14:47 Can you tell me a little about your history with the neighborhood?

You know what, its really easy. I don't have much of a history with South Kelso at all. I work with the, as a health educator for the Cowlitz county Health and Human Service Department so I have a history with several community partners, but this is my first time in being a part of anything in South Kelso. It was nice that I knew people within the community in different organizations. When I was a health educator for the health department, I wrote way too many grants but it gave me an opportunity to really work with a lot of community partners. Working on Asthma to pregnant parenting teens, I worked with organizations like St. John's Hospital, the local hospital. I mentioned The Family health Center. Haplies 2020 (sp?), has been helping, it's a local nonprofit, they have been supporting the South Kelso Neighborhood Association, a new organization that started up 2 years ago. The Drug Abuse prevention center is located in South Kelso and I did some work with them on their syringe exchange. Lower Columbia Mental Health, they have a housing apt. complex for people with mental disabilities. I met with them and recruited one of their residents. Met with Youth and Family Link and they have a grant called the 21st Century Grant which is a huge program they have at the Wallace elementary school in South Kelso. Huge reach into the neighborhood and the youth especially. I reached out to Ethnic Support council and they do interpreting and translation, their main clientele are folks who speak

Spanish. What's interesting about them is they also have a hard time getting leadership from the Hispanic community for their own board of directors. The Kelso Housing Authority that has as subsidized housing program in South Kelso. I recruited a resident from there as well. I met with the Kelso Stop Coalition which is a drug free community grant. I don't know what is going on with them because their leader just stepped away. CAP has an awesome program where they have a restaurant called Grounds for Opportunity and it is a training kitchen. So people who have not worked in awhile or is hard to get jobs because of a criminal background, or they just don't have a lot of experience they are able to get into this program.

South West Behavioral health has been incredibly helpful. [One of their community outreach people has helped me immensely in getting connected to Wallace Elementary. Counselors who got me connected to the principal there.](#) It help me start building that relationship. Another nonprofit called Love Overwhelming and they have just started a low bearing shelter. It's technically in North Kelso but it is still in our general neighborhood. This is a huge help with the homeless population. South Kelso Neighborhood Association. In contact with the [City manager of Kelso. She has been incredibly open.](#) The city is struggling because they don't have a lot of money and they are looking for programs like us to help the community. She sent me my first referral. She has been really supportive.

We are housed in a church, letting us use their entire upstairs area for free. They are called the Abundant Life church of the Nazarene. They have been incredible for us. I also met with Habitat for Humanity because they are doing something similar to that something similar in a neighborhood in Longview that is also working with the homeless population. That is something I need to follow up on. Goodwill was helpful in recruiting. I got a person through them. Also a local business I have working with called La Favorites. We were meeting there, my team of CHW's.

23:44 Were some of these agencies stronger for your recruitment then others?

Definitely. It's all personal. Depends on the person. Depends on that individual's passion for the community. The South West Health person who lives in South Kelso was very passionate about the program. The director for Love Overwhelming also lives in South Kelso, so its people who have strong ties to the community that were really helpful. Family Health Center was helpful but did not get any recruits. Also provided space for meetings and asked their staff to let their clients know about it. This was probably because of their ties within the community. This will be a benefit for everyone who lives in South Kelso. The Kelso Housing Authority was incredible. They ended up mailing every resident in the community a flyer. The Director and the Manager of the agency were key in helping me. They were apparently clients in their housing that has to do community service and she thought this would be perfect for them.

28:04 Did you run into any agencies that were hesitant or did not want to help you at?

I think there were some but their reason was they did not understand what I was trying to do. The South Kelso Neighborhood association president was interested in what I was doing but when I presented at their meeting several times, it was difficult to get across what I was trying to do. It felt like they were very Standoffish. Did not get any real help from them except for one member of their board. Wallace Elementary as well. Tried to get a hold of their principal multiple times. Finding that connector with these organizations, which is why the counselor was important in getting a hold of the principal. I

think people did not understand what I was trying to do. I think it was hard to find trusted people that organizations that I did not know personally could connect me to them.

30:48 What were your reasons, or who were you trying to recruit through the Elementary School?

I was trying to recruit parents. In order to do that I believed I needed to connect with the principal. I wanted to see if she had any ideas on who I should recruit for the CHW program. The School counselor did give me a name to a CHW and she is incredible. She also was hoping that they would hand out or post flyers about the program.

31:37 When doing recruitment, what qualities were you looking for in individuals for the CHW position?

What I followed was a document that is called HLC recruitment and start up scope document. Something that Michael O'Neil created and something I followed to a T. It started with looking at trusted organizations in the area and ask them if they know individuals that are natural healers. I got names from them. I have 2-3 meetings with the residents to explain to them about the program. We did not know what we were going to do or what strategies we were going to do. That was hard with organizations and individuals. I met with them at least 2 times before inviting them for the hiring process.

34:28 Were you meeting with residents to try to find CHW's in the community, or do you mean you were meeting with residents that you had already chosen to be CHW's?

I was doing it for both, but mainly I was doing it because someone in the community had recommended them as a CHW.

35:13 Was there any other characteristics or demographic items you were looking for in CHW's for your program

Not really because it was such a new program, I was just trying to get people who would want to be in the program. It would have been great to have representatives from the Hispanic community but I was looking at people who were interested in the program. All of the names I received seem a perfect fit. They already helped and give advice to their friends, families and neighbors. That is the main requirement. They are already doing the work. And they are a trusted member of the community.

37:16 Were there any members who wanted to participate in the program but there was something about them that made them ineligible for it?

Yes, there was. I did get names from the residents themselves. During interviewing residents to be CHW I did get other names. I got the name of a woman who had a long history of drug use and she moved around a lot. A lot of what I did was "gut" feeling. My gut reaction was I was uncomfortable with her current situation and her instability. She saw that she had some behaviors that may not be appropriate for a CHW role. That was the only one that I called and said that this did not seem to be a good fit.

40:08 Can you describe a little bit more on your recruitment strategies?

First conducted outreach to different organizations. Did direct outreach to residents by phone or face to face. I would get these residents information from those organizations. The director of Love Overwhelming liked her and felt comfortable with her so gave her some information on possible

recruits. She asked if he would give them her contact information or would it be ok if she called these individuals. If you give them a business card or a flyer it is less likely they will call you unless they were interested so I much more wanted to call them. I would call them and leave a message and talk a bit about her program. She would say she was looking for Natural helpers and that these residents were recommended by other people. She did not bring up that there was a stipend to make sure that their motivation to participate in the program was in the right place. I had flyers and tear off flyers that I put up. I attended events. The big one was National Night Out. It is a big deal for the community. I went there with Youth and Family Link so I had a place to set up. I got one person at that event but there were many other people who were interested in handing out flyers. I was introduced to some of the public officials as well. I didn't have a long time to do recruitment. It helped me get to know people and build trusting relationships. It was important to get people to know me and build that trust from community members and public officials. I attended events. The big one was National Night Out. It is a big deal for the community. I went there with Youth and Family Link so I had a place to set up. The city and the residents always seemed to be arguing. She had both come up to her to ask if they could use her program to do other things in the neighborhood.

47:57 Was there other things that did not seem effective in doing recruitment

There might have been some meetings that I went to that were not ineffective, but nothing else that I can think of.

49:08 Did you find your recruitment strategies were targeting certain groups more than others?

Yeah, definitely. There is definitely more focus on white people. I approached Foster Farms that employees a diverse workforce. It was hard to get into that organization. I thought it would be a good opportunity to reach more diverse community members but was able to do so. So yes, I definitely recruited more Caucasians into the program. I had good representation from Mental Health and I mean good contact from people in that group and drug treatment programs. I didn't get many residents names. Geographically, I think, there are definitely more central South Kelso residents. It is interesting in thinking about that.

52:20 What did the meeting look like that you had with members who you saw as good candidates for your program? How many times would you meet with them?

It depends on how early I met with them. Those that I met earlier in my recruitment and those I met closer to our training. Those I met earlier, I met with them at least 3 times. To get to know them and the application process. Those I met in September I did not meet as often. I met them maybe twice. There was a feeling of desperation at that point. It was basically a Get to Know you discussion and I mainly informed them about my program. I'm really good with people and I think that is important when working with people. I was able to get to know these folks. How long did they work here? What do they do now? What are their passions? What needs do they have? All of them have some different things they are passionate about and a goal of mine is to try and find a commonality between them all. Building Trust. That's all there is to it.

55:21 Was there individuals that were hard to recruit in the beginning and you continued to try and recruit?

Yes, I can send you another document on this. One of my CHW, I just wasn't sure. I met her and I felt that I gave her too much of a "Yes" for the program. I felt like I should have been unsure if she would be a part of the program or not. She wanted her boyfriend to be a part of it as well. She had only been in the community for 2 months and I was unsure if she would be a good fit. But in getting to know her I had some uncomfortable responses for some of her answers. But when I got to know her and saw her talents and her strengths I thought Wow, She is a force to be reckoned with. For me it was a two way street in building up this trust and through our discussions she built that trust in me.

57:46 Going through the hiring process, was there individuals that you had to advocate for to be hired as CHWs?

Yup, we totally went through that. That is what we knew going into the criminal background process and we discussed it with ESC. ESC is an incredible partner in taking on so much liability in this program because we are working with vulnerable communities and some do have criminal backgrounds. We did it. I was the only interview that they had to do. She asked them to be open and honest about their criminal background. ESC agreed to this. She spoke with their HR department about it. She had a liaison there on this. There were some items but nothing really bad was brought up.

1:00:36 Was there a formal interview?

There was no formal interview. I kind of wanted to do that because I was unsure and it was scary that this was all on me. What if it was not successful and then there were people in it that were not fit for it?

1:01:50 What advice would you give others going through this process?

Don't make any promises about whether or not you will recruit a CHW until you are sure. Take

At least 3 times to meet with someone before making a decision, to get to know them. My interview questions were off the cuff and I adapted the interviews for the people. Have more thoughtful questions.

Having good relationships with the organizational partners helped immensely. That goes with the residents as well. Be aware of the lack of trust in your group of CHWs in the beginning. This is something that really stood out for me. Building that trust has taken a lot out of me. Staying Neutral is huge. We don't have to agree on anything but we have to respect each other.

With the stipends, negatively effecting the vulnerable communities we work with is not ok.

There was a lot of informal counseling that you had to do with those you were recruiting in the program. I was unprepared for that.

1:03:26 What were things you saw in these informal interviews that let you know they would be good CHWs?

My focus was more on what they were already doing in their community. Their interests and passion. Everyone has different experiences. Some people talk about overcoming their previous addiction and their recovery. Another person talked about a group she co-founded around illiteracy. Each person has something like this. These were just examples that they were good natural healers.

CHW Recruitment Interview

Interviewer: Shawn Neal

Interviewee: Danelle Barlow – Wahkiakum County

Date: 3/9/15

Tell me about your CHW project

We are in Wahkiakum County which is as spread out but yet population wise small county. Our population is around 4,000 throughout the county. We started out with 3 adult CHW's. Two from Cathlamet and one from Rosburg/Grays River area which is on the other end of the county divided by mountains we refer to it as the West End of the county or West Side of the county. A lot of the time the **The West side of the county is not as taking care of with services as much as here in Cathlamet simply because it is a rural area at the other end of the county.** The ability for transportation and services isn't as great out there. **So that was what are goal was to have somebody on the West side of the county and the CHA aspect was ensure that their needs were getting met and they were getting heard on that end of the county.**

We also have 3 teens in the schools here that are CHA's. **Our CHA we had on the West side of the county had to resign due to medical issues.** So currently we have 3 teens and 2 adults.

They are all in the same area?

Yes

Where are they all located?

Cathlamet

What is the demographic makeup of that town?

We are predominately Caucasian. It is an older community, relatively speaking. We have a lot of people who are receiving services. Housing benefits, Medical/Cash assistance, Food stamps. That is not to say that everyone is but we do have a Large percentage that do but I don't know that percentage off the top of my head.

Is your work with the entire town or within a specific area of that town?

Oh no, we are actually covering the entire county even though we don't have anyone on the Westside right now. We would so that we would be able to provide services on that end of the county as needed as well

Do the two community workers within Cathlamet go outside of the town?

We haven't yet but we would be able to if we need to.

What are your goals and/or outcomes for your program?

This is a difficult question since we are just getting up and started. **My teens in the school at this point and time have decided the project they want to work on is sex education in the school system.** So that is where they are headed towards, learning more about STD's, birth control options, pregnancy in general, sexuality. They have been looking over peer to peer curriculums. The more they look over the programs the more it pops up that they want to learn and be able to educate about. The adults this point and time just got done their training as I'm sure you heard so they are still working on some of the stuff that the HLC wanted us to work on in regards to make sure we are all on the same page and finishing projects like that.

Were there any structures in place that seemed to provide health information within the communities that you serve? If so, what did they look like?

We have a clinic in the county. We have, obviously, the health department. We have an amazing human service dept. which has mental health and chemical dependency. We also have a Community Outreach person that helps people as they needing assistance with signing up with cash benefits, medical, food assistance. We have for such a small rural community we do have a decent ability to provide for the residents. Not to say there is not a need for improvement, or that all needs are being met. For the most part, we can get people hooked up on what we they are need to be hooked up with.

Who funds your program?

The main go to people is the Healthy Living collaborative. They pull from a variety of different entities and funders.

Do you have a fiscal agent?

All of our CHA's are considered part-time/ temporary county employees. The county is the fiscal agent in aspect of payee and everything at this time.

10:40 Please tell me a little about your history in the neighborhood and the community that the CHA program is in?

I am the Wahkiakum Public Health nurse for the county. I had my hands in a handful of stuff since I have been here. Before we had the CHW program, we had a couple of different programs here since I have been here. We've had The Transformation Grant and the one that was after that. We are fairly active in the community and making the connections with different entities in the community. Our childcare facility here, St. James, every year has a health and Safety fair. So we go to that. We are involved in the Point and Time count every year. We have down on the West side of the county they have the last couple of years, they have a Living Well event that we have participated in, the fair. All of those kind of work towards a better, healthy community trying to get the information out there and when questions arise we are able to answer those or at least known to be a point of contact.

11:50 How long have you been in the community? Do you live within the community?

I have worked for the county, it will be 3 years in May. I do not live in Cathlamet.

12:13 Are there specific agencies that you kind of made connections with due to your work?

Again, It is a very small community. For the most part everyone knows everyone in one way shape or form. Yes, I know people at the Family Health Center which is our medical provider in town. I know

people at the Charlotte House which is our DV shelter at St. James. The schools. I know people at Maria's Mexican food restaurant. It's a case of it being a small community so those that I don't know, the ladies that I work with do know. It's that type of thing.

13:04 How did your relationship with the community effect your recruitment strategies? What agencies were your go to when you were asked to implement this CHA program?

We have the three teens so, obviously, I spoke with the schools and also the community network, meetings and everything. We kind of looked at that. We looked at our community center for adults. WE also looked at human services and we also looked around at the west end to see who they thought would be a good or potential fit. They have a Grays River Valley center that is a community center. It's just a community center down at that end. They have a library, exercise room, meals, senior meals, computer access. So it is kind of a general meeting place that we asked around to see who would be a good match and who the natural leaders were in the West end.

14:02 You mention Community Network meetings, who organizes those network meetings?

It is, we got everybody on that from people from the schools to people at St. James to the health and human services. It's just made up of a whole conglomeration of people around the community. Honestly, Not sure who made it up, who is... I know that Ginger, she is one of our community people who runs the community center has a large hand in it. But beyond that I don't... I honestly don't know. I believe health and human services is kind of, because Ginger works for Health and Human services, but she is not real deep in with them. She is more in charge of the community center and in charge of that and everything. Ginger is under the Health and Human Services Umbrella.

16:23 Is the community center under the Health and Human Services, or does Ginger just have multiple roles in the community?

Ginger does have multiple roles in the community.

16:43 Who did you have contact within the schools? Who were the people who brought this into the schools?

Ultimately, it would be Stefanie who is the High School principal. She was our point of contact up there. I meet with the teens weekly so, obviously, I got to know a lot of the other people who, truth be told, probably had a hand in everything but Stefanie was the main point of contact and she is the principal

17:27 You mention the Grays River Valley Center, were there particular people that you worked with?

There wasn't necessary just one person. It was kind of as people stopped by and conversations would get going we just told them about the program and we would ask them "Who do you think might be appropriate for this program?"

18:05 Who did you ask? Why did you feel those people may know who would be good CHA's?

It was just people coming through. We do WIC down there once a month so we would snag people who were coming through. There were people from the library, that would work in the library down there. We had asked people who were in charge of the meals. Just people who were out and about and who kind of knew about the community. And knew people who would be a good fit for the role.

18:50 Did you see any kind of connection between the people you recruited into the program and the organizations you worked with? If you were looking at this specific clinic or that agency in that neighborhood did you get similar people.

It was not that specific. We were not doing specific neighborhoods. One of our CHA's lives on an Island. One lives in the town. There really was no particular rhyme and reason. There was no "You are from this area, so..." Doing the whole community, we just we weren't overly specific on where they live or what people they frequented.

20:30 When you were doing recruitment were you looking for specific people? What were those specific characteristics you were looking for?

I don't know if we were looking for specific people. In the aspect that we this person to have these qualities or whatever the case may be. It was more, those natural leaders and who would best fit the roles. One of our CHA's, we chose him based on the fact, he has navigated the system. He has had to navigate the system and benefits. He has had to navigate the system in the healthcare system in general because he has had health issues. He was someone who was great for us because we have a lot of people who do need help in navigating that kind of stuff. No, There was no necessary criteria.

21:50 What about for the teens you recruited as health workers?

We were trying to ensure that we could reach all "groups" within the school. We wanted to reach all of those groups in the school hierarchy. But we were not looking for specific people. We were looking for those that were approachable, people that people tended to gravitate towards anyway

22:50 Were there any agencies you were trying to work with that seemed reluctant or you approached and they said they would like to but were unable to help you?

No, everyone we had contact with had really psyched about the program and were willing to help with the program.

23:32 How did you know that the teenagers you recruited were approachable? How did you know they were connected to multiple groups in the school?

It's a small community. We spoke with the principal, the secretaries, and other kids. We have people who are in, we have teens that are a part of the different networks in the area. We are unique that we are such a small community that people are just kind of "known". With all of the schools combined there are only 400 students. It's not hard to see who's who.

24:52 Were there any individuals that seemed interested in the program but you felt did not fit within your program?

Not really. We had a couple...everyone that we looked at would have been good for the program. Some were just a better fit in general.

Were there some individual then that you had to tell were ineligible or that there were other qualities that you did not believe were good for the program

We had some teens we looked at and not that they wouldn't have been a good match but that the three we picked would be better matches for the program.

26:27 I forgot to ask if you had a max limit to the positions available for your program.

Yes. We had original started with 3 adults and 3 teens. We had found money for a fourth teen, but that wasn't an issue because one of our teens decided that he did not want to do it.

27:03 What were some of the recruitment strategies that you used?

of mouth. We had flyers that we posted. It was mainly word of mouth

27:35 Did individuals contact you because of the flyers.

Somewhat. We had more word of mouth. We did have people who did read the flyers and call to find out more about it. They would call and decide that they were not interested in it or would call and ask what more they had to do to be a part of the program.

28:14 Can we get copies of those flyers

I would have to find them. If I can find them, yes. This started almost a year ago for us. I will have to find them.

29:02 Were there any other ways with the individuals that you approached that they did to help with recruiting for your program?

I'm sure Stefanie did do some on her end but I was not privy to that. She gave us names of people who kids kind of congregated around or who would go to ask questions. We wanted someone that academically could do this program so we would not take away from their school work. If they were not academically sound, she tried to steer us in a different direction. On her behalf, there was probably more but I was not privy to that.

30:37 For the other health advocates recruited, how did they find out about your program?

Word of mouth. In this size of the community it is not out of the realm to see individuals at the local coffee shop and ask them if they would be interested in this program. Letting people know about the program in general and letting it go from there. We were pretty laid back in our recruitment process.

31:43 Were there any other events that Public Health set tables up for?

The Healthy Living event is a bunch of vendors that come in. Cowlitz County comes in, we use a lot of their resources such as their DSHS for services. Agency on aging. A hospital in Cowlitz County comes out. We've done the fair. We did not do a lot of CHA stuff at the Health and Safety Fair at St. James.

33:20 Do you believe there are some recruitment strategies that you believe did not work?

No, not necessarily. I felt like everything we did played a role.

34:09 Were there any events or activities that you specifically created for the recruitment of CHW's?

No

34:27 Once you identified someone who you thought would make a good CHA, how did you invite them to be a part of the project?

We did an interview process so we could sit down with them to see if they were truly interested in the program and how it would fit into their life. What did they feel they could bring to the program? With our teens, we tried to see if it was something they wanted to pursue later on in life. What their goals and direction were.

36:16 When you say the interview process, was that a formal interview process with specific questions that you asked them?

Yes. I don't believe I have that list with me either. I probably do somewhere. There was just the initial interview. We contacted them then if we agreed they would be good for the program.

37:02 Were there particular groups of people that they might have said no but you continued to try and recruit them?

No

37:16 Were there any CHW's that you felt like you had to advocate for who others did not believe were a good fit?

Not anything major. When we went through the process with the teens, there were three of us on those interviews. There were some that I thought would be good but the others did not.

38:18 Were there traits that you believed made them a good CHW but others did not?

We didn't have anyone that would not be a good CHW, everyone would have been fine. There were some that "outshine" others. There were some that went through the motions. To me, the ones that were more animated during the interview, I could see how passionate they were about it and their potential. Those were the kind we leaned towards

39:38 Did you talk to any of the parents of the teens?

Initially no. People in the office did know the parents. All of the teens involved their parents in the process the entire time.

40:27 Do you have any advice for those recruiting CHWs? Specifically in a more rural area.

I would say finding the natural leaders. Finding people that are knowledgeable about the area. It was hard for people to understand that it was more than just a neighborhood. We are doing an entire county. Our CHA's had to have more of a working knowledge of everyone in the community, not just this neighborhood or with this set of characteristics. We deal with everyone from an 80 yr. old women who is diabetic and can't get healthcare to a 16 yr. old Meth addict. We have a huge range. Being open and knowing that you could run into "who knows what". You pick people that would be OK with working with everyone. All three of my teens have to be open to a 13 yr. old coming up to them who was pregnant and wanting an abortion. They do not have to agree, but they know that this is not what it is about. It is about this person getting their needs meant.

43:49 Why did the teens chose sexual health? Did they see a need for that program?

They sat around talking one day and they got to discussing that they did not know much knowledge around sexuality. They just knew that a sperm and egg made a baby and don't have sex because you will get HIV. They knew that this was not all of it. They were taught to not have sex. They felt slighted

and that they were not getting the full picture. Let's see what kind of birth control are out there and will they protect you from STD's as well as birth control. They were wanting to educate themselves and their peers.

45:34 What is the demographic of the CHW's?

We have all female teens. Two juniors and one senior. 2 are 17 and 1 is 18. We have one female in her 50s and one male in their 50s.

46:21 What were their reasons for joining the CHW program?

All of them said they wanted to make a difference in their community. They saw a need. There is a need for help. Wanting to help others be able to navigate the system. I got a really cool group of people.

49:51 Were there Pros and Cons with doing recruitment of CHWs in a rural area?

One of the advantages is that everyone knows everyone but this is also a disadvantage. When you talk to people you know their history in the town and so does others in the town. Knowing everyone and where they come from and who they are is an advantage.

52:28 Were there any questions I did not ask that you believe is important to cover around the recruitment process?

No, you were very thorough.

Training and Engaging Community Health Workers

The following are suggestions based on the Salishan Community Health Advocate (CHAs) Project in Tacoma, Washington for training and engaging community health workers. These are general highlights of how the CHAs were trained and engaged in activities.

The trainings shaded in gray were attended by a majority of the CHAs and considered “core training” for this particular project. The rest were trainings that were attended by individuals who were interested by a particular topic or was offered by a partner. If CHAs are working on a project and trainings are offered that will provide them with additional skills or knowledge, then the Coordinator makes every effort to make it available to them.

Training	Description	Rationale
Washington State DOH CHW Training	Core Competencies for CHWs	Provides a basic CHW training, defining the scope of work, challenges and unique assets of CHWs. Also provides foundation of knowledge and common language.
Washington State DOH CHW Training	Medical Specific Modules (diabetes, domestic violence, mental health, etc)	Provides a basic language for defining the problem, response and resources for these common health issues. Adds to skills set of CHW.
Washington State University Extension Nutrition Training	8 hour Nutrition training Basics in food groups, sugars, fats, substitutes for healthier meals	Provides basic knowledge of nutrition and how to help people make changes to their diets. This has proved to be the most important training for this project considering a majority of the activities revolve around healthy eating and active living.
Domestic Violence 101	YWCA DV Community Education Manager provides general understanding of the power and control dynamics of DV and what the appropriate response is.	Provides basic understanding about the power dynamics in a DV relationship. Considering the general national DV statistics, it seemed logical that because the CHAs are trusted by members of their community, they would be faced with helping residents experiencing DV.
Measuring Blood Pressure	University of Washington Nursing School Master's level students teach advocates how to measure blood pressure manually and with an automatic cuff.	This is an important training because blood pressure is a major measurement of health and it is one way the CHAs can help residents monitor their health.
Unnatural Causes	Critically acclaimed documentary about how inequality is affecting the health of people, particularly dependent on their zip code.	After watching the documentary, the group had a discussion. This is an important training because the CHAs need to know about health disparities in a more detailed way and to have some common language to discuss them.
Motivational Interviewing	A technique for conversing with clients that helps them discover the solutions to their challenges.	This training was chosen because the philosophy is in alignment with the project-utilizing the community's strengths and knowledge to help them achieve their goals or solve problems.

Coalescing for Change	Summit hosted by Comprehensive Health Education Foundation that included panels on ACES, CHW Coalitions and CHW programs.	This summit provided an opportunity for the CHAs present to not only learn from the experts in the panels, but to participate in the discussions. This is particularly true for the panels on CHWs.
Childhood Obesity Coalition Summit	Panels about how policies affect childhood obesity, new strategies and approaches.	These summits presents more ideas about health disparities and how policy affects people and their health. The fact that they also discuss new strategies for addressing these issues, they can bring these strategies back to their communities.
Focus Group Training- University of Washington School of Nursing	Basic training defining type and purpose of focus groups, how to design, facilitate and evaluate.	This was a training the CHAs were interested in because they saw the utility of being able to facilitate their own focus groups either for their projects or for identifying the needs of the community.

Engaging CHWs

For engaging CHWs in activities, it is helpful to have gone through some training together and have done some team building. This helps to develop rapport with each CHW and to get a sense of what interests, strengths, challenges and goals. The following are some general suggestions for how to engage CHWs in activities.

- It is important to have a program focus. What should most of the activities be focused on, generally? Healthy community? Healthy eating and active living?
- What activities already exist in the community that CHWs can participate in?
- What activities do the CHWs want to develop? Who is interested in what issue? (It may be a good idea to have a specific menu of activities or issues to keep the group focused)
- There are some activities that are naturally assigned to specific CHWs. For example, if there are bilingual CHWs, their language skills can be utilized in interpreting for residents, engaging their community in the activities they had previously felt excluded from due to language, and provide outreach about the project focus.
- The CHWs can help develop a set of criteria for what projects they participate in. For the Salishan CHAs, they established the following:
 - What is purpose of this project? How does it fit in our vision of a healthy community (their program focus)?
 - Does it fit into our scope of work?
 - Do we have the capacity to help with the project? (how many hours, what are the tasks, how long is the project, etc)
 - **How do we believe this partnership/project or our participation will this be perceived by the community?**
 - **How will this benefit the community?**

Salishan Community Health Advocate Orientation

Part 1- Introduction to CHA Concept and Cohort

GOAL:

To introduce the model of community health advocates to group and have group get acquainted with each other.

ACTIVITIES:

1. Opening activity as warm up. (group rules for meetings)
2. Short video of another CHA program
3. Review the Roles & Responsibilities
4. Team building activity-Discuss the meaning of title CHA and logo
5. Team Building activity-set up new CHA's with Gmail (in pairs)

HOMEWORK

- Read the Salishan assessment statistics-a one page brief.
- List two or more special skills/talents/strengths (individual) bring to group.
- Email the CHA who helped set up email account for practice and the Coordinator.

Part 2.a – Focus on Healthy Community

GOAL:

To generate discussion around healthy community and how it is focus of HCA work.

ACTIVITIES:

1. Opening activity: Review condensed stats of Salishan assessment
2. Watch: “Unnatural Causes-Place Matters” and discuss connection
3. Group Activity: “What is healthy community” (in small groups)
4. Brainstorm ideas of projects: CHA’s could lead in community (in large group)
 - a. (Focus on how these projects could build community)
5. Team building activity: Brain storm assets cohort has

HOMEWORK:

- Read the Code of Conduct & Confidentiality Agreement.
- Computer homework- two assignments and get help from Mentor CHA if help is needed

Part 2.b – Focus on Healthy Community

GOAL:

To generate discussion around healthy community and how it is focus of HCA work.

ACTIVITIES:

1. Opening activity-review condensed stats of Salishan assessment
2. Watch “Unnatural Causes-Place Matters” and discuss connection
3. Group Activity: “what is healthy community” (in small groups)
4. With “Vision/Mission Tree” and work plan, CHAs brainstorm ideas of projects
CHA’s could participate in (in large group)
 - a. (Focus on how these projects could build community)
5. Team building activity-Brain storm assets cohort has

HOMEWORK:

- Read the Code of Conduct & Confidentiality Agreement.
- Computer homework- two assignments and get help from Mentor CHA if help is needed

Part 3 – Focus on Next Steps

GOAL:

To introduce the Code of Conduct & Confidentiality Agreement, what will be expected from community health advocates and from the Facilitator/Supervisor.

ACTIVITIES:

1. Opening activity-Confidentiality and Code of Conduct
2. Discussion of Code of Conduct & Confidentiality Agreement
3. Focus on cohort as touchstone of support & hub of resources for each CHA
4. Team building activity- Using the team building activity from last week and the homework (talents & skills) CHA's create asset map from their individual talents.
5. Expectations of CHA's & Facilitator/Supervisor
6. Demonstrate Within Reach website

HOMEWORK:

- Internet Scavenger Hunt
- Email whichever CHA is absent that day to tell them what class was about.
- Go to Within Reach website and look around.

Part 4 – Solidifying CHA Identity

GOAL:

To gain more confidence with computer and finalize and/or enhance cohort identification (if not completed)

ACTIVITIES:

1. Opening Activity- fun game
2. Team Building -Review asset mapping activity-how to use information for project development
3. Q&A about training/position/future
4. Team Activity: In pairs, new CHA's practice talking to "residents" (mentor CHA's) and looking up resources for them
5. Computer Skills- demonstrate Survey Monkey, how to program data works
6. Closing-Orientation Survey
7. Homework

HOMEWORK:

- Log into Salishan CHA Remote Desktop, send an email to another CHA and Facilitator.
- Create a document, save and email to Facilitator/Supervisor

Mission Treeⁱ

Developed from Women's Health Leadership Institute

Purpose

Develop a Mission or Vision as a group. This could be a vision for an individual project or for the larger program which houses activities.

Objective

Incorporate knowledge and insight of all participants (CHWs) in developing a community vision that acknowledges the root causes of the problems and highlights the assets of the participants and neighborhood.

Time

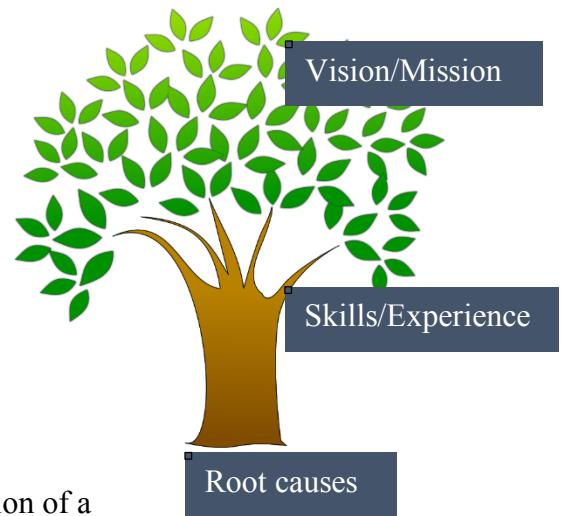
1.5 hours

Materials

- Sheets with the following questions written on them:
 - “What is your vision of a healthy community or neighborhood?”
 - “What gets in the way of a community or neighborhood being healthy?”
 - “What skills/knowledge/experience do you as an individual have to use in helping make this a reality?”
- Markers

Steps

1. On the first sheet of chart paper, ask the group, “What is your vision of a healthy community or neighborhood?” Record their answers just as they relate them.
 - a. After they are done, step back and look at it.
 - b. Ask the group, “What is missing?” and then “what do you think about this?”
 - c. After the group has had time to discuss this together, tell them that this is a rough draft of their “Vision” and “Mission.”
2. On the second piece of chart paper, ask the group, “What gets in the way of a community or neighborhood being healthy?”
 - a. Record all their responses.
 - b. Ask the group if anything is missing.
 - c. Tell them that these are the “Root Causes” of problems in the neighborhood.
3. On the third piece of chart paper, ask the group, “What skills/experience/knowledge do you as an individual have to use in helping make this (point to the “Vision/Mission”) a reality?”
 - a. If they group struggles with this question, give some examples. Does anyone speak more than one language? Does anyone know CPR? Who knows how to sign people up for DSHS or insurance?
4. On a fourth piece of chart paper, draw a tree (see example).
 - a. In the top, write their Visions/Mission. On the bottom, write the “Root Causes”.
 - b. Then on the trunk of the tree, write their skills/experience and knowledge-their assets.
 - c. Explain that they and their relationships with the community is the key to addressing the “Root Causes” and making real change in the neighborhood WITH the residents not for or to them. This will build capacity in the community and will make their Vision of a healthy neighborhood a reality.



ⁱ Adapted from: From the Roots Up World Neighbors, 2000, Oklahoma City, OK

SIX MOUNTAINS

PURPOSE:

Develop relationships within the cohort and begin the process of building rapport and cohesion. This activity can assist the process of natural helpers beginning to see themselves as CHWs.

OBJECTIVE:

To learn about each CHW personally and the group. Utilized this knowledge and process as a foundation for building cohesion in the group.

TIME:

1.5 hours

MATERIALS:

- Six Mountains worksheet
- Large chart paper
- Markers

STEPS:

1. Ask everyone to take a few minutes to think about the questions or statements in the squares on their worksheet. Then, on their own, write in what they would like to share.
2. Ask the group to pair up and share the information in 2 or 3 of the squares, it doesn't matter which ones.
3. Bring the group back together. On a large paper with corresponding squares, ask the group to share about themselves in each category.
4. After the group is finished, the facilitator can circle words or statements that were common amongst two or more people. Then underline items that are extraordinary. An example would be someone who speaks several languages or knows emergency preparedness. The last step is to put a star next to anything that is a core competency or quality of a CHW. This helps them see how what they do and who they are is already so related.

SIX MOUNTAINS-modified version

My full name and home town is...	My first real job was as...
My concept of healthy community is...	What I expect to learn/gain from being a CHA is...
I want my impact on this project/as CHA to be...	My biggest fear about being a CHA is...

About this Resource

For more than 10 years the Foundation for Healthy Generations and our partners built and conducted pilot programs using a neighborhood-based community health worker (CHW) model.

Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this Section:

- How to encourage a new group of CHWs to band together in membership and training
- Role of the program leader
- Role of collaboration in setting goals, structuring meetings, and choosing activities
- Understanding the importance of personal connections and *Sacred Hospitality* in building trust in the program and each other

5. Developing a New CHW Cohort (Team)

New CHWs are typically recruited into a *cohort* that begins and learns as a group.

Cohort refers to the group of people banded together in membership and training to become CHWs.

By starting and learning together, the cohort can work together from the start to establish the ground rules of how they will operate as a team.

Here are the early activities that we have found help build a good foundation when you are just starting out.

Goals and Objectives

Deciding the goals of a community-based CHW program *must* involve the people who live there. The community is a vital player in all aspects of starting a CHW program.

Residents are the primary stakeholders. They let outside organizations know what they need. They decide what the goals should be.

The goal of a community health worker program is to provide access to care, increase community's health awareness through culturally appropriate education, promote community advocacy and community building, and improve health outcomes in the community.

Group Structure

Having a formal group structure is key to the success of any cohort of CHWs.

Forming group structure usually takes time. It should be done at the beginning of the project as much as possible.

It is easy to rush through or overlook this step. If you do, the team will have problems later. Even if it seems like it is taking a very long time, and that these small steps feel basic or unnecessary, they are like foundational building blocks. Skipping a step will weaken the overall journey.

It is also true that each group in each neighborhood is different and has its own identity. However, people who have started similar programs agree that these early decisions are key to long-term success.

Role of the Program Leader

The program leader—or supervisor—is central and critical to the development of a CHW cohort. They can provide a steady foundation while the project is in its early stages and feels unstable.

When a program is housed within an agency that has paid staff, the program leader may be called a supervisor. We use the term “leader” here to recognize that a community-led program may or may not involve a paid supervisor. The relationship between CHWs and their leaders are more like a team than a employer-employee relationship.

The leader is the relationship builder between the community and external partners and systems until the CHWs are trained and ready to take over this role.

Program leaders—or supervisors—set the tone for CHW meetings, events, and programming.

Their attitude, behavior, and actions are significant. They also set the tone for emerging group structure.

Once you have identified the trusted community members who will be your CHW cohort, your program leader can begin the process of building the working relationships, group expectations, and commitments that will lead to a successful program.

Collaboration

This is a collaborative process, with starts and stops, ups and downs.

The most important thing to keep in mind is that building a strong CHW program is a team effort.

Work is done together, with a common vision. This helps manage expectations. It also reassures CHWs that the supervisor is both a leader *and* a team member. The program leader is there to work in collaboration with the CHWs.

Early Meetings Set the Tone

The earliest meetings with new CHWs will set the tone for how the group comes together as a team. Here is some advice about making sure that early meetings are successful.

Details are important. How is the room set up? Is it warm and inviting? How are the new CHWs greeted? Is each person welcomed and encouraged to participate?

Introduce the goal and agenda for the meeting. This provides an opportunity for the group to think about their hopes for the meeting, and what they can expect from their time.

The first few minutes are important. Provide some general information and context at the beginning of the meeting. This helps everyone get started with the same framework.

It is also good to remind team members that it's okay not to know everything. The team will figure it out together.

Meeting Structure

During your first meetings with CHWs, it is a good idea to establish rules or agreements for how the group wants to conduct meetings. This usually takes about 15 to 20 minutes. It's worth the time because it has two potential outcomes.

1. You will have a set of agreements on how meetings will be conducted.
2. It provides an early opportunity for the group to work together for a common purpose. The power to make decisions and experience small accomplishments can have an energizing effect on the group.

Example: Establishing group norms



Community Health Advocate Meeting Guidelines

- Come prepared
- Don't interrupt
- Follow directions
- Raise hands
- No side conversations
- Positive talk

The more decisions that CHWs make up front, the more they will come to view themselves as decision-makers. They also begin to understand how important it will be to have residents involved in decisions when the program gets off the ground.

Some decisions will be purely logistical. These are also very important. For example:

- What time can most members of the group meet?
- What day is best for everybody?
- Is childcare needed so parents can concentrate on the meeting?

Regular Meeting Schedule

When structuring a regular meeting schedule, have realistic expectations.

Sometimes you find a time and a day that works for everybody. More often groups have to settle on a day and time when *most*, but not *all*, can attend.

This is not a catastrophe. It just requires extra work. Keep in regular contact with those who can't attend so they stay informed and can keep a strong relationship with their peers.

The alternative is to lose out on some of the best CHWs in the neighborhood just because the schedule does not allow them to make a meeting.

Schedule Survey

Name:

Phone:

Email:

Please indicate what times/dates you are usually available. This helps us plan for the weekly and/or monthly meetings and trainings.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

Are you currently working? No/ If Yes, Where? _____

Hours/week_____

Are you currently in school? No/ If YES, Where? _____

Hours/week_____

Are there any other things in your life that affect your schedule?

Will you need childcare for the weekly or monthly meetings/trainings? No Yes

If yes, please indicate how many children and their ages.

Embracing Sacred Hospitality

Sacred hospitality means that any meeting space you choose is all encompassing, all welcoming, and inclusive of all people.

In order to build strong personal relationships, program leaders and meeting conveners have to schedule some time to do just that: *build relationships*.

While CHW meetings have a business side, they should always begin and end with *sacred hospitality*.

Covering tables with nice tablecloths helps create a warm, inviting environment.

Providing food allows people to refresh themselves. In many cultures, it is a sign of welcome and friendship to offer refreshments before conducting business.

People can't be at their best if they are hungry or tired. By providing food and a few minutes of enjoyment with their teammates, people can start a meeting refreshed and ready to focus.

Create a Warm and Personal Environment

Make sure to greet each and every person that comes through the door with a smile and warmth.

This is why meeting preparation is so important.

Arrange for a little help setting up the meeting room. Having help ahead of time will mean that you are not busy or rushed when CHWs are arriving. It allows you to be present with each CHW—welcoming them, talking to them, inviting them to get some food and find a place to sit.

Think about it this way. If you were a volunteer and had precious little time, where would you rather go? To a business meeting where everyone was already sitting and talking about business? Where no one noticed whether you came or went?

Or would you rather go to a place where everyone is glad to see you, and welcomes you into a warm, colorful space that has food? A place where time is spent on just talking about our lives before the business meeting starts?

The reality is that CHWs are volunteers. They can volunteer anywhere. Yes, they want to be a part of helping the community. That's essentially who they are. But they can also do that with the Red Cross, the Salvation Army, or any number of other organizations.

The Importance of Food

Refreshments don't have to be complicated or burdensome. Putting out some simple, fresh snacks for people in almost any culture is an instant demonstration that there was thought and care put into the preparations for the meeting and making them feel welcome.

Having the same packaged snacks that are typically in the office anyway is not sufficient.

Providing some tea, coffee and water plus a bit of food to keep them going is best.

Some of the most popular refreshments:

- Hummus and veggies
- Fruit plates
- Cheese and crackers
- Sandwich making station
- Soups and salads
- Breakfast items
- Nacho bar or taco bar

One of the primary reasons they will continue to volunteer with your program will be the relationships they form with each other and with you.

Sacred hospitality is important in every single meeting.

Taking this concept to the next level, think about events that CHWs will hold for the whole community. Imagine how neighbors will feel when they are welcomed into a space by CHWs who treat them with the same sacred hospitality. They may not get that type of welcome in any other areas of their lives.

Creating a Shared Vision

During the first few meetings with new CHWs, when the group is getting started, it is a good idea to spend some time on group identity. One place to start is their vision for their community.

This is not the same as the “mission” and “vision” that will you will use later to describe your program to others. At this point you want to know from the group:

“What is your dream —or vision —for your community?”

In a meeting, ask this question and just record their answers.

Then ask if they see any themes or things that go together. It becomes easy for the group to see that although there may be 15 to 20 different people in the meeting, there is a lot of common vision.

Later we will talk about how to refine and solidify their vision for communication and marketing purposes. At this early stage, we are talking more about group identity. It’s simple, and based on first reactions.

Vision of Future Role

Now that the group has a vision of what they want to their community look like in the future, ask:

“What do you think your role will be in making this a reality?”

Allow time for some discussion.

Ask the CHWs to share their thoughts on these roles. You will see some themes again. If possible, try to focus the CHWs in on about five to seven roles on which they agree.

Then ask them to think about what they would like to be called. It helps to give options to consider, such as a list of different names for community health workers. For example, one group chose to call themselves “Community Health Advocates.”

Many of the people who volunteer to become CHWs are natural helpers. It is who they are. But they have never been asked to name it.

Providing some examples will give them something to react to. There is a good chance one of the titles will resonate with them.

Program Identity, or Logo

Once they have decided what they want to be called, ask them if they want a logo. This requires a bit more work. It can take three or four meetings to talk through.

Certain objects and colors have different meaning in different communities and cultures.

The best-case scenario is to involve a marketing professional—either a partner or someone in your agency — to help the group through this process. If one is not available, it is possible to do yourselves. It's about taking many ideas and continually weeding out those that don't fit until one or two ideas remain.

Next work on getting agreement on the one that everyone sees as the best fit.

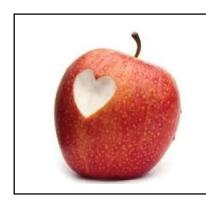
The next question becomes what kind of images they want to go with it.

As you work through the process of choosing words, colors, and images, you will learn how these symbols are influenced by cultural history and how the group wants the program to be seen by others.

Salishan Example

In Tacoma's Salishan project, the coordinator brought a variety of symbols for the CHWs to look at, discuss, and ultimately choose the one that they felt represented them.

Here are some of the graphics she posted around the room. The CHWs went around the room to look at each one and discuss with their peers what it might mean to their communities, what the colors represent, and whether or not it was the right fit.



The image that appealed to the group the most showed houses with the sunshine behind. However, they wanted the color of the houses to be blue or yellow. There are a lot of neighbors who came to the US from former Soviet or other communist countries, so red can be associated with bad memories.

The Coordinator looked for some new images to share. The group liked this one best.



They thought it represented the warmth and friendliness of the group. The light in the windows could represent the light or hope they bring to their neighbors who are facing barriers to health.

CHWs requested fleece vests, in colors that match their logo, so that when they were out in the community people could begin to identify them and the program.

Later they had sweatshirts and T-shirts printed with their logo. This helped identify them, both as CHWs and as a team.

Why is it important to have a logo in marketing?

- For visibility in the neighborhood
- To have a group identity
- To professionalize the program

These are community volunteers, but the goal is to train them to become professional community health workers.

Scope of Work

After the logo and marketing materials are decided, bring the discussion back to their roles in the community. This is where the program leader and the group will work together to decide what they will work on in the year ahead.

If the program is in the beginning stages, the first three months might just involve outreach. It is important to note that they may have a lot of energy and a lot of ideas.

Their enthusiasm needs to be celebrated and acknowledged, but you also want to foster realistic expectations.

A note about work plans. When it comes to developing a scope of work, work plans, or strategic plans, keep in mind that some CHWs have never seen information laid out this way. It is not a normal mode of operating for them as it has become for many program leaders and administrators.

The critical goal of this part of the discussion is to identify what work they think is important—for them and their community.

It could take the form of a picture, a list, or something else.

Focus on the information and context rather than the form it takes. There will be time to start introducing new tools and how they work. At this point you are building capacity and professional mentorship. It doesn't have to be in a matrix to be a “professional scope of work.”

Identify Priorities

The next step is to decide which ideas come first.

Ask the group to choose their top five priorities for their first year. Reassure them that other activities can be added the following year.

It is a good idea to leave a little bit of time and space in each year for opportunities that come up. Some examples of things that may come up:

- New contracts
- Partnerships
- Opportunities for civic engagement with the residents

Here is an example of how to document the scope.

Work Plan

In the beginning, some of this language and process will be new. It may not be useful to use a traditional matrix style work plan. It may take a few years to be able to use complex tools. Start with models or pictures that make sense to everybody.

You can start by using a variety of graphics, pictures, or lists—whatever works for each group.

The goal is to write down what they identify as their scope of work for the year.

Within the scope of work, always agree on a date when the group will evaluate their efforts and make decisions about their new scope of work for the next year.

Decision Making Criteria

Another important decision during the first year is to agree on some kind of criteria for decision-making. This will be important when it is time to choose new projects or decide whether to take on new work.

The first six months can feel very slow moving and frustrating. It can seem like not much is happening.

But once you have laid the foundation by building group structure and identity, the group will soon be asked by many partners and other organizations to do different types of work.

The decision-making criteria will help the group stay focused and not get spread too thin. Here is an example.



Community Health Advocate Potential Project Criteria

Purpose

This documents the criteria developed by the Salishan Community Health Advocates. They are an effective group and have unique access to the residents of Salishan as well as other communities. In addition, because they are volunteers, they have a finite amount of time and capacity for projects/events/work brought to them from outside organizations. They agreed upon the following criteria to help them decide as a group what projects/events they choose to work on.

Criteria

1. What is the project and who is asking?
 - a. The CHAs have developed their vision of a healthy community/Salishan. They are invested in this vision and the activities they believe will cultivate it.
 - b. Does this project align with the vision and what the CHAs feel is most important to work on?
 - c. Does this project address any of the concerns/issues of the community and what they feel are most important?
2. Do the CHAs have the capacity to complete the work?
 - a. Are there enough advocates to work on this?
 - b. Are there enough other resources that may be needed? (ex: phones, meeting rooms, supplies)
3. How will the project benefit the community?
 - a. If the CHAs agree to work on this project, what will come back to the community? (if CHAs help the health dept with a community feedback survey, will that info comeback to the community? How will the info be used after it is introduced? Will they help utilize it develop community lead solutions?)
4. How will working on this impact the communities' trust in the CHA's.
 - a. Will working on the project or with these partners make the community question their trust in the community health advocates?

Salishan Example

In Tacoma, the local health department and the housing authority asked the Salishan CHWs to help them get feedback on a new smoke-free housing policy. The other housing authority campuses in Tacoma had a very high turnout for resident feedback. Salishan's feedback rate was almost at zero.

The CHWs did what they do best. They reached out to friends and neighbors. They set up tables when they knew people would be gathering and talked to residents. They explained how important resident feedback was to both the health department and the Housing Authority.

CHWs were able to get about 124 surveys. Responses were then used to implement the smoke-free policy.

Within about two weeks, the health department in another county asked Salishan CHWs to review their survey to see if it was friendly enough for the residents to understand, or even be interested in filling out. From then on, Salishan CHWs were contacted almost monthly by other partners asking for help with a project or program.

We had to keep in mind that CHWs are volunteers putting in 20 hours a month. In one of the regular business meetings, we talked about our limitations. We wanted to respect the work plan that we had already agreed upon.

The group decided to create some criteria for making decisions about programs or taking on new work. They just listed things to consider, then decided on the top six things to consider. The group then approved the document.

5. Developing a New CHW Cohort (Team)

Neighborhood-based Community Health Worker Program

Salishan CHA Proposed 2018 Work Plan

Program	Goal/Objective	Timeline	Support Needed
Senior Bingo	<ul style="list-style-type: none"> • Social activity for Seniors • Fall prevention exercises • Health education 	Feb-Dec	<ul style="list-style-type: none"> • Funds for food • CHAs
Gardening	<ul style="list-style-type: none"> • Food supplement • Social activity for Seniors & others • Community development 	Feb-Nov	<ul style="list-style-type: none"> • Funds for Coordinator (May-Oct) • Funds for garden supplies • Funds for food at meetings • CHAs/Harvest Pierce County
Bike Club	<ul style="list-style-type: none"> • Physical activity for youth • Learn rules of road/safety • Learn how to fix bikes 	May-Sept	<ul style="list-style-type: none"> • Funds for snacks & repairs • CHAs & adult volunteers
Young Moms' Support	<ul style="list-style-type: none"> • Peer support group of young moms • Crafts & fun activities • Connections to resources • Guest speakers (maternity services, etc) 	Feb-Dec	<ul style="list-style-type: none"> • Funds for food & supplies • Space to meet • CHAs • Partners
Youth Art/Health Ed	<ul style="list-style-type: none"> • Peer art group • Discuss health concerns/topics • Promote advocacy/youth voice 	Feb-Dec	<ul style="list-style-type: none"> • Funds for food & supplies • Space to meet • CHAs • Partners
Emergency Preparedness	<ul style="list-style-type: none"> • Partner with THA to promote basic preparedness • Getting family unit ready first • Coordinating neighborhood plans (maybe utilizing dinner night?) 	Feb-Dec	<ul style="list-style-type: none"> • Funds for food & supplies • Space to meet • CHAs • Partners
Policy Watch/Community Voice/Advocacy	<ul style="list-style-type: none"> • CHAs watch policy issues that impact resident life • Coordinate & support resident civic engagement 	Feb-Dec	<ul style="list-style-type: none"> • Funds for food • Space to meet • CHAs • partners
Diabetes Cooking Class	<ul style="list-style-type: none"> • Promote healthy eating-how to prepare meals, snacks, grocery shop • Peer support and social activity 	Feb-Dec	<ul style="list-style-type: none"> • Funds for food & supplies • Space to meet • CHAs • Partners
Walking Groups	<ul style="list-style-type: none"> • Promote physical activity • Social activity 	March-Nov	<ul style="list-style-type: none"> • Funds for incentives • CHAS

Changing Lives Grant

Working in the Community

Meeting Spaces

In many neighborhoods, finding meeting spaces is one of the most difficult challenges. Building a feeling of community is very challenging if there is no nearby school, clinic, large church, or housing authority with a large and accessible room.

How do you get the community together if there's no space to gather?

Here are some tips on arranging meeting space.

Work with a building representative to make reservations or request meeting space. It is helpful to build relationships with the people in your community who manage meeting spaces—especially when the space is popular with other groups. Be prepared to provide proof of liability insurance.

Plan ahead as much as possible. Organization is key.

Build a reputation for being neat, respectful and protective of their space or equipment. Use the space for professional purposes. Treat it with extreme care.

Consider parks and open spaces. In the summer, it's possible to meet in parks and open spaces. But for nine months of the year, it's necessary to meet indoors.

Look for places that are accessible to community members, and are open at times that work for your events.

Spaces to avoid. Avoid spaces that can only be booked by an organization, and places that require at least \$1 million in liability insurance.

Look for places that are willing to open evenings or weekends. These are the times when most community activities are scheduled, because this is when people can attend.

Locally Owned Businesses

Many businesses want to support community led efforts. Some may be too small to donate much in the way of funding, but are happy to provide other resources. This includes space.

They want to be of service to the community, and benefit from any positive attention they get by doing so.

Look for restaurants or banks that have board rooms or banquet rooms that can be reserved for meetings and events.

5. Developing a New CHW Cohort (Team)

Below are examples of places that may be willing to provide meeting space. Each community is different. Be creative. Reach out.

- Banks
- Union Halls
- Large businesses (logging company, IT company, Insurance company)
- Restaurants
- Craft or hardware stores
- Granges
- Nurseries
- Factories

About this Resource

For more than 10 years the Foundation for Healthy Generations and our partners built and conducted pilot programs using a neighborhood-based community health worker (CHW) model.

Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this Section:

- Description of CHW core qualities, skills, and competencies
- Identifying and enrolling in core training and program-specific training
- The role of logistical support (transportation, child care, technology) and moral support in training success
- Keeping track of training needs and completion

5.1 Orienting and Training New CHWs

Competencies

In this section, we talk about the core *qualities* that CHWs tend to bring to the program. Then we look at the core *skills* that they may need to learn.

Together they form the core *competencies* that CHWs will need to be successful in this work.

This will lay the groundwork for understanding why CHWs are provided with certain types of training.

In most cases, training will help CHWs develop their skills, their knowledge, and a better understanding of their role.

Core Qualities

These are the qualities that CHWs tend to bring into the program.

1. Deep knowledge of—and experience with—the community
2. Culturally sensitive, able to work with diverse communities
3. Empathic, Caring, Compassionate and Humble
4. Persistent, Creative, and Resourceful
5. Open-minded/Non-judgmental
6. Honest, Respectful, Patient, Realistic
7. Friendly, Engaging, Sociable
8. Dependable, Responsible, Reliable

Core Skills

These are the skills that CHWs will need to develop to be successful in this work.

- Communication
- Knowledge base
- Capacity building
- Interpersonal skills
- Service coordination
- Teaching
- Advocacy
- Organizational skills

CHW Roles

- Cultural mediation between communities and health and human services systems
- Informal counseling and social support
- Providing culturally appropriate health education
- Advocating for individual and community needs
- Assuring people get the services they need
- Building individual and community capacity
- Providing direct services

Taken from “Weaving the Future: A Summary of the National Community Health Advisor Study”, A Policy Research Project of the University of Arizona. Funded by the Annie E. Casey Foundation, 2000.

Providing CHW Orientation

Orientation is the first step in any volunteer or job position. It is essential that everyone starts off knowing about:

1. The program
2. The rules and protocols
3. The big picture—why we are doing this work

Each program is unique. Each program will develop its own orientation to fit its location, style, and activities.

However, all programs should have an orientation for new CHWs that covers specific topics.

The essential functions of the CHW orientation are to begin:

- Building relationships with their supervisor and each other
- Building group cohesion and group identity
- To see themselves in the CHW role
- Developing a vision of what they want their impact to be. This is a little different than a goal or objective. It is asking them to envision their community a few years into the future and describing what they want to see come from their collective work.

Topics to Cover

- Develop Ground Rules/Norms for Meetings
- CHW definition and examples
- Roles & Responsibilities
- Health Disparities (*Example: “Place Matters/Unnatural Causes” video: https://unnaturalcauses.org/episode_descriptions.php?page=5*)
- Discuss a neighborhood assessment (*Robert Wood Johnson Foundation or local Health Department*)
- Discuss their vision for a healthy community

- Code of Conduct
- Confidentiality
- Expectations of CHWs
- Expectations of the program leader, or supervisor
- How to use the project's email/e-filing system

Core Training

After the orientation, CHWs should be enrolled into a formal CHW training.

There are many different types to choose from. Here are the two types of training that the Foundation for Healthy Generations used in our community-based CHW projects.

CHW Core Competency Training, Washington State Department of Health

This is a hybrid training. It is conducted in-person and online.

Day 1 is an in-person workshop that provides a strong foundation and creates the learning cohort.

It is followed by six online lessons that each take a week to complete.

After this seven-week training, the group meets again in person to review and discuss what they have learned. Participants receive a certificate of completion.

Full Day

- CHW – Definition and Roles
- State-wide Landscape for CHWs
- Cultural Competency or Awareness
- How to use the online platform
- Class expectations

Six Sessions Covering the Following Topics

- Organization
- Communication
- Time management
- Setting priorities

- Roles & Boundaries
- Documentation
- Coordinating Services
- Assessment

This training has been attended over the last eight years by a wide variety of professionals across Washington State whose work falls under the umbrella title of *community health worker*.

Although it is considered an introductory training, it provides a common language for CHWs from different settings, and the basis for more in-depth training.

Once CHWs complete the core competencies, there is an extensive menu of subject-specific modules they can take online. The modules range from breast cancer navigation to domestic violence.

Essential Training and Support

Provide the Foundation

- Core Competency Training
- Important Additions
- Neighborhood- or Project-Specific Training

Logistical support to succeed in training

- Transportation to and from trainings
- Childcare
- Registration fees and supplies
- Technology to participate or complete assignments
- Support in completing assignments or participating

Moral Support

- Encouragement from supervisor and peers
- Celebration as CHWs complete trainings

While CHWs have been active in the U.S. for over 50 years, the job has only recently been added to the U.S. Department of Labor catalog of occupations, with its own categories and definitions.

Momentum is building across the nation to recognize the field. Training is key to building the profession.

As the field grows, people are asking:

- What type of training do CHWs have?
- Should they be certified?
- Who provides the training?
- What training is needed?

While we can't answer all of these questions, it is important to stay current with the wider landscape of the profession.

Let's start with the infrastructure and support that you will need to put in place. Then we can look at an example of training models and the sequence in which CHWs complete them.

Logistical Support to Succeed in Training

Logistical support refers to the detailed coordination of people, facilities, equipment, and supplies that CHWs will need to complete their training.

It is an essential part of the program to make sure CHWs can register for training and have a way to get there.

Transportation

Provide transportation options. Help the group brainstorm.

- If several CHWs from the same neighborhood need to attend, can they car pool?
- Provide the driver with money for parking if needed.
- Is there a bus nearby?

See *Section 7*, page 7, for more ideas on addressing transportation needs.

Childcare

Many CHWs have children. They have chosen this work because it allows them to care for their children while they work a flexible schedule. However, most trainings and conferences are not scheduled at convenient times for parents.

Providing childcare so CHWs can attend trainings makes a huge difference in their professional and personal lives.

Registration Fees and Supplies

Find a way to pay for registration fees. Put a line item in the budget each year with funding for training and conferences.

Even a \$25 fee can be a barrier to people who can't afford it.

Make sure they have pens, notebooks, and any other supplies they may need to attend.

If it is a conference with a professional dress code, work with CHWs to help them with appropriate clothing—especially if they are presenting.

Equipment and Tech Support

Many trainings are now offered as webinars or on the web. This can be a significant challenge. CHWs are usually living with very tight budgets. Many do not have computers or internet service.

Have a plan to support them. Set dates to come to the office as soon as possible before the training so that they are set up to succeed in their web based learning. Don't wait until they are half way through, behind, or frustrated.

Don't assume anything. When the Salishan CHWs went through the State Department of Health (DOH) training, several had trouble signing in and finding the lessons. Their supervisor helped them sign in and navigate the website each week for a month until they got the hang of it and became independent learners.

Support for Participation and Completing Assignments

Some content in trainings is better understood when CHWs have the chance to discuss it with their peers or supervisor. This helps CHWs feel they have a grasp of the concepts.

This is especially true for community-based CHWs because each program's scope of work is different. Some material may be difficult to apply.

The supervisor and peers can be helpful in thinking through the material. It also helps to discuss the fine lines of their roles in relation to other CHWs.

Culture is another factor to keep in mind. We often take for granted in this tech savvy age that everyone is online, on Facebook, and writing blogs. Not true.

The DOH CHW training involves online community forums. CHWs are asked to join an online community discussion about a topic. Not everyone is comfortable or familiar with this at first. Take time to talk about this and walk through it together.

Example

One of early CHWs in Salishan was completing all of her assignments in the training but had no forum comments. She didn't realize that participating in a forum was a requirement of the course. With encouragement from her supervisor and the other CHWs, she got a better grasp of how the forum worked, and became more confident about contributing to the online conversation.

Celebrating Completion

The Salishan program also established a tradition of celebrating when CHWs completed training.

Important Additional Training

In addition to the orientation and core training described earlier, CHWs will need a strong working knowledge in certain subjects, no matter where they are based—clinic, neighborhood, or other setting.

They will be more likely to succeed in making positive changes in their neighbors' lives when they are provided with:

- In-depth knowledge on specific health topics
- Local partners with services that they can refer residents to

Nutrition

Having an intermediate knowledge of nutrition and how to apply it is essential.

It will not be enough to attend the classes and be able to answer questions. CHWs need to be able to explain to their communities why it is important and how they can make healthy changes.

Examples

- CHWs have taught the elders in the Vietnamese community how to make substitutions for their traditional foods. These foods are often tied to their spirituality. Substitutions needed to be traditional and tasty, but healthier.
- On CHW helped a matriarch in an African American family make Sunday dinner with new recipes that carry on centuries of stories and traditions while teaching her family how to improve their health.

Some Resources for Nutrition Training:

- **Washington State University Extension** has amazing Nutrition classes all over Washington State
- **Local hospitals and clinics** often have nutritionists who teach diabetes education
- **The U.S. Department of Veterans Affairs** offers the *MOVE! Weight Management Program*

Intimate Partner Violence

This is an important topic for CHWs. The primary goal of providing this training is to equip CHWs in:

- Having an appropriate response when victims confide in—or approach—them
- Helping with a plan for resources

We are not recommending that CHWs be trained to become advocates or to develop safety plans. However, they will need some basic information. The topic is likely to come up as neighbors develop trust with CHWs and want to work with them.

When CHWs are educated about intimate partner violence, and know about trusted organizations, they can walk through the process with the victim. It provides the victim with a network of appropriate resources.

Here are some partners that are available in many communities:

YWCAs around the country are often the local Domestic Violence/Sexual Assault response organization

County Court domestic violence and sexual assault advocates

Local domestic violence shelters or commissions

Motivational Interviewing

Motivational interviewing is a counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior. It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes (Source: Psychology Today).

Training in motivational interviewing is widely available in many communities around Washington State.

The theory behind this approach is to form a problem-solving partnership with clients rather than acting as an expert who provides the answers. The CHW spends a lot of time talking to the resident to identify:

- Personal health challenges
- Barriers to making positive lifestyle changes
- Outside obstacles that could have significant impacts on their efforts to improve their health.
- Continue working with the resident to move forward in small steps towards removing the barriers or obstacles in ways that are available or make sense for them

It is each resident's solutions and choices that move them forward. The CHW provides support and resources.

For a more detailed description and demonstration, visit *Section 6.7 Motivational Interviewing*.

Training Specific to their Program or Neighborhood

These trainings can take a long time to complete, especially if the CHW is a part time volunteer. This is not a problem, just a fact of community-based programs.

However, after they have completed some training and have had time to put their new skills and knowledge into practice, they will start to recognize other needs.

The group or supervisor starts to see a pattern in their community data that suggests the CHWs would benefit from additional training in a particular topic.

Example

In Salishan, when the CHWs reported how they were helping their neighbors, it became clear that out of the eighteen CHWs, many were spending a significant amount of time talking about how to quit smoking. They were happy to receive a smoking cessation training to get some more information and resources to help with their efforts.

Each neighborhood and group is unique. It is important to listen. Here is a list of possible additional training topics.

- Blood pressure measurement and management
- Focus group facilitation
- Maternity Support Services
- Benefits of breast feeding
- Child Protective Services, how it works and services they offer
- Long Term and Aging Care
- Head Start and preschool
- Parent University—how to be a parent advocate
- Food Demo Card/Food Handlers Card
- Walking Audit
- Fall Prevention

Process for Training

Outside of the core training and the additional trainings required for the CHWs to keep their spot on the cohort, any other trainings, seminars, or conferences are up to the time and interest of the individual and the availability of the training.

Here are three ways that CHW programs can approach additional trainings.

1. **CHWs are interested in blood pressure training.** CHWs can either call, Email, or speak to their supervisor about their interest. The supervisor reviews the information, including costs, and presents it to the group at the next meeting. Anyone interested writes their name on a

- sign-up sheet and either the supervisor or a CHW takes care of registrations.
2. **Supervisor receives notice of a blood pressure training next month.**
Supervisor reviews the information, including costs, then presents the opportunity at the next CHW business meeting and passes the sign-up sheet around. Anyone interested signs up, and the supervisor or a CHW registers the group.
 3. CHWs need blood pressure training but they don't know where to go.
Supervisor asks one of the CHWs making the request to call the local health department or college to ask about a possible training. If they find something, they present the information to the group in the next CHW business meeting. Those who are interested sign up. If no training is found, then they make a list of other potential places to call and decide who will follow up.

Keeping Track of Training

The program leader will want to track the trainings that each CHW has completed, in addition to how many hours of training the whole group has completed.

This documentation is important for project reporting and quality assurance. It will also be helpful when CHWs seek employment. They will have a record of their training and can provide specific information.

In addition, when reporting to funders and partners, trained CHWs can demonstrate their expertise. It can be helpful to remind partners or others that these volunteers are highly trained.

Conclusion

To review, be sure to have the following infrastructure supports.

CHW Training—Provide the Foundation

- Core Competency Training (*Section 4*)
- Important Additions
- Neighborhood- or Project-Specific Training

Logistical support to succeed in training

- Transportation to and from trainings
- Childcare
- Registration fees and supplies
- Technology to participate or complete assignments
- Support in completing assignments or participating

Moral Support

- Encouragement from supervisor and peers
- Celebration as CHWs complete trainings



About this Resource

For more than 10 years the Foundation for Healthy Generations and our partners built and conducted pilot programs using a neighborhood-based community health worker (CHW) model.

Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this Section:

- How to build the framework you will need to evaluate your program
- Establishing a common vision with CHWs, partners, and funders about the program and the kind of data you will need
- Deciding what information is *nice* to have vs. the information you need to describe your program and community
- Establishing your data infrastructure in Years One, Two, and Three

5.2 Data Collection and Program Evaluation

All programs need to collect, keep, and report information about their work. The ability to collect and analyze data is an important part of keeping your program alive.

What you collect is not as important as having a *way* to collect data that CHWs, partners, and funders decide is needed.

This is part of program evaluation. The purpose of this section is to explain how to build the framework you will need to evaluate your program.

Common Vision

The best start to building a scaffolding for data collection is to have a series of discussions with all parties—CHWs, partners, and funders—about the common vision for the project.

Here are some questions to think about.

- What is the initial goal of this CHW program?
- What is our underlying assumption about community members and their role in this project?
 - Are they subjects?
 - Or are they co-developers with intense involvement?
- What purpose will the data serve in a project like this?
 - Is it just to calculate numbers of people and outputs?
 - Demographics so we have something to report?
 - Or is it to learn about the CHWs, the community, and what solutions might actually have an impact?
- What is our philosophy on failure?
 - Is failure a learning opportunity, or something to be avoided?

If the partners decide they want to have numbers and demographics, then the project should be structured much like a clinic or other organization. This includes intake forms, demographic forms, project forms, attendance sign-ins, customer surveys, etc.

A lot of data can be put into an Excel spreadsheet, with big numbers to report. The question becomes, *what does it actually mean? What has changed?*

If the partners decide to use data to learn about the community, the CHWs, and how to impact health disparities, this requires a more complex setup for data collection.

It is always good to start by spending some large chunks of time talking about what the goal is and where to start. This can be done in two or three four-hour sessions.

Laying it out as a type of strategic plan with work plan can be helpful in deciding next steps: tools and methods.

Start Small and Do It Well

One of the core values of the Foundation for Healthy Generations is to start small. Try different things, then scale up what seems to work best.

It is better to be small and to do one or two things really well, than to do many things poorly.

The same is true for data. Let's not collect everything for the sake of having it. Let's collect what is needed, and what will help us better understand our program or community.

What Already Exists?

Some might argue that there is a lot of data to collect that is easy. Then at least you have it.

This is true, but it takes time and effort. In the end, when you look at what data is easy to collect, ask yourself: *do we need it?*

For example, take an exercise class. Do we need to have an intake form that asks for address and demographic information? What purpose would that information serve?

If you have several exercise classes in a specific neighborhood and wish to communicate to a funder who lives in that neighborhood, there may be other ways to get demographics than having participants fill out forms.

You can paint this picture with generic information provided by the local health department or from other sources of data that are easy to get.

On the other hand, having the residents sign in when they attend class is always a good idea. This provides a record of how many people attend on any given day. It can demonstrate attendance trends, or provide some information around other indicators. This might actually tell you something about the class itself.

Another idea: have a simple check off sheet for office visits. If a resident or others visit the program office, can a CHW just check a box that shows the reason for the visit? This can be a simple tally, with specific categories. It's not very sophisticated but it will provide some data about how many people visit the office and their reasons for visiting.

If there are residents who have significant needs and will require more time and expertise than the casual visit, it may be useful to have a short intake form to get the necessary information to keep in contact with them and to track the resources they receive.

Then there is a data summary sheet that helps to create a snap shot. Each month, the information from the office visit form is added up in each of the categories and recorded onto this sheet. It provides you with the year's work at a glance.

Data Infrastructure in Year One

Each neighborhood and program is unique. And because this is true, the work the CHWs do will be different because they are responding to their community. This means that the data they collect will be different, as well. However, there may be some similarities across programs.

For example, as CHW programs get up and running, it seems logical that most of the data you collect will be about the CHWs, their training, and activities.

Since the first year really focuses on this, the data should track how many hours of training CHWs receive, how they have changed, and how they have used their new knowledge.

Year Two

In the second year, most CHWs will be involved in various activities in the neighborhood and working with neighbors to help them make positive lifestyle changes. Now is a good time to introduce the idea of gathering information about the community and their projects.

CHWs may or may not be ready to help develop a data collection strategy. But they can and should be involved in deciding what questions ask, and what methods will be best for collecting and storing this information.

Example

When we first started in Salishan, we wanted to have a sense of what the CHWs were doing each month and for how many hours. We were specifically interested in getting a bigger picture about how much time CHWs spent sharing the health information they learned and helping their friends, family, and neighbors apply it.

For the first two years, the staff at Healthy Generations asked the CHWs to use an Excel spreadsheet to record their activities. This format allowed CHWs to:

- Keep a log of what they were doing
- Have a sense of how many hours they were spending in meetings, on projects, and working with individuals
- Use drop down boxes so that they could keep activities organized into specific buckets of work, such as prevention, disease management, and education.

It also provided the supervisor with a quick snapshot of how CHWs were responding to individuals. This was a good place for supervisors to see when CHWs needed additional mentorship or training.

Year Three

In Salishan, we learned that technology and computer literacy were huge barriers to data collection—at least the way that we were doing it.

We started trying different strategies to get information from CHWs about things like:

- The work they were doing
- What barriers they were running into
- Their successes
- What they were learning about themselves, the residents, and the community

This is where we learned how important it is to have consistent access to reliable technology, including:

- Computers that work
- The right software
- Access to a reliable internet source

In addition, CHWs need training on:

- How to use the computers and software
- How to use the data collection tools, such as Excel, Survey Monkey, or an intake form

If you want everyone to use the tools to collect data in the same way, they will need to have confidence in their ability.

Having a mentor is also key. Find someone with evaluation experience that the CHWs trust. This mentor can work with them on a regular basis. They can help CHWs:

- Decide what data to collect and why
- Design tools
- Check in throughout the year to see how the work is progressing
- Give technical assistance when needed

Another way they can be supportive is by running reports using the data and presenting it to the CHWs at their meetings. This helps CHWs begin to interact with the tools. Later, the CHWs can be trained to run reports for themselves.

Key to Evaluation

Common goals

- What do we want to learn about the project and/or community?
- Methods we will use to find out and collect data
- Approach to using the data to enhance our projects and community engagement
- Learning for next year

Support

- Partners with expertise to walk us through each step
- Teach us how to build data collection strategies so we can do this on our own
- Show us how to use our own data to improve our projects and approaches to the work

Technology

- Equip us with the computers, software, internet access that we need to do this work
- Train us how to use all of this equipment and software
- Be on standby if we run into technology issues or need to refresh our training

About this Resource

For more than 10 years the Foundation for Healthy Generations and our partners built and conducted pilot programs using a neighborhood-based community health worker (CHW) model.

Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this Section:

- Why leadership is so important in a CHW program
- How it differs from other settings
- Leader roles
- Leadership challenges and potential solutions
- How adequate logistics supports performance and encourages community ownership
- CHW Supervisor essential qualities
- CHW Supervisor core values
- CHW Rights related to the workplace

6. Overview: Leading and Mentoring CHWs

A good leader provides structure and stability for CHWs, who are often unpaid volunteers.

Providing leadership to CHW's requires a slightly different set of skills and underlying assumptions than supervision in general. The same roles apply, however there are some distinct and significant differences.

Successful leaders learn these skills and understand the nuances.

In this section we use the words “leader” and “supervisor” to reflect the reality that all programs are different. Some programs have funding and paid staff. Others are all volunteer. But the roles and functions of a program leader apply to any situation.

As you read through this section, choose the tools that are right for your program and your particular place along the path.

Why Leaders Are Important

One reason why leadership is so important in a CHW program is that CHWs are embedded into the communities they serve. They often face many of the same barriers as their clients. It is a struggle to help others when they need support and resources themselves.

Having a strong foundation from a supportive supervisor gives them the support they need to overcome their own obstacles so they can spend time and energy on their work in the community.

This means that the program leader will typically be responsible for a variety of roles.

Leader Roles

Educator

A leader acts as an educator for new team members, and when processes or conditions change. Education is also needed when discussing performance expectations with the people you manage.

A leader is responsible for ensuring the employees are updated on policies and procedures. They typically provide instruction on internal processes.

You may also be called up to educate when you hold or attend meetings, write and distribute policies, manuals, or other documents.

Leaders also provide cross-training opportunities.

Sponsor Or Mentor

When acting as a mentor, your task is to provide opportunities for CHWs to showcase their talents and strengths. You are also expected to support employee career development, even if it means that the employee will move to position outside your team.

Coach

The coaching role includes explaining, encouraging, planning, correcting, or just checking in with your employees.

It is important to take time each week to check in with each of your employees. During this time, ask the following three questions:

- How do you think the team is doing?
- How can things be improved?
- How are you doing?

Always document the result of your conversation.

Counsel

Counseling is needed when an employee has barriers or challenges that get in the way of their performance. Counseling is intended to be an early conversation that can help the employee meet performance standards and avoid further action, such as formal disciplinary action.

The goal is for the employee to solve the problem. Your role is to be positive, supportive, and encouraging in that process.

Director

This role is important. The director sets the tone for the entire staff and program. In this role, you become the person who sees the big picture. You view things through the wide lens of how all these programs and pieces fit together, and why.

For example: the director of a movie is responsible for the tone, plot, quality, and overall outcome of a movie. They also intervene when problems come up.

During “directing” conversations, you should recommend alternatives and be clear about consequences.

- When you intervene, be calm and serious
- Get your superiors or human resources people involved
- Make sure such meetings are thoroughly documented

Challenges to Developing Good Leadership

Two common challenges have been reported in the research and by programs across Washington State.

1. Problem: Supervisors are not trained in how to supervise CHWs or other front line health workers.

One of the biggest challenges is when a person is put in a leadership role who does not know or understand CHW programs. The person chosen to supervise may not receive training or education on their new duties.

In fact, they may not receive much support themselves in how to supervise the CHWs.

It is also possible that the supervisor's own manager doesn't know how to supervise CHWs and therefore can offer little in the way of training or support.

Here is how one person described the problem:

"Supervisors do not know or understand what a CHW is, their role, or the context in which they operate. [They may be] given an overview when they are given the duty of supervising CHWs, but this would not provide them with the knowledge they need to support CHWs in the field. Without seeing CHWs in action, they may not fully appreciate the depth of the trust the community has in them and their relationships with residents."

"[Without this insight supervisors can't understand the] the enormous strain on the CHW to be in this position. It does not end at 5 pm when the office closes."

2. Problem: Supervision of CHWs is not a priority.

This duty is often added to an already full work load. Too little consideration is given to whether a person is a good fit for the program or group that they will supervise.

This happens when resources are scarce, and what little budget the program has is directed towards training the CHWs and getting them out into the community.

Possible Solutions

Instead of treating supervision as an afterthought, consider the following:

- What are the objectives of CHW program?
- What are the objectives of the CHW supervisor?
- What standards and guidelines are needed to guide CHW performance?
- Who will perform the supervision? Who will supervise the supervisors?

Before making this assignment, convene your leadership team—which should include at least one CHW—and go through these questions. It can help to put a more realistic frame of reference on the role of CHW supervision. Based on this context you can make decisions on how to design and implement a framework for the supervisor that will be a good fit for your organization and the CHWs.

Remember, community based CHWs are volunteers. The objectives in this type of program are going to be different from a clinic-based program where CHWs are paid for their time. You still need to establish standards and guidelines for their work, however expectations of how to monitor CHW time and performance is not the same for volunteers as it is for paid staff.

Supportive Supervision: A Leadership Approach

Supportive supervision is an approach that emphasizes guiding, monitoring, and coaching. This makes it a good choice for community based CHW programs, especially programs that rely on volunteers.

A more in depth discussion of *supportive supervision* is provided in **Section 6.2**.

To have a better sense of why *supportive supervision* is especially effective when supervising CHWs, it is useful to have some understanding of what other approaches are available.

6. Overview: Leading and Mentoring CHWs

SUPERVISION MODEL	EXTERNAL SUPERVISION: Health worker from health center or supervisor from district health office.	GROUP SUPERVISION: Health worker supervises group of CHWs (at facility or in community).	COMMUNITY SUPERVISION: Community plays a role in defining expectations, providing feedback, tracking CHW activity.	PEER SUPERVISION: Peers play a major role in supervising each other.
Objective	Provides: A direct link between CHWs and the health system (protocols, guidelines, monitoring of quality) Supplies, drugs, and equipment, Collection of information, One-to-one support for the CHW	Provides: A direct link between CHWs and the health system (protocols, guidelines, monitoring of quality) Supplies, drugs, and equipment Collection of information Group support for the CHWs.	Community helps define and manage quality. Community plays a role in providing incentives for good performance, and sanctions for poor performance.	Emphasis is on joint problem-solving, skills development, and peer support arising from understanding what the other is experiencing.
Prerequisites	A functioning health center within a reasonable distance from the community. Travel resources (vehicle, fuel, per diem). Adequate numbers of supervisors. Supervision tools.	A functioning health center within a reasonable distance from the community. Travel resources (means, fuel, per diem). Supervision tools.	A culture of community involvement. Agreement on the role of the CHW. Strong community leaders (or community health committee). Training in supervision, data use, problem solving.	Multiple cadres of CHWs or villages that are near each other. Oversight from the health system for supplies, skills, and training. Travel resources (means, fuel, per diem). Meeting resources for CHWs.
Optimal Frequency	Monthly to quarterly	Monthly to quarterly	Monthly meetings	Quarterly meetings, in between if possible

6. Overview: Leading and Mentoring CHWs

SUPERVISION MODEL	EXTERNAL SUPERVISION: Health worker from health center or supervisor from district health office.	GROUP SUPERVISION: Health worker supervises group of CHWs (at facility or in community).	COMMUNITY SUPERVISION: Community plays a role in defining expectations, providing feedback, tracking CHW activity.	PEER SUPERVISION: Peers play a major role in supervising each other.
Key implementation Considerations	Strength of formal health system (ability of health center staff to supervise, time, training, and materials). Travel resources (means,fuel,per diem). Proximity of clinics. Method to measure success; evaluate supervisors and system.	Easiest model to implement. PHC staff time to plan meetings, meet CHWs. Proximity of communities. Method to support and measure success of individual CHWs.	Challenges in measuring success or impact. Community-based training, resources, materials. Strong community-based organizations.	Types and numbers of CHWs in proximity. Peer-based training and materials. Facilitation skills.
Key Scale-Up Considerations	Success at district or regional level	Success at district or regional level	Community to community difficult to scale quickly	Success at district or regional level

Issues And Potential Solutions

We asked CHW supervisors who participated in the Healthy Generations neighborhood-based projects about the challenges they faced. These challenges were mentioned most often, along with some ideas about how to address them.

Lack Of Time

Problem:

The supervisor duty is added to the workload of a person who already has a full schedule. This can mean that 30 or 40 hours of their work week is already dedicated to other work.

Their frame of reference comes from their current job and past training. Some may want to spend what little time they have on administrative duties or quality improvement. Others may want to spend time with the CHWs building capacity and providing support.

Suggestion:

The key for a supervisor in this position will be to prioritize. Having a good understanding of community-based CHW programs and the work that CHWs do out in the field is essential to the ability to better prioritize their time.

Lack of CHW Program Experience

Problem:

CHW supervisors are often given this position without training. They are expected to apply the skills, knowledge, and experience of their current position to supervising CHWs.

If they are—or have been—a CHW, their experience will be useful. Otherwise, they may have a hard time understanding what the average day looks like for a CHW in the field. That will make it difficult for them to be supportive and understanding.

Suggestion:

A combination of training and shadowing CHWs while they work can make a huge difference for a supervisor and how they approach their duties.

Lack Of Specialized Training

Problem:

Supervising CHWs takes special insight and training, but there are not a lot of supervisor trainings that are tailored to supervising CHWs. Even if the agency and the supervisor are willing to put in time and money for training, it can be difficult to find one that provides quality practical instruction.

Discussion:

Good places to look for specialized training are the state health department and community health worker associations. If none exists, join with others to see if you can help initiate it.

Lack Of Support And Mentoring

Problem:

Supervisors also need support from their management and peers. There is little available in the way of peer support for this type of work. And because their time is so limited, it is hard for supervisors to spend the time and energy to seek out people who can provide them with mentoring and support.

In cases where the CHW supervisor doesn't know what the average day is like for CHWs, it is probably also true that their supervisors also don't know. It is hard for CHW supervisors to get support from their management. It is, however, very important.

Discussion:

Support from leadership can provide the renewal and refreshment that supervisors need to feel like they have the fortitude, equipment, and support to continue supporting the CHWs.

Logistical Difficulties

Problem:

CHWs can seem unprepared or unprofessional when they don't have the equipment and supplies they need when working out in the community and with partners.

Suggestion:

Making sure that logistics are taken care of and available is an essential part of the supervisor's job.

Logistics means the detailed coordination of people, facilities, and supplies. It is the structure and things we need to do the work.

Sometimes, when we are working in communities, it is easy to forget about logistical needs, like an inviting office space and reliable equipment. But these things are so important to this work.

For neighborhood CHW programs this means:

- Office space
- Meeting space
- Phone/internet
- Computer/tech equipment
- Email set-up
- Office supplies

How Logistics Support the Work

Over the years we have learned a lot about the importance of logistics. From the feedback of the CHWs and their supervisors, it has become clear that having an office space that provides community access to the CHWs and the supervisor has a large impact on the program.

The office serves as kind of a headquarters for the CHW program that community members can identify and feel comfortable coming to. This space is essential for building the relationship with community members and helping them feel like this program is theirs.

It also provides a home base for CHWs where they can do their work. The office is a place where they:

- Can keep their supplies
- Have access to their supervisor to help them when they need it
- Have meetings to plan their programs
- A place to call home

Having an office space that's embedded in the neighborhood legitimizes the program as long-term and professional, yet still a part of the community.

In *Section 7. Setting Up Shop*, we provide more detail about the types of work space, equipment, and supplies that CHWs need to be effective in their work. If they don't have phone, Internet, computers, email, and office supplies, they can't do their job.

CHW Supervisor Essential Qualities

Regardless of the context of supervision, there are some essential qualities and guiding principles that build trust. And “*trust is the conduit of influence.*”
(Amy Cuddy, TED Talk 2013)

One benefit of this program is that CHWs get support, training, and job experience that can lead to future paid employment. CHW supervisors play a key role in making that happen.

For supervisors, these qualities are essential for building trust and supporting success.

Available and approachable

CHWs can call or come to you when they have a need or question. This may be outside of normal working hours or be about a topic you have already discussed. In our experience, you may have to try several different approaches in tutoring a CHW before they learn a needed skill.

Positive, encouraging

A positive, encouraging supervisor enjoys the CHWs and is happy to see them. CHWs need to know that even if they have not finished all their work, or if they've made a mistake, they are still important to you and to the program. This is what will keep them going when times get hard, because they know they have a personal relationship with you and the other CHWs.

It also models for them how to work with residents. When they are working with someone to change to a healthier behavior, it may take a long time and many tries before they are successful. But the key to that success will be the CHW's relationship with that resident. Knowing that even if they fail to stick to their diet or walk every day, the CHW will still be there to support and work with them.

No favorites

Give everyone an opportunity to try different things and go to events or meetings. This does not mean that if you have 18 community health workers you take all 18 to every event or meeting. It can mean that you tell the group about upcoming events and meetings and ask who is interested in attending.

It is also important to select specific events that are of interest to the CHWs.

For example, if a couple of CHWs are very interested in asthma, they should be asked first if they can go to an asthma training.

If another CHW is interested in gaining employment working with the elderly, an event related to aging and long-term care would be a good fit for them; they should be asked first.

Your decisions should also be transparent and easy for the group to see and understand. Make sure that everybody is given opportunities to go to various events and meetings, some of which are open to everybody.

Balance of personal support and getting down to business

There is a way to do this. For example, if a CHW was scheduled to make flyers for the bike club, but called in sick. This is not the time to focus on a deadline. Tell her to get better and check in tomorrow. The next day, gently ask how she is doing and if you or another CHW can do the fliers to support her while she is still sick. This way, flyer is still made, but she is not made to feel like a failure for being sick.

This approach demonstrates to CHWs that you care more about them as people than checking off duties on a list. And by asking if you can get support from another CHW to cover her duties, you are emphasizing the importance of responsibility to the program and utilizing teamwork.

Transparency and honesty

Give CHWs genuine feedback about what they are good at and work they can do that will help them accomplish their goals. Try to be behaviorally specific.

Also, ask questions. There is likely a reason why they do things the way they do, so find out.

Be honest about yourself, too. If they know you are not above fault or failure, it will help them to have some perspective.

Always be open and honest about policies, budget, and what decisions are being made about the program. This is important even if you (and they) have little say in it. Nobody likes a surprise or being left in the dark.

For example, the supervisor of one neighborhood CHW project was very honest about the fact that she did not live there. From the very beginning of the program when she was hiring residents, she would explicitly tell them, "I live in another neighborhood. But I'm here with you to do the work and to see what we can build together." She was also very careful not to speak for the residents to outsiders.

Advocate for CHWs

Be an advocate for CHWs, within your own system and with outside systems and partners. The CHWs need to know that if they are struggling with welfare, or childcare, or some other kind of agency, you will go with them and provide support.

Sometimes it's just a matter of writing a letter in support of them or showing them how to utilize the system on a higher level. But if they come to you with a significant problem and they don't feel like you were an advocate for them, it will break down their trust in you and your relationship.

It's also part of the bigger picture of the community, not just the people you supervise. If one of your volunteers or staff is getting treated this way, it is likely that others are also. If you can go to bat for them and educate policy and decision makers about how CHWs impact the community and how they should be treated, it is a good idea to speak up.

CHW Supervisor Core Values

Another important way to approach relationship building is through values.

The National Association of Community Health Workers (NACHW) developed a *CHW Core Values* document that we have modified to apply to supervisors.

Access

Volunteers and CHWs have access to their supervisor. The supervisor is reachable after typical office hours and has an open, approachable demeanor.

Acceptance

The supervisor strives to remain open minded and accept the CHWs exactly as they arrive in the program, acknowledging that they possess a vast wealth of knowledge about their own culture, community, and life experiences. In addition, with training, mentorship, and leadership, the CHWs will have opportunities for growth and development. This takes trust that the CHWs are being their best and doing their best.

Advocacy

Just as CHWs are advocates for their clients, the supervisor is an advocate for the CHWs. By modeling advocacy for the CHWs, helping the individuals and group build capacity, they learn to advocate for themselves and the community.

6. Overview: Leading and Mentoring CHWs

Excellence

CHWs strive to provide the highest quality services to their clients and the supervisor strives to provide the highest quality leadership, mentorship, and guidance to the CHWs. This includes but is not limited to logistical items such as continuity of their stipends, adequate training, support to perform their duties, and opportunities for personal and professional development.

Learning

CHWs embrace both life experience and traditional knowledge. Supervisors embrace the wealth of knowledge that the CHWs bring to the group and invite them to share information. In addition, supervisors provide an opportunity for CHWs to gain new information/training and then invite them to train/teach the others what they have learned, recognizing that this is done in different styles, depending on the cultural norms.

Partnership

The supervisor is the champion partner for the CHWs in their work. CHWs are partners in the design, implementation, and evaluation of the program. Together, they pursue the success of the program and achievement of goals. This includes occasionally attending events\ceremonies\celebrations that fall outside of CHW work. Use of this model in their training and supervision informs their work in the field with people in the community.

Self-Determination

Self-determination is a core value of CHWs, therefore the supervisor is aware of this conviction and ensures it is implemented in the program by inviting the CHWs to set the agenda for their meetings, lead their meetings with support, identify training needs, etc. Furthermore, the supervisor connects the CHWs to other CHW programs in the area and opportunities for collaboration on advocacy/CHW business.

Social Justice

CHWs are agents of change, but that may mean they are on the front line working to improve social conditions for clients that they are also likely living in themselves. Supervisors do not separate the CHWs from the clients in the case of social justice issues, but provide advocacy, leadership, and support. It should be emphasized that while there may be opportunities to advocate for one group at specific times, the supervisor and CHWs advocate for the entire community at all times.

Strength

CHWs possess many strengths, talents, and skills that can be utilized by the group to achieve positive outcomes for the clients/community. Supervisors need to acknowledge these strengths often. This not only honors and values them as individual CHWs—using a variety of methods that may be more culturally appropriate—but provides them with a model to use when working with families in identifying strengths.

Trust

It is essential for supervisors to have a strong personal relationship with each CHW and with the group simultaneously—and that trust is central to it. They must believe that the supervisor is a person they can rely on to support them in difficult situations and in celebrations.

On the converse, the supervisor should consider that CHWs—whether volunteer, community-based, or paid-full time in a clinic—have rights. It is best practice to have the CHWs, partners, and the supervisor develop a list of CHW rights together as a team. There are likely to be differences in neighborhoods and the personalities of the people in these projects. It is important that anything like CHW Rights, Team Agreements, or Team Values are developed by those who will be operating under them.

CHW Rights

CHWs have the right:

- To a safe and healthy work environment
- A job description with clear guidelines regarding hours, who they report to and purpose of their position
- Travel support as necessary (gas cards, bus passes)
- Orientation, training, and equipment to complete their duties
- Supportive mentorship from their supervisor
- Personal information kept confidential and private
- Access to grievance procedure
- Be included in program and/or team decisions

Source: The Earth Institute, Columbia University Millennium Villages Project Community Health Worker Supervisor Training Manual

About this Resource

For more than 10 years the Foundation for Healthy Generations and our partners built and conducted pilot programs using a neighborhood-based community health worker (CHW) model.

Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this Section:

- What is *supportive supervision* and why is it a good fit for CHW programs?
- How to use *appreciative inquiry* to focus on assets and design a better future
- How *The Cycle of the 4 D's* (discovery, dream, design, delivery) contributes to collaborative problem solving

6.1 Supportive Supervision and Appreciative Inquiry

Supportive supervision is the process of guiding, monitoring, and coaching workers to promote compliance with standards of practice and assure the delivery of quality of care services.

The supervisory process permits supervisors and supervisees the opportunity to work as a team to meet common goals and objectives" (Crigler, Gergen, Perry, 2013).

Benefits of Supportive Supervision

There are several reasons why *supportive supervision* is a good fit for CHW programs. Based on the experience of the CHW programs in Washington State, this approach

offers the most return on investment for the CHW, the supervisor—and therefore the program.

Listed below are a few of the benefits of using *supportive supervision*.

Provides Support to The CHWs

Often CHWs are facing many of the same barriers as those they are serving. Having support from their supervisor helps the CHWs by giving them time and space to do their work with their community.

They know that they can get the training, equipment or supplies they need to do their work at the highest level.

They also know they can get help removing barriers that they are experiencing in their own lives. This opens space and time for them to work with their neighbors.

Builds Capacity in Individuals and the Cohort

Supervisors who build relationships with CHWs—supporting them as CHWs and as individuals—build CHW capacity to grow personally and professionally.

Models How to Interact in A Way That Builds Relationships

Leaders using *supportive supervision* are coaches who facilitate the process of CHW work. They are solving problems *with* CHWs, mentoring them, and building the capacity of the individual and the cohort.

As one CHW supervisor put it:

“I am the CHW to the CHWs I supervise. If they are struggling with housing and food insecurity, it makes it hard for them to work with others. They always get their work done, but it does make it hard. I am here to provide them encouragement, then support.”

Appreciative Inquiry: A Key Feature of Supportive Supervision

Appreciative Inquiry is central to how the leader of a neighborhood-based CHW program approaches communication, program development, and evaluation. It is actually a form of evaluation, but its methods are complimentary to supportive supervision, and therefore infused into most conversations or activities.

In *The Change Handbook*, Cooperier and Whitney describe *appreciative inquiry* as:

“...the cooperative search for the best in people, their organizations, and the world around them. . . Appreciative Inquiry involves the practice of asking questions that strengthen a system’s capacity to heighten positive potential.”¹

This just means that the team takes a *WHAT IS* approach:

- Identifying *WHAT IS* already going well, or *WHAT IS* an asset
- Asking questions about how that happened and how we can make it happen again, or improve on *WHAT IS*.

Notice that this is the opposite of most supervisory conversations, which often begin by asking what didn’t happen, what went wrong, or what the problem is.

Appreciative inquiry conversations are focused on identifying the best in the people, programs, and communities, then inquiring on how to build on that potential.

This can be a huge shift for people who are in regular contact with large health and human service systems that tend to focus on a problem.

This shift can have a profound effect on how CHWs perceive themselves, and how they perceive and talk about their community.

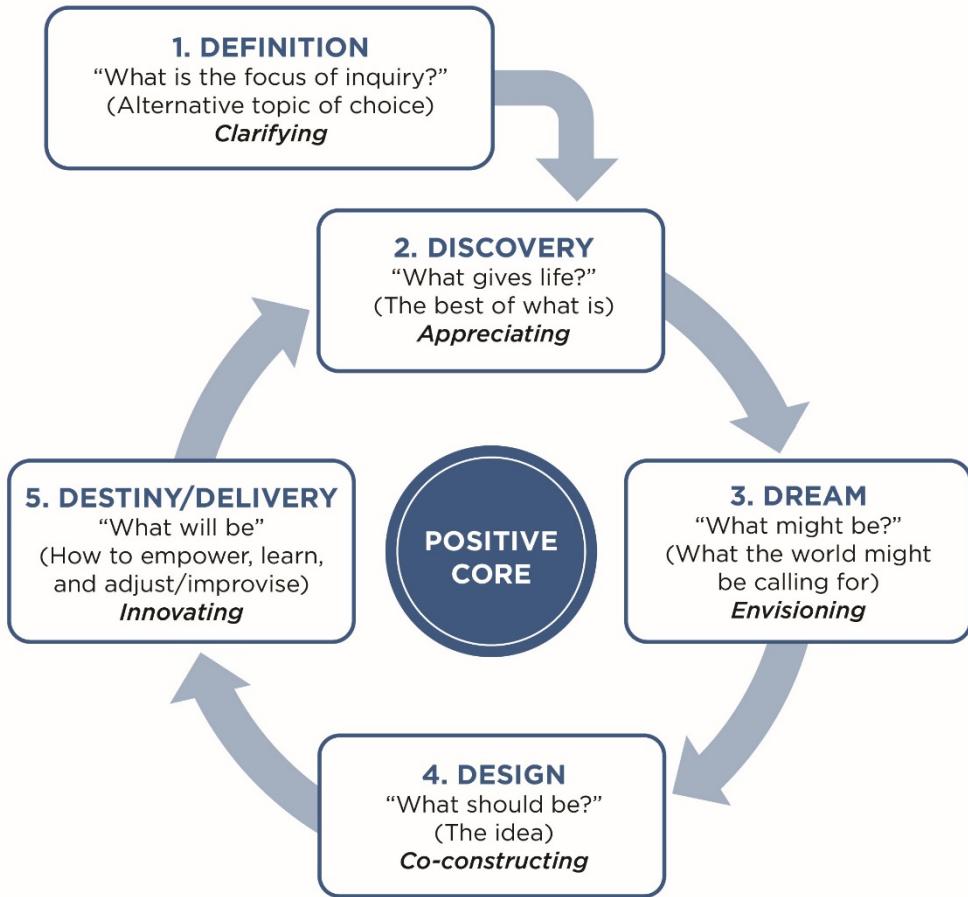
How Appreciative Inquiry Works

The first step is to define or identify the overall topic-positive core of the inquiry. This could be a CHW meeting, a CHW’s performance at conference, or a program that is not attracting as many residents as desired.

This process is called *The Cycle of the 4 D’s*

¹ Appreciative Inquiry: A positive revolutions in change.” In P. Holman & T. Devane (eds.), *The change Handbook*, Berret-Koehler Publishers, Inc.

6.1 Supportive Supervision and Appreciative Inquiry



The Cycle of 4 Ds²

1. Discovery – Appreciating the best of “what is”

Discovery is based on dialogue as a way of finding out what works. It redisCOVERS and remembers the organization or community successes, strengths, and periods of excellence.

2. Dream – Imagining “what could be”

Imagining uses past achievements and successes that were identified in the *discovery* phase to imagine new possibilities and envision a preferred future. It allows people to identify their dreams for a community or an organization. Having discovered what is best, they have the chance to project it into their wishes, hopes, and aspirations for the future.

² [Http://appreciativeinquiry.champlain.edu/learn/appreciative-inquiry-introduction/5-d-cycle-appreciative-inquiry](http://appreciativeinquiry.champlain.edu/learn/appreciative-inquiry-introduction/5-d-cycle-appreciative-inquiry)

3. Design – Determining “what should be”

Design brings together the stories from *discovery* with the imagination and creativity from the *dream*, or *imagined* future. We call it bringing the best of “what is” together with “what could be” to create “what should be” the ideal.

4. Destiny/Delivery – Creating “what will be”

During the fifth stage of the four D’s process, the team identifies how the *design* was delivered and how it embeds into groups, communities, and organizations. Sometimes called “delivery-based” inquiry, the term *destiny* is more prevalent now.

Story: The Four D’s in Action

At one of the neighborhood sites, the CHWs were running a youth community kitchen. For about three or four years, the youth CHWs hosted kitchens where their peers could come to hear about nutrition and learn how to cook healthy recipes. However, attendance was low. The CHWs brought this to their team meeting to figure out what they should do.

Their supervisor brought some of the data they had collected on the youth kitchen. At the beginning of the meeting, the supervisor introduced the topic by stating what the CHWs were looking for: a brain-storming session with their team about the community kitchen for youth. Next, the supervisor presented some of the data that was collected around the youth kitchen. Then she asked the entire group the following questions:

- What was successful about the program?
- What do you think the positive impact was on the youth?
- What can you see that your colleagues did well?
- Let’s think together now about what we imagine this program could be. What would that look like?
- Okay if that’s your vision for what this could be, how should the program be designed or changed?
- Now that we have a vision of what it could be and what we think the design should look like, let’s talk about how we can deliver this or make it real.

Conclusion

This example shows how appreciative inquiry can be used when a group wants to discuss a particular topic. It is a great complement to supportive supervision.

The supervisor in this case was pointing out what was happening, what was successful, and what the CHWs did well. Then they asked what the group thought should happen next, rather than telling them what to do.

6.1 Supportive Supervision and Appreciative Inquiry

This type of conversation can happen one-on-one between the supervisor and CHW, or it can happen in a group setting. The point is that this positive, problem-solving approach should become the norm.

About this Resource

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Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

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In this Section:

- How to set goals and expectations, and why they are important
- The value of using *CHW Core Competencies* when setting program and individual goals
- The benefit of communicating clear expectation, in person and in writing

6.2 Setting Goals and Expectations

Goals. Setting goals is important for a number of reasons. Goals allow you to measure progress and keep focus. Goals can also provide motivation.

Goals can be established at both the cohort and CHW level. It is important when setting goals to ensure the individual capabilities and commitments from each CHW are considered.

Expectations. There are several layers to setting expectations of the CHWs. These layers fall into three general categories:

1. Program or agency expectations
2. Community expectations
3. CHW cohort expectations

In addition, each program will have its own specific expectations.

Setting Goals

Program or Performance Goals

Setting goals—or benchmarks—can be helpful for some supervisors. When you do, it is critically important that the CHWs are co-developers of these goals. This will ensure that they are relevant to the work they do, realistic, and in alignment with the needs of the cohort and/or community. For example:

Example:

Goals for Merry Hill CHW Project

10 CHWs receive Nutrition Education Certificate

15 Outreach tables with nutrition activities and information

From these goals, CHWs can develop a work plan to provide details about how, who, and when work will be done. Their work plan document helps them

- Track the work they are doing
- Hold each other accountable
- Identify potential metrics to measure performance

Co-development is important, even if you are given goals by a funding source. These goals can be presented to the CHWs for discussion. They can develop the work plan around these goals. CHWs may not have control over what the goals are, but they know best how to make it work for the community.

Note: The goals of the CHWs or their projects should drive the work of the supervisor. It shouldn't be the other way around.

If the supervisor's personal interest is in chronic disease, but the highest priority for the CHWs the community is safety or disaster preparedness, the goals should be built around those issues. This is where there is already momentum in the community. If this work is done well, it will provide the trust needed to start other programs that the community will support.

For some cohorts of CHWs, the idea of setting goals is not that appealing. Some are more interested in specific work plans. Goals are more focused on overall impact, rather than the work that they will do. Scope of work also seems to fit into more cultural frameworks.

Personal or Professional Development Goals

This is an interesting one. If a CHW says they want to become a nurse or some other specific field, it's easy for the supervisor to have that goal setting conversation with them. The supervisor can tie their work as a CHW to their goal. The goal setting conversation can: supervisor can describe how their work can

- Help them see how their work relates to their personal goal
- Develop skills they need
- How they will be building relationships with medical professionals that they will also learn from

The supervisor can ask about their needs, such as:

- Additional support
- Use of office internet for homework
- Adjust their schedule for classes

Keep in mind that for many cultures the idea or term “goal” is not a common concept. One reason might be that goals are typically viewed as a western concept, focused on the *individual*. Many other cultures are *community* oriented. To focus too much time and energy on ones self is not viewed favorably.

In this case, using the idea of a vision, plan for the future, or promise is more appropriate. This allows them to work towards a desire or dream that includes their family and community.

The words we use are important. In most cases, *goals* are seen as very time-driven. This is not conducive to building and maintaining relationships.

On the other hand, a *plan for the future* can and does include their family and community with a broad idea of time. It has specific steps so they can continue moving forward. It is just done at a pace that comes naturally to achieve within the context of family and community.

The supervisor can help the CHW achieve or make progress towards their future. The CHW program is meant to build capacity in each CHW. This builds capacity, first in their family, and then the community.

It is important to know each CHW's personal aspirations. You can then be helpful by:

- Seeing the talents and skills they already possess
- Identifying what additional knowledge and experience they may need to be successful

Mentorship is so valuable in helping people achieve their plans for the future. None of us accomplish this on our own. We can all think of a teacher, colleague, supervisor, or someone along the way who mentored and gave us the support we needed. You can:

- Look for seminars, conferences, or webinars that will boost their knowledge and skills.
- Identify opportunities to work on community coalitions or projects that align with their aspirations. This can build confidence and lead to a network of professional partners.
- Connect them with colleagues you may have that work in their field of interest.

Setting Expectations

As mentioned earlier, there are several layers to setting expectations of the CHWs.

These layers fall into three general categories:

1. Community Expectations
2. Cohort Expectations
3. Program or agency expectations

CHWs often fulfill a variety of roles in different settings. This is one of the reasons why it is so important for a supervisor to understand the CHW job and what it is actually like to do it.

Before setting individual expectations, it's a good idea to spend a day or more with the CHW—shadowing them, listening, and observing how they operate. Program plans and procedures are fine, but how does the work play out in real life? Knowing this will ensure that expectations are appropriate and realistic.

Community and CHW Cohort Expectations

Developing community and CHW cohort expectations often require group discussion and process. For an example of how to facilitate these conversations go to *Section 5. Developing a New CHW Cohort*.

When CHWs take the lead in identifying these expectations, they are more likely to hold themselves and each other accountable than if the supervisor gives them a long list of “must dos.”

Some questions to consider:

- What do CHWs expect of each other?
- What does the community expect of CHWs?
- What do partners (health department, clinic, etc.) expect of CHWs?

It might be helpful to remember the core qualities of CHWs when addressing expectations, goals, and performance. *Core qualities* are more important than degrees and technical skills. This list was developed by the *Washington State CHW Task Force* in 2015.

CHW Core Qualities:

- Deep knowledge of and experience with the Community
- Culturally sensitive, able to work with diverse communities
- Empathic, Caring, Compassionate and Humble
- Persistent, Creative and Resourceful
- Open-minded/Non-judgmental
- Honest, Respectful, Patient, Realistic
- Friendly, Engaging, Sociable
- Dependable, Responsible, Reliable

Most CHWs are dedicated to the work they do because they are deeply committed to their community and want to see improvement or change. Viewing them and their work through the lens of *core qualities* when developing goals—for them and the program—will be based on this assumption.

Program Expectations

Program expectations should be clearly communicated at orientation. Many programs list these on a form that CHWs read, discuss, and sign.

Here are some areas that should be covered at orientation and agreed to in writing.

Confidentiality Agreement

One important expectation is that information—verbal and written—about community members is confidential. Here is one example.

Confidentiality Agreement

I understand that confidentiality guarantees that the resident is protected against me telling anything I know about him/her to anyone outside of Foundation for Healthy Generations.

In my role as a Community Health Advocate under supervision of Foundation for Healthy Generations, I understand that I am not to discuss any information about residents with anyone outside of Foundation for Healthy Generations, including members of my family.

I understand that disclosing information to other CHA's about a particular resident is not permitted except for during supervision.

I understand that violating the terms of this agreement may be grounds for disciplinary action and/or dismissal.

Signed _____ Date _____

Code of Conduct

A *code of conduct* is a set of established standards or norms for professional behavior. The following example is from the Tacoma Housing Authority.

As a Community Health Advocate, I commit myself to:

Responsible

- Be reliable. Do what I say I am going to do.
- Follow Tacoma Housing Authority's regulations and policies, and laws.
- Be willing to try new things, be willing to learn, but not take on more than I can do.
- Accept my supervisor's feedback with the purpose of doing the best work possible.
- Not do anything that could benefit me, my family members, my friends or organizations I belong to.
- Not accept tips, ask for meals as payment or accept any type of payment for my work.
- Talk directly with anyone I have a problem with, and report it to my supervisor when it is necessary.
- Keep confidential the protected health information and personal identification, as well as any property or privileged information.

Respectful

- I will treat every person with dignity, respect, and value. I will make a personal commitment to not judge cultural differences, life styles and life conditions of each person with whom I work. I will act with respect toward:
 - Other CHA volunteers;
 - Members of the public;
 - Community partner employees; and
 - Individuals, animals, or properties that are the focus of the program.
- I will keep a professional relationship with clients.
- I will avoid abusive and foul language and disturbing behavior that is dangerous to me and others.
- I will not use photo, audio and video recording equipment unless I have previous authorization.
- I will not lecture or pressure anybody to accept my views or beliefs.
- I will comply with mandatory reports in cases where there is the suspicion of abuse or negligence of children and vulnerable adults.
- I will take care of all CHA equipment.

Safe

- I will not use, have or be under the influence of alcohol while working.
- I will refrain from any illegal activity, including illegal drug use.
- I will use required clothing and identification. All clothing should be appropriate for work and must not reveal bellies/butts/breasts or have foul language or drug/alcohol printed on it.
- I will follow work safety practices.
- I will report any suspicious activities to my supervisor.

I understand that I have to comply with the regulations and procedures of Salishan Community Health Advocate Project and I agree to do it. Not complying with them or not doing satisfactorily my work as a volunteer could be a reason for being let go.

Data Collection Procedures

Another important agreement is how your program will handle the collection of data. This includes things like class lists, rosters, and services provided. Your policies and procedures should cover how data is collected and where it is stored.

Data collection roles and responsibilities need to be communicated at orientation. They should be revisited by CHWs on regular basis to ensure they are clear. For example:

- Where does the CHW role begin and end?
- When to hand off to another professional
- What are their specific roles (advocate, educate, translate, connect to appropriate resources) when assisting with such things as housing, legal, financial, education, employment, etc.
- What their roles does not include, such as giving medical treatment or advice, legal advice, etc.

A more in depth discussion of data collection procedures can be found in *Section 5.2. Data Collection and Program Evaluation*.

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Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this Section:

- A description of the Social Development Strategy Framework and how it applies to CHW programs
- The importance of identifying and building on community strengths

6.3 Social Development Strategy Framework

The Social Develop Strategy provides a framework that can be useful when leading CHW programs. It encourages community workers to identify and build on community strengths and assets to when working to improve health and quality of life.

In a community-based CHW program, this can mean:

- Working with friends, families, and neighbors on increasing health knowledge and supporting healthy lifestyle changes
- Working with the community or neighborhood to make eating healthy and being physically active the norm
- Working with the community and policy or decision makers to remove barriers so that healthy food and healthy activities are readily available to everyone

- Advocating with community members to address policies and systems that have a negative impact on their health

Key Concept

In order to support positive development—of the CHWs and the neighborhood—you must first have high expectations. In order to meet high expectations, community members must build bonds and commitment with people they care about.

In this case, the bonds and commitment are between you, the supervisor, and the CHWs.

Use in Creating Health Equity

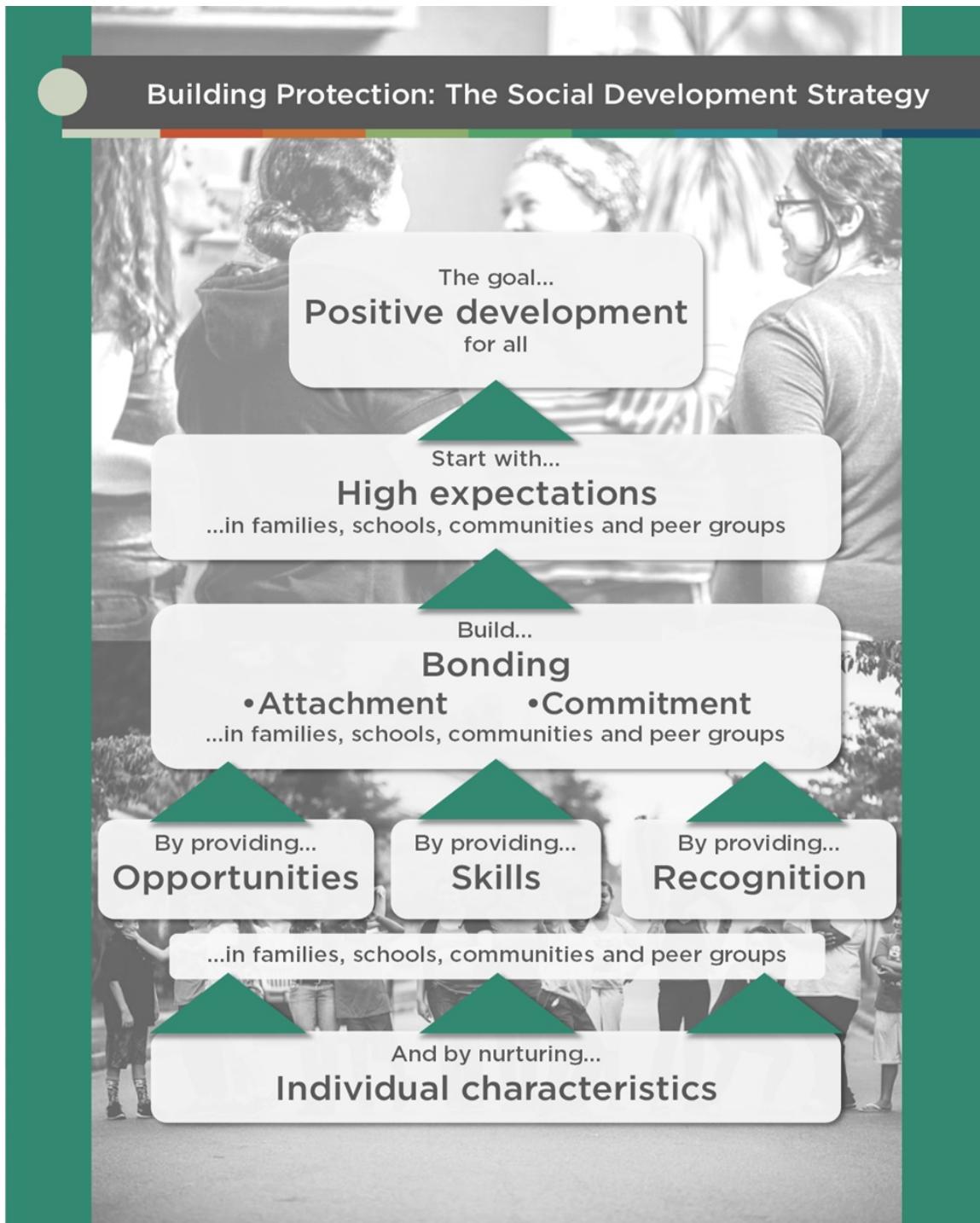
Relationships are key. The supervisor must provide CHWs with opportunities, skills, and recognition so they can achieve individual and program goals, as well as what is expected of them.

Without these things—a strong bond, skills needed to do the work, recognition for their accomplishments—CHWs are set up to fail.

This is the primary reason why *supportive supervision* (*Section 6.1*) is key to community-based CHW programs. It supports the relationship, and provides the opportunities, skills, and recognition that CHWs need to meet expectations.

The longer a supervisor works with a specific group of CHWs, the Social Development Model can be intentionally modeled for the CHWs as a framework for their interactions with the community.

6.3 Social Development Strategy Framework



About this Resource

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In this Section:

- How supervising a CHW program differs from other settings
- The importance of CHW and community participation in shaping the supervisory approach
- Creating a supportive leader environment
- Working with CHWs in overcoming barriers
- Encouraging CHW leadership development

6.4 Strategies for Shaping the Supervisory Approach

When forming supervisory strategies, it is important that key stakeholders—including CHWs when possible—agree on them before they are adopted.

The following advice is based on work from Crigler, Gergen and Perry (2013) in their report “Supervision of Community Health Workers.”

Build Upon What Exists

Look at what is already functioning and build upon it. Do not create parallel systems.

Ask first: *What is?*

- What is already happening?
- What is already working?
- What is already here (resources) for us to utilize?

For example, if the previous supervisor had a standing meeting with CHWs, keep it for a few months until you are able to build a strong relationship with them and get a deep knowledge of what their work is like. This is the perfect opportunity to ask them about what in the supervision style worked for them and what they still needed or would like to see changed.

Are there some check lists or forms that seem to fit? Forms that you can use for the time being until you can get out into the field with the CHWs and evaluate what is really needed? What functions did the previous supervisor serve, and how was it helpful to the CHWs?

Use A Bottom-Up Approach

Engaging CHWs and communities in the design and process of supervision will encourage participation from both the CHWs and community members. This is also how a neighborhood develops solutions that work. Because they come from their own lived experience and the knowledge they have, it is amplified through a collective effort. This makes it more sustainable.

If the community is working together on issues and having success, they will be encouraged to continue in their work and do more. They do not need outside agencies coming into the neighborhood to organize. What they do need is support and additional resources.

Focus on Planning and Monitoring the Implementation

Ensure supervisory plans are carried out as agreed upon. It often happens that plans to supervise are made but not carried out. Or the process, when implemented, is not monitored.

Do not let supervision become a lower priority. This can have a profound impact on trust between the CHW and their supervisor.

6.4 Strategies for Shaping the Supervisory Approach

If you share a specific plan on how you are going to supervise the project or team, and you don't follow through, it takes away from the trust that they have in you. Lack of follow-through from supervisors is a common and legitimate complaint that we get from CHWs.

It may be as simple as, “On Monday I will come to the program, see how things are working, and see how data is collected.”

Involve CHWs In Monitoring Implementation

Thinking back to the *core value* of transparency, it's a really good idea to give CHWs a basic understanding of what the plan is, and to have them help you monitor how it's working.

You may have a plan to monitor their project, or to monitor their success every week, but it turns out to be too much work and not helpful to the team. Or, it might be exactly the support that they need. Their feedback on this is crucial.

Engage All Levels for Accountability

The responsibility for monitoring progress and being accountable for work should be shared by managers, CHWs, communities, and partners. Everyone can share in deciding on the process, and making each other accountable for its completion. Supervisors alone should not bear all the responsibility.

Develop Capacity

Develop capacity at all levels in data management, teamwork, and problem solving.

Basic data use, teamwork, problem identification, prioritization, and resolution are skills that everyone, including community members and engaged neighbors, can use to solve problems.

Designate Project Leads

Having a lead for projects is very helpful. When it comes to a small project, the CHW lead can take on many of the duties and tasks that the supervisor handles at a higher level. This builds capacity within the cohort and develops leadership skills.

Having CHWs lead their own projects or programs demonstrates that the supervisor believes they are capable and trustworthy. It also shows that building leadership capacity is intentional.

An Opportunity for Mentoring and Growth

It is important to say here that the supervisor will have to use a lot of flexibility, patience, and trust when working with CHW leads. While it is important for supervisors to mentor and support them in learning new skills, CHWs are unique individuals and will do things in their own unique way.

It is essential that CHWs have an opportunity to try things out their way and make the projects their own before the supervisor interferes or interjects with too much criticism.

It is often the case, when CHWs try something different than you would, it works out better for the community. This is because the CHWs have a fundamental understanding of their peers that their supervisor probably lacks.

Create A Development Team

A great way to strengthen relationship between supervisor and CHWs is to create a development team. This team can meet up front, and then on a regular basis, to discuss the successes and challenges of the program. The supervisor can use *appreciative inquiry* (*Section 6.1*) to pose questions that lead the group to resolving challenges and issues.

This approach follows the underlying assumption that this is a team effort. The supervisor is part of the team. It builds trust between the CHWs and their supervisor. It also builds capacity in the CHWs.

Develop A Set of Supervisor Standards and Guidelines

Outline the objectives and responsibilities of the supervisor along with desired results. This document should also include a detailed description of the tasks that supervisors are asked to perform.

A set of standards and guidelines for the CHW supervisor should be a combination of what is required by the job and direct input from the CHWs they will be supervising. It will provide a clear set of standards and guidelines if the supervisor:

- Has a discussion early on with the CHWs they supervise
- Lays out what their agency requires of them
- Asks for more input about what the CHWs will need to do their job

Furthermore, it sets up a standard of clear and open communication between the supervisor and the CHWs. It can be used throughout their work together.

Develop A Set of CHW Standards and Guidelines

We also recommend that you keep a complete list of the tasks and duties the CHWs are expected to perform, along with needed training, supplies, and other items that might be relevant to the CHWs' work. This is useful in establishing standards that are clearly communicated and provides opportunities for discussion and relationship building between the CHW and supervisor.

Following this guidelines helps build trust and make your work more effective.

Open and transparent communication can alleviate a lot of challenges in the future. If the CHWs know what the agency requires of a supervisor, they can have some sense of their scope of work.

By asking for feedback from CHWs, the supervisor is demonstrating that they are interested in more than meeting agency objectives, but also in making sure everyone is successful.

Insights for Supervising Neighborhood-Based CHWs

Over the years, we have learned that being a supervisor in a neighborhood-based CHW program requires a different set of insights and strategies than a typical work situation.

CHWs are essentially volunteers. They face barriers similar to their neighbors. Many have experienced poverty. They volunteer because they are natural helpers. Many want to build skills that can be applied to future paid employment.

In this section, we outline the special skills you will need to develop as a leader in a CHW program.

The Supportive Leader Environment

Supervisors often need to spend time supporting CHWs in overcoming barriers they face. Their barriers are usually the same ones faced by the residents they are helping.

Without this support, the CHWs will have less success with their projects, outreach, and duties.

In many work settings, personal relationships between supervisors and employees are discouraged. In a neighborhood-based CHW program, your personal relationships help build trust. It is helpful for the supervisor to get to know the CHWs personally.

All of this takes time.

Your goal is to set up a supervision system that is opposite of the kinds of agencies and systems that CHWs have experienced elsewhere.

Their experience with systems like welfare and unemployment often feel punitive and arbitrary. These and other programs have many requirements, check lists, and action steps. If not met, the basic need that was being provided is withdrawn as punishment. Food stamps are taken away if the paperwork isn't handed in on time, etc.

How the supervisor supports, mentors, and strategizes with the CHWs will provide a model for how they will work with the residents. If clients are not in compliance with a list of action items, the CHW does not withdraw support and help. They—like you—extend support as long as it is needed.

For some people, it takes a lot longer to move forward.

Example

One of the CHWs from Salishan, said “tell Gretchen and Lisa whatever you need, what your struggles [are]. They always try to help and listen, talk to you about it. They never punish us, they only help us. They want us to be successful. They know how to find what we are good at, sometimes we don’t know ourselves, then give us opportunities to use it.”

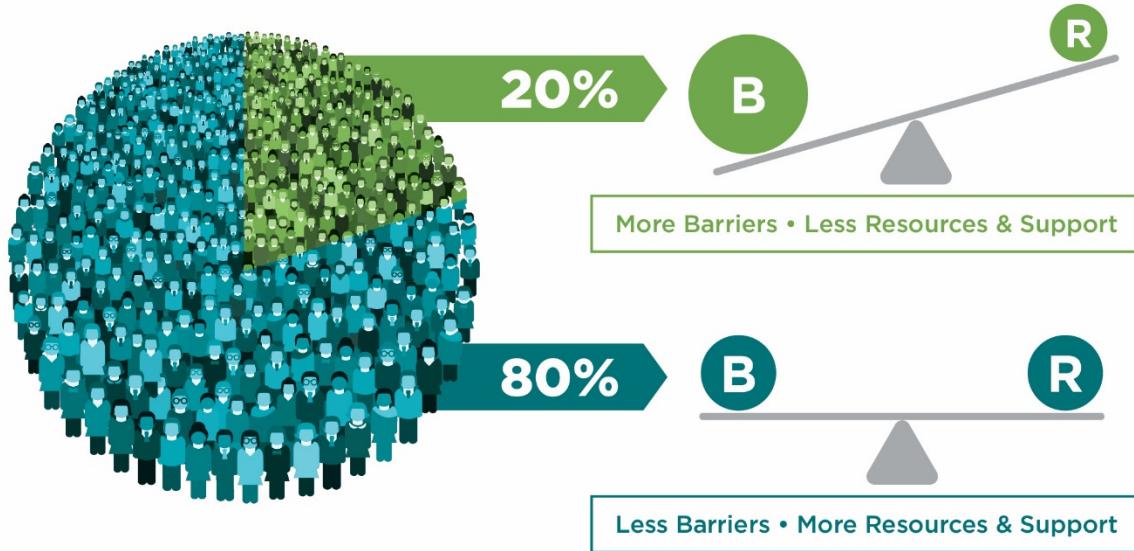
When asked if this idea of not being punished makes the other CHWs feel like it is unfair, when they know a CHW is not working the full number of hours or showing up to a meeting, she replied, “No, not for me. If someone is gone, then they must be going through something major and we can reach out to them and help them to get back.”

Extra Effort and Participation

It tends to take an extra amount of time for the people living with significant barriers and poverty to overcome challenges. It may take two to three times longer than it would for someone who has resources (physical, mental, monetary).

The greater your barriers, the less you can give.

6.4 Strategies for Shaping the Supervisory Approach



Example

Let's compare two community health workers who work on the same project. Their situations help illustrate why one is able to give more to the job, but both are valuable.

CHW Carrie is 38-years-old and married to a man who works in government. They own a home and two newer model cars. Carrie spends a lot of time caring for their elderly parents. She also works full-time, so she has excellent medical benefits. Because she grew up in this neighborhood, she is very committed to doing projects that benefit the community. Her biggest barrier is time, which is stretched between work, school, and parents.

CHW Mandy is a single mom of three children, ages 1-14. Her mom lives in town but is often very ill. Her dad lives in a town about 200 miles away. Mandy has been on and off public assistance for the last five years, and works sporadically in low-wage jobs. When she joined the CHW program, she was riding the bus. Eventually she was able to buy a car. Sometimes the car runs and sometimes it breaks down, which makes it very frustrating for her supervisor. She has very little support from family, and any medium or large medical or dental bills are devastating to her monthly budget. When Mandy does come to events or works for the project she's very positive, hard-working, and insightful. She is a very capable community health worker, but the barriers in her life make it very hard for her to participate on a regular basis.

6.4 Strategies for Shaping the Supervisory Approach

Mandy and Carrie offer benefits to the program. With the right supervisory approach, you can take advantage of their strengths, while understanding their limitations. Both Mandy and Carrie can be great assets to the community.

Asset	Barriers	Mandy	Carrie
Working cars		x	
Partner-healthy relationship		x	
Family to support efforts		x	
Financial stability		x	
Physical health		x	
	Time stretched/hard to participate	x	x
	Family needs support	x	x
	Non- working car		x
	Lack of financial stability		x
	Poor physical health		x

About this Resource

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In this Section:

- How supervising a CHW program differs from other settings
- Various methods for observing and recording CHW performance
- Methods for measuring program performance
- Serving as a link between CHWs and the systems that affect their communities
- Developing CHW leaders

6.5 Leader Roles and Responsibilities

Most people understand the word “supervisor” to mean the boss of a group of people. But what does that really mean? And how do you *do* it?

We have compiled some guidelines for CHW program leader roles, responsibilities, and essential functions. These are based on our experience leading CHW programs, and the experiences of our colleagues across Washington State.

Later in this section there will be some tools to help you operationalize these roles and functions.

Field Supervision

The field is where most of the “on the job” CHW training will occur. CHWs should receive introductory training, then go out in the *field* to put it to work.

For CHWs, the *field* could be a wide variety of places:

- A clinic
- Farmers market
- Community garden
- Walking group
- Just being in front of the school as students rush out

Many times, supervisors work alongside CHWs during their first few days, weeks, or new activities. This provides supervisors with the opportunity to demonstrate how the work is to be done, and to mentor CHWs as they try it out.

Once the CHWs have the skills and training needed to be in the field on their own, the supervisor’s role is to check in with them on a regular basis.

This is a perfect time to have a checklist. It can be as simple or complex as the job requires.

CHWs who have supervisors that visit them on the job report feeling supported in a way that is meaningful to them. This may be because the supervisor observes firsthand what their day-to-day job looks like. It allows supervisors to provide the mentoring, training, and equipment needed to support CHWs and resolve issues.

Note: This is also an opportunity to collect data that can be used in their performance evaluations. The observations and the checklists can provide a picture of the strengths of each CHW and areas where they may need additional support.

Service and Data Quality

CHW's have a huge impact on the communities they serve. It is important that they collect some kind of data to measure the impact of their work. The supervisor's role in data collection is to first provide them with the big picture idea of why it is important to collect data and how it can be used.

Your data collection results will be better if you start with the big picture and involve CHWs in a discussion about what is being measured, and why. The CHWs will be more interested. They will be more conscious of collecting consistent data in a valid way, and will be eager to see the results and reports on what their work looks like.

After the CHWs have an idea of what the data collection plan or picture is, they should be trained on the tools and methods used for data collection.

If this is not already designed or decided, consider having some CHWs on the team that is designing the tools. They know the community best and can help build tools that will get the information in a culturally appropriate way.

It is essential to take time to train the CHWs on how to use the tools and to make sure they understand how to input the data into any system that you decide to use. This may take longer than you expect, but it is worth taking time up front.

Supervisors should be training and mentoring CHWs throughout the process and providing regular technical assistance on collecting data.

Running reports and presenting information at CHW meetings is also useful. It helps them to keep the vision of why they are collecting the data, and it helps them to see where they are in terms of data collection and what's happening in their program.

It also helps them to react more quickly to any gaps in the program or services than if it left to the end of the year. Many times, they will see problems with the data or data collection, and can make useful suggestions that greatly improve the system or the tools.

Note: we also discuss data collection in *Section 5.2*. However, it is worth noting here that in neighborhood projects, we have found that it is beneficial take extra time to decide what data is most important to collect. The CHWs in these programs are volunteers and their time is limited. We discovered that collecting specific data well, rather than collecting lots of data on everything, was a better approach.

Performance Monitoring: CHWs

The purpose of performance monitoring is to assess the individual and the projects that they are working on. Just as the CHWs are collecting data about their community and their programs, the supervisor should be collecting data about the CHWs and their projects.

Using tools that are specific to your program will help to ensure that this is a fair and equitable process.

One example: using a checklist that is directly related to the work that the CHWs are doing in the field. If CHWs know that they will be monitored using the same checklist as everyone else, they know they are being assessed by their work. It's nothing personal.

Some supervisors have found it useful to have a specific form for performance evaluation. On the first page is a list of the core competencies that CHWs should be able to demonstrate. This is followed by a rating system from 1 to 5 (5 being needs improvement, 1 being the best) and room for notes. Leadership competencies are listed on the backside.

Remember: the underlying assumption of community-based CHW programs is that everyone is already a leader. They can gain more leadership skills as they progress in the program.

Having leadership as part of the evaluation, and pointing out what competencies they have and where they have improved in their leadership skills, is really important.

CHW performance evaluation is usually done about once a year with each individual CHW. It has proven to be one of the best conversations that the supervisor and CHW will have.

Again, using a standard form for everyone demonstrates fairness. They are all being assessed by the same standards.

Performance Monitoring: Program

Program evaluation is done in many ways. One method is to review the reports that come from the data that is collected. Another way to assess a project is to periodically observe and record your observations on a form.

Here is one example. In this case, the supervisor uses the observation form, goes to each program and watches the CHW do their work, for example leading a class or working with a neighbor, and then records their observations onto the form. Because the same form is used for each class or interaction, the CHWs understand each interaction is assessed by same standards.

6.5 Leader Roles and Responsibilities

Salishan Food Lab-Diabetes Class Date: _____

Week Before

CHAs meet to plan for the upcoming class.

Task	Who Responsible	✓ completed
Review class schedule- What is the topic?		
What handouts do you need?		
How will you discuss or demonstrate the topic?		

6.5 Leader Roles and Responsibilities

What is the menu for class? (based on participant input)		
Make a grocery list		
When will groceries be bought?		
What equipment do you need?		

6.5 Leader Roles and Responsibilities

Any additional info:		
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Day of Class

Task	Who is responsible	✓ Completed
Call participants to remind them of class		

6.5 Leader Roles and Responsibilities

Get classroom opened by Denise		
Checklist: Key to cabinet Groceries Equipment Handouts Door prizes		

6.5 Leader Roles and Responsibilities

Room set up		
After class: Room clean up Put tables back Take trash out Class security		

6.5 Leader Roles and Responsibilities

Wash dishes at home		
In week in between: Call participants who might want extra support or new participants Advertise the class		

Systems/Resource Linkage

One of the most important roles the supervisor will play is being the link or the bridge between the systems and the CHWs.

The CHWs serve as an important connection to the resources the community needs, and the supervisor is an important connection to resources the CHW needs.

The way most systems work, there are layers of authority for specific functions. There are times when the CHW supervisor needs to be the one that connects with another supervisor in order to get needed resources.

Example

In the Salishan project, the community health workers wanted to have a cooking class for people with diabetes. Tacoma Housing Authority has classrooms available for all kinds of activities and education events. The CHWs had no problem booking the rooms for the year to hold their classes. However, there was an issue with the classes being on Mondays because so many holidays fall on Mondays, when the Tacoma Housing Authority is closed. The CHW supervisor had a meeting with the deputy director of the Housing Authority and asked for permission to be there on holidays. CHWs were given a memorandum of understanding, a key, and the code to the alarm system so that they could conduct classes on weekends and holidays.

Another example demonstrates how the supervisor can utilize feedback from the CHWs to help make systems improvements.

Example

The CHW program had a contract with the local health department to help sign people up for insurance through Medicaid. First, the CHWs had to pass a test. This cohort had about 18 CHWs representing 17 languages and cultures. It became apparent that the testing process was too difficult and did not relate to what the CHWs do best: outreach to their neighbors.

After much frustration, the supervisor discussed the situation with health department staff. The supervisor was able to negotiate a new contract. The new scope of work was better suited to their strength: providing outreach to vulnerable populations and connecting them to agencies that were certified to sign them up for insurance.

The CHWs were very happy with this outcome. For them, narrowing the scope of duties to outreach was a better fit.

CHW and Community Leadership Development

Perhaps the most important role of the CHW supervisor is leadership development.

As mentioned before, one of the underlying assumptions of these neighborhood CHW programs is that everyone is a leader in their community, and that the community has great capacity. Therefore, it makes sense that one of the major roles of the supervisor is to build the capacity of the CHWs as leaders in their communities so that they can build the capacity of the community.

Supervisors can provide essential supports for the CHWs so they can complete their work and be successful. You are supporting them in leading their own efforts in the community when you:

- Provide the foundation and the structure for the program
- Provide the equipment they need
- Help them build their skills
- Teach them to lead their own projects and business meetings
- Help them advocate for the community

Contribute your skills and knowledge to build a support network, within the cohort and with outside CHW groups

This table helps organize the roles and functions of a supervisor. It is taken from *Best Practice in Social Work Supervision*” National Association of Social Workers/Association of Social Work Boards 2013 + “*Supervision of Community Health Workers*” Crigler, Gergen, Perry 2013

6.5 Leader Roles and Responsibilities

Functions

		Education	Support	Administration
Roles	Field Supervisor	Provide CHWs w/ ongoing technical & logistical support	Help CHWs navigate daily challenges of their work Mentor CHWs	Monitor CHW supplies & equipment
	Service & Data Quality	Train CHW how data can be used & reason for collecting Train how to use the tools	Mentor CHWs in collection of data Listen for their feedback on results or tools	Run reports & review with CHWs Set up any systems for data collection
	Performance Monitor	Meetings with CHWs to discuss progress of program, celebrations and challenges	Provide additional training & mentoring in areas where extra support is needed	Observe & assess individual & group performance (checklist or assessment forms)
	Systems linkages	Show CHWs how to approach or link into organizations	Support CHWs with clinic or systems' staff	Open doors for links Develop referral systems
	Leadership Development (more tools & info on this in section)	Teach CHWs how to lead projects Teach CHWs to lead their meetings Take CHWs to community & other meetings with you Send CHWs to as many trainings or seminars as possible	Utilize skills and knowledge in CHW group to build support network	Provide back bone structure so CHWs can lead work
	General Support	Teach CHWs how to navigate systems to obtain needed resources	Listen & support CHWs in their personal challenges Connect CHWs to resources	Oversee budget Ensure accounting other paperwork is processed, so CHWs have funds and wages

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In this Section:

- Techniques for facilitating strong and empathetic interpersonal and intercultural communication
- Barriers and strategies for effective communication
- Gaining rapport
- The importance of listening and taking time

6.6 Interpersonal / Intercultural Communication

When it comes to coaching and mentoring community-based CHWs, *communication takes time*.

It is essential to not rush through conversations or correspondence. Taking time to be thoughtful about approach and response can help avoid or resolve conflict.

In American culture, it is often hard to allow a silent pause in a conversation. But a pause can be used to reflect for a minute before responding.

Thoughtfulness in communicating is vital. It is like salt in a soup. You can always add to the conversation, but you can't take something back once you have said it. And the person on the receiving end may not be as open to the message being delivered if it is rushed. The words will not be as important as the "message" of being hurried.

Have A Goal When Communicating

The number one thing to consider in communication is *what is the goal?*

- Why are you talking to the person?
- What should your approach be?
- In the end, what is it you want to see happen?

Open with a Question

It is important to ask questions first. An example would be:

"I have noticed this. Can you tell me more about that?"

The CHW's reason for doing something might be more logical than your reason for wanting them to do it differently. It is important to find out the reason behind it, and to have a discussion. When you listen first, it makes it easier for you to think together and create a possible solution.

Example

A CHW was promoted to a leadership role. As part of her scope of work, she held regular meetings with partners to co-develop projects. As the group of partners sat around the table to talk, she would sit on the outside. Although she was thoroughly involved, she was not at the table.

In a similar fashion, she would not sit at the main desk, but at the other end of it, like a work station.

This puzzled her supervisor. When asked why she preferred to sit in that spot, she explained that if she sits at the desk, she cannot see the doorway and who is coming in. By sitting on the opposite side, she has a better view of the hallway.

She also prefers to sit on the outside of the group's meeting so she can observe them as they talk.

This made perfect sense to the supervisor, who was glad she asked why, instead of telling her to do it differently.

Communication in Meetings

When developing agendas for meetings, provide ample time for discussion. Most CHW groups learn and create best when they have time to learn, talk, and think together.

If you want to present them with new information, try to give it to them ahead of time so they can read or review it before the meeting. Then ask them to discuss it as a group.

Provide time for networking in each meeting. This may seem unimportant, but they learn a lot from each other about how to find resources, deal with situations, and where to get help for residents. They are also building deeper relationships, which will be of enormous benefit to the program and the group.

The Supervisor should be networking with them. This builds rapport and trust.

Provide A Written Agenda

An agenda doesn't need to be complicated. It can just be a list of topics to discuss.

At every meeting:

- Start with welcome and introductions, and allow time for each person to report to the group.
- Give CHWs the opportunity to report what they are working on or need help with. This builds their skills at participating in a professional meeting and in working on a team.

As the supervisor, when you are presenting something at a meeting, keep your comments short, and speak slowly. Then pause for a minute. We often get so ingrained in our work that we forget not everyone knows what we know, and that they don't move as fast as we do. If they are hearing it for the first time or this is a new idea, they will need time to think and process new information.

Be A Role Model for Professional Behavior

Model professional, effective speaking in a meeting.

- Speak loudly and clearly
- Ask for input
- Give clarification
- Be prepared and involved
- Do not be distracted by your phone or computer in the meeting. If you want them to be interested and involved, then you must be.

Communicating in Person

Greet and Welcome

When you are speaking with CHWs, it is very important to first greet them and welcome them. Their personal relationship with you is very important to them. They need to know that the relationship comes first.

By always greeting them and telling them how glad you are to see them, you are reassuring them that whatever it is you need to discuss will not get in the way of your relationship with them. Once you have checked in with each other, tell them the goal of the conversation.

Use Clear Language

Use very clear language. Don't use jargon or acronyms. Be sure to include the fact that you are interested in the success of the program and in their personal success. Then tell them what you have noticed, or what you are experiencing, and ask them to tell you about that.

Be Fully Present

It is extremely important that as the supervisor you are giving them your full attention. You are not on your phone or on your computer or in a side conversation while you are trying to have this conversation.

Being fully present, will send them a message that they are important to you and that you will invest your time and energy in each conversation. It also models, positive effective communication for them so they can use this with their friends, family, and neighbors.

Keep on Topic

Try to keep things to the point and on topic. This is something you can also model for them. When calling or emailing them, try to give them specific information. Using a professional template every time will help them to know what to expect from your communication with them. They will learn that they will get the information they need and won't have to hunt it down. But it will also serve as a template for them to use with others.

6.6 Interpersonal / Intercultural Communication

A good way to frame it is to make it look like an invitation.

What: *Training*

When: *Tuesday at 2pm*

Where: *Conference room*

Who: *Everyone available*

Why: *Sharpen your skills*

Notes: *It is a potluck, bring food!*

Many times, people get overwhelmed with all the details of a story. The details tend to overshadow the facts that are necessary to find out the *what, why, when, and where*.

Example

If a resident was just rejected by their health insurance provider, they may start by telling the CHW something like this:

"I was sick, headache, stomachache. I didn't feel good, you know, so I still had to take my kids to school, but I ran to the doctor's office after. I didn't change clothes, put on makeup or nothing. My car isn't working good, but I went. My doctor is Doctor Montgomery, you know him? So, I waited like two hours to get in and filled out all this paperwork. Then when it was finally my turn the lady at the desk said my insurance was no good. I asked her what that meant, she just said I had no insurance. I asked if I could still see the doctor and she said no. I don't know what to do, I am sick, I have to pick my kids up from school now. I haven't got any groceries yet and now I don't know what to do."

This resident is upset and telling the CHW a lot of details that aren't really helpful to getting to the root of the problem or finding a solution. However, they are important to her. Out of that story, the CHW knows that:

- Resident is sick and needs to see a doctor
- There is a problem with the Insurance
- Resident is stressed because she has many other life issues going on

The CHW can start there to get some general information and start with calling the insurance company.

NOTE: This is different than someone who belongs to a culture who communicates through stories. Sometimes they will tell a story with facts and details embedded in the story. They usually have a way of providing a “point” at the end.

Communicating in Writing

There are times when you need to put things in writing. You may want to email the entire group or send out a letter to everyone that explains a policy. Supervisors should be building professional capacity in the CHWs by sending out emails and memos.

However, this should not be the only, or regular, mode of communication.

- One reason not to rely solely on written communication is the wide range of literacy levels in any group of CHWs.
- There is also the issue of technology. Some CHWs may not have a computer or internet access.
- CHWs can be told when they are hired that they are expected to regularly check and respond to emails. If they need to come in to the office to use the computer or internet to do that, they can make arrangements.

The point is they are gaining job readiness skills, as well as taking responsibility for themselves.

Keep It Simple

Written materials should be kept short and very simple. Do not send long emails with lots of details. Most people cannot manage these. Wait to relate complex information in person when they can ask questions and be part of the conversation.

Communicating by Phone

If you can't communicate in person, phone calls are the next best thing.

Keep in mind that many of those under the age of 40 will prefer to use text messages. It is appropriate in most day-to-day business to text with the CHWs. But it is also important to call them. This is a mentoring opportunity on how to communicate in a professional manner.

Communication Styles

There are many different styles of communication. This may seem overwhelming when you work with a diverse group of people.

Being effective does not mean that you must know all the styles and speak to each person in a way that fits their style perfectly. It is more important to have a basic understanding of the underlying beliefs and values that are culturally-based. This makes it easier to understand how others communicate—what they are trying to tell you—and how to get your message across.

Four Cultural Differences That Affect Communication

High-Context or Low-Context

High-Context	Low Context
High-context cultures rely on non-verbal clues, context of the unspoken culture, between the lines interpretation and what is understood through context. (This would include the Mediterranean, Latin American, Asian and others.)	Low context cultures rely on communication to be explicit and specific. This would include the German and English cultures. When they present an idea, they want to know precisely what, how, why, when, and who.

Sequential or Synchronic

Source: "Communicating Across Cultures" American Management Association at www.amanet.org

Sequential	Synchronic
How does the culture think about time? In a linear way? We spend it or save it, don't waste it! Western cultures tend to view time in this way. So, they want to communicate in a quick, effective and factual manner. They want to "spend" their time wisely. They believe that individuals can influence the future by their personal effort. However, the future holds many uncontrollable variables so they tend to focus on the short term.	Synchronic cultures (South America and Asia for example) view time as flowing in a circular way with the past, present and future all interrelated. They tend to focus on the long term and how relationships are bound to them. Their communication style will reflect this view of time.

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Affective or Neutral

Affective	Neutral
In day to day business culture, some cultures are affective. This means they readily show emotions and may base decisions on how they feel. In a meeting, it is appropriate for them to laugh, smile, shout, cry or walk out. Some examples of affective cultures are France, Italy and Singapore.	In other cultures, in the business setting, it is appropriate to remain neutral and have controlled or subdued emotions. This would include Japan, the U.K. and Norway. They are more likely to base decisions on data and what they think.

Indirect or Direct

Source: “The Impact of Direct and Indirect Communication” The International Ombudsman Association-IOA Publications/”Direct Communication vs Indirect Communication” Watershedassociates.com

Indirect	Direct
Most cultures around the world communicate indirectly, especially when speaking with a supervisor, teacher or doctor. This means that they avoid saying “no” or disagreeing in any way with a person viewed as having authority. They give messages that have context and “between the lines” messages. For them, it is much more important to be polite or save face than be honest or give feedback.	Western cultures tend to use direct communication. They often prefer to “get to the point” or “say what you mean.” There is an emphasis on being blunt and avoiding the emotional aspect of a message.

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Example

“Abu” was a young man who worked in a cookie factory. He ran the machines that made and packaged the cookies. He loved his job and his boss. He and his family had moved to the area about five years ago from Ethiopia. Abu’s boss had a lot of respect for him because he had an incredible work ethic, work experience and knowledge, and was well liked by the other workers. He wanted to promote him soon because of his leadership skills.

This situation that almost blew up simply because of differences in communication style and culture.

Mr. Jones, the supervisor asked, “Abu! We are so busy, I need you here on Saturday to help.”

Abu, “My sister is getting married on Saturday.”

Mr. Jones, “Ok, great so you can be here?” (Hint, he is looking for a YES or NO)

Abu, “Sir, my sister is getting married on Saturday and all my family is coming in to be there!”

Mr. Jones, “Thanks so much, Abu. You are such a great employee!”

When Saturday came around, Abu did not show up for work, because he had to be there for his family event. Mr. Jones was so disappointed and angry.

On Monday, he talked to Abu.

Mr. Jones, “Abu! Where were you on Saturday? We were counting on you?”

Abu, “Sir, my sister got married and my family was in town from all over. I tried to tell you this.”

Mr. Jones thought for a minute and then asked, “Abu, were you trying to tell me that you were NOT coming in on Saturday?”

Abu, “Yes, sir. It is hard for me to say no, it is not acceptable in my culture, so I was trying to tell you I was not available, but I couldn’t say no!”

Mr. Jones, “I see! Next time I will ask in a different way so you don’t have to say no. Then I won’t be expecting you when you are not available.”

Impact of the Message

Try to remember: it is the *impact* of the message that is important, not the *intent*. It's not easy. But it is better to take the time to reflect on how the message might be received before delivering it, than to deal with potential fallout.

There is no way to avoid conflict in all situations. When humans work together, there will always be potential for misunderstandings. Why not try to at least avoid as much as possible by thinking through what you wish to relate?

There are components in any message: the verbal, the vocal, and the visual. It's important that these elements are in alignment with the message being communicated. If some of the components are not in alignment, or don't support the message, it causes confusion for the person receiving the message. The meaning of your message will be different from what you intended.

Body Language

Body language will be interpreted through each person's cultural lens and worldview. It happens very quickly, and often subconsciously.

This skill of perception is learned as early as infancy. It is essential to survival, and has been critical to the evolution and survival of humans. By the time we reach adulthood, we are sometimes conscious that we read body language, and other times we aren't.

Think about a time when you have gotten annoyed because you are talking to someone who consistently looks at their watch while you are trying to discuss something important. You are perceiving their actions and body language to mean that they are bored with your conversation or that you are unimportant.

Other times we meet someone who unsettles us or annoys us, and we don't know why. Perhaps it's because we have picked up on something in their body language subconsciously. We can't really put a finger on it, but it is there.

Body language accounts for so much of our communication with other humans. To be an effective communicator, we must be aware of our own body language.

Here is what is typically thought of as body language:

- The position of our bodies
- The space between us and those we are talking to
- Our facial expressions

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- How we move our eyes and where we focus them
- How we touch ourselves and others
- How we connect with the things around us, such as our eyeglasses or our purse
- Our breathing or other visible physical signs, such as sweating

From this list, perhaps the most important is the eyes. Eyes can convey many expressions and feelings, and can often reveal what we are trying to hide.

Body language is instinctive to each person because we have utilized these skills for thousands of years. We begin learning to read body language from the day we are born, within our family, inside our culture.

Culture

It is very important that we understand body language within the context of our own culture and social surroundings. This will give us some self-awareness of the body language we are using and how we interpret the body language of others.

It is also very important to remember that every culture interprets body language a little differently. So, we must ask a lot of questions of each other and be careful not to assume that their body language is meant to be an offense to us.

Example 1

In mainstream American culture, people want to be viewed as friendly and approachable. They smile—a lot! They are often seen smiling when their friend or colleague is coming up the street to meet them, or at several points during conversation. That may or may not be particularly pleasing to that person.

The point is to be viewed as friendly, pleasant and happy.

There is a huge emphasis in American culture on being happy. When they interface with people from cultures that value seriousness and looking sober, Americans are often wondering why that person is so unhappy or cranky.

Some people who come to America, or see Americans traveling through their town, cannot understand this. In their culture, one should be sober and serious. It is important to be viewed as thoughtful, dignified, and serious. So, they are curious to know what in the world these Americans are constantly grinning about. To them, Americans are walking down the street with a huge grin for no apparent reason.

Example 2

Working with people from different cultures creates the potential for miscommunication and misunderstanding because our expectations are based on our own biases, culture, and norms that we may not even know influence us.

At a school with a high percentage of students living in poverty, the principal noticed that there were distinct cultural differences occurring between students and teachers.

One example: teachers telling students that it's never acceptable to use violence or to hit another person. This statement does not account for the fact that, outside of the school walls, some students are touched by violence in their daily lives—sometimes in their own family. Outside of school they may have been, or are currently, in situations that require them to defend themselves in order to remain safe or even survive.

The teachers could have engaged with students around this topic in a different way by saying, "Inside the walls of the school you are safe and do not need to hit others or use violence. It is our job to keep you safe, so while you are in school you will not use violence or hit another person."

It's important to think about subcultures, and what norms people are living in. It is going to impact how they interpret communication.

Barriers and Strategies for Effective Communication

Cultural

Culture can be a vehicle or a barrier to effective communication. Entire books have been written on this subject. But to state it simply, we have to acknowledge that we

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will never know another's culture from their perspective, and there's no way to know all the cultures.

Keep these things in mind so that culture does not become a barrier to effective communication.

- Never assume you know what culture a person is coming from, or living in
- Treat everybody as an individual
- Be your genuine self, and just ask for them to reflect back what they heard
- Have a sense of humor about yourself and the situation
- Ask for guidance if you need it, but that person should not be expected to educate you on their culture
- Treat them, and yourself, with respect

Language

Language can be another barrier to effective communication. It often makes people very uncomfortable. If you are working with a group of people who speak many different languages, you can expect miscommunication.

Acknowledge it out loud, and try to have a sense of humor about it. If you and your team trust that you are going to work through whatever communication barriers that come up, they will stick with you and keep trying.

At the end of the day work needs to get done. You and the CHWs are invested in the same goal.

Keep these tips in mind so they do not become barriers to effective communication.

- Not everybody needs or wants an interpreter. One is not always available in any given language.
- Be your genuine self, and asked the listener to reflect back what they heard.
- Repeat back to them what you heard and see if it is correct.
- Go slow, relax, and use simple language.
- Watch their body language and nonverbal cues.
- Respect. Treat everyone, and yourself, with respect.

Translators

If the conversation becomes complicated and either you or the CHW feels like assistance needed, by all means call an interpreter or translator.

This would include medical language, legal language, or anything that has a higher level of complexity than every day expressions.

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If you don't normally use an interpreter with this person, you can express your concern with them.

"I really want to make sure I understand you perfectly and I want to make sure that we have all the information we need in a way that we both can understand."

Literacy

Reading level is another important element. A CHW may be a native English speaker but have a low literacy level, making it difficult to communicate.

Don't forget people who have speech difficulties or disabilities.

Reactions

Whatever the people tell you is their perception and reality. It is not our job to like it, hate it, or have any reaction to it other than to gather it.

How we react verbally and non-verbally to what they say will be watched by everyone.

If they say, "I want a pet rhinoceros," smile and say, "Really? Tell me about that." And "Thank you for talking with us today."

In the end, it is not necessary to change their mind about *wanting* something. We are not obligated to give them everything they want.

Racist or Hurtful Comments

There will be times when people say racist or otherwise hurtful things. This is a good time to talk to them about their statements and beliefs, but it is not typically useful to "argue" someone out of them.

And we don't know why they feel or think that way. We can have more impact by including them in our activities and mentoring them to think about the impact of their statements on others.

Example

One of the CHW cohorts included an advocate who was in her late 60's and originally from Korea. She had married an American Soldier and came to the US over 40 years ago.

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During a business meeting, she quietly said to another CHW that she was scared of the Muslim women who wear the “scarves.” Her colleague was shocked, and reported her to the supervisor.

After thinking about it, the supervisor responded by reminding the CHW that this woman had lived in many different countries as the foreign wife of a military man. It is likely that she was not treated well in some of those countries, or that she only heard about some people as ‘the enemy.’ Her perspective was real to her.

It is important to first acknowledge that her fear was real to her. Then ask her if she wants to talk in private about her fear. Whether or not she chooses to disclose the cause of her anxiety, ask if it is possible to find ways for her to do her work, feel safe, while including all people and maybe build some relationships along the way.

Mirroring and Matching

This means to listen with your entire body, not just your ears. As Aldo Civico reminds us, this is not mimicry. It is being in tune with one another, observing the other’s behavior.

Here are some ways to use mirroring and matching to improve communication.

Body gestures and posture. If they are reserved and keep their hands calm, then don’t wave your hands wildly when talking. Is the person leaning in or out?

Rhythm of breathing. Match the other person’s breathing. This is very helpful in bonding. If that person is breathing fast, start that way, then slowly start take deeper breaths that will help the other person match yours, slowing theirs. This can sometimes help calm some anxiety without them being conscious of it.

Energy Level. Is the other person high energy and talkative? Or are they shy and quiet? Observe and respond to that. It will be damaging and exhausting to the other person if you don’t match their level of energy.

Tone of Voice. Are they speaking in a quiet, calm tone? Then it may not be a good idea for you to be loud and overly animated.

When people are very tense or closed off, try to match them but one level lower. They will start to match you. Lower your volume slowly again, and then again. This is an effective way to help people relax and let down their walls in a nonverbal way.

Generational Differences¹

Different generations have their own cultural references. This can be an enormous asset to the cohort of CHWs. It can take additional time and effort to communicate and collaborate within a group that has multiple generations.

This will be time well spent. The results will outweigh the effort.

These charts from Claire Raines Associates² offer insights and ideas on how to enhance cross-generational work teams.

¹ Entrepreneur Magazine 11/11/99

² www.generationsatwork.com

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The Values & Influence Assessment®

Target your messages to increase your effectiveness and impact results.

Titanium Rule • Do unto others keeping **their** preferences in mind.

	WWII Values	Baby Boom Values	X Values	Millennial Values
Communication	logical, linear history, tradition long-term goals good grammar conservative	personable two-way vision, mission making a difference information=reward	direct, straightforward w/o buzzwords results-oriented include benefits electronic	positive collaborative motivational coach to goals digital
Work Environment	stable secure respectful clear direction orderly consistent structured	non-hierarchical democratic recognition team-oriented leadership opportunities vision-driven	fun opportunities for development flexible functional autonomous informal	web-like future-oriented achievement-oriented challenging goals customizable lots of feedback
Leader	directive logical fair consistent respectful	friendly equal “people” person consensual democratic	competent flexible mentor genuine results-oriented	coach to goals motivational two-way supportive collaborative
Turn-Offs	profanity slang disorganization disrespect for experience	brusqueness not showing interest oneupmanship political incorrectness	schmoozing using time poorly flashiness corporatespeak incompetence bureaucracy	cynicism sarcasm unfairness condescension inconsistency



Warning from the Sturgeon General

If this information is used to pigeonhole people, it can be a dangerous weapon. When we use it to ask, “How can I be more effective?” it is a powerful tool.

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Tools from *The Art of Connecting*

1. There's always a bridge.
2. Expect the best.
3. Be curious.
4. Show you understand.
5. Don't expect reciprocity.

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Connecting Generations[®]
GLOBAL EDITION
shaped by our times...

1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000	WWII Generation <i>Radio</i> Outlook: practical Work Ethic: dedicated View of Authority: respectful Leadership by: hierarchy Relationships: personal sacrifice Perspective: civic	Compelling Messages of Their Formative Era: Make do or do without. Stay in line. Sacrifice. Be heroic. Consider the common good.
	Baby Boom Generation <i>Television</i> Outlook: optimistic Work Ethic: driven View of Authority: love/hate Leadership by: consensus Relationships: personal gratification Perspective: team	Be anything you want to be. Change the world. Work well with others. Live up to expectation. Duck and cover.
	Generation X <i>Personal Computer</i> Outlook: skeptical Work Ethic: balanced View of Authority: unimpressed Leadership by: competence Relationships: reluctant to commit Perspective: self	Don't count on it. Remember—heroes...aren't. Get real. Survive—stayin' alive. Ask "why?"
	Millennial Generation <i>Internet</i> Outlook: hopeful Work Ethic: ambitious View of Authority: relaxed, polite Leadership by: collaboration Relationships: loyal Perspective: civic	IM me. Leave no one behind. Connect 24/7. Achieve now! Serve your community.

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 425/270-3201

These are general, wide-ranging descriptions of different generations. Notice they advise:

“If this information is used to pigeonhole people, it can be a dangerous weapon. When we use it to ask, ‘How can I be more effective?’ it is a powerful tool.”

The generations are unique and made up of individuals. However, because they were in a specific age range at a specific time, they have things in common. One of the most important to think about is the impact of historical events during their youth.

For example, Baby Boomers watched the Vietnam War live on television and saw a man walk on the moon. These are impactful events that they have in common. Most of them grew up in a specific culture that gave them messages about how to communicate, how to behave, and what to look for in the communication or behavior of others.

All generations have their own culture. This makes things so complex, but also exciting.

The most effective way to build rapport and communicate with anyone—regardless of generation or culture—is to be present, listen, and ask. It is really that simple.

Gaining Rapport

We often hear people talk about having rapport with their co-workers or students, but what exactly is *rapport*? The dictionary defines it as “Relation; connection, especially harmonious or sympathetic relation.”

Most of the time it is referred to as the beginning stage of trust and building a deeper, stronger relationship. Having a connection of some kind is the first building block of a bond.

Aldo Civico, Ph.D., has studied rapport for many years. He stated that,

“Knowing how to build rapport is the basis to experience success and fulfillment in life. And yet, it’s amazing to realize how little education and training we get on a set of skills that can make the difference in our lives between happiness and unhappiness. In fact, without rapport, there is no one interested in the message you want to communicate or the service you want to provide.”



How do we build rapport? Here are a few key concepts, a starting point.



Here are ways that you can build rapport.

Time

Rapport is not something you can rush. It takes time to develop. It might be a good idea to go in with the knowledge that it may take a longer period than expected. We never know what another person has been through, or what their frame of reference is. We are not entitled to their trust, but must earn it, on their terms. It will take as long as it takes.

Neutral Territory

Start in neutral territory. Talk about everyday things that can be conversation starters. Have some generic conversations and see what you both have in common. You don't have to jump straight into business matters or start the conversation with questions you need answered. It will feel like an interrogation, especially if they don't yet know or trust you.

Let Them Talk First

No one likes it when someone comes to their office, meeting, or special event and starts droning on about their needs. It feels oppressive and rude. Sit and listen to them. Ask them questions about themselves and their work. What is important to them and why? What is wonderful about their neighborhood or group? How can you help them accomplish what they are working on?

Really Listen!

Listen to understand, not to reply. Don't fake it. They will know it in a second. If you don't really care about them and their neighborhood, then don't go at all. Send someone who does.

This is where body language really counts. Are you on your phone or looking around like you are bored? Sit with them. Spend the time to just *be* there with them.

Do an Activity Together

Sometimes, rapport can be improved when you focus on a task or an activity. It can be better than just sitting in an office talking when you haven't yet established rapport.

Talking to them, about general topics at first—while organizing shelves or passing out information, or some other activity—can really facilitate this process.

Aldo Civico talks about his experience as a hostage negotiator and conflict resolution expert. Once he was sent into a prison in Columbia to talk to a guerilla leader. The man didn't want to talk and didn't trust him. So, Aldo started cooking him some

Aldo Civico talks about his experience as a hostage negotiator and conflict resolution expert. Once he was sent into a prison in Columbia to talk to a guerilla leader. The man didn't want to talk and didn't trust him. So, Aldo started cooking him some lunch and asked him to help. They cooked together and talked about general stuff until he had built some trust. This took a long time, but was worth it.³

³ Psychology Today article

About this Resource

For more than 10 years the Foundation for Healthy Generations and our partners built and conducted pilot programs using a neighborhood-based community health worker (CHW) model.

Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this Section:

- Understanding *motivational interviewing (MI)* as a means to involving CHWs in discussing problems and proposing solutions
- A compilation of MI tools and techniques
- Case examples
- Gaining rapport
- The importance of listening and taking time

6.7 Motivational Interviewing

Motivational Interviewing has become a common, popular technique in the social service and behavioral health fields because of its focus on goal setting and achievement.

In their book “Motivational Interviewing, Helping People Change,” William Miller and Stephen Rollnick described it as “...a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.”

We add it here because it provides a useful platform for conversations with CHWs. If motivational interviewing principals are followed, most conversations with CHWs will be positive, deepen the trust in the relationship, and have some kind of outcome.

It also models for the CHWs how to have conversations with the people they work with. It is a collaborative process that facilitates the discovery of people's strengths, along with self-identified solutions. Notice how it complements *appreciative inquiry* (Section 6.1).

One common definition of motivational interviewing:

“...focuses on exploring and resolving uncertainty and centers on the individual’s internal incentives to facilitate change. This method differs from more coercive or externally driven methods for motivating change. It does not impose change, but rather supports change in a manner compatible with that individual’s own values, culture and concerns.”¹

Underlying Spirit

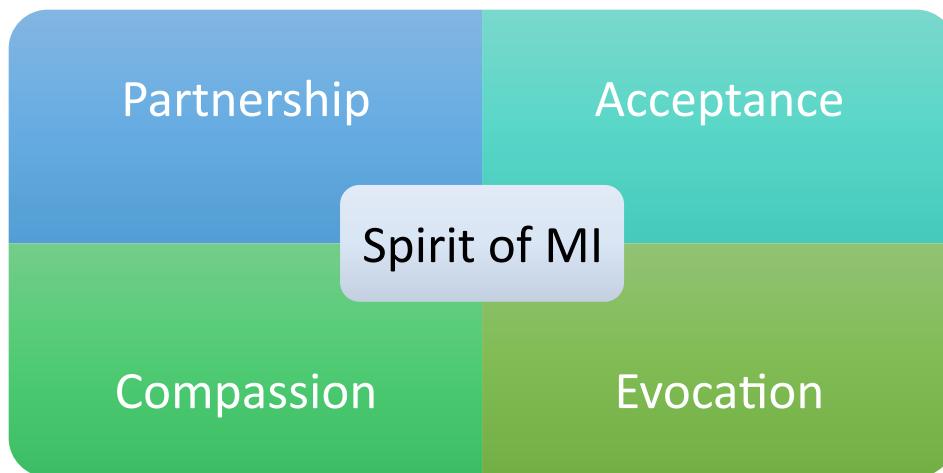
According to Miller and Rollnick, “The spirit of Motivational Interviewing (MI) is conveyed in numerous ways, both overt and subtle. It emanates from the core of a person’s being and cannot be fabricated. MI spirit is expressed through the various aspects of our body language, non-verbal expressions, tone of voice and attitudes. *Spirit is the essence of what people experience in our presence.*”

Four Elements

To further explain “spirit” of motivational interviewing, Miller and Rollnick broke it into four elements.

1. **PARTNERSHIP:** Demonstrating profound respect for the other; both parties have expertise, dancing rather than wrestling
2. **ACCEPTANCE:** Prizing each other’s inherent worth and potential; providing accurate empathy, supporting autonomy; affirming strengths
3. **COMPASSION:** Coming alongside in a person’s suffering; actively promoting the other’s welfare; giving priority to the other’s needs
4. **EVOCATION:** Eliciting the person’s own knowledge, wisdom, strengths, and motivation; “you have what you need and together we will find it”.

¹ Treatment Improvement Protocol (TIP) Series, No. 35. Center for Substance Abuse Treatment. Rockville (MD): Chapter 3 – Motivational Interviewing as a Counseling Style. Miller & Rollnick; 1999.



Core Values of Motivational Interviewing

Before we discuss the four processes for motivational interviewing, it is important to understand the underlying core values. These values, along with the spirit, are the framework for the processes. It provides the safe, conducive atmosphere for the conversation.

Hospitality

Definition: Hospitality is a noun. It means warm friendly reception of friends or neighbors.

People often ask their guests to “make yourself at home,” meaning to feel as comfortable and open here as you do in your home because you are safe here.

Hospitality should not be offered with judgment or with the expectation that something will be exchanged. It is offered freely as a gift.

Even in a business setting, hospitality is appropriate and appreciated. It can be as simple as offering someone a cup of coffee or giving their children some paper to draw on while you talk.

Care

Definition: Care is a verb. It means to feel concern or interest, attach importance to.

People have to know that you genuinely care about them, their concerns, and wellbeing. If someone is pretending to listen or care, people know it right away. Insincerity will break down trust.

Caring about someone and their wellbeing or struggles does not mean solving them or making action plans. It means being present with them, *hearing* them, and offering them support. This can mean just sitting and having a cup of coffee, or it may be talking about next steps. That will be up to the person.

Story

Definition: Story is a noun. It is an account of an event, report of news, or information about someone or an event.

Everyone has their own story and a story about their community. Because each person's story is coming from their unique world view, there is no right or wrong story. Some people are very open and have no problem telling a lot about themselves. Others are careful and may be afraid. However, if there is trust and opportunity, they may begin to open up.

Supervisor's Own Stories

Of course, supervisors have their own stories, as well. When considering telling your story to the people you supervise, think about this first.

- *Why am I telling them this story?* Is it to show we have a common ground? Or is it to fulfill something for me?
- *What is the outcome I hope to have?* Do you want to open up with a story about yourself so they feel less afraid to talk to you?
- *What is the potential fallout?* Could this have a negative impact on our conversation that I haven't thought of?

Motivational Interviewing Process

Now that you have created a good setting for a conversation with the CHW, here is the processes. Keep in mind that the spirit and core values are at the heart of these.

1. Engage

Engage is the process of establishing a mutually trusting, respectful, and helping relationship. This includes welcoming the person, offering refreshment, showing genuine interest, and offering hope. It is important to avoid mistakes that will foster distrust or fear.

2. Focus

When in the conversation you will focus it, or clarify the goal of the conversation and that of the individual. It may be that the focus of the conversation is already clear. Or

there may be a few different options to choose from. In some cases, it is unclear and needs to be explored during the conversation. There are three styles of focusing: directing, following, and guiding.

Questions to Ask

- Looking back, what were things like before you . . ?
- Looking ahead, how would you like things to be different in two years from now?
- What is most important in your life right now?
- What are the rules you say you live by?
- How does this fit into your goals?

3. Evoke

In the *evoke* stage, your goal is to surface the person's own motivations for changing or making a choice. Evoking is intended to help resolve some feelings of uncertainty or fear of moving forward, with an emphasis on recognizing talk of changes. The goal is to listen and recognize the person's statements that indicate they are preparing for change, moving forward, or that they are in the process.

Preparing for Change or Action: What to Listen For

- *Desire* – I want to, I hope to
- *Ability* – I can, I am able to
- *Reasons* – It would help me, I would be better off
- *Need* – I need to try, I have to do something
- *Planning* – developing a specific plan that the person is willing to implement. This includes watching for signals of readiness. Remember that developing a plan is not the final step but a beginning, and implementation requires specifics steps with the intention to carry it out, and support.

Mobilizing for Change or Action: What to Listen For

- *Commitment* – I will, I promise
- *Activation* – I am willing to, I am ready to
- *Taking Steps* – I put in an application, I talked to

Questions to Ask

- What worries you about this?
- Why would you make this change or take this action?
- How might you go about this, in order to succeed?

Case Study

Let's put all of this together and see how it works in a real-life situation.

In the example below, the supervisor uses the methods of motivational interviewing to have conversations with CHWs. Note that it is used in a general conversation about the progress of the project and a discussion about a challenge with the CHW's performance.

This format is recommended for most conversations, not just when there is a problem. It becomes the standard mode of communication because it is focused on partnership, collaboration, and based on trust.

Watch also for phrases that we covered in *appreciate inquiry* (Section 6.1), about supporting a person's goal by discussing "what is."

CHW has scheduling issues but wants to stay in the program

Paulina has been a CHW with the Fern Hill Neighborhood CHW program for about two years. She started with the walking groups and now is the lead CHW on the food demonstration project at the local food bank. Her attendance at the CHW business meetings and other events was almost perfect.

In addition to being a CHW, she works part-time and hopes to start attending the community college. She has two children in the neighborhood elementary school.

Recently, she came to the supervisor, feeling stressed because she had signed up for her fall quarter classes and they conflict with several CHW activities.

The conversation below demonstrates how the supervisor uses motivational interviewing to work toward a solution.

Supervisor:

"Hello Paulina so nice to see you. What brings you to the office today?"

Paulina:

"I need to talk to you about my schedule. I started class in the fall and my math class is the same time as our usual community health worker business meeting. I feel stressed out because I don't want to miss any of our meetings but I really need to get this math class before I can take any of the others."

6.7 Motivational Interviewing

Supervisor:

“Congratulations on starting college! This is outstanding. (**supporting personal goal**) Let’s talk together about how we can support you doing both, if possible. How long is the quarter?”

Paulina:

“It lasts for about eight weeks.”

Supervisor:

“And how many other classes do you have to take this quarter in addition?”

Paulina:

“I have two other classes, but they are in the morning.”

Supervisor:

“You also have a family to balance. I know getting your girls ready for school and getting them off with the positive beginning to their day is very important to you. Does this class schedule allow you to do that?”

Paulina:

“It does. Class starts at 10:30 a.m.”

Supervisor:

“What other support do you have from your family or friends to help you with this new beginning?”

Paulina:

“My mother will help me on the weekends, watching the girls so I can do homework. And my sister said that I could use her computer and Internet to do my homework. Right now, my biggest concern is that I can be at the meetings and that it might cut into my time working in the community.”

Supervisor:

“Paulina, you are a dedicated, amazing CHW—a leader, really, to this cohort. (**what is**)

6.7 Motivational Interviewing

Do you feel that as soon as this quarter is over and your schedule changes you will be able to come back to the routine you had before with the community health workers?”

Paulina:

“Yes, I do. Of course I do. I love this program and I want to participate so I’ll do whatever I can to stay involved.”

Supervisor:

“Well I think that there are a lot of possibilities here—a lot of ways that we can support you in this quarter. If your schedule changed for eight weeks, but the biggest concern is the meetings and staying informed, how do you think that you could stay informed and connected to your other community health workers?”

Paulina:

“Hmmm, that’s a good question. Maybe I could come by the office the day after the meeting and connect with you or one of the CHWs in the office to see what I missed. If there’s anything that’s super important, I can just jump on it that day. Otherwise I can just go about my programs until this quarter is over, and then we’ll go from there.”

Supervisor:

“That sounds like a great idea. Let’s give it a try. If you find that it isn’t working, or we find that we’re missing you too much, we will just come back together and discuss it again. How does that sound to you?”

Paulina:

“Sounds like it’s worth a try. Thank you.”

Supervisor:

“And Paulina, please let us know if there are other things we can do to support you. We are like a family and we would love to be able to help you get through this first quarter, the first step to achieving your goal of education.”

(affirmation—what is)

Discussion

It is always important to recognize and acknowledge what *is* working or going well.
What is the CHW doing well?

As mentioned in the section on *appreciative inquiry* (Section 6.1), all conversations should start with *what is*. Just from a simple understanding of human behavior, it is based on the fact that you will get more of the behavior you focus on.

If you focus on what is already going great and what they are already doing well, they will have confidence to keep going. If you focus on the one or two mistakes, then they, too will focus on these.

The hope is that when they work with neighbors who are trying to make positive change, they too will focus on the small changes that person is already making so they can support and build on that. And, when you think about it, who wants to start a conversation with a laundry list of their weaknesses and mistakes?

These affirmations should be genuine and truthful. It is different than praise, which can be vague and feel generic. You can focus affirmations on the person's talents, skills, and knowledge, or on their efforts, work, and character.

Examples:

“You put so much time and effort into this project.”

“You really showed a lot of patience when working with that neighbor.”

“You had a lot of courage to go to that meeting and speak about that.”

“Your sewing skills are amazing”

About this Resource

For more than 10 years the Foundation for Healthy Generations and our partners built and conducted pilot programs using a neighborhood-based community health worker (CHW) model.

Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this Section:

- Methods for collecting information about CHW performance
- How to conduct the evaluation
- Building the skill of giving positive feedback
- Communication to help you retain your best employees
- Creating a healthy attitude around failure

6.8 Evaluating and Supporting CHW Performance

Collecting Information About CHW Performance

There are a variety of ways to collect information about CHW performance.

Observation

One way to collect to watch how they interact with their colleagues or residents. What skills do you see? What areas of training may be needed?

Regular Meetings

Conduct regular individual meetings with them. This is the best way to build a strong relationship and to consistently monitor their work. It is much easier to help them adjust their approach, add a skill, or make improvements when you have direct, regular contact. This form of mentorship is highly effective. It will build capacity much quicker than a training.

Review Completed Work

You can review what work is completed by the CHW. This is easier when your program regularly collects data and compiles reports. You can review their work, quality, and timeliness.

If you do not have written data, you can talk to the residents they work with, or have a short customer satisfaction survey. This is another way to see their level of skill and knowledge in action, and how it is perceived by the community.

Some programs have CHWs complete a short survey online about the work they did each week. This is a great way to collect data, both for the individual CHW and the entire program. It is also helpful in learning new things about the CHWs that you might not otherwise.

Example

A Supervisor brought different flavored yogurts and a variety of fruit, nuts, and toppings to the CHW business meeting. The CHWs loved it, and for some this was a new treat.

Several months passed and the supervisor didn't think about it again until she was reviewing the activities in the online survey. One of the new CHWs said they invited some of the neighborhood children over and taught them how to make these yogurt treats. She never talked about it because for her it was just a fun activity she enjoyed. She was not thinking about it in terms of a nutrition activity providing education to children.

Performance Evaluation

There are many examples of CHW Performance Evaluations, each specific to their own programs. The one we used is based on the *Core Competencies of CHWs* and *Leadership Competencies*, rather than project-based criteria. It provides a consistent

standard for all CHWs in the neighborhood based programs, regardless of the issue they are working on.

The benefit of this approach is that it builds capacity in the *core competencies*. These can be used to cross over into any project.

For future employment, these will be critical.

Whatever evaluation is used, it is essential that a copy of the criteria is given to the CHW upon hire. This will give them a clear picture of what is expected of them, and what they will be evaluated on.

How to Conduct the Evaluation

Each supervisor will have their own method and style. Ideally, they have a personal relationship with each CHW.

Here are techniques that were used by coordinators or supervisors who participated in the Healthy Generations neighborhood-based projects. We found it to be both constructive and collaborative.

1. Review any observations you have for them. Write a few notes.
2. Talk to a few partners or fellow CHWs to get some feedback. It might be a good idea to ask a few residents who participate in the activities and interact with that CHW for some feedback.
3. A week or more before you schedule the CHW evaluation meetings, send them the form you will use. Emphasize that this is a conversation to review how things are going and what support they may need—a chance to “talk and think together.”
4. Ask them to complete the form from their perspective; to write about themselves.
5. For the conversation, meet in neutral territory, such as a coffee shop or a park.
6. ***Let them talk first.*** Ask them to tell you how it felt to write about themselves and what they wrote. Then respond to what they tell you.
7. Lastly, tell them about what you have to say.
8. Ask them if they have any thoughts, needs, or suggestions.
9. Thank them for their time and company.

Use the Supportive Supervision Framework

Experiencing an evaluation with a supportive, encouraging supervisor can also help the CHWs build employment skills. They learn how to measure and evaluate work of people in a way that can inform the project in meaningful ways.

They also have the opportunity to identify skills they need to improve.

The following guidance was offered by the World Health Organization as part of the *Supportive Supervision* framework.

Checklists

Having a checklist that is relevant to the work CHWs are doing in the field can be used to make objective observations. It also provides a tool that the supervisor can use to ensure CHWs understand what is expected of them, what specific actions are being measured, and that all CHWs are being measured with the same standards.

It is important for the CHWs to have a copy of the checklist before you make a site visit so they know what you will be looking for and what to expect. They also need to have time to get permission from their clients if the site visit includes observing their work with residents.

The Three S's: Short, Specific, Simple

Short

The checklist should include the priority areas—what is most critical to observe during the visit. If the list is too long, it is less supportive and feels more like a “test” or grading tool.

It should include a variety of criteria, such as skills, supplies, services, and data.

Example:

- *Skills* – CHW knows proper way to take blood pressure
- *Supplies* – CHW has blood pressure equipment and alcohol pads
- *Services* – CHW adequate and accurate information about blood pressure measurement and what the resident’s measurement means (normal, pre, high)
- *Data* – CHW recorded data as specified by program requirements

Specific

The check list should state specifically the what behaviors or skills are to be observed.

Example:

- CHW is prepared with handouts/information needed to assist family.
- CHW arrived on time for appointment.

Simple

Make additional comments easy to record, perhaps in a “notes” section.

This is important so there is an opportunity for the supervisor to record something unexpected that happened, or note if a specific concern not already on the list.

Example:

Here is one example of a check list. You are encouraged to create your own to fit the work the CHWs are doing.

In this case, this is a tracking form for the Diabetes Cooking Class. It helps the CHWs (Community Health Advocates in this case) keep track for themselves.

Salishan Food Lab-Diabetes Class Date: _____***Week Before***

CHAs meet to plan for the upcoming class

Task	Who Responsible	✓ Completed
Review class schedule- What is the topic?		
What handouts do you need?		
How will you discuss or demonstrate the topic?		

6.8 Evaluating and Supporting CHW Performance

What is the menu for class? (based on participant input)		
Make a grocery list		
When will groceries be bought?		
What equipment do you need?		

Any additional info:		
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Day of Class

Task	Who is responsible	✓ Completed
Call participants to remind them of class		

6.8 Evaluating and Supporting CHW Performance

Get classroom opened by Denise		
Checklist: Key to cabinet Groceries Equipment Handouts Door prizes		

6.8 Evaluating and Supporting CHW Performance

Room set up		
After class: Room clean up Put tables back Take trash out Class security		

6.8 Evaluating and Supporting CHW Performance

Wash dishes at home		
In week in between: Call participants who might want extra support or new participants Advertise the class		

6.8 Evaluating and Supporting CHW Performance



Salishan Community Health Advocates -Diabetes Program Observation Form

Activity:	Note taker: yes/no/somewhat	Date: NOTES (please describe what you observe):
Are participants socializing with each other before & after class?		
Do the participants join in cooking the samples?		
Do the participants ask questions about nutrition/cooking/food?		(please note questions)
Do participants seem to understand the handouts?		(please describe engagement with handouts)
Are there opportunities for everyone to talk and ask questions?		
Do any participants talk about their struggles with managing their diabetes?		(please list any struggles participants talk about, note # of people who mention this struggle)
Do any participants share their strategies with the group for managing their diabetes?		(Please list strategies mentioned, note #'s)
Are there any names of individuals or organizations that participants mention as supporting them?		(Please list any supports mentioned)
Are there needs or gaps mentioned by participants in services or in their support systems?		(Please list any needs or gaps)
Do participants discuss using any recipes or techniques from class at home? (portion control)		(Please list any techniques or recipes people report using.)

Follow Up Discussion

In the site visit follow up discussion, the supervisor should ask the CHW how they felt their site visit went.

Remember the *appreciative inquiry* approach (*Section 6.1*) and the motivational interviewing format (*Section 6.7*) for these conversations. This is the perfect place and time for using these methods.

It is important to get their perspective and hear what they believe they did well and what they felt unsure about.

Then show them the checklist and your observations. Provide specific feedback about what you observed.

If there are skills or behaviors that need improvement, choose *one* for this conversation. Which one is the priority? Tell the CHW what they did well. Then ask to discuss the priority skill and how the two of you can work together to make improvements in that area.

Pay more attention to the behaviors you *want*, not the behaviors you don't want. In other words, if the CHWs are doing something that is not exactly up to standard, pay most attention to what they are excelling at. This can be a particularly effective tactic in group settings.

Example

One CHW program supervisor was trying to get CHWs to sign up to work on a Saturday to set up a community garden. Not many signed up initially. When Saturday came around, only three CHWs showed up. Those three worked all day with enthusiasm and were proud of the end results.

The supervisor now had a choice on how to address this in the next CHW business meeting. Should the supervisor complain that only three people showed up? That there seemed to be a lack of dedication?

Or, would she get a better result if she highlighted the hard work and dedication of the three that did show up? Heaping praise on them and asking them to give a report about their experience is more in line with supportive supervision.

Which one do you think would make CHWs more likely to sign up next time?

Positive Feedback: An Ongoing Process

Positive feedback is meant to be more spontaneous and agile than motivational interviewing. The purpose is to provide quick, reactive feedback to CHWs.

Not every interaction with a CHW needs to be a long interview with coffee and cookies. If you are in the field with them and observe them doing some outstanding work, or if you see them improving from a previous observation, it is a great time to say so *in the moment*.

This should not be used to address major ongoing issues with behavior, nor should it be done in public if the feedback is not positive. If there is something constructive that needs to be addressed immediately, it is better to pull the CHW to a private space. Say what you witnessed and why it is a problem. This is in rare, extreme cases where there is a potential for harm.

Feedback Loop

We have three types of feedback available to us: immediate, continuing, and systematic.

Immediate – Reactive

When to use: Spontaneously, frequently.

This feedback might sound like:

I just looked over this letter you typed and it looks great. There isn't a single typo or misspelling. I can see you really worked carefully on it. Thank you.

Continuing – Reactive, Narrow Focus

When to use: As part of an improvement plan to reinforce a desired improvement.

This feedback might sound like:

You've really improved on the quality of your work lately. The extra time you're taking to proofread is really paying off.

Systematic – Proactive, Broad Focus

When to use: As part of a larger strategy or system with broad goals.

This feedback might sound like:

Your work has been so careful and consistent lately that I wanted to let you know that I've noticed it and have been really impressed. I appreciate how hard you've worked to improve. How would you like to spend a few afternoons next week training some of the new employees?

Building the Skill of Giving Positive Feedback

Here are four ways to feel comfortable giving positive feedback when you're not the nurturing type:

- **Keep it objective** – focus on facts; and don't let your moods or personal feelings about the employee influence the feedback
- **Make it timely** – the closer to the desired behavior you want to influence, the better
- **Be clear and specific** – use descriptive words
- **Sincerely express your appreciation for the employee's work** – infrequent but sincere feedback carries more weight than frequent, "gushing" praise

Communication to Help You Retain Your Best Employees

Telling people, "You're doing a great job" isn't going to make them want to stay. It isn't specific enough.

Praise can help you retain your top employees, but only if it is detailed and relevant.

Develop an arsenal of "openers" that you can use to keep your praise specific.

Here are 10 to get you started:

- "You really made a difference by..."
- "I'm impressed with..."
- "You got my attention with..."
- "You're doing top quality work on..."
- "You're right on the mark with..."
- "One of the things I enjoy most about you is..."
- "You can be proud of yourself for..."
- "We couldn't have done it without your..."
- "What an effective way to..."
- "You've made my day because of..."

—Adapted from Mark McCormack's "Success Secrets"

Celebrating Often

As with anything in life, it is important to celebrate the successes. In CHW programs, it is critically important to celebrate. There are several reasons for this.

First, working in the community is challenging and it often takes a long time to see the fruits of your efforts.

In addition, programs are often focused on larger goals—such as reducing emergency room use by a group of residents in certain zip code. This could take years of intense work by CHWs embedded in the neighborhood, trying various strategies. Having celebrations often when there are small successes is a way to make people feel encouraged and supported to continue this work.

Another reason this is so critical is that the CHWs are often facing the same barriers as those they are helping. This can create a lot of drag on them if they don't have support. They need reasons to celebrate or be acknowledged for their work.

It is in line with *Section 6.4. Social Development Model*. To focus on **what is**, and encourage more of what is positive, then we need to highlight it and celebrate it.

Waiting until the final outcome is insufficient. Sometimes the desired outcome is never realized.

Celebrating small wins, and doing it often, can also model for CHWs a good way to keep encouraging the residents they work with. If they are supporting individuals in making significant lifestyle changes to improve health, it can take a long time to see any major outcomes. Celebrating small successes is the key to keeping them going.

Examples

- Public acknowledgement and gratitude for their specific work
- Thank you cards, hand written
- Brag about them to a colleague or their peers
- Create a “*Well Done*” box. The supervisor and CHWs write small notes about what they have seen their peers doing well. At each business meeting, several notes are pulled, read aloud, then that person gets to pick from the prize bin or the “*Well Done*” box. Prizes can be things like candles, lotion, pretty paper—little things that are fun.
- Celebrating the CHWs birthdays (if they are okay with that). This is a great opportunity to celebrate them for just being special.
- Highlight their project and how it works in a meeting or newsletter.
- Add them to a presentation. Ask them to speak about their work.

Creating a Healthy Attitude Around Failure

Failure is a topic that should be discussed often in the group setting and in individual conversations. The supervisor’s attitude toward “failure” can have a huge impact on the project and the CHWs themselves.

Think of it as applying *appreciative inquiry* (Section 6.1) to failure.

In *appreciative inquiry*, failure is viewed as an outcome of the work that can be used to inform and move it forward—a lesson learned that can improve the work.

It is important to understand that most cultures (and therefore people) view mistakes and failures as shameful. They often have examples or stories of when they have tried something that didn’t work and they were treated unkindly. This may have resulted in shame or guilt.

For some, failure is a sign of a personal flaw or weakness. A supervisor should assume that many CHWs come to the project with that point of view.

The neighborhood CHW model breaks from this mindset and can help CHWs (and other staff or partners) have a different point of view when it comes to outcomes that don’t match desire or measures. This is an important step in changing the norms for CHWs, and in turn for the communities they work in. The fear of failure and losing face is so strong they often don’t want to try anything new. However, by participating in a setting that allows them to test out ideas and see what works, they build capacity and confidence.

Setting the Tone

As the Supervisor, you set the tone for how setbacks and unexpected outcomes are treated. This should be done explicitly.

In other words, there should be a deliberate effort to discuss this at meetings, project planning sessions, and in individual conversations.

If setbacks are a regular part of the conversation, in a causal yet specific way, it becomes a norm. One of the easiest ways to change the perception of failure is to change how it is talked about.

Example

Let's say a CHW begins talking about a project that didn't work out the way that they hoped. They are discussing this with the supervisor and say it was a failure.

The supervisor's response is, "Not a failure. What went right? What did we learn? Who was there to help you and learn with you? Do we have the right outcomes?"

About this Resource

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Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

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In this Section:

- How to build leadership in the cohort and in individuals
- Involving CHWs in business and operations
- Building a line of succession

6.9 Developing CHW Leaders

In this section, we look at the specific steps that program leaders can take to increase CHW leadership competencies and confidence. As a program leader or supervisor, your role is to:

- Build leadership within the cohort
- Motivate CHWs to develop a successful cohort
- Know the importance of delegation, and delegate as applicable
- Empower, motivate, and inspire CHWs within the cohort

Strategies for Building Leadership

Underlying Assumptions

- CHWs are already leaders-this is why you recruited and hired them.
- CHWs are capable of much more than the scope of work of the project/program.
- CHWs are doing their best. They care deeply about the community and want to have an impact on it.
- CHWs are often facing the same barriers as those they serve. They need support and resources too.
- Modeled leadership attitude builds confidence in others'/CHW's leadership confidence.

<http://www.businessballs.com/leadership.htm>

How to Build Leadership in Individual CHWs

Listen

Listen to CHWs talk about their experience, their work, and their suggestions. If they know that their suggestions or concerns are taken seriously and used in the development of the work, they will initiate solutions to problems, suggest projects to address community concerns, and think of other ways to help move the project forward.

A CHW's problem solving ideas are often fresh, creative, and on target to meet community needs.

Empower

Provide the CHWs with as much decision-making power as possible. Then mentor and support them through making decisions about their work to help them develop more skills in the process.

Ask thoughtful, guiding questions. Step in to help with little things like making copies. In other words, put yourself in small/task/support roles so CHWs can easily assert themselves in leadership roles.

Opportunities

Provide opportunities for growth. Search out learning and growth opportunities, encourage CHWs to participate, and provide support to help

CHWs take advantage of such opportunities. Invite them to take on new duties or go to workshops that will stretch their abilities.

Identify Styles

Identify different types of leadership. Some leaders are boisterous and take charge. Others lead quietly by mentoring people side by side. Utilize all leadership styles and provide CHWs with opportunities for success.

Areas of Concern

Help CHWs address self-identified areas of concern. This could include computer skills, English proficiency, public speaking, and others.

Trust

Give CHWs trust to complete their work, represent the project/organization and accomplish great things.

Involve

Take CHWs to as many different committee, planning, community meetings and trainings as possible. They develop experience and skills from you and other professionals they interact with. This is also an opportunity for them to offer their knowledge and develop their professional network.

Recruit

Invest time in recruiting. You will get good people. If you take time to listen, develop, and grow CHWs, you get good projects. If you take time to train, you don't just get doers, you get leaders.

If you already have a group of CHWs but need to recruit more, the CHWs are best equipped to do this. They know the work and the community, and have incredible insight into what it really takes to do the job. Asking them to recruit new CHWs builds leadership skills for them individually.

For more guidance, go to *Section 4, Recruiting and Hiring Community Health Workers*.

How to Build Leadership in the Cohort

It is essential to build leadership qualities in each CHW in a way that is meaningful to that person. At the same time, it is essential to build capacity and leadership within the cohort.

Here are some ideas for bringing CHWs into leadership roles.

CHW Business Meetings

Have CHWs help build the agenda for their meetings.

What topics of discussion need to be added? What guests need to be invited to speak? Have one of the CHWs type up the agenda and make copies.

Have CHWs facilitate their own meetings.

One idea is to have rotating facilitators. Provide everyone with the opportunity to facilitate some or all of a meeting. Doing it in pairs might make it more fun and less intimidating.

Put a CHW in charge of attendance or meeting sign-in.

This person can make sure that all the meeting materials get handed out.

Have the CHWs take turns setting up equipment, the room, food, etc.

Involving CHWs in Business and Operations

Provide CHWs with their program budgets and other financial information on a regular basis.

This strengthens the trust in the relationship. It shows that you are going to be truthful and transparent. It also trains them in how to read and use budgets to plan their work or programs.

If funding opportunities are available, present them to the CHWs as soon as possible and get their feedback.

Are there parts of the proposal they can help with? Can they present to the committee that awards the grants? Can they host the site visits?

This involves them in the business side of their work and teaches them how to do it for themselves. It also demonstrates to funders and partners that you and your agency view the CHWs as partners, not as lower level staff.

If partners have proposals for work or grants, have them come to a CHW business meeting and discuss it with the entire group.

This provides an opportunity for the whole group to think about and discuss new projects with the partner. It is also an opportunity for the partner to see the CHWs in action.

CHWs Leading Projects

In programs where there are several activities or projects, have a CHW work as a lead.

This means they take on the responsibility for managing the project. This would include things like:

- Planning
- Marketing
- Gathering supplies
- Scheduling space
- Training and coordinating the other CHWs working on the project
- Supervising data collection

With the support of their supervisor, they can build capacity and leadership quickly.

This also demonstrates to their peers that if they do their work, show initiative, are reliable and open to new experiences, they too will have the opportunity to become the lead on a project.

Have them report back to the cohort about how they do this—what works and what doesn’t—so their peers can learn from them.

With several CHWs in the lead position, this creates a culture of development.

As they develop interest and skill, designate CHWs as liaisons to community partnership meetings.

They can attend the meetings, talk about their work, the struggles faced by the community, and potential ways to partner. They can then come back to the group at the CHW Business meeting and report what they heard from partners.

This provides CHWs with more opportunities to lead in ways that may not be as intense as running a project. It also provides the opportunity for the community partners to work more closely with the CHWs as leaders of their program and community.

Have CHWs present their work at state and national conferences.

The whole group can help develop the presentation or workshop, even if only one or two people get to attend.

This provides visibility for the group that they wouldn't normally have. It also encourages them to think about their work in terms of leadership and community impact.

Often, they are so involved in the work that they forget to step back and review their accomplishments.

If possible, have as many members of the cohort go to the conference.

Participating in the workshop and seeing the audience reaction to their work builds confidence and capacity. It also helps them to think of themselves as leaders in ways that they may not have before: leaders of other CHWs and other professionals.

Provide opportunities for CHWs to attend conferences and trainings.

The more they learn about different topics and sectors—and interact with a variety of professionals—the larger their own professional network becomes.

They begin to think in levels: large scale systems—statewide and local, community and individual.

Have them report back to the group about what they learned at the conference, what was interesting, what was missing, and what can be applied to their work.

Don't speak for the group. Whenever possible, let the group speak for themselves.

It may not be perfectly polished or in high, technical language, but it will be theirs—and more accurate.

In most cases, when a partner or agency asks the supervisor questions, like “*What do the CHWs do?*” or “*What do they think will work in this neighborhood?*” the answer should be, *ASK THEM!*

Instead of getting a quick and easy answer from you, have them come to the CHWs to ask them in person. If they continue to go from one program head to another, they will never get the truth.

If there is work the CHWs want to help a partner or agency do, negotiate for them to be paid for it.

This demonstrates to CHWs and partners that CHWs are valuable professionals. Even if they are volunteering in their neighborhood, they are still highly trained, dedicated professionals who have a value and should be treated as such.

How to Build a Line of Succession

Building a line of succession for you as the supervisor is important if you want this program to be completely community led.

This is a process that takes a lot of time, training, and mentorship. If you pave the way by developing leaders within the CHW cohort, it can be successful.

You will also be modeling how to co-develop programs *with* the community—not *for* the community. You will be able to hand it over to the community when they are ready to run it themselves.

Moving one of the lead CHWs into the supervisor position demonstrates that you and your agency trust the community and the CHWs know what is right for their community.

It also demonstrates that you believe they have the capacity to do the job.

Begin at the Beginning

Building a line of succession should be a specific, explicit part of the program sustainability plan from the very beginning.

Being “community led” does not mean they do everything on their own. They still need technical assistance, support, and partners.

Creating a line of succession

1. Develop a specific and explicit plan for building succession as part of your work plan or sustainability plan. Having CHWs as the leaders or facilitators of the program should be part of the vision from the start. It sends the message that the program can eventually be completely community led.
2. Train the CHWs to do many of your tasks and duties. Do this at every opportunity. This provides a broad base of support when one of CHWs steps

into the leader role. They can call on each other for help when needed, or if they feel overwhelmed.

Example: Say you are working on the community program budget when CHWs are in the office. Show them what you're doing and how it works.

3. Identify one or two leads who have the dual capacity to see the bigger picture of the program *and* can also handle the small details of running day-to-day operations.

Example: A CHW may run the community kitchen, which involves a lot of details about budget, menus, grocery shopping, and marketing. They may also have the ability to see the big picture of how all the programs work together. They may be the kind of person who helps other CHWs with their projects, as well. This is the kind of leader that you want to identify and approach about taking on a greater role and eventually becoming a supervisor.

Depending on the size of the program and the scope of work, it may call for more than one supervisor or facilitator. In one of our neighborhood programs, one lead CHW was trained as a facilitator and ran the operations for about two years. Her feedback was that it would have worked better with co-facilitators—a pair working together. This may be especially true if they are working part time.

4. When bringing on new facilitators, plan to spend the majority of your time during their first two months giving them a strong understanding of the program and training them on how to do their new duties and tasks.

A lot of this will have to be repeated several times, and there will be a lot of questions. But if time is taken to do this in the first two months and it is not rushed, they will have the capacity to move on and do a lot of it on their own. They will have the bandwidth to work with the CHWs instead of worrying about the technical tasks.

Here are some examples of discussions and training that should come first:

Give them a scope of work with timelines to help them track what they're doing.

Start with the big picture: the mission, the vision, and the underlying assumptions. This is used as a touchstone for when they are asked to do other projects, when there is conflict in the group, or when they feel

overwhelmed by the many new responsibilities they are taking on. When they have a good grasp of the big picture, they can just stop for a minute, collect their thoughts, and ask: What is the purpose of the program? What is our vision? Why are we doing what we're doing?

Have regular two-hour meetings to provide essential information and answer all of their questions. This would include program budgets, timelines, lists of partners and their contact information, regular meetings they need to attend, and how the office is organized.

Remember: this is new information to them and they really want to succeed. Be patient. Answer questions. Provide them with reference sheets for some of the regular duties, such as accounting or data collection.

After they have mastered the technical duties of the job, they will still need support and time to work on more complex issues about community partners, working in the community, and working with the CHW cohort. This is why it's important not to stop the regular meetings after they learn how to run the budget. This is where support and mentorship are essential. Use appreciative inquiry and motivational interviewing when they bring up issues or questions. It is very likely that they will come around to answer their own questions and how to resolve issues on their own.

Mentor them in how to *facilitate*—not *control*—the program and the various CHW projects. The goal is for them to take on your role as supervisor, building capacity for the cohort and the community. Leadership and supportive supervision needs to continue after you are gone, so that they can mentor the next group coming in. Down the road there will be a new facilitator identified from the cohort. This is not management in the traditional style.

Help them to build the agenda for the CHW business meetings. For example:

- Start a couple of days before the meeting by discussing things like what to bring, what kind of activities and food will be needed, etc.
- Have them decide which part of each agenda they want to facilitate, even if it's just one small piece to begin with.

- After the first few meetings they should be able to build the agenda while you listen and support them. They should be able to facilitate most of the meeting with you in attendance for support.

At some point, the time will come when your attendance is more of a distraction than a help. That's when you know they are ready to do it on their own. When this happens, you can help them with meeting prep, then leave and let them own their new role. This will help them to develop in the way that they need to. It can also help the cohort start to identify them as the facilitator, instead of looking to you for that role.

5. When the new supervisors or facilitators are getting started, it is important to take them to all of the community meetings or staff meetings that you attend. Introduce them as the new supervisor. Explain their scope. Emails that come to you related to the work of the CHWs should be forwarded to the new supervisors, and they should be copied on all the emails that you send out so everyone starts seeing their name and can begin deferring to them as the supervisor. The goal is for everyone to see them as the point of contact and to start utilizing them

In Conclusion

Here are some things to consider as you are developing CHW leaders.

Provide enough time to have long conversations with them and do the training properly. Hold these regular meetings sacred. Do not move or postpone them. The CHW that takes on this new responsibility will feel a little overwhelmed and want to do their best but they will need a lot of training and support.

Do not train them on everything at once. Tackle one or two things at a time and revisit it before moving on to the next.

Mentor them to not react to everything immediately, but to wait and think about and discuss it before reacting. For example, when a CHW comes to them about a conflict with another CHW, let them know that they don't need to react right away. It is best to first listen, then take time to think about the best way to approach the situation. They can also discuss it with a co-facilitator if they have one. Unless it is an emergency or a significant situation that needs attention, such as domestic violence or homelessness, most things can be addressed after a day or two, when things have calmed down and everyone has a chance to think. At this point they can contact the other CHW to hear their

side of the story, then again take time to think about whether any action needs to be taken.

Another example would be an issue with a community partner. If the community partner sends an email that upsets the CHWs or the facilitators, it is a good idea to take a day to think about it and discuss how—or if—there is a need to react.

About this Resource

For more than 10 years the Foundation for Healthy Generations and our partners built and conducted pilot programs using a neighborhood-based community health worker (CHW) model.

Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this Section:

- We discuss infrastructure elements—office space, equipment , and meeting space—and why they are important
- How things like transportation and reliable equipment are essential to the work and support the professional development of CHWs

7. Setting Up Shop: Infrastructure and Logistics

Infrastructure means the basic physical and organizational structures and facilities you will need to operate your program.

Logistics means the detailed coordination of people, facilities, and supplies.

Office Space

Space for an office is key for a community-based CHW program. This may seem obvious, but having a central location, or headquarters, is important for many different reasons. In this section, we will discuss:

- Why the office is so important
- Strategies to find the right office space
- What you will need to make it function well for CHWs

Why We Strongly Recommend Having an Office

Here are some reasons why a central space is so important.

1. Regular Contact with Program Leader and Community

The CHW office needs to be in a location where they can have regular contact with their supervisor and their community.

The office is also where CHWs support each other and continue to build cohesion within their group. They have a place of their own to meet and discuss their work.

The office is a place where they can feel relaxed and free to express themselves.

Relationships are the foundation of CHW work. CHWs have very personal, consistent relationships with their neighbors and peers. A central office provides CHWs with a home base for providing information to residents and getting their feedback.

Their success also is based on a personal relationship with their program leader. CHWs feel more supported when they have regular and direct access to their supervisor.

The supervisor can be more responsive when CHWs can just walk into the office to get help or celebrate success. Sometimes it helps to just be present in the office, to observe or participate in the activities around them. It is reasonable—and generally understood—that the supervisor isn’t in the office all the time. But having regular hours in the office can actually anchor the group.

In most programs a majority of CHW time will be spent out in the neighborhoods, at events, and providing activities. They still need a place to meet with residents, to provide them with materials and help them get connected with resources.

There may be some residents who don't participate in activities. They may prefer to drop by the office once in a while to get information or check out what's happening. Having a consistent, central location increases contact with the community and builds a relationship between the CHWs. Proximity matters.

2. *Visibility and Stability*

When the Salishan CHAs got their new office on the first floor of a community health center, they were overwhelmed by how beautiful it was and how professional it made them look. They didn't think about the affect it might have on their visibility.

Within the first two or three months, they met and connected with more people than had ever been possible at the old office. A lot of people popped in just to ask, "What do you do in this office?"

They took advantage of their increased visibility by giving out marketing materials every time someone came to the door, whether they were there for the CHWs or for the clinic.

Stability is important, too. People may not remember exactly what you do in that office, but they know that they were treated with respect and welcomed. When they have a question, or need a resource, they will go to your office first. They may send other people, as well.

3. *Access to Materials and Supplies*

CHWs often have health related materials and equipment. It is so much easier for them to have an office for storing their supplies.

- They have access to it when they need it
- They don't have to store it at their home or carry around heavy bags with brochures and equipment
- They can also provide ideas or advice to each other about which materials they are using and why

Having materials in one central location is good for the program leader, as well. They can see what gets used the most, as well as things that aren't as useful.

Lastly, the office becomes the central place where partners can drop off their program materials.

Meeting Space

CHWs have business meetings, appointments with clients and partners, and other types of meetings. They need a professional, appropriate meeting space for things like confidential conversations with residents and regular meetings with others.

Arranging for regular spaces will mean that you and the CHWs don't have to spend valuable time looking for places to host meetings or activities.

Unless your program is located within a public housing community, finding a regular place to meet or use for activities can be an enormous burden on CHWs. Many neighborhoods are not designed with conference rooms and meeting space.

The Southwest Washington Healthy Living Collaborative (HLC) programs have been resourceful and creative in solving this problem. They use church basements, school gyms, and health department offices. Their success is a reflection of the residents, CHWs, and staff who will do whatever it takes to make it work.

In the words of one CHW coordinator:

[Finding places for meetings] has been tricky for us since we've never had office space, and public space in the community can be limited. For meetings, we've had to use churches, libraries, and government buildings, which is difficult because of hours having to align with CHW availability, having to build relationships with churches, and the space varying in terms of how welcoming it is. Coaches have also ended up taking on quite a bit of this burden.

For classes and other events, it depends on who the audience is. Schools are a common location. In Kelso, the library has tended to work. For 'safe space' meetings addressing immigration, the CHWs had to find a very trusted location given the sensitivity of the issue and climate in the community—which ended up being a church.

The current Rose Village CHWs use the Southwest ACH office for meetings. They have also talked about using Clark College for events—

which is just outside the community—when the neighborhood school isn’t available.”

For more ideas on places to hold public meetings and classes, see *Section 5. Developing a New CHW Cohort.*

Office Equipment

Community based CHWs often help their neighbors fill out paperwork, sign up for benefits online, and connect with resources. To do this, they need reliable office equipment. This includes computers, phones, scanners, fax machines, internet, copiers, and other office equipment.

A well-equipped CHW office enables them to do their work without barriers. They don’t have to spend valuable time trying to find a fax machine or a computer. They can focus their time meeting with residents. They can concentrate their efforts on getting work accomplished.

Example

While building a new CHW program, the coordinator in Salishan began writing monthly reports on her activities. The CHWs had pre-owned laptops to use in their training and daily work. However, there were significant issues with the laptops, software, and internet service. Reviewing her monthly reports, the coordinator counted over 22 mentions of problems with “technology,” “laptops,” or “computers.” In the next two years, these problems were mentioned another nine times.

CHWs said:

“I couldn’t complete the activity log or research resources.”

“The old one took forever to load and [there were] not enough programs.”

“It would randomly disconnect from the internet while I am in the middle of survey monkey.”

“It took me a long time to finish my work.”

The Coordinator bought the group new (refurbished) laptops. They were such an improvement over the originals, the CHWs were able to accomplish more work with less struggle.

Here are some comments from the CHWs after receiving new computers:

“They are fabulous, fast, and reliable—they have Office [software]!”

“It loads so much faster and has all the programs I need!”

“It is more modern. I am able to get online and finish my work.”

This also provides a level of professionalism for the CHWs, especially from partners' perspective.

When outside agencies get messages from a consistent, professional Email address, they tend to have a more positive view of the CHWs than if it's coming from their home or a borrowed address.

Having good, reliable equipment and software also allows CHWs to develop job skills they can take into their next employment.

Expertise

When building a CHW program, it's a good idea to take advantage of the partners in your community. They probably have expertise in things that will help your program and your residents.

Humans are complex. Communities are complex. The health and social service systems we build are very complex. No one person or agency can be all things to all people. It takes a wide variety of resources and people working together to address complex personal and community issues.

Many people served by CHWs face multiple barriers to health, and have been for a long time. They may have several chronic health issues that go untreated. Or they could be newly diagnosed with an overwhelming disease, like cancer.

There are no simple solutions to removing barriers and providing resources.

Spend some time identifying the expertise and experience that exists within your group. Then think through what additional expertise is needed to accomplish your goals. You may be able to identify external experts that can help your program build a strong foundation and start with confidence.

Here is an example of how one program utilized an existing community resource for added expertise and experience.

Example: UW Tacoma Nurses

The Salishan Community Health Advocates knew early on that they could not be everything to everyone. They did not want to be experts in any one disease or issue. They wanted to have some training, and they wanted medical experts available for consultation.

For example, a small group of CHAs liked to host a table at community events to provide samples of fresh fruits and vegetables that most people aren't accustomed to. This included dragon fruit, chupa, and nopales (cactus). They also wanted to explain to families the nutritious properties of the fruits. They did the research, but wanted to have one of the nurses from the university check their facts and give them more information to provide families. The CHAs also asked the nurses to review the nutrition handouts they were providing the families.

The CHAs reached out to the UW Tacoma nursing school. They invited the school to place a master's level nursing student in their program. The nurse could learn about population health. In exchange, they taught the CHAs first aid and how to measure blood pressure.

Transportation

CHWs Getting Where They Need to Go

Transportation is critical to community health work—and is often one of the CHWs' biggest barriers. They need some form of transportation to get to and from meetings, appointments, and trainings.

Some community health workers have a car that works. Or they have cars that sometimes don't work. Others ride the bus or walk.

CHWs transportation options have to be considered whenever you are choosing office space, meeting spaces, and the dates and times of events and activities. The goal is to make it as easy as possible for CHWs to get where they need to be to do their work.

Be creative. Think about ways that transportation can be supplemented. Do they need a gas card or bus money?

Keep in mind that under the community-based health worker model, CHWs are peers of the residents they serve. If CHWs are struggling with transportation, their peers are, too.

Some neighborhoods have built-in solutions for the transportation issue. For example, some neighborhoods have a school, community center, or large church where people naturally gather. If you can rent or borrow space in one of these places

to host classes or meetings, you are using a community location where people are used to going and have already figured out how to get there.

Another option is to have a van available to drive groups of people to events.

Example

In Southwest Washington, the Healthy Living Collaborative CHWs have worked out a number of ways to solve transportation problems. CHW coaches provide rides. CHWs with cars provide the support for others.

Explains one CHW coordinator, “*Coaches help with a lot of this when CHWs have transportation barriers. Otherwise, the teams delegate these tasks among themselves. People pick up various things, help take CHWs who don't have cars, etc.*”

Transporting Equipment is another thing to consider. If CHWs face barriers getting where they need to be, they will also have difficulty transporting equipment.

Ask yourself: if a class is held in a regular place at a regular time, can the equipment just be stored there? If not, perhaps a supervisor or another CHW can transport them and their equipment.

Communication Technology

Community health work is based on relationships. And when it comes to relationships, communication is everything.

A well-functioning program needs a central office with good, reliable modes of communication. This is especially critical when residents feel like they are taking a risk by reaching out to CHWs. Residents need to be able to trust that they can get in touch when they make the effort.

Professional communication skills and tools will also help CHWs in their collaboration with partners. Good, reliable modes of communication can help remove barriers they may face in new professional settings.

Note: You may notice that we stress the word “reliable.” This is because it is impossible to reach out to people and communicate if the phone doesn’t work every day, every month, year after year. Or if the phone number changes several times. It is also extremely frustrating to have an internet service that cuts out regularly. These are technology issues that have to be resolved if your program is to succeed.

For a lot of people, especially volunteers with limited time, these issues can be too frustrating. People can't make progress on projects or succeed in their work when they face ongoing technical issues.

Here are some things that we have found support good communication and the way the outsiders understand and engage with your program.

Central Phone Number

Each program needs a central phone number. Having a central number makes it easy for partners and community members to contact your program.

When you have a central phone number, designate people to answer the phone, check for messages, and route callers to the appropriate person.

It is not a good idea for CHWs to give out their personal numbers. They may not have a phone or service at any given time.

Having a central phone number provides all CHWs equal standing and a safe way to be contacted.

Central Email Address

A program Email address is another essential tool. Setting up an Email that is specific to your program makes it easy for partners and neighbors to get in touch.

Having one general Email address makes it easier for new clients to contact you, and for the public to send general questions.

Everyone on your team can have the ability to login, read, and then route emails to the appropriate person.

A professional looking Email will benefit your program in a number of ways.

It can be set up with a signature line that includes the program logo, address, and phone number. This helps spread the word about your program and how to reach you.

When CHWs send an email to a partner or a resident, it looks professional and has the program information in one place.

Examples

Salishan Community Health Advocates set up a general office phone number and program email

**1708 East 44th
Tanbara Health Care Clinic-1st Floor
Tacoma, WA 98404**

253-682-0190/salishancha@healthygen.org

The CHW Collaborative of Pierce County also set up a communal email. Every member has the log-in information. It is usually checked by the co-chairs on a regular basis, and emails are routed or answered appropriately.

chwcollaborativepc@gmail.com



Internet

Access to the internet is essential to good communication and maintaining relationships. The CHW office needs to have adequate, reliable internet services.

You don't want volunteers to become discouraged or feel left out because they don't have access to internet service or computers of their own. They can accomplish more if they can count on an office that has computers and internet that work *every day*.

A majority of CHW work involves listening to their neighbors, identifying barriers to health, and looking for resources to assist them in overcoming obstacles. Access to computers and internet are critical to this work.

Specialized Equipment and Maintenance

Like any other occupation, CHWs have specific equipment needs to support their work. It is important to ensure that whatever equipment they use is up to date, maintained, and easy to operate.

Nothing is more frustrating than trying to get work done with equipment that is old, doesn't work, or is not maintained.

Having good working equipment is also important for building and maintaining the trust of the community. Neighbors are trusting the CHWs to help them find solutions to issues and to be in a position to help. If they see that CHWs are using shoddy equipment, it can cast doubt on their abilities and expertise.

In addition to computers, internet access, and a central office phone, CHWs will need things like:

- Smart phones
- iPads
- Blood pressure cuffs
- Carts for carrying their materials
- Signs and other marketing materials
- Cooking or food demonstration equipment

Reliable Hardware and Software

CHWs work with a wide variety of partners and sectors. They need up to date equipment and software to do their work and maintain strong relationships.

This section discusses how technology is used by CHWs and how it impacts their work.

Computers

It is not unusual for CHWs to spend a large percentage of their time on the computer. Here are just a few of the ways that CHWs rely on computers.

- Email
- Calendars
- Looking up resources
- Creating presentations
- Writing letters or other correspondence
- Conducting surveys or collecting data
- Creating marketing materials
- Signing families up for resources
- Tracking agendas and meeting minutes.

Neighbors rely on CHWs to connect them with information or to sign up for resources. In order to do their job, CHWs need computers that are in good working condition and software that is up to date.

It is reasonable to make CHWs responsible for keeping the equipment in good condition. They are the stewards of their equipment and should help take care of it. Here are some ways to support them:

- Use a sleeve to transport
- Be sure that the chord and computer are located in the same place each day
- Wipe the screen down regularly

CHWs may need help regularly updating software. They may need help with other regular maintenance of the computer's operating system, as well. Many people don't have a basic understanding of how to maintain and update their systems. It is a good idea to find a technology volunteer or partner agency staff who can do routine checkups.

Building Software Skills

CHWs, like any other group of people will have a wide range of computer skills and experience. Spend some time training the group how to use the basic software on the computers, then how to use specific programs.

For example, use one of your regular meetings to teach or review how Outlook works, including the calendar. In another meeting, practice going over how to look for resources on the internet, or how to use Survey Monkey.

This way everyone is working in the same level.

The Importance of Landlines and Smart Phones

Land line. Each CHW office needs a land line for use by CHWs and residents. Land lines provide a solid connection and can be used in emergencies. They can also be connected to a fax line, which is still commonly used by social service and health care partners.

Phones, like computers, need to be in good working order and always be in service. CHWs can't do their work if they come to the office and the service is out, or the phone only works some of the time.

The importance of a land line is easy to overlook, but for some CHWs and residents, it is their only way to connect with help.

Cell phones are a good option for CHWs to use when their work takes them out into the community.

Many CHWs have their own cell phones. Smart phones are so sophisticated these days that you can do almost anything on a smart phone that you can do on a computer. It is really helpful for CHWs to be able to look up resources or information on the spot, and collect data at the moment the work is being done.

In fact, there is a growing trend for CHWs to use their cell phones and apps to collect data while they work.¹

Below is an excerpt from a study where CHWs used cell phone apps to collect data from the community members:

"In the community surrounding participating health clinics, CHWs captured data using survey instruments programmed onto a mobile phone provided by the project. The surveys were created with existing free, open-source software called CommCare™ that runs on Java-enabled phones.²¹ Four surveys were developed:

- A household visit
- Patient follow-up
- Referral
- Monthly activity summary

"The surveys collected data on demographics, disease symptoms and severity, and care-seeking behaviors, and correlated with the patient clinic visit forms."

Printers and Copiers

Printers and copiers are used regularly by CHWs.

- Copying documents for the people they are helping
- Flyers and newsletters for community outreach
- Agendas and meeting minutes for their work with coalitions or collaboratives

Like other essential equipment, the printer/copier needs to be in good working condition.

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4106387/>

Have supplies on hand to replace ink and paper. When there is a flyer to distribute, or paperwork to be sent to partners, it becomes a major challenge if the printer is out of ink or paper.

Remember, you will need to train CHWs how to use this equipment. They can become more independent if they know how to run the office equipment themselves.

IT Help

Information Technology (IT) expertise is needed occasionally to maintain the computers, update software, and fix problems. It is a good idea to think about your IT options when you are getting started, before you get busy with community work.

Most small organizations and non-profits do not have their own IT personnel. They usually contract with a company to provide service as needed.

Take some time to research your options. Here are a few ideas that have worked for other CHW programs.

- **Sharing IT service with the lead organization.** It may be as simple as listing the CHW program on their service contract so you can call the company's helpdesk as needed.
- **IT services can be written into the budget.** This allows the CHW program to have their own contract with an IT service provider.
- **Partner with a technical college.** The CHW program or lead organization can get services for free or at a reduced price.

Marketing Support

Communication and outreach are key to getting the word about your projects and events. Every program needs things like brochures, fliers, a web page, and visibility on social media.

CHWs can take the lead on many of these tasks. Partners that have marketing and communications staff can also be helpful.

A more in-depth look at how to build a marketing expertise, and how it contributes to CHW success, can be found in *Section 8. Marketing and Outreach*.

About this Resource

For more than 10 years the Foundation for Healthy Generations and our partners built and conducted pilot programs using a neighborhood-based community health worker (CHW) model.

Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this Section:

- How to use a website, social media, and printed materials to get the word out about your program and activities
- Involving CHWs in creating and maintaining marketing and outreach tools
- Enlisting help from partners

8. Marketing and Outreach

Website

These days programs are expected to be visible on the web.

Not many people know how to develop and maintain a website. It requires some skill.

For most new community-based programs, it is easiest to ask a partner agency for a page on their existing website. Under this arrangement, your new page can be designed to reflect your program, but is maintained and operated by your partner's staff.

If you can't find a partner to host a page for you, it is possible to build your own site. Starting a site is not expensive. The most difficult part is knowing how.

Perhaps one of your partners can lend technology or marketing staff to help you learn. They could walk CHWs through the process of building and maintaining a website. CHWs become the owners of their own website. They gain the skills to maintain it, too.

Some organizations offer small grants to support communications and web development. These organizations are willing to provide small grants to help new community programs fulfill their scope of work.

A small grant would allow you to pay for outside expertise. For example, a marketing or strategic planning expert can help develop messaging, design a website, and teach your group how to update or maintain your communications.

Social Media

Social media can be a helpful marketing tool.

Facebook is a really good way to communicate about things like event dates and times, community information, public meetings, or changes to bus routes.

Having a Facebook page that is regularly updated with information about your program helps keep people interested. Posting a calendar of events and stories about program successes lets people know what you do. They see reasons to be involved.

People may only look at it once in a while. On the other hand, they may follow it often because they know the CHWs as friends and neighbors. One day, when they need some kind of a resource or help, the Facebook page serves as a good reminder about CHWs and their ability to help.

It is likely that a CHW team will have at least one member who is creative and good at social media. Why not use those skills to the neighborhood's advantage? This CHW could become the lead on social media, Facebook, and the website.

Of course, it is best for the sake of equity that all are welcome to post their events, successes, and requests on the site. However, it can be helpful to have one point of contact where people can send their posts and pictures.

One benefit to assigning a lead CHW is that people can send information to them. They don't have to worry about finding a computer or remembering a password.

Another benefit is that the lead CHW can monitor the site and take down anything that doesn't support the positive work of the CHWs or the program's mission.

Marketing Materials

In *Section 2. Getting Started*, there was some discussion about how to develop a logo and key message. Here are ways that your identity and message can be shared with your community. These are also tools that will professionalize the program and the CHWs.

Business Cards

This is a standard tool for any business, and CHWs are no exception. They need business cards that include the program name, logo, contact information, and address. You can leave an empty space on the back for CHWs to write their names so the person they're working with knows who to ask for when they visit or call the office.

Brochures

As with any business or nonprofit program, it's a good idea for your CHW program to have a brochure that describes your program and how people can participate.

Program brochures tell people what you do, where to find your office, and how to get in touch.

CHWs can help develop the program brochure. It doesn't have to be fancy. It should reflect the feel of the neighborhood and relay general information about your program.

Make sure your brochure clearly states, in big picture terms, the program goal, vision, and what you do. Sharing a human-interest story or listing program successes can also make it more interesting.

Keep it general. If the brochure gets too specific about programs, it will have to be updated every time you make small changes. A brochure is meant to be something you can use for up to two or three years.

Idea: Use Your Partner Organizations

This is another good time to engage a partner organization that has communications or marketing staff. Can their staff spend some time with the CHWs to help develop the brochure?

It might only take one or two meetings with the CHWs, followed by some design help. The result can be a polished brochure that reflects well on the program and the neighborhood.

It is also important to think about what the CHWs learn from the process. By working with a communications professional, CHWs gain some experience. In the future, they can start the process on their own, then find some graphic design help when they are ready to put their materials together.

Flyers

Flyers are an effective way to spread the word about program activities. Flyers are quick and easy to produce, cost effective, and can be a conversation starter. Flyers:

- Provide necessary information to the community
- Can be shared between neighbors

Act as reminders for events

Here are some tips for creating effective flyers.

Develop your message. Include the time and place of an event. Give people a reason to come.

Develop a theme. Use some graphics or colors to highlight the event theme. For example, if it is a garden celebration, use some garden pictures. If it's about a Zumba class, add some music themed graphics.

Keep it clean in appearance. Flyers with too many words or pictures are harder to read.

Make the language simple and clear.

Prepare and print in advance. Marketing for events or activities should be done as far in advance as possible. It is also a good idea to do a last-minute reminder a few days before.

Use all available media. Besides printing on paper, you can

- Upload to Facebook and websites
- Send out in Email

Hang flyers in elevators and other public places

Save your work. You may want to use it again for another event. Saving it on your computer or keeping it in a file makes it easy to find the next time you do a flyer.

8. Marketing and Outreach

The CHWs who are designing and hosting the activities or events should be the ones who create the flyers. They are the experts on their cultures and neighborhood. They will know what appeals to residents.

For example, in the Salishan neighborhood there are a lot of seniors from various countries who have escaped horrible wars. Certain colors or symbols remind them of past trauma. The CHWs know what to avoid.

CHWs may need help using new computer programs or getting their material printed. But with some support, they can develop amazing marketing materials for program activities.

About this Resource

For more than 10 years the Foundation for Healthy Generations and our partners built and conducted pilot programs using a neighborhood-based community health worker (CHW) model.

Through this work we concluded that CHWs are critical to building equitable health outcomes and enduring health equity. Often natural helpers with little or no formal experience, CHWs themselves also benefit by getting training and job experience that can lead to future paid employment.

Our experience led to our commitment to supporting the availability of a paid workforce of culturally and linguistically appropriate community health workers that are well trained and compensated.

We developed this web resource to share our experiences and provide guidance to anyone who wants to start a CHW program in their community, organization, or neighborhood.

In this Section:

- Program essentials—funding, budgeting, accounting
- How to provide stipends without interfering with CHW eligibility for other services
- Liability insurance

9. Program Essentials – Funding, Budget, Accounting

There are two sides to running a community-based CHW program. In previous sections, we talk about the *people side*.

In this section, we talk about the *business side*: funding, budgeting, accounting, and insurance.

There is a lot of detail here. Don't get overwhelmed. Sort through these recommendations and use what makes sense at whatever stage you find yourself.

Funding

Funding is key to a CHW program. For the project to be successful long-term, it needs adequate, sustainable, and reliable funding.

It doesn't have to be *a lot* of money. It just needs to be *enough*—to support the work and the community's trust in the program.

CHW programs are unique in a couple of ways. First, they rely on community members working together to identify health concerns and decide the best way to respond.

A stable source of funding is very important to ensure communities can continue their work.

It is all built on trust. If CHWs are here today and gone tomorrow, or if funding is constantly threatened, it destabilizes the trust the community has in their program.

Where to Get Funding

This could take the most time and work to develop. It could also end up being the true test of relationships between community-based agencies and the neighborhood.

You and the agencies that surround your community will have to spend a lot of time together in honest discussion about what this will look like and who will take on various responsibilities.

Below is a brief list of potential types of funders to consider:

- **Small local foundations**, such as Florence B. Dilworth Charitable Trust Foundation or Forest Foundation
- **Regional foundations**, such as Boeing Employee Foundation or Tribal gaming foundations
- **Large local foundations**, such as the Russell Family Foundation or Bill & Melinda Gates Foundation
- **Large national foundations**, such as Walmart or Robert Wood Johnson Foundation
- **Hospitals or health centers** that have a mandate to send funding into the community

- **City or local government grants** from sources like the Community Development Block Grants or Neighborhood Innovation Grants
- **Health department or other health agencies** that have funds designated for community outreach
- **Governmental agencies**, including the Office of Minority Health and the Office of Women’s Health

Time, Research, Relationships

Fundraising requires research and attention to detail. Each potential funder has:

- Very specific topics or issues that they fund
- Their own process for applying

If possible, start by building relationships with the people who work for these organizations.

- Make appointments
- Visit their agency
- Get to know them personally

After you spend time with them and get a strong sense of what they are invested in, partner agencies will be very helpful in your efforts to get funding.

Deciding How Much is Needed?

Start by writing down the costs of running your program for one year.

It does not need to be exact. Make it as close as you can.

Items to consider:

- CHW stipends
- Phone and internet
- Food for meetings and events
- Childcare
- Training
- Other costs specific to your neighborhood

Create a list, and estimate what you think each item will cost. The example below shows the budget for one community based CHW project.

9. Program Essentials – Funding, Budget, Accounting

Budget

8:53

SALISHAN ASSOCIATION

Budget 2016 APPROVED BUDGET

Date: 1/1/2016 - 12/31/2016

Operating

	Monthly	Annual
EXPENSE		
Administration		
52026 Advertising Expenses	50	600
52060 Audit	250	3,000
52090 Bad Debt	208	2,500
52121 Collection Fees Agency	250	3,000
52160 Delinq Admin Fee	292	3,500
52162 Delinq Admin Fee Billed to HO	(292)	(3,500)
52185 Education/Training Board	83	1,000
52186 Education/Training Emp	83	1,000
52190 Fees and Licenses	17	200
52250 Insurance	2,833	34,000
52350 Legal	167	2,000
52360 Legal Reimbursable	83	1,000
52370 Legal Reimbursable Billed to HO	(83)	(1,000)
52450 Management Contract	16,080	192,954
52573 Office Expenses	750	9,000
52574 Office Cleaning	42	500
52750 Photocopying	42	500
52820 Office Equipment Rental	417	5,000
52830 Reserve Study	208	2,500
52840 Security Services	12,917	155,000
52870 Social Events	2,083	25,000
52895 Stipend Office	833	10,000
52950 Translation Services	33	400
52951 Travel	83	1,000
52990 Website	167	2,000
55105 Contingency	286	3,435
Landscaping		
59200 Irrigation (System Maintenance)	1,747	20,962
59300 Landscape Contract	25,705	308,464
59350 Landscape Maintenance (Non-contract)	3,713	44,550
66880 Wetland Monitoring	3,873	46,472
Maintenance Expenses		
66081 Building Unexpected	208	2,500
66084 Capital Improvements	833	10,000
66100 Cleaning Crew Garbage	1,667	20,000
66310 General Maintenance	833	10,000
66430 Maintenance Supplies	167	2,000
66501 Miscellaneous Contingency	24	290
Utility Expenses		
70020 Cable	271	3,250
70070 Electricity	1,250	15,000
70270 Gas	42	500
70500 Sewer	83	1,000
70590 Surface Water	2,750	33,000

Startup Funding

Startup funding is the amount you need to start and run a project for one year. For a community-based CHW project, this would include things like:

- CHW stipends
- Office space
- Equipment
- Food
- Childcare
- Training for the first year

Once this funding is secured, the project can get up and running, and the search for ongoing funding begins.

Ongoing Funding

Ongoing funding is the amount you will need to keep your program running month to month, year to year, with no gap.

This is something that CHWs and their partners need to do as long as the program exists.

Ongoing funding can be a combination of:

- Small foundation grants
- Larger grants that cover operating expenses
- Contracts for services that the CHWs provide
- Fee for service activities

Fund Development

Once you have a generic budget, work with the partners to identify who has the capacity to help with writing grants.

It might be easier to attract grant writers if you have already identified potential funding opportunities.

Your first round of grants will be for startup funding. After the first year's funding is secure and the program gets going, the next round of grants can request funding to support specific activities and operations.

If your program will be located in a Housing Authority neighborhood or in the vicinity of the community clinic, these would be ideal partners. Perhaps one—or both—of these larger entities can take the lead on fund raising.

The benefits they will receive from partnering with a community-led CHW program makes it well worth their time and effort. In some cases, it can help bring in grants or contracts that they would not be eligible for without your community involvement.

Fundraising Strategies

There are many strategies for getting funds. We can't cover them all here. What we can do is give you some ideas on where to look and how to get started.

Have a Key Message

First, have a key message that is concise and describes the project. Taking time to develop a strong message will pay off later. It will make it easier to talk about the program to many different funders in a standard, consistent way.

A key message is also helpful when trying to match your program to the interests of the funders. Make sure they are a good fit before approaching them.

There are lots of online classes and tutorials to help with building relationships with funders and writing grants. You don't need to do this on your own. The best strategy is to ask one of your community partner agencies to help with this process. They have staff with fund raising expertise and experience.

Below are some tips for fund raising success, taken from the website *Get Fully Funded*, <https://getfullyfunded.com>

Before you can Get Fully Funded, there are a few things you need to have in place. You must have:

1. ***The right mindset.*** *Your attitude must be positive and you must believe that the support you are looking for is out there.*
2. ***Passion for the cause.*** *You must be passionate for your nonprofit's cause. If you don't care deeply, how do you expect others to care and to donate?*
3. ***Strong leadership.*** *Your nonprofit must have a strong Director and a strong Board who embrace their roles. Without strong leaders, fundraising will be tough if not very impossible.*

9. Program Essentials – Funding, Budget, Accounting

4. **Compelling mission.** *I believe that most nonprofit missions are compelling. More importantly, YOU must believe your nonprofit's mission is worthwhile and deserves attention, and you must be able to communicate it to others.*
5. **Donor-based fundraising.** *Your fundraising must be focused on your donors, and your activities must seek to build relationships with these partners in your work.*

Once you get these five criteria established, you're ready to start raising money.

The following suggestions are taken from the website of the *Foundation Group*,
<https://www.501c3.org/4-simple-steps-to-raising-all-the-money-your-nonprofit-needs/>

If you follow and fully implement these 4 simple steps, you can raise all the money your nonprofit needs to fulfill its mission.

1. **Tell your story.** *Since childhood, we've been conditioned to listen to stories. Telling your story engages your listener and educates them at the same time. Start with a powerful elevator speech – a 30 second version of who your organization is and what you do. Focus on how you're changing lives. Leave out the jargon. And be prepared to share a story about a specific person your nonprofit has helped. Remember that the best stories are short and interesting so don't firehose information at people.*
2. **Ask for a gift.** *No matter how wonderful your nonprofit is, you must ask for a gift. I suggest you ask several times during the year, and use a variety of strategies (like events, letters, and face-to-face asks). Tie the ask to something tangible if possible ("your gift of \$1.81 will provide a homeless person with a hot meal").*
3. **Thank the donor.** *If you don't get anything else right, get this piece right! Send out a thank-you letter to each donor within 2 days if possible. Add a hand-written note a few days later or a phone call and you deepen the impact of the recognition, plus you subconsciously let the donor know you're on the ball.*
A timely, warm thank-you letter serves many purposes. First, it lets the donor know you got their check. Second, it builds trust and relationship, which are two keys to fundraising. You can include a short paragraph about how you will use the donor's gift to further engage the donor.
4. **Build relationships.** *You must build relationships with donors if you want to Get Fully Funded. Our donors are not ATM machines. We can't just show up whenever we need to withdraw money. We must engage our donors as partners in our work and treat them with respect. One key to building relationships is to maintain regular communication. Have you*

ever had a friend that the only time you heard from them was when they wanted something? Do you want to show up like that to your donors? Create a plan for how and when you will communicate with your donors.

These four steps are simple and you've probably heard them before. The key is to go deep into each step to make sure you are doing the best job you can possibly do.

Budgeting

Involving CHWs in Budget Development

Once the project is established and the CHWs are forming a cohesive group, it is important to involve them in all aspects of the program—especially the funding. If they want the program to become independent and self-sustaining, they need to know how everything works.

One idea is to have one CHW who is interested in budgets or business be the liaison to the lead agency. Have them participate in planning meetings where grant applications are discussed. They can:

- Learn how the budget works and how the funds flow through the lead agency to their program
- Be an advocate for the CHWs who are running programs on the ground in real time
- Provide up to date information on how the project works, or any changes, so the grant applications are accurate
- Have a say in how the grant funds are spent

For example, if the lead agency gets \$10,000 to support CHW program operations, the CHW liaison can make recommendations about the group's specific needs. How can these two partners work together so that all needs are met?

The CHW liaison can also:

- Come back to the group and teach them how budgets and grant cycles work
- Become informed about specific funds
- Learn how this type of business works

This is good knowledge for them to have. Perhaps one day in the future they can apply for a grant on their own.

The CHWs should also be directly involved in any contract development that pertains to work they will be agreeing to do.

CHW Access to Funds

It is important for CHWs to have access to the funds they need to do their work.

CHWs tend to be people of action. They see problems and concerns in the community. When they discuss potential solutions with their neighbors, they want to be able to move on it. They are also out in the neighborhood providing services and activities.

For example, if they decide to host a small information session and want to get snacks, they should be able to get the money to buy the groceries within a day or two.

If it is too difficult to get money for things like food, babysitting, or an exercise class, it stands in the way of being able to respond to the residents. There is often a need for a timely response in a neighborhood setting.

To demonstrate that CHWs are valued partners, they need:

- Access to their funding
- Some autonomy in running their activities
- A say in how funds are spent

Communicating with CHWs About the Budget

One of the goals of community-based CHW programs is to build capacity — in CHWs and the community.

Funding and budgets are the foundation. To build capacity and independence in the CHWs, they need to be regularly and consistently included in funding and budget discussions.

Including them gives them the opportunity to learn about how things work. They start to better understand how different pieces fit together, and how to run projects.

When you include them in these discussions, it shows that you view them as partners.

Example: SW Washington Healthy Living Collaborative (HLC)

The staff at the Southwest Washington Healthy Living Collaborative (HLC) explained that the lead organization budget can be confusing and hard to access.

That is why the CHW coordinator provides a team budget for the CHWs to use for operating their programs. Her experience helps make this point:

“The HLC budget has often been confusing and I haven’t gotten a line item breakdown from management that I can share and operate under. I am trying to get more clarity on the budget myself so that I can share with Coaches and CHWs. That would allow us to feel more empowered in what next steps need to be taken and having the CHWs guide the CHW program piece of HLC more.

“I do have a team budget and policy for each team with the idea that they will take ownership of the team piece of the budget (supplies, materials, sponsorships, etc.). This was created based on past spending and budget parameters that were set by HLC administration previously. However, this is very confusing when it doesn’t match up with a line item budget or funding source. I created a budget for more transparency and clarity, but then unused funds weren’t able to roll over because of a budget shortage with HLC the following year. So, transparency and clarity have been very difficult when I don’t have the breakdown of what costs are specifically for CHW work.”

Accounting

Accounting is a pivotal function of any business. It is no different for a community-based CHW program. Depending on your organizational structure, the program leader will be responsible for collecting all information needed to build the program’s accounting processes and procedures.

Here are some important things to consider.

Fiscal Agent

After you have startup funding, you need to find a partner to help with accounting. This support agency is also called a “fiscal agent.”

Most community-based CHW programs do not have the capacity, expertise, or legal tax status to do their own accounting. The projects we have discussed all partnered with established agencies to help with this function.

It is essential to take adequate time to research potential fiscal partners. Their mission, vision, values, and policies can have a huge impact on how they process the funds for CHWs.

For example:

- In Vancouver Washington, one CHW project partnered with the Vancouver Housing Authority.
- Another CHW project, also in Vancouver, worked with several different agencies before finding one that was a good fit.
- In Tacoma, the Salishan Community Health Advocates partnered with the Salishan Home Owner’s Association.

Methods for Providing Stipends

Each of these partnerships have benefits and challenges. The biggest challenge for all of them is the issue of stipends.

A stipend is a set amount of money paid as an allowance to CHWs. How a stipend is issued can cause problems for CHWs with taxes and their eligibility for other benefits.

Some agencies process stipends as a wage. Others want to pay CHWs as contractors. In some cases, taxes are taken out of the stipend.

This can also affect how much time a CHW can volunteer.

HUD Regulations—Volunteer Stipends

For CHWs who live in any type of housing funded partly or fully by the U.S. Department of Housing and Urban Development (HUD), the stipend amount needs to be \$200 per month or less to prevent them from having to pay more in rent.

The Tacoma Housing Authority uses language that is similar to HUD guidelines, which state:

(8)(iv) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA’s governing board. No resident may receive more than one such stipend during the same period.

Employees or Contractors?

If CHWs are paid as employees or contractors, the focus can become the number of hours the volunteer worked, rather than the impact they have in their community.

Example

[When] CHW's are paid as contractors without a housing exemption, it can affect their benefits. This makes it difficult to stay true to the original volunteer-focused model. We have had to work with CHWs and be more transparent about potential benefit issues and offer benefit counseling through our host organization from the beginning. Given this burden and wanting to be fair of their time and stresses in general, we are now trying to work more closely with CHWs to ensure they have the time and resources to focus on a scope of work that is specific to HLC and feels right for them given their personal boundaries and needs.”

Southwest Washington Healthy Living Collaborative (HLC)

Here are some ideas on working with your fiscal agent to provide volunteer stipends.

- Involve someone who has run a similar program from the time of set-up.
- Work on building good relationships between the program staff, CHWs, and the accounting department.
- Encourage consistent open communications. Good communication makes it easier to avoid problems, and to solve those that do arise more quickly.
- Establish a realistic set of expectations between all parties.

Example

Here is one example of how things can go wrong when you don't have good communication between all parties, and how one coordinator dealt with it.

“For one project, the coordinator worked with the accounting manager to decide the best way to provide stipends. After discussing the accountant’s work load and what was possible, they agreed that the CHWs’ stipend check of \$175 a month would get mailed so they received it by the 2nd or 3rd of the following month.

In practice, the checks were often early, arriving about the 27th. When the checks came as intended, CHWs thought they were late. Some went so far as to complain to the accounting department,

The coordinator explained that the accounting department was running their checks as a partner, not as paid staff. They were committed to providing checks by the 2nd or 3rd of the next month. If some checks came early, it is a fortunate coincidence.

More Advice on Handling Stipends

Click on these links to learn about the different ways that stipends can be provided and accounted for.

Interview with Tacoma Housing Authority

State Department of Social and Health Services

Interview with The Management Trust

Steps for Good Communication with the Accounting Department

1. Design a process for information going between the CHW project and the accounting department:
 - a. How will the accountant receive receipts—Weekly? Monthly?
 - b. How do they want petty cash reported, and how often?
 - c. How will they know what CHWs are being paid a stipend each month?
 - d. Who will be responsible for sending in the appropriate paperwork for the CHWs (W-9, other forms the accounting department may want)?
 - e. Who oversees this process? The CHW Coordinator? The Account Manager? Who from the support agency?
 - f. What accounting reports do the CHWs need to monitor their budgets? What reports do the accountants need?

9. Program Essentials – Funding, Budget, Accounting

SALISHAN COMMUNITY HEALTH ADVOCATES
FINANCIAL REQUIREMENTS 5-2016

NAME	ADDRESS	PHONE	CHECK
L. O.	2226 Court L Tacoma, WA 98422	253-111-1114	\$175.00
C. H.	2333 E Obama St Tacoma Wa 98423	253-222-2228	\$175.00
E. C.	4444 Court L Tacoma, WA 98422	254-333-3333	\$175.00
Y. B.	4441 East Obama St Tacoma, WA 98423	253-444-3344	\$175.00
A. V.	4455 East Blueberry St Tacoma, WA 98423	254-444-5555	\$175.00
T. E.	1122 South Harper Tacoma, WA 98422	253-555-4444	\$175.00
D. P.	2111 East Blueberry St Tacoma, WA 98422	253-555-6622	\$175.00
T. H.	6677 Golden Goose Rd. Tacoma, WA 98422	253-998-8888	\$175.00

Property: Salishan Date: 5/12/2017 Payable to: CHA DEBIT Card Account																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Explanation</th> <th style="text-align: left; padding: 2px;">Amount</th> <th style="text-align: left; padding: 2px;">Date</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">\$ left over</td> <td style="padding: 2px;">\$40.00</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">WinCo Foods-cash back</td> <td style="padding: 2px;">\$20.00</td> <td style="padding: 2px;">4/24/17</td> </tr> <tr> <td style="padding: 2px;">Safeway-cash back</td> <td style="padding: 2px;">\$40.00</td> <td style="padding: 2px;">5/5/17</td> </tr> <tr> <td style="padding: 2px;">Rite Aid-cash back</td> <td style="padding: 2px;">\$40.00</td> <td style="padding: 2px;">5/1/17</td> </tr> </tbody> </table>			Explanation	Amount	Date	\$ left over	\$40.00		WinCo Foods-cash back	\$20.00	4/24/17	Safeway-cash back	\$40.00	5/5/17	Rite Aid-cash back	\$40.00	5/1/17																																					
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Mileage

Mileage is a standard form of reimbursement for both employees and volunteers.

CHWs need to be reimbursed if they use their car or bus pass to do the work they you have agreed upon.

There are many ways to track and process transportation costs. It is best to work directly with the agency that is already doing your accounting. They likely have forms and procedures in place.

In some programs, CHWs fill out a simple mileage form. The supervisor then can provide a \$25 gift card for gas. CHWs sign for the card they receive. This tracks the entire transaction for accounting purposes.

Another option for CHWs whose work involves the same travel each month: pay them a flat rate on top of their stipend. Rather than having them fill out mileage forms, it might be possible to pay them an extra \$25 to \$30 with their monthly stipend to compensate them.

Liability Insurance

Every program needs liability insurance. It covers CHWs when they work in the community.

How much is needed and who pays? There are a variety of options to consider. The coverage needs to be adequate to cover things that might happen when CHWs are volunteering.

Stipends

Interview: Frankie Johnson and Barb Pearsall, Tacoma Housing Authority

The Tacoma Housing Authority was a partner in the Salishan CHW project. Frankie Johnson, Director of Property Management, and Barb Pearsall, Portfolio Manager, provided insight on the internal process they used to provide volunteer stipends.

What are the HUD Guidelines that allow residents to volunteer for stipends?

Frankie: Residents can receive a stipend under \$200 and they must report it to housing. However, if it is reported as a volunteer stipend, it shouldn't count as regular income and raise their rent. The other option is to count the \$200/month as exempt income. This is what we do in the case of our "key holders" on other properties. In some of the buildings, we have residents who are leaders and they have keys to laundry rooms or community rooms, so that residents have access. They get a stipend for providing assistance to the residents. We count it as exempt. We do this because the work they do benefits the community and residents.

What other HUD or housing regulations would apply to a program like this, if a group of neighbors wanted to start something similar on another property?

Frankie: Is there a clear Memorandum of Understanding? We need to identify who holds the insurance and who is responsible for monitoring the project. {For example}, there is a project in Seattle where the city contracts staff of program to provide case management services.

The Salishan CHWs had many places to meet with residents or hold events. This is not always the case, especially in neighborhoods that are not on Housing Authority property. What would you suggest to neighbors who want to start this and need meeting space?

Barb: Can they meet at the Denny's or the Grange? A lot of rural areas have a grange.

Frankie: Applebee's. They are very invested in supporting community efforts and would be a good business to approach for a space.

How do you feel about the relationship between neighbors and the Housing Authority when CHWs are involved?

Frankie: They are a great source of information and resources. They were an introduction to relationships between residents and Housing Authority staff. There is better communication and better events.

Barb: We are one team and one community. Here is an example. One CHW gives me a heads up about what is going on, without betraying confidence, but with enough information for me to know what to look for to help or keep people safe.

Do you think it is helpful to have CHWs participate in Housing Authority staff meetings on a regular basis, even quarterly?

Frankie: Yes. It keeps everyone informed and builds relationships. We can help them keep community informed and they tell us what is important in the community.

The Department of Social & Human Services (DSHS)

DSHS provides income and other assistance to families that qualify. These programs have rules that determine whether a CHW stipend will effect their monthly assistance benefit.

Sometimes it depends on how the stipend is coded. For example, if it is considered a work readiness training project, it may not be considered as a wage. It is considered reimbursement for their training.

Interview: Angie Orr, The Management Trust

The Management Trust is an employee owned company that provides property management nationwide. In Tacoma, the Trust is a contractor to the Housing Authority to provide staff and services through the Salishan Association. Angie Orr is responsible for the fiscal staff that support the Salishan CHWs and process grant funds.

How is the accounting set up inside Management Trust so you can provide this accounting infrastructure to the Salishan CHWs?

Angie: The account manager who is responsible for Salishan Association created a sub account. She set up the bank accounts to receive the money and then the account codes that allow the funds to be drawn out. The grant from Healthy Gen pays us 10% of the total grant fund for administrative costs. We use half for the cost of the Association Manager to process the

receipts, check requests, etc., and the other half goes to Management Trust to offset the cost of accounting staff time.

This administrative fee would equal about \$6,500.00. Processing the monthly volunteer stipends, petty cash and debit receipts takes a lot of time from both the Association Manager and the accounting staff. How does Management Trust justify doing this much work for such a small amount of reimbursement?

Angie: Part of it is our values as an employee owned company. Each division has a mission to give back to the communities it manages. This works for us as a way to provide a service to an organization inside the neighborhood that is providing activities to community.

Each month the CHW facilitators send the Association Manager a list of which CHWs should receive a stipend for that month, then he processes a check request accordingly. How does this work for the accounting department without timesheets or any other backup?

Angie: We have trust that the information the CHWs are providing is true and accurate. The money also belongs to the CHW program, we are the fiscal agent. So, if they (the CHW supervisor) send us the list, we view it as an invoice and our job is to disburse the money. We view the CHWs as independent contractors who invoice the Association for a flat monthly rate. We ask for W-9s for each, and then we can pay them the full stipend. We are not responsible for any taxes or other withholding.

What were your first thoughts as a manager when presented with the idea of having resident CHWs in Salishan?

Angie: This was already in place, so we worked with the partners to finesse it, make it work better. The success of this program—or any program like it—will depend on finding the right group to be the fund administrator. [You need] an organization that can be an advocate for the CHW program and ensure that their funds are available to them, and make sure that it runs smoothly.

What is your internal process for auditing? And how does this type of project fit into that?

Angie: Management Trust uses independent auditors to review our books and processes. Regarding the CHW project, as long as the petty cash reports and receipts line up, or the debit card bank statements line up with the receipts, we are fine.

The Salishan Association carries the liability insurance for the CHW project. How are you able to do that?

Angie: We have all the liability insurance for the CHW project and the Salishan Association in one lump that covers staff and volunteers. It is really expensive, but the benefit is an active community.