

OUTREACH TO RESIDENTS OF PUBLIC HOUSING

A RESOURCE TOOL KIT FOR HEALTH CENTERS

National Center for
Health in Public Housing

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MANAGEMENT

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INTRODUCTION

Community-based organizations have long recognized the unique strengths and expertise that exists within members of a community, and the advantages of mobilizing residents to address the issues and problems that impact their own lives. The belief that ‘care receivers’ can also be some of the most effective ‘care givers’ is more than a century old and utilizing ‘community health workers’ has proven to be one of the most effective models for outreach and social change.

Community health workers, (CHWs), also known as lay health workers, promotoras, outreach workers, health coaches, neighbors, and patient navigators, depending on the nature of the program and how they are used, have been very effective in reaching out to some of the most isolated members of a community in order to improve access to, and utilization of, health and social services. Appropriately trained, CHWs can provide that vital link to the community and are frequently more effective than ‘professionals.’ CHWs are both more successful and cost efficient in enhancing programs and services. Some of the most effective outreach programs have been implemented by skilled community health workers.

Outreach is a required service of all programs funded under Section 330 of the Public Health Service Act that governs community health centers.

Community Health Centers were first established in 1965. They were created by Congress to provide comprehensive primary care to high-risk patients in underserved communities. Comprehensive primary care provided by community health centers includes health education, prevention, case management and outreach services.

Today there are more than 1000 Federally Qualified Health Centers (FQHCs) providing health care to more than 16 million patients through over 6000 health center sites. They include community health centers, migrant health centers, Health Care for the Homeless programs and Public Housing Primary Care programs.

The **Health Services for Public Housing Residents** program was established in 1990 through an amendment of the Public Health Service Act to include the Disadvantaged Minority Health Improvement Act. This amendment established the program now known as the Public Housing Primary Care Program (PHPC).

The **Public Housing Primary Care (PHPC)** program was established “to provide residents of public housing comprehensive primary health services, including mental health and substance abuse services, health promotion and disease prevention, oral health and outreach services.”

Grantees funded under the Section 330(i) Public Housing Primary Care program are required to provide outreach services. Outreach services can help to:

- Help the community members with **access** to health and support services
- Encourage **appropriate use** of health services
- Reduce the **inappropriate use of emergency room** services
- Help **reduce barriers** to accessing comprehensive health and social services
- Help **improve compliance** with a prescribed plan of care
- Help **understand the diverse needs** of the community served and to provide services that are **responsive** to these needs
 - Provide **information** to the community about available services and resources
 - Increase **community support** and **reduce sense of isolation**

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- Provide **education** to the community regarding health issues
- Do all of the above in a **culturally sensitive, linguistically appropriate** manner

The **National Center for Health in Public Housing (NCHPH)** has been tasked by the US Department of Health and Human Services, Health Resources and Services Administration (HRSA) to strengthen the capacity of federally-funded community health centers to increase access to health care, eliminate health disparities, and enhance health care delivery for residents of public housing through the provision of training and technical assistance services and other resources.

This practical guide provides tools to develop an effective outreach program using trained community health workers to reach public housing residents. It is designed for use by CHW's and their supervisors. The guide is divided into seven modules. At the end of each module are exercises designed to help the trainee integrate the knowledge gained from each module and apply it to their own practice.

The National Center for Health in Public Housing (NCHPH) can provide additional training and technical assistance. For more information regarding training opportunities available, please contact: Astril Webb at awebb@namgt.com.

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MODULE I: GETTING STARTED

1. ASSESSING COMMUNITY NEEDS AND RESOURCES

Integral to the successful development and implementation of any effective outreach program is an understanding of the community and its' needs and resources. This information can be obtained through census data as well as statistical reports from state and local health departments, and numerous internet sites. However, in order to obtain a comprehensive 'big picture' of the community, input from residents and staff indigenous to the community is invaluable.

Planning for a successful outreach program should incorporate an assessment of:

a. Community Characteristics and Needs – Who is the target population? What are their unmet needs?

The community characteristics assessed would include:

- Socio-economic Data – Age, race, gender, ethnicity, income, insurance, education.
- Cultural Diversity – Religious/ethnic beliefs that impact behaviors, sexual orientation, language barriers, regional differences in population.
- Housing Status – Section 8 or public housing, scattered developments, physical and social isolation.
- Health Indicators – Mortality rates, prevalence of other health issues, ethnic disparities in the incidence and impact of chronic conditions.
- Environmental Hazards – Gangs, violence, lead poisoning.

b. Community Resources - What are the strengths within the community? What are the challenges?

An assessment of community resources would include:

- Existence of natural helping networks and groups.
- Willingness of concerned residents to be involved in their community.
- Presence of other agencies and resources in the community.
- Level of trust and acceptance of agency and staff.
- Extent of involvement and support from the local Housing Authority.
- Level of cooperation and support from tenant managers and other TMC staff.
- Existence of a strong, proactive Tenant Management Organization and Board.
- Level of community support from local businesses, schools and churches.
- Extent of political support from local and state elected officials.
- Access to services such as grocery stores, public transportation, schools, health care, libraries, recreational facilities.

2. ASSESSING AGENCY NEEDS AND RESOURCES

Successful planning should include a comprehensive assessment of ones' own agency resources. It is critical to involve staff at all levels within the organization in this assessment. This assessment would include:

a. Staffing Resources – What is the current staffing profile?

- Assess whether the agency has the number of community health workers needed to provide expanded outreach services.
- Determine whether the existing staff has the needed skills and training.
- Determine whether the agency has the staff needed to recruit, train and supervise community health workers and outreach efforts.

b. Board Support – Is the board “on board”?

- Determine whether the outreach initiative has full board/CEO support.
- Ensure that the board has a current, executed, MOU/MOA with the local housing authority.
- Plan for regular program reports and updates to be given to the board/CEO.
- Ensure that a Resident Community Advisory Board has been established and meets regularly.
- Ensure that the Community Advisory Board has TMC representation.

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c. Staff Support – Are the staff supportive?

- Involve staff early in the planning and development of the outreach program.
- Discuss the CHW’s role and their unique contribution to the program.
- Discuss and help set realistic expectations regarding CHW skills such as ability to document, and other responsibilities.
- Train staff in order to effectively supervise CHWs.
- Confront and allay any fears that other staff may lose their jobs.

d. Financial Capacity – Is there adequate funding?

- Ensure that outreach costs are included in the budget.
- Ensure that providing outreach services to the community is an agency wide priority.
- Assess if there are sufficient financial resources to add services, add personnel or add/modify space when there is an increase in users/encounters

e. Facilities – What are the agency’s space needs?

- Determine if the current physical space is adequate to serve more patients and house additional staff. Are more exam rooms needed?
- Assess the health centers’ location and proximity to public housing complexes. Is it located on premises or accessible and acceptable to all residents?
- Assess if there is adequate space for group meetings and training sessions.

3. DEVELOPING AN OUTREACH PLAN

Planning is the key to the success of any program. A well developed outreach plan should include clearly defined goals, measurable objectives, action steps with clearly defined time frames, and incorporate input from tenants and other key members of the community.

a. Identify the Need – Clearly define why outreach is needed and determine the extent of outreach services. Who is the target audience? Why and Where is outreach needed – purpose and location(s)? Answers to these questions will help determine the staff to be recruited and deployed and the outreach methods to be used. Community and resident involvement in the identification of community needs is essential to ensure that the plan is relevant and meets the needs of the community.

b. Goals and Objectives – Once the need is identified, develop a plan with clear goals, measurable objectives, specific action steps and a clearly defined time line. The plan should include a staffing model which clearly designates specific staff responsible for each activity.

c. Collaborations – Identify potential community collaborations to be developed and ways for current collaborations to be enhanced. Avoiding duplication of effort will maximize limited program resources, reduce or eliminate conflict and turf issues between agencies, generate community support and help ensure program success.

d. Logistics – A detailed outreach schedule should include the expected working hours of the CHWs in order to optimize contact with residents. CHW hours should include some evenings and weekends in order to reach working adults. A ‘staggered’ CHW schedule with some staff starting earlier than others and some ending later than others can add flexibility to the schedule. Community locations where residents congregate, or which experience high traffic, should be identified and targeted for outreach efforts.

e. Training Module – The training module selected will depend on the program goals. Refer to **Module IV – Effective Training Methods** for more details.

f. Recruit Staff – Finalize and post job descriptions and recruit from the community. Job descriptions should routinely be posted in the tenant manager’s office, in community rooms and tenant bulletin boards.

4. IMPLEMENTING THE OUTREACH PLAN

Once the foundation has been established, the outreach plan can be implemented. **Module IV, Effective Training Methods and Module V, Outreach Strategies that Work** cover the specifics of implementing the outreach program.

EXERCISE 1:

How well do you know your community? Develop or update your own, personal ‘Resource Directory’ listing all resources available to your community residents. Include contact names, addresses, phone numbers, hours of operation - e.g. food pantries, utility assistance, Legal Aid, etc. Identify and list useful websites.

ATTACHMENT A:

Duties/Responsibilities of CHW’s, Health Coaches, Outreach Workers - For inclusion in job descriptions.

MODULE II: THE COMMUNITY HEALTH WORKER

1. WHO ARE COMMUNITY HEALTH WORKERS?

Community Health Workers (CHW) are the eyes and ears of a community. They serve as the link between the service provider (health center, doctors, nurse practitioners, nurses, social workers, etc.) and the service recipient (patient/community). The CHWs generally live in the community and are also known as lay health workers, peer counselors, health coaches, neighbors, promotoras, and outreach workers.

2. QUALITIES OF AN EXCELLENT COMMUNITY HEALTH WORKER

The following are some desirable qualities of a community health worker:

- Respected member of the community being served
- Demonstrates warmth, caring and concern for community and patients
- Strong desire to help others - committed to give back to the community
- Assertive – strong advocate, does not tolerate injustice and inequity
- Good problem solving skills – not easily discouraged
- Good communication skills – very articulate and an active listener

- Quick learner and knowledgeable about health issues
- Good role model – has self-discipline and practices good health habits
- Good teacher – communicates well
- Displays initiative and is very resourceful
- Sensitive to and respectful of cultural differences in practices and beliefs of other groups

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- Energetic, enthusiastic and friendly
- Knowledgeable about the community
- Not afraid to provide services in any/all developments and neighborhoods
- Able to work with all age groups
- Flexible – willing to work evenings, weekends in order to increase access
- Current or former resident of public housing or the community being served

3. RESPONSIBILITIES OF THE COMMUNITY HEALTH WORKER

The responsibilities of a CHW are based on the specific program goals and may include all or some of those listed below:

- Provide information to the community on available services and resources
- Help patients eliminate barriers to accessing health care, e.g. provide transportation, arrange for baby sitting
- Provide education, information and support to change health behaviors
- Assist with making appointments and referrals
- Ensure compliance with health care plan through follow up and support
- Participate in community events such as health fairs and back-to-school days
- Distribute fliers and other educational materials on health issues
- Provide basic health information – individually and in groups
- Help patients set and maintain self-management goals
- Go door-to-door in the community
- Maintain strict confidentiality and be discreet
- Develop collaborations with other community agencies
- Set a good example – serve as a role model
- Develop collaborations with tenant management organizations
- Assist with community meetings and facilitate group sessions
- Follow up with patients personally or by phone
- Document thoroughly and immediately after each encounter

4. COMMUNITY HEALTH WORKER TRAINING

An effective training module needs to take into consideration the goals of the outreach program as well as the needs of the staff to be trained. The steps essential to the planning of any training module include:

- Analysis of needs
- Design of the training program

- Development of the program
- Implementation of the program
- Evaluation of the program

This is discussed in detail in **Module IV- Effective Training Methods**

EXERCISE 2:

Using the CHW Self- Assessment Tool, assess your strengths and how they will positively influence your role as a CHW. Also assess your challenges or limitations, then establish your goals – both short term and long term.

ATTACHMENT B:

Community Health Worker Self Assessment Tool

EXERCISE 3:

Hold a brainstorming session – How many additional qualities and responsibilities of community health workers can you identify?

MODULE III: COMMUNITY EDUCATION AND HEALTH LITERACY

1. HEALTH EDUCATION

The American Association of Health Education defines health education as a “...social science..... to promote health and prevent disease, disability and premature death through education driven voluntary behavior change activities.” The goal of health education is not only to improve the health behaviors of individuals and communities through improved knowledge and subsequent changes in behavior, it is also the prevention of disease, disability and premature death.

In this module, health education will be viewed in the broadest sense and incorporate **health promotion** as well. The World Health Organization defines health promotion as “...the process of enabling people to increase control over, and to improve, their health.” Health promotion pairs health education with advocacy, with a focus on reducing health disparities and ensuring equity in opportunities and access. Advocating for the health and wellness of a community and its’ members is one of the key responsibilities of the CHW.

Although community health workers are not skilled or trained to provide ‘health education’, they are in the unique position of being most influential in bringing about changes in health behaviors. CHW’s can be very effective and cost efficient members of the health education team.

a. The Importance and Impact of Health Education

Health education can help individuals and communities improve their health and lower morbidity and mortality rates. Health education increases the individual and communities’ knowledge and skills and helps them change behaviors and attitudes. A key component of health education is **prevention**. The effectiveness of the processes by which health education is provided have been evaluated by various studies resulting in ongoing change and improvement in these methods.

b. Role of the CHW in Health Education

The CHW’s role in providing health education varies and is based on her skill level, education and experience, as well as program goals and objectives. Some of these include:

- Serve as a role model – CHW’s should model healthy behaviors, e.g. CHW’s should not smoke
- Identify community needs and incorporate these into the outreach plan in order to ensure relevance of health education material

- Serve as health coaches – CHW’s can help individuals develop and adhere to their self-management goals
- Support and reinforce healthy behaviors – CHW’s can assist with the process of change
- Distribute and share health information literature
- Assist with health education sessions – CHW’s can recruit patients, identify appropriate space, arrange for speakers, facilitate sessions, conduct some sessions and oversee field work assignments

- Identify resources, make referrals and follow up to ensure that services are received
- Mobilize community for action e.g. campaign against proliferation of billboards advertising liquor and cigarettes in low-income communities
- Motivate and encourage – improve attendance at classes and sessions
- Serve as a liaison between the community and the professional educator – ensure materials/sessions are culturally appropriate and relevant
- Advocate, advocate, advocate!

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2. HEALTH LITERACY

There are numerous definitions of health literacy. The following is used by the US Department of Health and Human Services and is included in the report, Healthy People 2010 – “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions”.

Health literacy includes the ability of individuals to not only read health instructions, but also to understand them, follow them, and use them to make informed decisions about their own health and to navigate through a very complex health care system. Studies have shown that almost half the population in this country experience difficulty in understanding and following health care instructions, thus reducing the rate of recovery and increasing risk.

a. Impact of Low Health Literacy - Low health literacy is more prevalent among **vulnerable populations** including the ones served by PHPC programs such as:

- minority populations
- immigrant populations
- low-income
- elderly
- mentally ill or those with learning disabilities
- the chronically ill

Low health literacy reduces access to medical care, increases medication errors, reduces positive medical outcomes, increases exposure to environmental hazards, increases use of emergency rooms and results in a higher rate of hospitalization. There are numerous studies that link low health literacy with poor health.

b. Role of the CHW in Improving Health Literacy - The community health worker can identify at-risk patients and provide specific interventions to improve health literacy including:

- Ensure health education materials distributed to patients are written at a language level that is simple and easy to comprehend
- Ensure health education materials incorporate visual aids

- Ensure health education materials are multi-lingual and culturally appropriate
- Assist in setting up health literacy classes and sessions – identify space, recruit participants, provide logistical support
- Raise public awareness among health professionals in the community
- Raise awareness through outreach to vulnerable populations, especially senior centers and public housing complexes
- Help residents access technological resources, such as free use of computers at the local library
- Raise the awareness of health center clinicians to the need for understanding their patient’s health literacy level and ensuring that care plans are understood.

c. Ask Me 3 - Ask Me 3 is a program developed by the Partnership for Clear Health Communication and promotes the use of three very simple, basic questions that patients should ask each time they have an encounter with their health provider:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do this?

EXERCISE 4:

Role Play – Practice using role play methods. Use the scenarios outlined in Attachment C or develop your own.

Attachment C:

Role Play Scenarios

MODULE IV: EFFECTIVE TRAINING METHODS

Training is the foundation to the success of any program. A well designed training program should motivate the trainees to learn, to retain what they have learned, to transfer and apply the new learning to their jobs or their lives, and to be able to fully integrate the new learning into their performance in order to improve their skills or change their behaviors. The principles involved in conducting effective training can be applied both to the training of the community health worker as well as the training provided by the CHW to other members of the community.

1. DEVELOPING AN EFFECTIVE TRAINING PROGRAM

A comprehensive training component will establish a solid foundation for this outreach program. A well designed training program for community health workers or the community needs to take into consideration several factors in the design and planning of the program. Also, resident involvement and participation is vital to the design and execution of a successful training program. Some factors to consider include:

a. Adult Learning Needs – Studies indicate that adults learn best when they can use their past experience to learn new things. For adult learners, the training needs to be more self-directed, should capitalize on their past experiences as well as meet their immediate learning needs. It should be cognizant of their background and respectful of their cultural differences. Incorporating opportunities to discuss these differences helps the learners learn from each other. This method of “learning by doing” has proven to be very effective with adults.

b. Site Selection – In order to maximize participation from the community, the training site needs to be on ‘neutral’ territory. Public housing residents are frequently reluctant to attend training if these sessions are held on the premises of another public housing complex. The room needs to be large enough and comfortable with good lighting and acoustics, especially when there are older adults in the group.

c. Recruiting Trainees and Perfecting Attendance – In order to recruit successfully and ensure consistent attendance during the training, existing barriers to participation need to be understood and mitigated, which may include arranging for child care on the training site,

providing transportation and providing refreshments. The recruiter should be knowledgeable about the training program and be able to ‘sell’ it enthusiastically.

d. Accommodating Physically Challenged Participants – the trainer should review the list of attendees ahead of time to ensure that participants in wheelchairs or those who are hearing or visually impaired or with any other challenges are accommodated. This will ensure that the first day goes smoothly and all trainees feel welcome and included.

e. Training Hours – Training hours should be flexible and accommodate the needs of the trainees. If the group consists primarily of parents with young children, the training should be held during the day before children get home from school. If primarily working adults, then evening classes are better or if older adults, then earlier in the morning is generally preferable.

f. Training Duration – The length of the training needs to be based on the job requirements as well as the skill sets of the participants. Training can range anywhere from an eight hour session to several weeks, or even longer if it is on-the-job training. Regardless of the length, each learning session should be broken into several segments of approximately one or two hours to ensure retention of interest and attention and assimilation of the information learned.

g. Time Frame – The trainer should cover the expectations regarding time commitment from trainees up front. Sessions should start and end on time and all trainees should be expected to be punctual. The trainer needs to be skillful at facilitating sessions in order to ensure adherence to topic and the schedule and practice tactful, assertive ways to terminate discussions in order to avoid sessions going over time.

h. Training Content – The training content needs to be based on the training objectives and the expected outcomes. Module VII on ‘Resources’ identifies numerous web sites and organizations that provide educational materials, brochures, audio-visuals and other materials on various health-related topics. The trainer needs to ensure that the curriculum content is simple to understand and culturally appropriate. If the CHW is facilitating the training, her role can range from arranging for ‘expert’ speakers to actually conduct the training – based entirely on the CHW’s skill level.

i. Graduation – holding a ‘graduation ceremony’ at the end of the training is a wonderful way to recognize the trainees, help them take pride in their achievement and motivate them to accomplish more. For some trainees, this may be the first time they have ever ‘graduated’ from any course. A graduation ceremony can include the awarding of certificates and the distribution of stipends or prizes. If funds permit, inviting family and friends to witness the graduation and stay for refreshments is an excellent incentive as well.

2. EFFECTIVE TRAINING METHODS

This section outlines the numerous training methods and their relative effectiveness. A well planned and executed training program should use a combination of methods. The method(s) used however should be based both on the trainee’s needs and skills, the size of the class, as well as the trainer’s skills and comfort level. Some of the most commonly used methods include:

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a. Lecture – This method is the one most commonly used and is the least effective with adult learners. In this method, the trainer generally does most of the talking while standing in front of the class. The trainer may use slides, posters and other audio-visual aids. Interaction among learners is limited and the trainee’s involvement in the learning process is minimal. Although this method provides a lot of information very quickly, and is the least time intensive, it should be kept to a minimum when training adults.

b. Role Play/Simulation Games - In this method the trainees assume various roles and act out the different scenarios they are likely to encounter in the field. Trainees get to practice different approaches and experience different reactions without negative impact on anyone. At the end of each role play session the ‘observers’ should be invited to provide constructive suggestions and observations. This is a very effective method for community health workers who have never done door-to-door outreach and for those wanting to practice their ‘people’ skills. This method is also very effective for CHWs to use with residents and patients as it provides participants with the opportunity to model healthier, positive behaviors in a supportive environment. One example of role playing is teen peer counselors teaching ‘just say no to drugs’ to other teens. However, this ‘training by doing’ method can be very time consuming and, if the class size is large, not everyone may get a turn to role play.

c. Group Projects – This method is frequently used to foster team work in addition to building skills. The training program needs to allocate a dedicated block of time as this approach is time intensive. ‘Group projects’ can range from simulated or real life situations that the group is tasked to solve, or exercises that involve creativity with props like crayons, building blocks or other art and craft materials. Group projects are a very effective method when training staff who will be working together, for generating ideas, encouraging creativity and for fostering team work as well as healthy competition.

d. Case Studies – Case studies can be used effectively within group projects as well as with individual trainees. In this method, examples of problems and situations derived from real life, (but substantially disguised to protect identity), are presented to the trainees. Trainees can discuss and resolve these in groups. Sharing or de-briefing with the whole group at the end of the session is an effective method to reinforce learning.

e. Brainstorming – In brainstorming, the group is presented with a topic or problem by a facilitator. The group is encouraged to respond spontaneously to the topic and all responses are written down without being edited or censored by the facilitator or other members of the group. In order to encourage creativity and spontaneity of ideas, the facilitator needs to go over some ground rules at the beginning of the training. Members should be informed that there are no ‘wrong’ or ‘right’ responses and that all responses and the proceedings of this group exercise will be kept confidential. This is an excellent tool for generating ideas and creativity. It can also be used in between other learning sessions to break up monotony, and generate creativity and energy in the class.

f. Audio-Visuals – The use of movies, audio tapes, power point presentations and other audio-visuals can be an effective alternative or supplement to the ‘lecture’, and are not very time consuming. In order to reinforce learning, the facilitator needs to follow up with a question and answer session.

g. On-the-job Training – Although this method is most frequently used, especially in organizations that have very few training resources, it is most effective when paired with one or more of the other training methods. In this method, the trainee or new staff is placed in the job and learns through observing, shadowing and direct instruction from the supervisor or their designee. Learning can be enhanced if the trainee is also assigned a mentor or buddy who can serve as a good role model and assist the trainee as needed. This method is especially effective when used with outreach workers and community health workers who need to do field work, make home visits or any work outside the agency.

h. Ice Breakers – These are exercises that are scheduled at the beginning of a training program or the beginning of each day if the program covers several days. Ice breakers are a very effective tool for helping participants relax, to get to know one another, let down their inhibitions and to participate. They can provide a fun and relaxing way for trainees to ‘warm-up’ and get ready for a day of learning and doing.

3. METHODS TO FACILITATE TRAINING AND LEARNING

An experienced and skilled facilitator or trainer is critical to any successful training program.

a. Training Skills – Some desirable skills for an effective trainer include:

- The trainer needs to be culturally sensitive - have a good understanding of the community and the participants
 - Have excellent public speaking and group presentation skills – be energetic, enthusiastic, move around the class
 - Be knowledgeable and skilled in the subject matter being taught
 - Encourage group participation - call on various audience members, ask questions, ask for personal examples to illustrate a point
 - Encourage and model active listening – make good eye contact, provide non-verbal and verbal cues.
 - Be positive – provide feedback and constructive suggestions

Additionally, the trainer needs to be familiar with some of the theories of behavior change and be able to teach participants these basics including the ‘Stages of Change Model’.

b. Changing Behavior – Since community health workers serve as ‘agents of change’, it is important that they have a basic understanding of how to encourage and support the process of change in their clients. A common assumption has been that behavior change can occur through attendance at classes and in groups and through review of information and literature on health topics. This assumption is behind the old health education model of conducting health education ‘classes’, distribution of literature and other approaches that assumed that everyone was at the same stage and once they received the correct information, they would make the needed changes in their habits and their lives.

Prochaska, DiClemente and Norcross challenged that notion. According to them, behavior change is a process spread over months, or even years, and is comprised of five different stages. They called this their ‘Stages of Change Model.’ These stages are:

Stage 1: Precontemplation – at this stage, most individuals are unaware that they need to change and have no plan to change their behavior anytime in the near future.

Stage 2: Contemplation – at this stage, the individuals are aware that they have a problem and are thinking about making changes in their behavior, but have not made any plans or any commitment to doing so.

Stage 3: Preparation – Individuals in this stage have the desire to change, have made plans to do so and possibly made some unsuccessful attempts at change.

Stage 4: Action – In this stage the individual takes steps to modify their behavior, may make changes in their environment to support the changes they make and learn from past attempts at changes that were unsuccessful. This stage requires the individual to commit considerable time and energy to the process of making behavior changes.

Stage 5: Maintenance – This model places considerable emphasis on the Maintenance stage. It recognizes that relapse is

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common and uses it as an opportunity to learn what worked and did not work so that the individual can work on preventing relapse. This phase can extend to several months or even years based on how deeply ingrained or addictive the behavior is.

This theory of behavior change has been extensively studied and used with addictive behaviors such as smoking and drugs. The reason for including this theory is to help the trainer and trainees understand that a patient's readiness to change depends on their individual circumstances and providing health education in a classroom setting is not the most effective method if used alone.

EXERCISE 5:

Practice one icebreaker and one role play/simulation game in a group. Use one included in Attachment D or develop one of your own.

ATTACHMENT D:

Icebreakers

MODULE V: OUTREACH STRATEGIES THAT WORK

Effective strategies for reaching out to a community vary and are based on various factors present in the community and the agency. Following are some standard methods:

1. COMMUNITY SUPPORT

To gain the support of a community one must also gain support of community leaders – both natural leaders and those elected/appointed. This rule of thumb is followed by many successful community organizers. Following are some suggestions:

a. Identify Community Leaders – Include church leaders, school principals, TMC presidents/chairs, agency CEO's, tenant managers, and others with current or potential impact on the community. Include the parents/residents to whom other tenants usually turn for help, the ones looking out for everyone's children, etc. However, it is important that the CHW remain neutral and not be identified with any one faction in the community.

b. Communicate Agency Goals and Program Mission – Clearly communicate program goals, the purpose for doing outreach and any new programs being implemented. Communication can be individual, one-on-one or in group settings by attending community meetings, PTA's, other events or through FOCUS groups.

c. Ensure Buy-In – Seek community input into the planning and delivery of outreach services. Present 'drafts' of program ideas prior to finalizing. Program limitations need to be presented clearly, up front, in order to ensure that community members are aware of the parameters and don't feel discouraged or angry if their ideas are not accepted or implemented.

d. Partner with the Housing Authority – CHW's should work closely with their local housing authority staff. They should request permission to attend their staff meetings at which they can share information on their programs, suggest ways they can be of help and enlist the support and cooperation of the housing authority staff.

e. Repeated Contacts – After the initial meeting, follow up with subsequent meetings or contacts. Provide community members with regular program updates to ensure their continued support, and keep channels of communication open in order to head off any impending or brewing problems.

f. Address Opposition Promptly – Understand why a plan or program is being opposed, who is opposing the plan, and promptly initiate

discussion and resolution with the key players. Do not ignore problems or delay discussion and resolution as an unaddressed issue may grow bigger and harder to resolve.

g. Recruit – Use every community contact as an opportunity to recruit staff and volunteers from the community.

2. EFFECTIVE OUTREACH METHODS

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Outreach activities should be based on the outreach plan developed in **MODULE I**. Some of the most effective methods for reaching the community include:

a. Door to Door Outreach – Should be conducted by trained CHWs canvassing the neighborhood. CHW's need to wear name tags and garments that clearly identify them as staff of the health center. When making these 'cold calls', staff should maintain a friendly, respectful and professional demeanor. Staff should:

- be knowledgeable about the services they are promoting.
- address the residents' immediate needs.
- always follow up and get back to the resident.

New CHW's who have never done door-to-door outreach should practice their role play and simulations prior to going out in the field in order to develop confidence and skills as this method can be intimidating for a novice.

b. Floor Captains – In high rise buildings, CHW's may want to set up a system for designating one or more responsible tenants on each floor as 'Floor Captains'. Floor Captains are generally responsible for distributing fliers door-to-door, referring residents to resources or to the CHW as needed, and serve as onsite volunteers. CHWs should communicate regularly and frequently with Floor Captains, provide ongoing support and assistance and provide recognition for their efforts. Support can be in the form of regular meetings at which refreshments are served and awards given in recognition of the Floor Captains' efforts. The Floor Captains serve as an extension of the CHW and are particularly helpful if the Housing Authority policies prevent the CHW and other non-residents from going door-to-door.

c. Groups – Working with groups is an effective way to reach a larger audience using fewer resources. CHW's can provide information and education and conduct recruitment efforts at Tenant Management meetings, school PTA's, in health center waiting rooms, beauty salons or any other site where community members congregate and where they can find a captive audience.

d. Community Events – CHW's should maintain an updated calendar of community events such as health fairs, back-to-school fairs, veterans stand-down, and other events. CHW's should schedule to be present, volunteer to help, be on the organizing committee, have a booth, conduct screenings and provide hand-outs.

e. Individual/One on One – This is a very effective, although staff intensive method of outreach. Highly frequented community sites should be identified in the outreach plan and CHW's should visit these regularly. These include the local grocery store, check cashing place, post-office as well as 'drop-off' sites for children such as day care and head start centers.

f. Word of Mouth – Satisfied 'customers' are most likely to refer others. CHW's should ensure that all clients have their contact information and are encouraged to refer others in the community to them.

g. Mobile Units – With the advent of HOPE VI and other similar HUD programs, many public housing residents are scattered throughout the community. A mobile van is a highly visible and accessible means for reaching out to the community. These vans can provide information and referral services and tour outlying service areas.

3. EFFECTIVE OUTREACH TOOLS

How a message is communicated and the tools used are as important as ‘what’ is communicated. Keep in mind that ‘the medium is the message.’

a. Hand-Outs – CHWs should always have handouts to distribute. Simple calling cards containing the CHW’s contact information can also be used to leave behind when no one answers the door.

b. Fliers – These should be colorful, even if just printed on colored paper, simple and uncluttered, using plenty of graphics and with the essential message conveyed in very few, simple words.

c. Mailers – Although not always effective, and frequently destined to be discarded unopened, they are more likely to be read if printed on large colored, ‘post cards’ and not enclosed.

d. Health Education Material – The CDC, local health departments and other agencies have numerous brochures and fliers for education and distribution. Ensuring that these are stamped with your agency contact information prior to distribution is helpful.

e. Welcome Wagon – CHW’s should partner with the tenant manager to develop “welcome packets” for new tenants. CHWs should stuff envelopes with information on the services offered by the health center as well as other neighboring agencies. Include coupons and other ‘freebies’ if available. The tenant manager is more likely to distribute these welcome packets to new tenants if they are prepared and provided to them ready for distribution.

f. Linguistically Appropriate Information - CHW’s should ensure that any material distributed is in a language understood by the recipient. Again, knowledge of the community and careful planning of the activity are critical to the success of any outreach effort.

g. ‘Freebies’ – If your budget permits, you can order magnets, memos, pens and other useful items to give to community residents and other patients. These can be printed with your agency name and are relatively inexpensive when ordered in bulk. Frequently, agency vendors and suppliers are willing to donate these to the program at no cost.

4. BARRIERS AND CHALLENGES TO RECRUITMENT AND RETENTION

Even the best trained, most prepared CHW will encounter barriers and challenges when doing outreach. Anticipation and planning for the unexpected will go a long way in easing any potentially troubling situation. Some of the most common barriers and challenges include:

a. CHW Safety – Gangs, drugs, violence are present in many neighborhoods including many public housing complexes. If these are present in any CHW’s given service area, the agency may want to ensure that staff travels in pairs rather than alone. Also, enlisting the help of the tenant manager or concerned tenants and calling them prior to making the site or home visit is an excellent precautionary measure so they can be on the look-out for the CHW.

b. ‘Hard to Reach’ Groups – These groups often include men, teenagers, and ethnic minorities. Using representative staff such as teen peer counselors, male outreach workers or members of the minority community can break down resistance and establish trust and rapport.

c. Ethnic/Cultural Barriers – A thorough knowledge of the cultural and religious beliefs of ethnic minorities in the community is essential to ensuring that the CHWs’ message is relevant, not offensive and received with openness and trust.

d. Scattered Sites – Section 8 residents are generally scattered in the community and can be isolated and difficult to reach. This phenomenon has been further exacerbated by HOPE VI project development. Enlisting the collaboration of the local Housing Authority is essential to reaching this population. Due to confidentiality concerns, names and addresses of these tenants will generally not be given to the CHW. However, the local housing authority may be willing to mail or distribute information on the health centers services to these tenants on behalf of the health center.

e. Neutral Grounds – Residents of many public housing complexes are sometimes reluctant to go to another complex to access services due to their perception of violence and lack of safety at the other site. If that is the case CHWs should ensure health fairs and other services are conducted on ‘neutral’ ground such as a nearby church, school or community center.

f. Confidentiality – Although the advantages of using indigenous workers far outweigh any disadvantages, the agency must be sensitive to the fact that some residents may be reluctant to access services because their ‘neighbor’ works at the center and they ‘don’t want her to know my business’. CHW’s should be bound by strict rules of confidentiality and codes of conduct. Even a minor breach can have an adverse impact on community trust and hinder future efforts.

EXERCISE 6:

Field-Work Assignment - Door to Door Outreach. Choose a partner and work in pairs. The goal of this exercise is to recruit participants for the next Health Education training class –OR – choose your own activity or event. Identify a two block area in a neighborhood or public housing complex and conduct door-to-door outreach. Use the **Door to Door Outreach Log (Attachment E)** to document your efforts.

ATTACHMENT E:

Door to Door Outreach Log

MODULE VI: EVALUATING THE TRAINING PROGRAM

Evaluating the effectiveness of a training program can be challenging sometimes, but is essential. Evaluations provide timely and valuable feed back that can be used to improve the program as well as to help individual CHWs improve their own performance. A comprehensive evaluation would not only indicate if the goals and objectives of the training have been met, but also assess whether the information provided to trainees has been retained, integrated, and used to modify their behaviors.

1. THE ROLE AND VALUE OF EVALUATION

An evaluation component needs to be incorporated into a comprehensive outreach training program in order to:

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- improve the program and increase efficiency.
- produce reliable data for use to raise funds and for PR uses.
- provide a blueprint for duplication and spread of the program.
- establish credibility and accountability for funds and resources.

2. MAJOR TYPES OF PROGRAM EVALUATIONS

The three major types of evaluation are:

- Goals-Based Evaluations** – Measures whether the program’s established goals and objectives have been met
- Process-Based Evaluation** – Assesses how the program operates
- Outcomes-Based Evaluation** – Measures the impact on clients and the benefit they have received

The recommended evaluation design for the Outreach Training program should be comprehensive, yet simple and cover the following program components:

- **Input** – The evaluation should include questions regarding the resources used – what, how many and how much?
- **Process** – How was the training program implemented?
- **Output** – What was the productivity, the units of service generated?
- **Outcomes** – What has been the impact – on the trainee and the community?

3. PROGRAM EVALUATION METHODS

Several methods for collecting information for program evaluation are listed below, all of which can be handled by program staff and do not need the services of a professional evaluator:

- Pre and Post Surveys/Questionnaires** – Pre and post surveys or questionnaires are used to assess participant’s knowledge and behaviors prior to the training and then immediately following the training. The survey is generally comprised of a questionnaire which is self-administered on the first day and the last day of training, or at the beginning and end of the information session.
- Longitudinal Survey** – A follow-up assessment is done of the trainees after a defined period of time – 6 months, one year or more, in order to assess the level of information and knowledge retained and whether behavior changes have been maintained. This is a challenge when the population is highly mobile or the agency’s resources to track the trainees and do the follow up are limited.
- Trainee Satisfaction Survey** – A simple, self-administered questionnaire is given to all trainees at the conclusion of the training session. This questionnaire is designed to assess the trainee’s level of satisfaction with the various components of the training – from training site, comfortable space, training hours, trainer effectiveness, training content, etc. This information is then used to design future sessions that are more responsive to the trainees needs.
- Review of Statistical Reports** – A regular review of program statistics is the most basic method for assessing whether program goals are met. However, if these reports are reviewed only on a monthly basis, there is usually a forty-five to sixty day lapse before needed steps are implemented to correct any problems documented in the report. Increasing the frequency of reporting and reviewing is helpful.
- Audit of CHW Documentation** – Regular audits of client files pulled at random are a quick and individualized method for evaluating CHW performance.

f. Case Stories – Case stories that highlight the assistance received by clients can be very effective at illustrating program impact.

g. Observation – Accompanying a CHW on a home or site visit is another method of evaluating performance. This method also provides the evaluator with the opportunity to correct any problems immediately as well as to model positive behavior.

4. COMMUNITY COLLABORATION

In order to have the training program evaluated more professionally, the agency may wish to explore opportunities to collaborate with local schools of public health, social work, departments of health behavior research in medical schools, or similar local institutions

EXERCISE 8:

Develop and administer a pre and post training questionnaire relevant to your training program.

ATTACHMENT F: Sample Pre and Post Survey Evaluation

EXERCISE 9:

Administer a ‘trainee satisfaction’ questionnaire to evaluate the effectiveness of your training session. Use the one included in Attachment G or develop your own

ATTACHMENT G: Training Evaluation

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Acne, Pimples, Blackheads

Questions and Answers about Acne

<http://www.webmd.com/skin-problems-and-treatments/qa-acne>

Acne

http://www.aad.org/public/publications/pamphlets/common_acne.html

ADD, ADHD, Attention Deficit Disorder

AD/HD Frequently Asked Questions

<http://www.add.org/help/faqs.html>

Attention Deficit Hyperactivity Disorder (ADHD) - Topic Overview

<http://www.webmd.com/add-adhd/tc/attention-deficit-hyperactivity-disorder-adhd-topic-overview>

Addictions

Drug Abuse and Addiction

<http://www.webmd.com/mental-health/drug-abuse-addiction>

Drug Abuse FAQ

<http://alcoholism.about.com/cs/faq/a/bldrugfaq.htm>

AIDS, HIV

HIV/AIDS 101

<http://aids.gov/basic/101/index.html>

Sexual Health: HIV and AIDS

<http://www.webmd.com/hiv-aids/guide/sexual-health-aids>

Alcoholism

Alcohol Abuse Health Center

<http://www.webmd.com/mental-health/alcohol-abuse/default.htm>

Alcohol Abuse and Alcoholism: FAQ for the General Public

<http://www.niaaa.nih.gov/FAQs/General-English/>

Allergies

Frequently Asked Questions about Allergies

<http://www.aaaai.org/nab/index.cfm?p=faq>

Allergies Health Center

<http://www.webmd.com/allergies/default.htm>

Alzheimer's Disease

Alzheimer's Disease Health Center

<http://www.webmd.com/alzheimers/default.htm>

What is Alzheimer's?

http://www.alz.org/alzheimers_disease_what_is_alzheimers.asp

Anxiety/Worry

Anxiety Attack Symptoms: When Worry Takes Control

<http://www.webmd.com/anxiety-panic/guide/anxiety-attack-symptoms-worry>

Anxiety Attacks and Disorders: Guide to the Signs, Symptoms, and Treatment Options

http://www.helpguide.org/mental/anxiety_types_symptoms_treatment.htm

Appendicitis

Understanding Appendicitis - the Basics

<http://www.webmd.com/digestive-disorders/understanding-appendicitis-basics>

Appendicitis

<http://digestive.niddk.nih.gov/ddiseases/pubs/appendicitis/>

Arthritis/Joint Pain

Arthritis Basics

<http://www.webmd.com/osteoarthritis/guide/arthritis-basics>

Arthritis: Frequently Asked Questions

<http://www.arthritis.org/faq.php>

Asthma

Asthma Causes and Triggers

<http://www.webmd.com/asthma/guide/asthma-triggers>

What Is Asthma?

http://www.nhlbi.nih.gov/health/dci/Diseases/Asthma/Asthma_WhatIs.html

Autism

Autism Symptoms, Causes, Treatment, and More

<http://www.webmd.com/parenting/guide/mental-health-autism>

Autism Fact Sheet

http://www.ninds.nih.gov/disorders/autism/detail_autism.htm

Cancer

Understanding Cancer - Diagnosis & Treatment

<http://www.webmd.com/cancer/understanding-cancer-treatment>

What Is Cancer?

<http://www.cancer.gov/cancertopics/what-is-cancer>

Cholesterol, High

Cholesterol Management Health Center

<http://www.webmd.com/cholesterol-management/default.htm>

Cholesterol

<http://www.nlm.nih.gov/medlineplus/cholesterol.html>

Cold, Head Cold, Chest Cold

Cold & Flu Health Center

<http://www.webmd.com/cold-and-flu/default.htm>

Common Cold

<http://www.mayoclinic.com/health/common-cold/DS00056>

Cold Sores/Fever Blisters

Cold Sores - Topic Overview

<http://www.webmd.com/skin-problems-and-treatments/tc/cold-sores-topic-overview>

Cold Sore

<http://www.mayoclinic.com/health/cold-sore/DS00358>

Depression

Depression Health Center

<http://www.webmd.com/depression/default.htm>

Depression

<http://www.nlm.nih.gov/health/publications/depression/complete-publication.shtml>

Diabetes

Diabetes Health Center

<http://diabetes.webmd.com/default.htm>

All About Diabetes

<http://www.diabetes.org/about-diabetes.jsp>

Diarrhea, Dysentery

The Basics of Diarrhea

<http://www.webmd.com/digestive-disorders/digestive-diseases-diarrhea>

Diarrhea

<http://digestive.niddk.nih.gov/ddiseases/pubs/diarrhea/>

Dizziness

Dizziness: Lightheadedness and Vertigo - Topic Overview

<http://www.webmd.com/brain/tc/dizziness-lightheadedness-and-vertigo-topic-overview>

Dizziness

<http://www.mayoclinic.com/health/dizziness/DS00435>

Flu/Influenza

Cold & Flu Health Center

<http://www.webmd.com/cold-and-flu/default.htm>

Influenza: The Disease

<http://www.cdc.gov/flu/about/disease/index.htm>

Gingivitis

Gingivitis and Periodontal Disease

<http://www.webmd.com/oral-health/guide/gingivitis-periodontal-disease>

Gingivitis

<http://www.mayoclinic.com/health/gingivitis/DS00363>

Headache

Migraines & Headaches Health Center

<http://www.webmd.com/migraines-headaches/default.htm>

Headache

<http://www.nlm.nih.gov/medlineplus/ency/article/003024.htm>

Heartburn, Indigestion

Heartburn/GERD Health Center

<http://www.webmd.com/heartburn-gerd/default.htm>

Heartburn

<http://www.nlm.nih.gov/medlineplus/heartburn.html>

Heart Problems/Heart Disease

Heart Disease Health Center

<http://www.webmd.com/heart-disease/default.htm>

About Heart Disease

<http://www.cdc.gov/heartdisease/about.htm>

Hemorrhoids

Hemorrhoids Topic Overview

<http://www.webmd.com/a-to-z-guides/hemorrhoids-topic-overview>

Hemorrhoids

<http://www.mayoclinic.com/health/hemorrhoids/DS00096>

HIV/AIDS

Sexual Health: HIV and AIDS

<http://www.webmd.com/hiv-aids/guide/sexual-health-aids>

HIV: Basic Information

<http://www.cdc.gov/hiv/topics/basic/index.htm>

Indigestion

Heartburn/GERD Health Center

<http://www.webmd.com/heartburn-gerd/default.htm>

Heartburn

<http://www.nlm.nih.gov/medlineplus/heartburn.html>

Influenza

Cold & Flu Health Center

<http://www.webmd.com/cold-and-flu/default.htm>

Influenza: The Disease

<http://www.cdc.gov/flu/about/disease/index.htm>

Kidney Stones

Kidney Stones in Adults

<http://kidney.niddk.nih.gov/Kudiseases/pubs/stonesadults/>

Kidney Stones Health Center

<http://www.webmd.com/kidney-stones/kidney-stones-topic-overview>

Kidney Disease

What is Chronic Kidney Disease (CKD)?

<http://www.kidney.org/kidneydisease/>

Hypertension-Related Kidney Disease

<http://www.webmd.com/hypertension-high-blood-pressure/guide/hypertension-related-kidney-disease>

Lead Poisoning

Lead Poisoning

<http://www.mayoclinic.com/health/lead-poisoning/FL00068>

Lead Poisoning - Topic Overview

<http://children.webmd.com/tc/lead-poisoning-topic-overview>

Lyme Disease

Lyme Disease - Topic Overview

<http://arthritis.webmd.com/tc/lyme-disease-topic-overview>

Learn About Lyme Disease

<http://www.cdc.gov/ncidod/dvbid/lyme/index.htm>

Melanoma

Melanoma/Skin Cancer Health Center

<http://www.webmd.com/melanoma-skin-cancer/default.htm>

What Is Melanoma?

<http://www.melanoma.com/whatis.html>

Meningitis

Meningitis - Topic Overview

<http://children.webmd.com/vaccines/tc/meningitis-topic-overview>

Meningococcal Disease: Frequently Asked Questions

<http://www.cdc.gov/meningitis/bacterial/faqs.htm>

Obesity

Obesity - Overview

<http://www.webmd.com/diet/tc/obesity-overview>

Overweight and Obesity

<http://www.cdc.gov/nccdphp/dnpa/obesity/>

Osteoporosis

Osteoporosis: What is it?

<http://www.nof.org/osteoporosis/index.htm>

Osteoporosis Health Center

<http://www.webmd.com/osteoporosis/default.htm>

Pneumonia

Pneumonia

<http://www.webmd.com/a-to-z-guides/pneumonia-topic-overview>

Pneumonia

<http://www.mayoclinic.com/health/pneumonia/DS00135>

Parkinson's Disease

NINDS Parkinson's Disease Information Page

http://www.ninds.nih.gov/disorders/parkinsons_disease/parkinsons_disease.htm

Parkinson's Disease Health Center

<http://www.webmd.com/parkinsons-disease/default.htm>

Reye's Syndrome

NINDS Reye's Syndrome Information Page

http://www.ninds.nih.gov/disorders/reyes_syndrome/reyes_syndrome.htm

Reye's Syndrome - Treatment Overview

<http://children.webmd.com/tc/reyes-syndrome-treatment-overview>

Ringworm

Ringworm of the Skin - Topic Overview

<http://www.webmd.com/skin-problems-and-treatments/tc/ringworm-of-the-skin-topic-overview>

Ringworm

<http://www.nlm.nih.gov/medlineplus/ency/article/001439.htm>

Sunburn

Sunburn - Topic Overview

<http://www.webmd.com/skin-problems-and-treatments/tc/sunburn-topic-overview>

Sunburn

<http://www.nlm.nih.gov/medlineplus/ency/article/003227.htm>

Tendonitis

Arthritis: Tendinitis

<http://www.webmd.com/osteoarthritis/guide/arthritis-tendinitis>

Tendinitis

<http://www.nlm.nih.gov/medlineplus/tendinitis.html>

Tetanus / Lock Jaw

Understanding Tetanus -- Diagnosis and Treatment

<http://children.webmd.com/vaccines/understanding-tetanus-treatment>

Tetanus

<http://www.nlm.nih.gov/medlineplus/tetanus.html>

ATTACHMENT A

Sample Job Duties and Responsibilities of a Community Health Worker

Following is a list of duties and responsibilities that community health workers may be assigned, depending on the goals of the individual project.

- Conduct door-to-door outreach
- Provide one-on-one information on services and resources
- Distribute fliers, brochures and educational literature
- Refer patients to appropriate resources as needed and follow up
- Help make appointments and arrange for transportation
- Provide education and information and help support behavior change
- Recruit patients for various programs and services
- Screen patients for specific program eligibility
- Make telephone calls to remind patients of appointments
- Participate in community events such as health fairs
- Contact and collaborate with other community agencies such as churches, recreation centers, others
- Attend tenant management meetings, make program presentations, recruit tenants, as needed
- Assist with community meetings, make presentations
- Facilitate group meetings
- Document patient encounters accurately
- Compile monthly reports
- Attend staff and supervisory meetings
- Maintain strict confidentiality
- Work evenings and weekends as needed
- Other duties as assigned

ATTACHMENT B

EXERCISE 2: COMMUNITY HEALTH WORKER SELF-ASSESSMENT TOOL

This Self-Assessment Tool is designed to help you assess the personal strengths and skills that you will bring to your job. It is also an opportunity to understand and address the personal challenges that prevent you from achieving your maximum potential. Once you have taken your personal inventory, you can begin to set goals for yourself – both short term and long term goals.

For the purpose of this exercise, you are asked to set one or two Short Term Goals which you can work on achieving during the course of this training.

You are also asked to set one or two Long Term Goals which you plan to achieve within the next 6 to 12 months.

Although this is a self-administered exercise, you may want to pair up with a ‘buddy’ so you can support and encourage each other and provide constructive feedback.

STEP 1: Personal Qualities and Skills

In the section below, list at least 20 personal qualities and skills that you have which will positively influence your role as a good community health worker.

Examples of qualities – compassionate, friendly, open minded, etc.

Examples of skills – good teacher, hard worker, good presenter, etc.

STEP 2: Personal Challenges

In the section below, list at least 5 qualities about yourself that you wish to change or improve, e.g. become a better listener, be more punctual, improve documentation skills, etc.

STEP 3: Setting Personal Goals

From Section 2, above, pick at least one short-term goal that you would like to work on during the course of this training and at least one long term goal that you plan to work on over the next 6 to 12 months. For each goal, list specifically what actions you will take, e.g.

GOAL – (Short term) To be more punctual

OBJECTIVE – To get to the training site at least 5 minutes before the start of each session every day - or - at least 8 out of 10 days, etc.

ACTION STEPS – Set the alarm clock xxx minutes earlier, do xxx the night before, etc.

COMMENTS – List what worked, barriers experienced and/or feedback from your ‘buddy’ in this section.

ATTACHMENT C

EXERCISE 4: ROLE PLAY

Scenario A:

- Form groups of three. Each group member assumes the role of ‘patient’, ‘clinician’ or ‘observer’. Switch roles after each exercise so that each member gets a chance to play each role.
- Select a ‘health condition’ for the ‘patient’ e.g. diabetes, CVD, etc.
- Conduct a 3 minute role play session in which the ‘clinician’ tells the ‘patient’ about their ‘health condition’ and the patient asks the 3 basic questions:
 - What is my main problem?
 - What do I need to know?
 - Why is it important for me to do this?
- the ‘observer’ provides feedback to the group at the conclusion of each round.

Scenario B:

- Form groups of three. Each group member plays the role of the ‘community health worker’, the ‘clinician’ and the ‘observer’. Switch roles after each exercise.
- The ‘community health worker’ explains what health literacy is to the ‘clinician’. The ‘CHW’ then practices telling the ‘clinician’ how the clinician needs to change the way she communicates with her patients in order to ensure her patients understand their medical condition. The CHW practices using a non-judgmental manner that does not make the clinician defensive or angry.
- The ‘clinicians’ role is to act defensive and dismiss what the ‘CHW’ is saying until satisfied or convinced by the CHW’s communication, or until the end of their allotted time.
- The ‘observer’ provides additional feedback to the CHW.

ATTACHMENT D

EXERCISE 5: ICE BREAKERS

Ice Breakers are excellent tools for breaking down barriers, making introductions fun, encouraging participation and interaction, and ‘warming up’ the group. They can be used effectively at the beginning of a training session to get it off to a good start, at the beginning of each day or training segment, or even in the middle of a session to energize the group and stimulate creativity.

Following are some ice breakers that are fun and do not use a lot of time or resources.

- 1. Catch the Ball:** Participants sit in a circle facing in. The Facilitator instructs the group that a ball will be tossed to them at random. The participant, to whom the ball is tossed, needs to catch it and introduce themselves. They then need to toss the ball to another participant - anyone except the ones to their immediate right or left. The ball should be preferably small and soft and all coffee cups need to be cleared before the start of the exercise. In addition to giving their name, the facilitator can also ask participants to include where they work, live, why they are at this session, what they wish to accomplish, etc. The act of tossing and catching the ball serves to distract the participants and helps lower their inhibitions, increases energy in the room and adds fun.
- 2. Yarn Toss:** This exercise is a variation of ‘Catch the Ball’, except that participants are tossed a ball of yarn. Each participant hangs on to the unraveling yarn while tossing the ball to another participant so that a web of yarn is formed connecting participants to each other. This exercise can also be used to illustrate concepts of team work.
- 3. Name Six.....:** Participants sit in a circle. The Facilitator picks a topic or theme and asks participants to include six (or four or any # depending on the size of the group and time available) things on that theme when introducing themselves. Examples of some theme topics: six things you are good at; six things you want to learn today, or six things that embarrass you; or six things you like/dislike, etc.
- 4. Uses For.....:** This is a good exercise to use in between sessions to break monotony and get the creative juices flowing. Participants can sit in a circle or theatre style in a classroom setting. The Facilitator presents an ordinary object such as a coffee mug, paper clip, etc. and asks participants to make a list of as many uses for that object as they can think of within a set period of time, such as 5 minutes. At the end of that time period, participants can exchange their list with their neighbors. Prizes can be given to the participants with the longest list, the most creative list, or the silliest list, etc.
- 5. Word Challenge:** Similar to the above, except that the Facilitator writes a long word on the black board, e.g. ‘hippopotamus’, and asks participants to use the letters within that word to make up as many other words as possible. Each letter is to be used only once. This exercise can be made more challenging by setting limits such as no word should be shorter than 4 letters, no proper names, etc.
- 6. Word Hunt:** This exercise can be used with introductions or in mid session. The facilitator presents the group with a letter – any letter from the alphabet. Participants are asked to list all the objects they can think of that begin with that letter within the prescribed time limit. The participant with the longest list ‘wins’. As a variation to this – participants are asked to introduce themselves and name one quality that they possess, or would like to, which begins with that letter.
- 7. Counting Beans:** This is a good team building exercise. Participants form groups of four or more, depending on the size of the group. A glass jar filled with beans or marbles is placed in front of the groups and they are asked to count the number of beans in the jar without touching the jar. The group whose estimate comes closest to the actual number wins. This exercise provides participants the opportunity to problem solve, build consensus and work as a team
- 8. Famous Characters:** This is a good icebreaker that gets everyone moving but needs a larger room. Before they can enter the classroom, participants are given name tags to place in front. They also have the name

of a famous character or individual pinned to their back. The goal is for each participant to guess the name of the famous character pinned to their back by asking questions of other participants. The only response permitted to their question is a 'yes' or 'no'. The facilitator can adopt a theme – e.g. pick all cartoon Disney characters, famous actors of the 90's, current political state or federal officials, etc.

ATTACHMENT E

EXERCISE 6: OUTREACH LOG

Community Health Worker Name: _____

From: _____, 2009 to _____ 2009

	Client Name	Address	Phone #	Contact Date	Actions/Service	Follow Up
1						
2						
3						
4						
5						

ATTACHMENT F

EXERCISE 8: Pre- and Post-Training Survey

The purpose of a pre and post-test survey is to assess what, if any, changes have taken place as a result of the training. The actual contents of this survey would be specific to the training being provided. This survey would be administered at the beginning of the training session and again upon completion of the training. The survey can be separated into 3 major components:

A. Knowledge – this section would assess the knowledge or information the participants have about the particular subject being taught, prior to the training and assess how much was retained and integrated at the completion of the training - e.g.

- Rice is a carbohydrate – true/false
- Exercise is good for the heart – true/false
- Etc.

B. Behavior – this component would assess the participants own behavior, prior to the start of training and after the completion of training e.g.

- I exercise for 15 mins/day at least 3 times a week – always/usually/ seldom/never
- I like to drink soda – never/sometimes/daily/several times a day, etc.
- I tend to worry a lot, even about minor problems – often/sometimes/rarely
- Etc.

C. Beliefs – this component would assess the participant's beliefs. Since these may be ingrained or culturally based, they can be the most difficult to change. e.g.

- I believe people who are depressed can snap out of it if only they will try – true/false
- I believe taking baths when pregnant hurts the baby – true/false
- I believe breast feeding will make me unattractive to my partner – true/false
- Etc.

ATTACHMENT G

Training evaluation – Sample Format

Workshop Title: _____

Presenter: _____

Date: _____

(Please circle one)

1. How would you rate the quality of instruction and teaching ability at this session?

4 - Excellent 3 - Good 2 - Fair 1 - Poor

2. How would you rate the instructor's level of knowledge and expertise?

4 - Excellent 3 - Good 2 - Fair 1 - Poor

3. How would you rate the usefulness of the program content for meeting each of the program's objectives?

4 - Excellent 3 - Good 2 - Fair 1 - Poor

4. How would you rate the adequacy of the physical facilities?

4 - Excellent 3 - Good 2 - Fair 1 - Poor

5. Please share one piece of information that you learned from attending this session.

6. Please share what you enjoyed most about this session

7. Please share what you liked least about this session

6. Additional Comments:

ATTACHMENT H

REFERENCES AND RESOURCES

American Association for Health Education – www.aahperd.org/aahe/

Baltimore City Cardiovascular Health Partnership Strategy Development Workshop – “Mobilizing African American Communities to Address Disparities in Cardio-Vascular Health”: National Institute of Health/National Heart Lung and Blood Institute, July 2002.

Cardiovascular Health- Small Group Discussion in Baltimore City Public Housing: NIH/NHLBI 2002

Healthy People 2010 – www.healthypeople.gov/Document/pdf/uih.

NACHC, Special Population Series –Information Bulletins #8 and # 9 (July 2007)

National Center for Health in Public Housing – www.healthandpublichousing.org/ - Partnership for Clear Health Communication (Ask Me 3): National Patient Safety Foundation: www.npsf.org/askme3/

World Health Organization – www.who.int/