Critical learning: Bicultural Community Health Workers' views on prospective training opportunities

Results of qualitative research for the Blue Cross and Blue Shield of Minnesota Foundation

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About the Blue Cross and Blue Shield of Minnesota Foundation:

> The Blue Cross and Blue Shield of Minnesota Foundation looks beyond health care today for ideas that create healthier communities tomorrow. Since its establishment in 1986, the foundation has provided $14 million in grants to foster healthy lifestyles, improve access to and use of health care, and find solutions to health care problems. It is the state's largest grant-making foundation to exclusively dedicate its assets to improving the health of Minnesotans. In the fall of 2004, the foundation will announce new funding priorities to guide its work with community organizations and others to discover innovative ways to improve the social conditions that influence health. To learn more about the Blue Cross Foundation, visit www.bluecrossmn.com/foundation

Summary

Growing Up Healthy in Minnesota, a multi-year statewide grantmaking initiative of the Blue Cross and Blue Shield of Minnesota Foundation, aims to improve access to and use of preventive health care for children and youth from diverse cultural backgrounds. One focus of this initiative has been to increase the cultural competence of health providers through several key strategies, including the use of Community Health Workers. These are generally bicultural, bilingual individuals who provide a link between cultural and ethnic communities and the health care organizations that serve them. Community Health Workers support both the patient and the health care provider, helping to build trust, improve communication, and promote better health outcomes.

Minnesota currently has no formal training programs to prepare people for this role nor to provide continuing education and professional development; training for Community Health Workers typically takes place on the job.

The Blue Cross and Blue Shield of Minnesota Foundation commissioned Wilder Research Center to conduct two focused discussion groups with Community Health Workers in July 2003. The purpose of these discussions was to learn from the experiences and opinions of current bicultural and bilingual Community Health Workers (CHWs) in order to better understand their training needs and to identify features that would make training more attractive to both new and experienced CHWs. One discussion was conducted in Spanish with eleven Latino Community Health Workers. The other discussion was conducted in English with seven Community Health Workers from four immigrant groups: Somali, Hmong, Lao, and Latino. Participants described their professional backgrounds, including how they became Community Health Workers; their training experiences; and their views about the design of a training model for new and experienced Community Health Workers.

Main findings

In general, experienced Community Health Workers who participated in the focus groups were supportive and enthusiastic about the development of a training program. Most felt that a training program carrying academic credits would appeal to Community Health Workers because it would help them in their current work while moving them toward an academic degree. Most also felt that any new training program should be practical, and their preference was that courses would be taught by faculty with real-life experience doing similar work.

All focus group participants saw a differentiation between a training program for new or prospective Community Health Workers and one for experienced Community Health Workers. It was felt that a program for new/prospective Community Health Workers should focus on teaching the skills necessary to build relationships with clients such as making a positive first impression; ensuring confidentiality; building respect and trust; understanding clients' culture, religion, and/or language level; and learning to work with groups of clients.

There were varied ideas for the design of a training program for experienced Community Health Workers. The Spanish-speaking group emphasized the need for training related to prevention of burnout and increased support for the work they do. The English-speaking focus group supported a curricular focus on increasing the knowledge of Community Health Workers – knowledge of health topics as well as familiarity with available resources. According to participants in both groups, a substantial part of the Community Health Worker's role is to serve as a service broker – helping clients access resources in the community. Participants felt that they learned about many of these resources on their own, through trial and error.

In both discussion groups, participants felt that the best motivation for participating in any kind of training was the opportunity to improve their skills and knowledge for working with clients. Increases in pay or greater respect from medical professionals did not appear to be a motivating factor for those who participated in these discussion groups. However, a few participants expressed enthusiasm for the idea that such a program might improve their credentials and help them obtain an academic degree.

After both discussion groups, participants expressed interest in future involvement and planning related to training opportunities for Community Health Workers. The English-speaking focus group members were particularly interested in convening a support or learning network of Community Health Workers, in order to learn from the experiences of their peers.

Implications

The results of this study prompted a number of questions to consider in exploring options for a training program for Community Health Workers:

- Should standardized training be required in order to work as a Community Health Worker? (Participants felt that some type of on-the-job training should be required, but were unsure about the need to require more formal training.)

- For which workers would college credit (versus informal, on-the-job training) be important?
- How can we creatively design flexible training options that are articulated with other health occupation training through MnSCU, other higher education institutions, community settings, and/or employers?
- How can we best address concerns about cost and access (e.g., cost of training, financial aid, transportation, time constraints, and the potentially intimidating admission process for post-secondary education)?
- Do CHW training needs in Greater Minnesota differ from those among CHWs in the Twin Cities metro area? (Greater Minnesota participants mentioned that they do not have much opportunity for informal networking and learning from others.)
- In designing a training program, how do we avoid creating barriers for community members to enter this type of work? How do we recognize prospective workers' strong interpersonal skills and respect in their community?
- How do we best address the need for continual updating of knowledge about community resources and programs, particularly about services that are nearby and responsive to the needs of immigrant groups?
- How do we best address the need for peer support, mentoring, and stress management, in view of the emotional demands of the job?

Background

Barriers associated with language, culture, geography, and socioeconomic status can affect a person's ability to access and benefit from health services. Health care providers, too, are sometimes overwhelmed by the challenge of working effectively with people of many different cultures and languages. In order to provide culturally competent care, many health service delivery organizations that serve diverse populations hire bilingual and bicultural front-line staff – such as Community Health Workers and foreign language interpreters – who can bridge cultural differences and facilitate better communication between patients and health care providers.

Typically, the term Community Health Worker (CHW) refers to a bicultural, bilingual person who provides a link between cultural or ethnic communities and health care organizations. Community Health Workers have many titles, including Community Health Aides, Client Advocates, Outreach Workers, Bilingual or Bicultural Workers, Health Educators, Public Health Assistants, and Family Resource Workers. Some are based in a cultural or ethnic community, offering health-related information and referral, transportation assistance, or health education materials, while others work within an agency, providing interpreter services or patient advocacy. By building trust and helping diverse populations overcome barriers that prevent them from accessing and benefiting from health care, and by assisting health care professionals to work effectively with patients of different cultures, Community Health Workers play an important role in bridging the gap between diverse populations and health care systems.

In 2001, the Blue Cross and Blue Shield of Minnesota Foundation launched Growing Up Healthy in Minnesota, a $1.4 million, multi-year, statewide initiative to increase access to and use of preventive health services for children and adolescents among American Indians, communities of color, and foreign-born people. A related objective is to improve the cultural competence of the health care providers who serve them.

The Blue Cross Foundation has funded a variety of projects involving Community Health Workers. In spring 2002 the Foundation commissioned a statewide survey of health and human service agencies to gather information about the use, training, and employment prospects of Community Health Workers and medical interpreters. In November 2002, the Foundation hosted a forum for policy-makers, educators, and health care representatives to share survey results, invite comments by experts, and foster discussion among attendees about bicultural, bilingual workers.

In 2003 the Blue Cross Foundation issued a report summarizing the results of the survey and forum in order to direct greater attention to the contributions of Community Health

Workers and foreign-language interpreters and the challenges faced by employers who hire them. The results outlined in the report indicate that Community Health Workers and interpreters are highly valued and considered necessary to address cultural and language barriers to health care. In addition, the study shows that the contributions of Community Health Workers (CHWs) and interpreters may be limited by difficulties associated with recruiting, hiring, training, and retaining these workers. The full report is available online at: www.bluecrossmn.com/public/foundation/chwproject.html.

According to the study:

> Organizations cite a shortage of qualified CHWs and interpreters as a barrier to providing culturally and linguistically appropriate services. Because interpreter and Community Health Worker jobs are typically entry-level, and employees often move on quickly, retention is a problem.
>
> Employers indicated that standardized training would help ensure a better prepared CHW workforce and would increase the pool of qualified CHWs and interpreters… 91 percent and 90 percent of respondents cited "a great deal" or "some" need for standardized interpreter and CHW training, respectively.

The Blue Cross Foundation believes that overcoming these challenges will require multiple approaches and the involvement of many agencies, both public and private. Currently, national efforts are underway to define standards for interpreters and Community Health Workers. The Centers for Disease Control and Prevention has established a clearinghouse of information related to Community Health Workers. San Francisco State University has developed, tested and implemented a Community Health Worker curriculum.

Locally, the University of Minnesota is partnering with other educational institutions throughout the state to expand its interpreter training program. However, there is no equivalent effort to develop systematic training for Community Health Workers.

For that reason, and because the need for standardized training of Community Health Workers emerged as a key issue in both the statewide employer survey and the key stakeholder forum, the Blue Cross Foundation is exploring the feasibility of developing and piloting a Community Health Worker training program. This would be done in partnership with practicing Community Health Workers and representatives from health care and higher education. In April 2003, a staff member from the Blue Cross Foundation invited a representative from Minnesota State Colleges and Universities (MnSCU) to visit the Community Health Worker Certificate Program in San Francisco in order to promote joint learning about this model program and to consider possibilities for a Minnesota curriculum.

Currently, it is thought that such a program may: 1) fill a void in formal, standardized training for Community Health Workers; 2) ensure consistency in core training and competencies; 3) produce a cadre of people with the skills necessary to be effective Community Health Workers; and 4) promote the use of Community Health Workers in order to better meet the needs of Minnesota's diverse population. Finally, the Blue Cross Foundation is interested in seeing that the training model is designed in such a way to create a career ladder for Community Health Workers to enter other health-related positions. In the long term, the development of a Community Health Worker training program will contribute to a more culturally and ethnically diverse health care workforce as well as help address shortages in the health care professions.

This report provides the results of two discussion groups with Community Health Workers. The purpose of these focused discussion groups is to learn from the experiences and opinions of current bicultural Community Health Workers in order to better understand their training needs, the training needs of aspiring Community Health Workers, and features that would make training more attractive to participants.

Study method

In response to the desire by Blue Cross Foundation staff to build on the expertise and experience of Community Health Workers on the benefits and design of a Community Health Worker training program, Wilder Research Center staff conducted two focused discussion groups with Community Health Workers in July 2003. One discussion was conducted in Spanish with eleven Latino Community Health Workers. The other discussion was conducted in English with Community Health Workers from various immigrant groups including Somali, Hmong, Lao, and Latino. Participants were recruited from grantee organizations of the Blue Cross Foundation. Follow-up phone calls to confirm participation were made by staff from Wilder Research Center. Each participant received a $50 gift certificate as a thank-you for participating. The focus groups lasted about two hours. Participants described their professional backgrounds, including how they became Community Health Workers, their training experiences, and their views about the design of a training model for new and experienced Community Health Workers. A copy of the discussion guide (English version) is included in the Appendix.

The decision was made to conduct one discussion in Spanish, because of the high number of participants who spoke Spanish as their primary language. Some of these participants were not fluent in English. The focus group discussion conducted in English included seven Community Health Workers among whom spoke four different primary languages were spoken. All spoke and understood English. However, it is probable that the English-speaking focus group did not have the same flow of conversation as the Spanish-speaking group because of language differences.

While these focus groups give us helpful insight into the views of two groups of Community Health Workers, they are not representative of the views of all Community Health Workers. Findings should, therefore, be interpreted with caution given the limited scope of the study and the lack of sampling methodology.

About the participants

The Spanish-speaking group consisted of 11 participants. All were Latino. Nine of the 11 participants were female. Within the Spanish-speaking group:

- Four participants worked in Saint Paul at a community health clinic guiding Spanish-speaking people through the health care system, and helping people access health programs and health coverage.
- Two participants served as health promoters working with migrant farm workers who live in camps near Owatonna, Minnesota. Health promoters are chosen by the community and there can be only one per family. A nonprofit organization pays for their services.
- Two participants were dental health educators who serve Latino families seen at the pediatric clinic at Hennepin County Medical Center.
- One participant coordinated health promoters near Owatonna, Minnesota.
- One participant was a HeadStart child development advocate.

The English-speaking group consisted of seven participants. Four were Somali, one was Hmong, one was Laotian, and one was Latino. Five of the seven participants were female. Among the English-speaking focus group:

- Two participants worked as outreach workers near Rochester, Minnesota: one with the Somali community and one with the Latino community.
- Two participants worked for an international public health organization based in the Minneapolis-Saint Paul area with the Somali community.
- One participant worked at a non-profit community-based agency in Rochester, Minnesota, supervising staff and doing community health work with the Somali community.
- One participant worked for a non-profit community-based agency in North Minneapolis with Hmong families.
- One participant worked for a non-profit community-based agency in North Minneapolis with Lao families.

How they became Community Health Workers

In the English-speaking focus group, the length of time that participants had been doing community health work varied from two months to three years. Many participants got into the job by accident. Some selected responses from participants describing how they became Community Health Workers:

> I like to help my Somali community. There are a lot of people missing appointments and I just want to break the barriers. The girl who had the job before me went on vacation. She encouraged me to apply, and I applied and got the job.
>
> I was at [agency working with Southeast Asian people] for three years before I got my current job. I was doing the work [of a Community Health Worker], but then I got the title [asked to assume this position].
>
> I had a business degree, and before I could use it, I got into an accident and there was no one to interpret for me [to help me communicate with the medical personnel]. I had to deal with [a Latino service organization] and Legal Aid. I learned a lot from this experience, and I saw a job [for a CHW] in the paper. I didn't have experience in health, but personal experience and they give me a chance and I like helping people.

Participants' training background

Most discussion group participants reported that their supervisor provided training before they started the position. This varied from a few hours to two weeks of training. A few had to start the work without any training. Many commented on the importance of learning from experience, and the value of the on-the-job supervision that they received. The following are selected responses:

> I received two weeks of training in things like MinnesotaCare and Medical Assistance.
>
> I received training in health, violence, and child abuse. I learned that contacts are important to do referrals. We constantly receive more information.

Findings

Job skills needed by Community Health Workers

Participants were asked to describe the most important skills needed to be an effective Community Health Worker. The overarching theme throughout their comments was the importance of skills in relationship-building. Both groups discussed the need for commitment, patience, respect, and empathy for clients. One Latino respondent said:

> We need interest and patience. Sometimes even though you are dealing with Latinos, they don't necessarily know how to express themselves in Spanish. We need to treat people with courtesy no matter where they come from and what social class they belong to.

Figure 1 shows the number of participants who mentioned specific skills or traits.

1. Most important skills needed to be an effective Community Health Worker

N=10	Spanish group	English group
Patience/courtesy/respect for culture, age, and social class	5	2
Need to enjoy the work	3	
Flexible time and accessible to clients	3	1
Knowledge, information, and resources	3	1
Conviction, commitment	1	2
Honesty	2	1
Experience	1	1
Confidentiality	2	
Sharing, learning from one another, and delegating cases	2	

Note. Respondents could give more than one response.

In addition, participants were asked, "What didn't you know when you began doing this work that you quickly realized you needed to know?" Most stated that they needed knowledge of resources and how to deal with various situations that arise. This would include knowledge of legal, health, mental health, and dental providers in their communities, as well as specific knowledge of topic areas such as immigration, insurance access, and various health topics. Others stated that they needed to know how to communicate effectively with clients.

Some selected comments from the Spanish-speaking group included:

> Every day I encounter things that I don't know, but perhaps my co-worker would know as long as I keep client confidentiality. For example a client would ask me something about immigration that I would not know. I have to continually learn and connect people.
>
> I needed to learn more about situations that people find themselves in. I was giving a talk about the use of antibacterial soap and was unaware that water was not permitted inside their living space.
>
> I need to know more about resources and networking. Who should I refer this person to?
>
> For me it was the opposite: every situation was different. I have my list of resources, but sometimes I think the type of resource I need does not exist in the community. You need the support of a group [of people working with the same community] to be effective and be aware of the needs.
>
> I needed to learn a little bit of each health system. Every time you receive a different case, it is fascinating.
>
> People are different and react differently. Even though we are Latino we are not the same.
>
> I needed to know how to teach people to do their own things instead of always doing it for them. [Another respondent added] People should learn to teach their families, as well.
>
> We need to learn more about what the needs are.
>
> I also think that it would include community mobilization. We make up information forms and distribute fliers; it's getting people to come [to community meetings and to get services] that is so difficult.

When discussing the same issue, some selected comments from the English-speaking group included:

> I needed to know how to get feedback from people that I work with.
>
> You have to first understand the community that you want to help: how they understand, how to communicate with them, and to know who the leaders are.
>
> Before, I didn't know how well I was going to do on this job. The people, they don't trust me because I'm very new, different from the previous person so they don't want to share privacy.

> You have to be flexible with your time in order to have a connection with the community. You have to accommodate their schedules and their needs. If you try to keep 9:00 to 5:00 hours, you won't connect with the community.

Discussion of prospective training

Value of training

Participants in both groups felt that training was important to the job. Most discussed the need for some initial training when a worker starts the job. However, in both groups, there was a great deal of enthusiasm for continued education after they had some experience on the job. Participants agreed that this was very important because of "constant change" and the importance of specialized knowledge after they gained some initial experience. The following are selected comments about training:

> Training is very important. There are ethical issues that can put a client in jeopardy. Specifically when using interpreters, it is very important.
>
> It depends on what area you are working on. You have to have knowledge not only of health, but food, housing, and work. The more training you have the more prepared you are to do it.
>
> We need to keep up to date. You begin with the basics, but it is constant change [others agree that things change constantly].
>
> We get trainings for example from the INS and other agencies to keep on top of things. It is continual education. First, you get the basics and then you get constant training.
>
> Training helps me to concentrate with the client. For example when I work with a Head Start child, it helps me to also focus on the entire family.
>
> Everyone communicates different, but training is necessary.
>
> They should get the training before they start. If they get the training before, they can be better.
>
> People like me had to start right away. There was no time. So for me, I need training while on the job. For others, it would be good to have training both before and during the job.
>
> The most important is to have training after you start so that you know where to specialize [everyone agrees to more training after starting the job].
>
> Most people's before-hand training is limited, so it is important to get training afterward.

Views on attractive components of a training program

Participants appeared interested in the idea of having training at community-based organizations as well as academic settings such as community colleges. In the English-speaking group, there was consensus that academic credits would be an interesting and important motivator. In the Spanish-speaking group, participants agreed that transferable credits and a certificate as evidence of successful completion of an established training program would be important. They especially felt that the offer of college credits would attract participants to the training.

> There is something that already exists in the community college called a Case Aid.
>
> I think it would be great to do both. If it's at the college level, then it helps the administrators [of programs]. If it's at the lower level [training in the community], it helps the Community Health Workers.
>
> At the college level you can get credits. I'm still a student, so if I'm going to study something, I want to get credit. Plus, I think it helps your knowledge more.
>
> I see more informal training going on. . . At the college level would be good. I also think that sharing information among health workers would be good.
>
> I'm interested but have no time.

Toward the end of the English-speaking discussion session, there was much interest and discussion on receiving credits transferable to an academic degree program. All agreed that they were interested in using credits to help them graduate and to save time and money.

Respondents were asked what would make the training valuable and attractive to them. Some had comments about the quality of the teaching staff. It appeared to be especially important that the teaching staff have hands-on experience. When the English-speaking group was asked whether or not the teacher needed to be from their own cultural group, most felt that this was not necessary. Some in the Spanish group expressed interest in having training conducted in Spanish.

In the English-speaking focus group, one respondent felt that the training should have several tiers depending on the skills and experience of the workers. The following are selected responses on how the training can be made attractive to participants:

> We have to have two levels. One should be for general knowledge [entry level]. One should be for professionals, like biology or psychology. The general knowledge one should have a Master's or Ph.D. as the instructor. The practical one [for current CHWs] should have workers in the community as instructors, in order to share ideas.
>
> I want to hear experienced people. People who have done the work.
>
> I'm thinking of going back to school to get a degree because I like this work. But I work all the time. It's hard to go to work and school.
>
> We should get a certificate.
>
> Yeah, but it shouldn't be certification in order to get a job.
>
> The Community Health Worker should have hands-on training. They should be able to go out with a trainer and do the work.
>
> Training should have action-oriented events.
>
> Training should [show how to] use art and posters to attract more people to health topics (some CHWs are visual learners).
>
> Training should use videos simulating cases.

Important knowledge and skills to be gained from a training program

Participants were asked to name the most important knowledge and skills to be gained from a training program for both a novice Community Health Worker and an experienced worker. For the novice Community Health Worker, participants emphasized the need, again, for learning the skills essential to building relationships. In the Spanish-speaking group, there was unanimous support for the traits of dedication and honesty to be present in Community Health Workers.

Important training areas for new or prospective Community Health Workers

> What to expect from the community.
>
> General description of job.
>
> How to communicate with patients and clients [both how to communicate and knowing the language].
>
> Relationship-building.
>
> How to mobilize the community and do outreach. [others agreed]
>
> Building your own support groups. Building a web of people that can help you find resources and support clients.

Identify community leaders [respondents felt that the support of community leaders was important in effectively delivering their messages].

How to teach a class. We need someone to teach us before we teach the community [knowledge of topic area].

If I don't have expertise in an area, I have to find guest speakers – doctors, nurses – who know about this. Otherwise, they don't know what we're talking about.

Make people understand about the structure [of the health care and social service delivery system in Minnesota]. It depends on the group that you are dealing with, so if you know the needs, you can serve them better.

How to build trust.

How to assess needs.

Evaluation. Evaluate the group and evaluate yourself, so if no one shows, you aren't saying, "What happened?"

The way you receive a client and your attitude.

The respect that you give people.

First impression.

Approach. Learning how to calm the client down.

The language level; we need to be on the same level as the community we are working with.

Confidentiality.

Give them motivation and ability to do things.

Help them increase self-esteem and leadership.

Patience to learn about the client's culture and level of education.

Wanting to do the job and being dedicated.

Lay the cards on the table. Explain things to the client how things are going to work. If [the Community Health Worker and the client] have a positive attitude the person is going to want to do things and not feel guilty [take responsibility for their part in the health care process].

Teamwork.

The Spanish-speaking group ranked the skills needed to train novice or beginner Community Health Workers. These are very similar to the skills identified by the English-speaking group; the following are their rankings:

1. Approach to clients: first impression and respect.
2. Confidentiality.
3. Relating to clients' culture, religion, and language level; increasing clients' self-esteem – empowering them to access resources; and learning to do group work.

Important training areas for experienced Community Health Workers

English-speaking group:

> Something that relates to [health-specific] topics. [more in-depth information]
>
> Understanding how [evaluators] are going to do our evaluations because we might think we are doing well, and the next year, we might not have a job.
>
> If someone wants to talk about diabetes, who do you talk to? [resources and contacts]
>
> Skills in data collection. Like surveys. Feedback from the community.
>
> Stories from former health workers, what they did and what was the outcome. What they did during their job, either local or global [a mentor].
>
> Learn how to present the materials [health-related and educational materials].

Spanish-speaking group:

> Training for those who are burnt out.
>
> Know how to separate work from your personal life [all participants agreed: need to learn to leave work in the office].
>
> Support group for workers.
>
> Working with other organizations to be educators in the community.
>
> Training to learn how to evaluate situations and cultural dynamics.
>
> No matter how much experience you have, you have to accept that you learn from others.
>
> Training for self-satisfaction. We work for a goal and when I see statistics of our improvement that motivates me. Get together to see the result of our work.

> Mental health coordinators come to show us how to relieve anxiety [among Community Health Workers]. We do breathing exercises. [All agreed that they needed more training on mental health]

The Spanish-speaking group ranked the skills needed to train experienced Community Health Workers. Their responses were slightly different from the skills identified by the English-speaking group. The Spanish-speaking group focused on training related to burnout prevention and increased support for workers. The English-speaking focus group, on the other hand, focused on increasing their knowledge of resources and specialized topics.

Potential outcomes of a training program

Potential impact on clients

In the Spanish-speaking group, everyone agreed that clients or patients would receive better services if there were standardized training. Yet they wanted to emphasize that experience is valuable and counts as well. In the English-speaking group, there was some ambivalence about whether or not the clients would receive better services than they do now. Most felt that standardized training would help, especially in increasing worker knowledge of topic areas. Others felt it would help novices better understand their roles. For example, one respondent felt that when she was new to the job, clients took advantage of her. She was asked to transport families everywhere, not just to medical and dental appointments. She felt that training might have helped prevent this and clarify her role.

Potential impact on pay levels of Community Health Workers

The majority of participants in the Spanish-speaking group felt that employers would probably pay more if Community Health Workers received training. One respondent felt that it would be a good idea to offer opportunities to "test out" of training and still receive credit or a certificate.

> It all depends on your resume.
>
> Trainings give me more acknowledgement and credibility. Yes, it increases pay.
>
> A degree does not mean you are dedicated.
>
> People should do things because they like it.
>
> Community Health Workers should get more pay. They are the ones doing the job, I'm just a facilitator [respondent is in a supervisory role]. With a certificate for training you can get more pay.

> I think if you get training you should get paid more.
>
> After a while, there should be an evaluation of your work because you might have training, but aren't effective. Some people might not be able to do the training, but still do a good job.
>
> Or you can test out of the training.

Potential impact on the respect given to Community Health Workers by medical professionals

Community Health Workers were asked whether or not a training program would increase respect of Community Health Workers from other medical professionals. Most focus group participants were not sure about this. The English-speaking focus group emphasized that such a program with a certificate might make Community Health Workers feel better about themselves. A few felt that it might help their resumes or help them to move among agencies. The following are selected responses:

> It would make me feel better. If we would do the class and get the certificate, we could hang it up.
>
> It [certificate] would make me feel good, like "Yeah, I achieved something."
>
> It'd be good for your resume [career advancement].
>
> I think that's not important, we just want to learn for ourselves.
>
> Some doctors are like, "Who are you? What do you do here?" They may think that we are just interpreters. They do not know what we do.
>
> It all depends on the worker – the respect the Community Health Worker has gained at work.

Should Community Health Worker training be required?

The majority of the Spanish-speaking group participants felt that the training should be required. They felt that Community Health Works need at least basic training to do the job, and that more training is better. One respondent said, "If you have the interest to help, you should have the interest to take the training." However, it was not clear in either group whether or not they felt a *formal* training program should be required. Some respondents felt that the on-the-job training that they had received had worked well for them; it was also the only option available. A school-based or credit-bearing training program was an attractive idea, but not yet a reality, so it was difficult for respondents to weigh in on whether or not such training should be required. In addition, there were concerns about tuition costs and about the possibility that required content might cover

things that Community Health Workers already know. Most importantly, current Community Health Workers wanted the training to be practical and relevant.

> It is different for people who are beginners. I get bored with things I already know, although you always meet new people.
>
> The purpose [of the training] should be to introduce the newer ones and to retain the old ones.

Other comments or suggestions

Community Health Workers wanted to emphasize in their final comments that low cost and high accessibility were important to them in a training program.

In the Spanish-speaking group, members were very appreciative that the focus group was conducted in Spanish. Some in the group had little English skills and would not have been able to participate in a focus group conducted in English.

In the English-speaking groups, participants in the group wanted to emphasize the importance of informal support and networking as a "continuing education" opportunity for participants. One participant said, "If you see other Community Health Workers, you ask them what they do. We share and learn from each other. Everyone has some other Community Health Worker to talk to, but we want more." Another said, "In the Twin Cities you probably have more choice. In Rochester there aren't very many people to talk to."

Further planning to address issues of cost, accessibility, and language must be pursued as the Community Health Worker training program is designed and piloted.

Issues to consider

In general, experienced Community Health Workers who participated in the focus groups were supportive and enthusiastic about the development of a training program. Most felt that a training program coupled with academic credits would appeal to Community Health Workers because it would give them valuable training while providing them with the option to work toward a degree. The following are questions to consider as planning for a training program moves forward:

- Should standardized training be required in order to work as a Community Health Worker? (Participants felt that some type of on-the-job training should be required, but were unsure about the need to require more formal training.)
- For which workers would college credit, versus informal, on-the-job training, be important?
- How can we creatively design flexible training options that mesh with other health occupation training through MnSCU, other higher education institutions, community settings, or employer-provided training?
- How can we best address concerns about cost and access (cost of training, financial aid, transportation, time constraints, and the potentially intimidating admission process for post-secondary education)?
- Do training needs differ in Greater Minnesota and the Twin Cities metro area? (Greater Minnesota participants mentioned that they do not have much opportunity for informal networking and learning from others.)
- In designing a training program, how do we avoid creating barriers for community members to enter this type of work? How do we recognize prospective workers' strong interpersonal skills and respect in their community?
- How do we best address the need for continual updating of knowledge about community resources and programs, particularly about services that are nearby and responsive to the needs of immigrant groups?
- How do we best address the need for peer support, mentoring, and stress management, in view of the emotional demands of the job?

Finally, while these focus groups give us helpful insight into the views of two groups of Community Health Workers, they are not representative of the views of all Community Health Workers. Findings should, therefore, be interpreted with caution. Continued input from additional Community Health Workers, and the immigrant communities they serve, will be necessary in the next stage of planning.

Appendix

Focus group script

Focus group script

Background for facilitators The primary objective is to get participant's thoughts on preparatory training that will enable an individual to become a CHW. Secondarily to that is training needs of practicing CHWs (continuing education) and as an intermediary – on the job training.

DISCUSSION GUIDE FOR BLUE CROSS/BLUE SHIELD CHS
JULY 2003

Date ___________________ Location _____________________________

Number of participants ___________________________

1. Introductions:

Hi, I am _____________ with Wilder Research Center. This is ___________________, who will be taking notes. Wilder Research Center is working with the Blue Cross/Blue Shield of Minnesota Foundation to talk to groups of Community Health Workers in the state. We are interested in finding out more about your thoughts about a Community Health Workers training program.

For a little background, the Blue Cross Foundation defines a Community Health Worker as someone who provides a wide range of services. Generally Community Health Workers are bicultural, bilingual individuals who provide a link between cultural or ethnic communities and health care organizations. Community Health Workers have many titles, including Community Health Aides, Client Advocates, Outreach Workers, Bilingual or Bicultural Workers, Health Educators, Public Health Assistants and Family Resource Workers. Some work in communities offering information, referrals, transportation or materials, while others work within agencies, providing counseling, advocacy or education. Does this sound like something that you do in your job?

Before we start, I just want to tell you that this discussion is completely confidential. We will be taking notes, but no names will be attached to the notes. Because this is a private conversation, please do not share what others say outside of this room. Agreed?
Also, we would like to tape the session so that we can refer back to any comments that ____________ is unable to write down fast enough. Is that okay?

To get started, let's go around and introduce ourselves, tell us what your title is, the agency you work for and how long you have been doing this kind of work. . .Why did you become a Community Health Worker?

2. Questions:

1. What are the most important skills needed to be an effective Community Health Worker serving immigrant communities or communities of color? In other words, what skills should a CHW bring to his or her role?

2. What didn't you know when you began doing this work that you quickly realized you needed to know?

3. Do you think it's important to train CHWs for their role?

   For entry level CHWs?
   What about CHWs like yourselves who have worked in this role for many years?
   Can you describe the job training that you received?

4. How many of you know other CHWs and network with them?

5. **Do you feel that there is an interest from current CHWs in a training program? Should it be an academic program, for example, based at a community college or a less formal training, say at an organization like the Minnesota International Institute or even the Wilder Foundation? Why?

   PROBE: What do you think a training program would have to offer to make it attractive to individuals who are interested in becoming CHWs?

6. *Do you think the CHW position would be better understood, given more respect or validated by people you work with if there was a standardized training for the position?

7. *To what extent do you think the clients or patients would receive better CHW services if there were standardized training?

8. (Raise your hand) Do you think the pay rate for the CHW position would be at a higher rate if employers preferred to hire graduates of standardized training programs?

9. Should CHW training be required? (PROBE IF TIME: Why or why not?)

10. **In what ways would a training program for someone new to a CHW role differ from someone who has been working as a CHW for many years?

11. *What do you think are the most important knowledge and skills that students who want to become CHWs should learn from a training program? What about practicing CHWs?

    (NOTE TO FACILITATOR: Record reasons on a sheet of paper and have the group prioritize the competencies)

12. *How important is it to you that the credits that you would receive from training program be transferred to a post-secondary degree program i.e. community college or receive a certificate for this training? (PROBE: Would it help if the credits that you received from this training program be transferable to another allied health program say for nursing or lab technology?)

13. Finally, do you have any other comments or suggestions about training related to Community Health Workers?