

Community Forum on CHW Training Issues – May 29, 2009

Notes from Small Group Discussions

This is an ongoing community dialogue.

Please contact HealthConnect One or the Chicago CHW Local Network to offer input. We are especially interested in your vision for the role of CHWs in Illinois, your concerns, and your recommendations for next steps.

Vision of Role

Recognition, Respect & Integration

- Recognition of CHWs
- Equal partner in health care system and public health system
- System of health care that recognizes and supports CHWs in this state
- Integrate 2 roles: Bring professionals together: (1) community health, (2) go on to professional care
- Respect – starting with ourselves – orgs CHWs: (1) Avoid exclusion, (2) We bring something to the table, (3) Results show quality and justification
- Accredited, recognition, neutral
- Viable arm of healthcare field. Respected by the providers and other agencies we partner with (1) Myths started, (2) Streamlined trainings
- Recognition for CHW for bringing in clients - It take special qualities to be a CHW (not everyone can do it...overlooked)

No Change

- (1) No change (2) Integrate → Recognition

Certification

- Certification with (1) standard curriculum, (2) baseline criteria, (3) Everyone on same page/talk the same
- Certification will bring money for herself/himself and own organization
- Certification or degree

Visions Requiring Collaboration

- Define CHW and agree on criteria, and differentiate
- Standardization
- Unify criteria to achieve a common goal.
- We need to establish the infrastructure of CHW/LHW more for underserved ethnic/minority communities (This is a big need...)

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- We need funding, creation of jobs, stability of CHW jobs will keep CHWs in the community -- because it's so undocumented (the CHW work that's done), there is no recognition
- Asian community → language in-proficiency. If the role was more distinct...certification and training will differentiate b/w translator. (1) Make distinction b/w the roles, (2) CHW role should be highlighted

CHWs are Unique

- Holistic training (social, health, etc.)
- CHWs improve communities – mobilize to develop better vision and better health
- Mobilize communities to improve health and have better quality of life. Preparing to others through health promoters, capable, strong, that gives a vision for the community.
- Quality of work from community: Trust, familiarity, understanding, compassion, commitment, flexibility, talk the same language, culture sensitivity
- Promotoras as trainers: (1) True empowerment, (2) Certifying training system, (3) Individual choice, (4) Understand/learn what promotoras are
- Impact on communities: (1) A teacher to empower an educator, (2) A team member to medical providers, (3) A seed growing/producing a lot of fruit, (4) Bridge between community and medical professional – any resources
- Let's make clients feel comfortable to talk to us. (1) CHWs are there to break it down, (2) Get them to help themselves, advocate for themselves
- Balance between the layman and the provider. We play both sides. Have knowledge and capacity to break it down.
- Ability to be good communicators
- HMOs don't have the time, but CHWs do - "We didn't reach this person today, let' try tomorrow"
- Families with community and has knowledge
- Give back to the community and also receive training (\$\$ effect.)
- Education does not = compassion, nor take the place of it. We could reach more people if we are more compassionate. Let's work on honesty and body language.
- We can't change the world, but we can start for ourselves.

Steps, Priorities, Action

Process

- Define process to include everyone
- Organize partnerships with health promoters; include us in the planning.
- We want to be part of this by creating committees (bring own resources to offer)

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- Develop committees
- Consult those in the field
- Engage in a one-day strategic planning/visioning meeting with only CHWs in order to determine their vision – so that they have a united front and feel empowered as they move forward
- Majority of H.P. coming together
- Check on WHO policies and processes
- Need to foster communication, collaboration, coordination and convergence of activities
- Effective listening can help to overcome language/cultural barriers
- Broaden conversation to “CHW Training Issues”, not just certification
- Communication
- Legislation
- What has to happen to get politicians involved? (1) They decide what is a degree, (2) Doctors, employers – beneficial

For Training and Certification

- Get employers involved with training – put value on the education (help us get there)
- Recognize previous training and life experience
- Define certifying body
- Create job description
- Two sides can work together – may need core certification but different additional training for different communities
- Formal certification inclusive, multilingual, multilevels (e.g. I, II, III, etc.)
- Employers involved in the education of CHWs
- One Group’s greatest priority – how do you certify → if love what they do but not need – create multiple levels – (1) General knowledge for everyone, (2) Individual certification
- Want information on how we could become certified in our positions

Non-Certification Goals

- A system that is recognized
- Certification is one way but there are others as well (policy, funding – more difficult)
- Confidence
- Relationships

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- Education/Knowledge
- Someone else to believe in you/support

Concerns and Obstacles

Exclusion Concerns

- Leaving people behind
- We are not excluded (keep localized) by neighborhood – figure out what works for different communities
- Citizenship/immigration status
- People without documentation should not be excluded
- Some people don't want certification and some do

Spirit, Culture, and Focus Concerns

- CHWs/promotores not just about health – they are about fighting for justice in the community
- Losing spirit of work by training/certification
- Afraid of creation of different culture of CHW work – lose passion
- Training may challenge the spirit of the job
- Losing the focus
- Losing the spirit
- Creation of a different “culture” within the H.P. field

Training Concerns

- Holistic education
- Trainings that give us credits (CEUs)
- CHWs need more classes to get more CDUs
- Time
- Don't want it to change vs. Separate/diverse/localized curricula (i.e. promotoras not CHW)

Certification Concerns

- Want certification to get respect from providers (recognized not just as translation)
- People in the community have right to certify CHWs
- Certification

Resource Concerns

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- Money to pay for the programs and trainings
- Don't get paid enough to go to work and school
- Price

Other Concerns

- Distance
- Legal status

Language Barriers

- Greatest obstacle is language barriers/cultural barriers
- Language
- How can we reach everyone despite the language/cultural barriers? On top of core basic classes, we may need culturally competent streamlined additional curriculum to reach and bring back to our communities.
- Language

Action to Address Barriers and Concerns

- Community voice at the discussion table for curriculum development, policy design, etc.
- Collaboration and inclusion of community centers already doing trainings
- Make sure that CHW work is done by the ones who really know how /care about it
- Need CHWs/promotores to be recognized and understood
- Keep respect
- Include those SS#s and those who don't want to get certified
- Certification should have multiple levels; don't need HS diploma for first level
- To reach everyone despite cultural/language barriers, on top of core basic classes, we may need culturally competent streamlined additional curriculum to reach and bring back to our communities.
- Economic incentives

Forum Evaluation & Comments

Overall, forum evaluations reflected that we needed more time for community conversation and small group discussions, we needed discussion earlier in the program, more time for working and learning together, information on how to move forward, information on training opportunities and policy, and a greater focus on next steps. Some expressed a need for more CHWs at the forum, not just directors. *[An actual count*

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showed approximately 50 CHWs and Promotores, 16 program supervisors, and 42 other stakeholders.]

A Sampling of Next Steps recommended during follow-up conversations:

- Summarize these notes from the small groups and distribute them to the participants and facilitators.
- People want to be recognized for their contributions. Perhaps history questions can be included in the Survey & Mapping Project, for example. Or perhaps a committee can be formed to collect history.
- Host an open-agenda meeting.
- Set-up meeting with key CHW and Promotora leaders.
- Address major concerns.
- Build trust and unite CHWs/promotores.
- Discuss with political leaders and immigration specialists the pros and cons of certification. Is there a way to do certification that does not require citizenship, legal papers, and English speaking?
- Acknowledging both our strengths and our mistakes makes us stronger.

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