



PROGRAM PLANNING

The second component (building block) of community health worker programs is program planning. Program planning involves developing a workplan that uses a timeline for achieving objectives, using resources, and assigning responsibilities.

A workplan needs to address each key component. It needs to include a timeline in which to achieve objectives, allocate resources, and assign responsibilities. The information gained from the needs and resource assessment is the basis for the plan.

Create a workplan that builds on the six key components of developing a community health worker program. A common mistake made by programs is to plan only the recruitment and training components. Each of the six components must be planned to ensure successful integration of each part into the entire program.

Set a target date for starting the program. Plan a timetable for developing and starting each key component. These dates are guidelines. They can be changed as each of the six key components are addressed.

Key task categories for inclusion in a program planning workplan include reviewing the assessment analysis; developing goals and objectives; developing organizational commitment; obtaining staff buy-in; obtaining community buy-in; recruiting, training, and managing and maintaining community health workers; and evaluating community health worker programs.

Reviewing the Assessment Analysis

Review the problem identified through the resources and needs assessment process. What program needs and resources have been identified? Is the goal to change people, the environment, or both? The answers to these questions will determine the level at which to target program activities.

Identify problem-specific outcomes. Link decisions and activities to intended outcomes. The program outcomes reflect the program goals and objectives.

Developing Goals and Objectives

Clearly defined goals and objectives must guide the program. Specific goals and objectives are developed in response to local needs and resource assessment and priorities. They signal the program's intention to staff members, partners, and the intended audience. What are the goals and objectives of the program? Are they clearly stated and measurable?

A goal is a global statement describing what is to be accomplished—a general statement of intent. For example, a goal might be to reduce breast and cervical cancer deaths by 5 percent for women age 50 and older by the year 2000.

Objectives are specific and say who will do what by when to achieve the goal. For example, an objective might be to increase by 10 percent each year the number of women age 50 and older who are screened for breast and cervical cancer. The use of goals and objectives increases the effectiveness of the planning by forcing planners to clarify the purpose and quantify “realistic” outcomes. Measurable objectives are the foundation for evaluating the program.

Developing Organizational Commitment

Organizational commitment starts at the top and should flow throughout the organization. The program director’s commitment often reflects program funding budgeted for developing a community health worker program. Concrete resources help program staff in nurturing, supporting, and advocating for the program’s goals, which are essential to program success.

Overall agency commitment enables a community health worker program to function with credibility and authority. It also provides a stable environment in which a community health worker program can grow and carry out long-term strategies, such as using community advocacy to develop options for elder care and childcare.

Obtaining Staff Buy-In

Obtaining staff buy-in requires involving staff early in the program planning process. Management should invite and encourage staff to talk openly about the reasons for using community health workers, needs and available resources, the expected effect on the goals of the overall program, and how the agency will assist program staff in learning about the organization and the health care system.

To obtain staff buy-in, all staff members need to understand the reason for the community health worker program. They also need to understand the nature of the work done by community health workers. This understanding will help when staff members see community health workers in activities that seem out of the normal scope of work (e.g., phone calls that appear personal; irregular work hours; attendance at church, community events, and other social or cultural activities that are recorded as time worked).

Staff members need to understand the difference between their role and that of the community health worker. Staff members may feel that less “formally trained” workers are “moving in” on their jobs. They may feel that community

health workers threaten their position and perhaps even their value to the program. Staff members need to recognize that community health workers do not replace health professionals such as doctors and nurses.

Community health workers extend and complement the professionals' reach into the community in ways the health professional cannot. Staff members can benefit from hearing and understanding the unique contributions of community health workers and how they help the program achieve its goals. For example, community health workers are community "insiders." They are typically demographically like the intended audience and speak their language. They know the community concerns and the day-to-day realities, living conditions, and circumstances of community members. Therefore, they are viewed as credible sources of help and information.

Obtaining Community Buy-In

The strengths and resources of the community support one side of the community health worker bridge. The six key components of community health worker programs support the other side of the bridge. Buy-in from the community is essential because it provides the balance between the community and health care services.

Involving community leaders in the planning process ensures that the program will reflect the diversity, values, spirit, and culture of the community. Community buy-in can be achieved by involving community leaders in program development. Obtaining buy-in from the community may be a selling point to gain staff buy-in.

Note: The next four parts of the program planning description provide an overview of the key issues for each of the remaining components of program planning—recruitment, training, management and maintenance, and evaluation. Each component is covered in more detail in the sections that begin on page 14.

Recruiting Community Health Workers

Planning recruitment for a community health worker program includes developing job descriptions and a recruitment plan, including a budget related to program development issues. Once recruitment preparation steps are completed, the recruitment process begins—selecting an approach, establishing criteria, identifying possible candidates, contacting and interviewing candidates, and hiring community health workers. (See pages 14-17 for more details about recruitment.)

Training Community Health Workers

When beginning to plan training, be sure to identify training needs of community health workers; develop objectives; determine training content; consider the training design and delivery; select appropriate methodologies; identify trainers; plan logistics; develop a graduation plan; plan training evaluation; identify ongoing education issues; and develop a budget for the costs related to program development issues. (See pages 18-23 for more details about training.)

Managing and Maintaining Community Health Workers

Planning to manage community health workers includes understanding the type of supervision that is most effective with community health workers (e.g., a mentoring relationship). Managers must recognize the documentation and quality assurance measures that need to be in place. Maintaining community health workers requires understanding the value of recognizing workers. Budget considerations for this component include salaries, staff development training for workers and mentors, development of forms, supplies and materials for recognition, and ongoing training and continuing education. (See pages 24-28 for more details about managing and maintaining community health workers.)

Evaluating Community Health Worker Programs

Planning evaluation should begin early in the program planning process. It involves coming to consensus about what to evaluate, how to know if objectives have been achieved, and how evaluation benefits the program. All stakeholders should be involved in planning the evaluation. The budget for evaluation can reflect the level of evaluation needed to determine if program goals are met. (See pages 29-32 for more details about evaluation.)



Using the Action Steps Template

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