



TRAINING

The fourth component (building block) of community health worker programs is training. Initial training of community health workers and ongoing inservice, growth, and development strategies are woven into all aspects of programs. Effective programs offer training often and routinely. Community health workers are more likely to develop knowledge and skills if the training is interactive, provides time to share stories, and offers a chance to practice skills. Strategies used in training must be culturally appropriate.

The key training issues are assessing training needs, developing training objectives, selecting training content, designing and delivering training, selecting appropriate training methodologies, identifying trainers, planning logistics, developing a graduation plan, evaluating training programs, and planning for ongoing education.

The training of community health workers must be carefully designed and delivered because community health workers

- Bring a wealth of knowledge from their experiences;
- Reflect community values;
- May never have taken part in a formal training program;
- May have limited literacy skills; and
- May be unfamiliar with the health issue and health terminology.

The learning setting should be comfortable, safe, and easy to get to for community health workers. Setting up such an environment—perhaps creating ground rules and norms, clarifying expectations, and providing food, candy, flowers, posters, and music—can be as important as the training program content.

Adult learning occurs best when it is self-directed, fills an immediate need, involves the learner, is reflective, provides feedback, shows respect for the learner, draws on the learner's own experience, and occurs in a comfortable environment.

Paulo Freire's empowerment approach to learning has guided much of the development of training for community health workers. The basic tenet of Freire's approach is that the teacher learns from the group and the learners in the group also can be teachers.

Assessing Training Needs

Identifying skills needed by community health workers is important to achieving overall program goals. Identified skills then can be addressed through training. For example, if the job requires presentation skills, a training

program should teach these skills. Review the job description and job tasks for community health workers in a program, and identify needed skills, attitudes, and knowledge.

Development of a training curriculum often requires a great deal of unexpected staff time and expense. Also, funds are needed for printing materials, refreshments, and training supplies. Whenever possible, find resources such as donated or in-kind services to support the training (e.g., food, facilities). T-shirts or similar recognition gifts for volunteer community health workers can help build group identity.

Developing Training Objectives

Objectives should describe the knowledge and skills that are the expected outcomes for the training. They should describe *who* will do *what* by *when*. For example, one objective might be “By the end of this training, participants will be able to show in a role-play how to communicate three key points about the importance of breast and cervical cancer screening.”

Selecting Training Content

Most training programs for community health workers average 10 to 12 hours. A useful guideline is to allow enough time for activities and avoid trying to cover too much in one session.

Ground rules, norms, and community guidelines all are part of establishing the learning environment. They help participants determine and buy into individual and group behavior that is acceptable and agreed upon for each training. A good strategy is to ask the group to offer important ground rules for the training or to provide a list of prepared norms and invite the group to add to the list.

Facts about health issues can be presented in many ways. Community health workers can read brochures, play games, listen to presentations, and watch videos.

Participants can practice interpersonal and communication skills through role-plays. Skits can exaggerate poor communication skills. Participants can identify wrong communication techniques in the skit and offer other more effective ways of communicating. These methods may be used to start a discussion about which interpersonal and communication skills are most appropriate for a given audience.

One way to orient community health workers to the breast and cervical cancer early detection program is to show a video about the program and ask participants to discuss what they saw on the video. Another way is to conduct

a skit showing the roles of program staff and service providers (e.g., nurse, outreach worker, administrator). Participants wear a sign naming their role. This helps to explain the program by connecting the different workers and describing their duties.

Designing and Delivering Training

Cultural Respect. Some beliefs might affect community health workers, and ceremonies and language that are appropriate for a certain audience may benefit the training. For example, beginning each meeting with a prayer is culturally appropriate for some groups of older African-American women. The results of the training needs assessment can be used to guide the development of a culturally appropriate curriculum.

Referral Resources. Staff from referral agencies may be invited to attend the training. Hang in the training room a map showing where community resources are located. Have community health workers make a site visit to the referral and service agencies. Notify agencies prior to the visits so that community health workers will be welcome. Show pictures of the screening sites and the landmarks near the screening sites.

Social Networks and Opportunities. Have community health workers draw a picture (e.g., sociogram) to show their network of family, friends, religious community, and service providers. Have them put themselves in the middle of the drawing. The sociogram helps community health workers identify individuals and organizations they can contact for community-level education.

Places for Outreach. Depending on the client population, places for outreach vary from one community to another and from one health issue to another. Suggested locations for reaching older women include beauty shops, family reunions, health fairs, housing projects, churches, and senior centers. Messages can be included in numerous places, such as Mother's Day cards, electric bills, and grocery bags.

Stages of Change and Other Theories of Behavior Change. Participants can learn about health behavior theories (e.g., Stages of Change model) as appropriate. Have them name the different stages of behavior change and role-play sample responses for the different stages of change.

Group Presentation Techniques. Learn and teach the dos and don'ts of delivering a culturally effective presentation. Offer opportunities for skill practice and feedback, and provide guidance about how to develop or adapt visual aids.

Documentation of Activities. Show a slide presentation of a day in the life of a community health worker. Have participants complete sample activity

documentation forms based on the activities seen or heard in the slide show. The purpose of this activity is to show whether forms capture the key activities of community health workers.

Selecting Appropriate Training Methodologies

Adults have different learning styles. In response, trainers should vary training methods and aids. When selecting a training method, consider learning objectives, group size, experience and skills of the group and the trainer, cultural influences on learning and varying learning styles, time available, and training content.

Use a variety of training methods, including role-plays, demonstrations, group discussions, group problemsolving, icebreakers and energizers, presentations or lectures, case studies, written exercises, brainstorming, dramatization, and audiovisuals.

Encourage community health workers to engage in storytelling and share their ideas and experiences. These methods represent culturally appropriate approaches to training when used with specific audiences.

Identifying Trainers

Trainers need certain traits to be effective with community health workers. They need to understand the community, know the health content, be personable, relate comfortably to the women in the community, reflect the diversity of the intended audience and the community health workers, and have experience in actively involving participants in training.

Experienced volunteers, lay health advisors, or community outreach workers can be effective trainers. Providers can serve as resource persons to become familiar with participants, but skilled trainers should conduct the training. Community outreach workers or members of community health advisory groups can serve as trainers or help identify trainers who have the background and cultural sensitivity to work well with community health workers. An orientation for the trainers can address the unique training needs and strengths of community health workers.

Accredited training programs are useful for training community health workers. Community health workers can complete 15 to 20 credit hours of coursework through some colleges and receive certification upon completing the course. A 17-credit-hour program at San Francisco State University's Community Health Training and Development Program Center awards 13 credit hours for core competencies for community health workers. For the remaining 4 credit hours, community health workers may choose electives

such as women's health, domestic violence, HIV/AIDS, or alcohol and drug abuse.

Planning Logistics

The training location must be easy for community health workers to get to, and transportation should be provided if needed. Ask members of the intended audience about the best training time. Some older women do not like to be out at night. Some groups prefer weekdays; others prefer weekends. The Logistics Planning Worksheet is a checklist of key steps for arranging the logistics of a training (see appendix B on page 40).

Developing a Graduation Plan

Recognition of the accomplishments of community health workers, especially volunteers, can maintain their enthusiasm and pride in their work and can motivate them to greater achievements. A graduation ceremony is a good way to recognize community health workers. Family members, friends, community leaders, and trainers should be invited to celebrate the success of the community health workers. Community health workers should be involved in planning the graduation.

Framed graduation certificates, diplomas or plaques, T-shirts, cards, letters, mugs, and other items of appreciation are well received. Invite a community leader as the keynote speaker. Invite the local newspaper to cover the event. Serve food and play music.

Evaluating Training Programs

Community health workers may not be familiar with pretests, posttests, and evaluation forms. Creative evaluation methods can be used, including

- Q-sort cards (small pictures such as drawings or magazine cutouts that capture ideas covered in the training in visual images rather than words);
- Role-plays;
- Videotaped practice sessions; and
- An evaluation form with faces expressing a variety of emotions.

Ask participants to demonstrate a skill learned during the training. For example, ask them to role-play a situation in which they are educating or counseling an older woman.

Planning for Ongoing Education

Offer continuing education opportunities to community health workers. Follow up with training participants to reinforce learning. Followup may include monthly meetings, annual meetings, telephone calls, newsletters with articles written by community health workers, and service directories listing community resources.



Using the Action Steps Template

Take a few minutes to think about how using the training suggestions might enhance your community health worker program. List two action steps related to training that you will take on the Action Steps Template on page 33.