This chapter provides four activities and one assessment designed to promote an understanding of the history of community health workers (CHWs). Although the CHW field is sometimes considered to be emerging in the US, CHWs have a long and rich international and national history. Understanding the historical context is critical for the success of community health work and for the sense of pride and value CHWs can and should feel about the important work they do. This history also frames the work of CHWs today and sets the stage for future contributions.

This chapter corresponds to, and is meant to be used with, Chapter 2, "The Evolution of the Community Health Worker Field," of Foundations for Community Health Workers, Second Edition.
The Evolution of the Community Health Worker Field

Training CHWs on the history of community health work takes place at the beginning of the CHW training program at City College of San Francisco (CCSF). The content in this chapter is designed to be covered in one or two classes or training sessions.

This guide is meant to be used when teaching/ training Chapter 2 of Foundations for Community Health Workers, Second Edition. The step-by-step learning activities presented here are just a sample from our curriculum and do not include all training activities that we facilitate over the course of a nine-month CHW certification process. We recommend reading Chapter 2 in Foundations, because the textbook provides more material about the historical roots of CHWs, as well as a deeper explanation of concepts related to activities in this guide.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LEARNING OUTCOMES</th>
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</table>
| ACTIVITY 2.1: RADIO PLAY: VOICES FROM THE HISTORY OF COMMUNITY HEALTH WORK (45 MINUTES) | ▶ Discuss key aspects of the international history of community health work.  
▶ Analyze their own place in the history of the CHW field. |

This activity provides an interactive introduction to the history of community health workers by inviting learners to put themselves in the roles of CHWs throughout history and across the world. Radio play
Includes:
● Learner Handout 2.1 A: Radio Play

| ACTIVITY 2.2: DRAWING YOUR PATH TO BECOMING A CHW (90 MINUTES) | ▶ Identify key moments and experiences that shaped their journey to becoming a CHW.  
▶ Demonstrate self-reflection. |

This group drawing activity invites learners to tell their stories about how they came to be in the CHW training program. This activity can help learners develop humility and pride as they reflect on their own growth and journey, and it can identify people and experiences that shaped them along the way. Drawing activity, gallery walk, and small group discussion
## CHAPTER AT A GLANCE (continued)

### The Evolution of the Community Health Worker Field

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<th>ACTIVITY</th>
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<tr>
<td><strong>ACTIVITY 2.3: HISTORY OF COMMUNITY HEALTH WORK TIMELINE (90 MINUTES)</strong></td>
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<td>In this activity, learners generate a timeline of important events and historical moments in the development of community health work internationally. Small group activity and large group activity &lt;br&gt;Includes: &lt;br&gt;⦁ For the Trainer 2.3 A: Timeline Activity Cards</td>
<td>▶ Identify key moments in CHW history.  &lt;br&gt;▶ Discuss the historical and international context of community health work.  &lt;br&gt;▶ Place themselves as part of the history of CHWs.</td>
</tr>
<tr>
<td><strong>ACTIVITY 2.4: THE VALUE OF CHW ORGANIZATIONS (90 MINUTES)</strong></td>
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<tr>
<td>This activity provides learners with an opportunity to identify organized CHW efforts that exist in their region and collectively generate ideas about how to support each other in their work as CHWs going forward. This activity requires Internet access. Small group Internet research and worksheet, large group discussion &lt;br&gt;Includes: &lt;br&gt;⦁ Learner Handout 2.4 A: CHW Organization Research Summary</td>
<td>▶ Research and identify existing local, regional, or national CHW organizations and resources.  &lt;br&gt;▶ Identify benefits and opportunities for CHW organization and collaboration.</td>
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<thead>
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<th>ASSESSMENT</th>
<th>ANSWER KEY OR RUBRIC</th>
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<tr>
<td><strong>ASSESSMENT 2.1: REFLECTIVE WRITING ON THE HISTORY AND FUTURE OF CHWs</strong></td>
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<tr>
<td>This assessment asks learners to write a one- or two-page paper related to the topic of CHW history and their future.</td>
<td>▶ Standard rubric</td>
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# ACTIVITIES

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Activity 2.1

Radio Play: Voices from the History of Community Health Work

This activity provides an introduction to the long history of community health work by inviting learners to put themselves in the roles of CHWs throughout history and across the world. Originally developed by Noelle Wiggins in 1993, in collaboration with CHW colleagues at the La Familia Sana (The Healthy Child) Program in Hood River, Oregon, it has been continually adapted over the years to fit diverse groups and changing circumstances.

When leading this activity, we recommend removing some of the Oregon voices (the last four characters) and replacing them with voices from your own region or community. The play works best when actual quotations from CHWs in your area—who the participants may know—are included, providing a sense of immediacy and realism that increases CHW pride and enhances learning.

1 Introduction

Explain to learners that you will be producing a radio play, with learners taking different roles and reading aloud from a script. The radio play shows some of the history of CHWs across the globe. Acknowledge that this exercise was developed by Noelle Wiggins and CHWs in Oregon (and adapted by you with local characters, if applicable) and is a good example of using popular education to teach about the history of CHWs. Explain that the radio play will not be recorded and is only for this training session.

Explore the history of CHWs with learners by asking questions such as these:

- Why might it be important to understand the history of the CHW profession?
- What do we already know about the history of CHWs?
Radio Play: Voices from the History of Community Health Work (continued)

2 Large Group Preparation

Distribute the complete radio play to learners and let them know that you will ask for volunteers for each role after they have had time to read over the play.

This may be a good time to acknowledge that reading aloud can be challenging for some people. Reassure learners that everyone is here to have fun learning and to support each other. You are producing this radio play because one main idea of popular education is that we learn more when we participate.

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<tr>
<th>CHARACTERS</th>
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<tr>
<td>Annunciator</td>
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<td>Community member</td>
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<td>Russian feldsher</td>
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<td>Chinese barefoot doctor</td>
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<td>Latin American Promotor de Salud</td>
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<td>Four CHWs from Indonesia</td>
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<td>Columbia</td>
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<tr>
<td>Indian Health Service Community Health Representative</td>
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<td>Office of Economic Opportunity Outreach Worker</td>
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<td>Promotora de Salud from Oregon</td>
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<td>Immigrant and Refugee Community Organization (IRCO) Community Health Worker</td>
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<tr>
<td>We Are Health Movement (WAHM) Community Health Worker</td>
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Ask for volunteers to read in the play and have them choose roles. Give learners 2 to 3 minutes to find and read over their part of the script. Encourage learners to ask about how to pronounce anything or about any words they are not sure of.
Radio Play: Voices from the History of Community Health Work (continued)

3 Perform the Radio Play

Invite learners to perform the radio play, taking turns reading their part in a loud voice for everyone to hear. You may wish to have all learners reading at the front of the room or have them simply read from their seats. Tell learners that they will read the script through together as though they are reading it for the radio. Encourage the actors to try to speak with as much emotion and drama as they can, as this will make it more interesting. Note that the second to last part is for all learners/actors to read aloud together.

4 Large Group Debrief

Give the performers a round of applause and ask them to sit down if they were standing at the front of the room.

Ask learners who participated in the radio play what the experience was like for them. Allow learners to comment and debrief after the radio play is performed. You may wish to ask questions such as the following:

- What caught your attention in the radio play?
- Did anything surprise you?
- Did you learn anything new?
- Why was the CHW model needed?
- How is the CHW model related to health equity?
- In what ways did the radio play connect to the histories of communities that you belong to or identity with?

5 Reinforcement

As you close out the activity, you may wish to reinforce some key points, such as the following:

- The CHW model was developed to address the ways that people around the world were systematically denied health care and the conditions for health.
- Community health work has always been about increasing health and promoting health equity.
- Communities taking charge of their own health and well-being is a political act and an act of power and self-determination. In some cases, this act has been very threatening to those in power.
- The history of community health work is a rich, vast history to be proud of.
- It is important to keep these proud roots in mind as CHWs become more integrated into the health care system.
VOICES FROM THE HISTORY OF COMMUNITY HEALTH WORK

Announcer: Today, radio listeners, it is our pleasure to present a play titled, “Voices from the History of Community Health Work.” As you may know, the field of community health work has a long and interesting history. We would like to share with you some of the voices from that history. So sit back, make yourself comfortable, and enjoy the play!

Community member: I’m a member of a community. I could be from Germany or Zimbabwe, Argentina or Cape Verde. I may be alive today, or I may have lived 600 years ago. People like me—neighbors, friends, family members—have been passing on health information and advice for as long as there have been communities. We are the aunties, the curanderos, the sobadores, the grandmothers.

Russian feldsher: Hello, minya zavut Vladimir. My name is Vladimir. I was born in the 17th century in Russia, and I’m called a feldsher. I’m not a doctor, but I went through four years of training so that I could take care of the health of civilians and soldiers.

Chinese barefoot doctor: I am a poor peasant from the interior of China and my name is Chin Shui. After the Chinese revolution in 1949, our leader Mao Tse-tung wanted to bring health care to the rural areas. He sent some doctors from the city but they did not want to stay. So they trained us poor peasants to care for the health of our communities. We are called barefoot doctors because many of us do not have any shoes.

El Salvadoran promotor de salud: Me llamo Hilario Perez. My name is Hilario Perez, and I am a promotor de salud in the community of Calavera, department of Morazán, El Salvador. Since the 1960s, the Catholic Church has trained many promotores here and in many parts of Latin America. We provide medicines and health care for campesinos who have never seen a doctor. We also help people understand why they are sick, and who is to blame. During the 1970s and 1980s, this made the army and the government angry, and so many of my compañeros were captured, tortured, and killed.

Four community health workers from Indonesia, Tanzania, Iran, and Colombia: (all at the same time) We are community health workers from around the world from the 1960s to the present. We go by many names. In some places, we are used by governments to prevent revolutions. In other places we are used against governments to promote revolutions. And in still other places we are able to simply do what is best for our communities.

Indian Health Service Community Health Representative: I am a member of the Umatilla tribe. In the 1960s I began to work for the Indian Health Service’s new Community Health Representative program. As our website says, “It was founded on the concept that Tribal health workers are especially well adapted to serve the Tribal community, as they are familiar with Native languages, customs, and traditions.” Our program still exists, though it
Learner Handout 2.1 A: Radio Play  (continued)

has gone through many changes. Now, I am the President of NACHR, the National Association of Community Health Representatives.

Office of Economic Opportunity Neighborhood Health Representative:  My name is Jackie and I used to work for the Neighborhood Health Clinics in Portland, Oregon. In the 1960s, the Office of Economic Opportunity funded outreach worker programs at a lot of community health centers in US cities like Portland, Los Angeles, and New York. We usually worked on just one health issue like smoking cessation. My program ran out of money in 1972 and I lost my job. This happened to a lot of outreach workers in the 1970s and early ’80s.

Community Health Promoter:  Hi, me llamo Antonia, my name is Toña. I am a migrant farmworker. In 1988, I started to work as a health promoter for the El Niño Sano project in Hood River, Oregon. Several health promoter projects with migrant farmworkers started at about that same time. Some of the programs were the Lay Health Advisor program in North Carolina, the Camp Health Aide Program in Michigan, and the Comienzo Sano Project in Arizona.

IRCO Community Health Worker:  Hello, my name is Mohamed and I am originally from Somalia. I am a CHW with the Immigrant and Refugee Community Organization of Portland. After the Affordable Care Act was passed, lots of people got interested in community health workers. CHWs knew that we needed a unified voice to represent our interests at tables where policy was being made. So in 2012, we organized the Oregon Community Health Worker Association.

WAHM Community Health Worker:  Hello, my name is Abdullah. I am a member of the We Are Health African and African American Community Health Worker Movement! I recently completed my training as a CHW in a course jointly sponsored by the Urban League of Portland, North by Northeast Clinic, and the Community Capacitation Center. I am very excited about using my training to address the problem of violence that disparately affects young people in my community.

All characters together:  We are outreach educators, promotores de salud, community health workers. Although we live in different times and places, we have a lot in common. We want to be able to do what is best for our communities. We want to be respected and rewarded for our knowledge and skills. We want opportunities to get more training and to advance within our field. As we begin to get to know one another and work together, we are gaining strength and power.

Announcer:  Well, listeners, that’s all for today. We hope you have enjoyed our program about the history of community health work. Join us again at the same time next week when the topic will be “Improving Salaries and Increasing Professional Development Opportunities for Community Health Workers.” Thanks for listening!
Drawing Your Path to Becoming a CHW

This group drawing activity invites learners to tell their stories about how they came to be in the CHW training program or working as CHWs. This activity can help learners develop humility and pride as they reflect on their own growth and journey, and it can identify people and experiences that shaped them along the way. It can also be a good way for learners to get to know one another by sharing the stories of their lives. For this reason, we recommend doing this activity early on in the training program.

A modified version of this activity can also be done at the end of the training program, providing learners with an opportunity to reflect on their personal journeys through the training.

1 Introduction

Explain to learners that this activity will give them a chance to reflect on their own lives and what got them here into this room. This will be a chance for them each to think about what has happened on their own path so far and then share that with their peers.

OPTION You may wish to refer to the interview with Yvonne Lacey in Chapter 2 as an example of one woman's journey to becoming a CHW. Invite learners to think about aspects of Yvonne’s story that mirror their own and to notice the experiences and moments that marked her path.

2 Small Groups

Break the group into small groups of four to six learners each, depending on the size of your group. Try to get learners into groups with others they don’t know as well.

Activity 2.2

90 MINUTES

MATERIALS NEEDED
- Colored pens, crayons, or pencils and paper
- Flip-chart paper and tape

TRAINER PREPARATION
- Write reflection questions from Step 2 on the board or on a flip chart.

LEARNING OUTCOMES

After this activity, learners will be able to:
- Identify key moments and experiences that shaped their journey to becoming a CHW.
- Demonstrate self-reflection.
Drawing Your Path to Becoming a CHW (continued)

Introduce the following questions, written on a flip chart or the board:

- What events or experiences influenced your desire to become a CHW?
- What have been highlights and important moments in your journey to become a CHW?
- What people were influential in your journey? In what ways?

Explain that learners will have about 10 minutes to draw their own individual paths, using the reflection questions. Pass out colored pens, pencils, or crayons and paper. After about 10 minutes, prompt learners to spend a few more minutes writing about their goals for participating in the CHW training; have them think about what brought them here and the paths they took to get here.

After about 5 minutes, instruct learners to stop writing and drawing and share with the members of their small groups a few highlights from their drawings and writings. Give each learner about 3 minutes to share. You may wish to set a timer or have a member of each group act as the timekeeper.

3 Gallery Walk

Once all learners have shared in their small groups, bring the large group back together. Ask groups to go up to the front of the training space one group at a time. As each group comes to the front, have each member of the small group share one of their goals with the whole group and then put their drawing up on the wall using tape. Once all the groups have done this, give learners time to walk around and look at the drawings. This can also be done during a break. Walk around and look at the drawings, noting themes and commonalities.

**TIP** If possible, you may wish to leave these drawings up during the course of the training program, as they represent the life experiences learners bring with them into the learning environment and can be a beautiful and thoughtful reflection of the community learners create.

4 Large Group Debrief

Bring the group back together after they have completed the gallery walk and ask learners to share things that stood out for them when they were looking at the drawings and hearing one another’s stories. You might ask learners questions such as the following:

- How was the experience of drawing and sharing your path?
- What similarities or differences did you notice among the drawings?
Drawing Your Path to Becoming a CHW  (continued)

5 Reinforcement

As you close the activity, take some time to share with learners some of the things you noticed or heard during the activity. Remind learners that this activity is a way to practice self-reflection (an important skill for CHWs to possess) and to identify the many moments, challenges, opportunities, and influences that brought them to this training program and into the CHW field. You may wish to provide some encouraging words to learners, affirming the decisions and experiences that got them here and that shaped the people they are and the CHWs they will become.
Activity 2.3

History of Community Health Work Timeline

In this activity, learners participate in an interactive exercise to generate a timeline of important events and historical moments in the development of community health work internationally. Learners also reflect upon their own lives and the important moments or experiences that motivated them to become CHWs. These experiences, and learners' own histories, become part of the timeline and of CHW history.

This activity builds upon Activity 2.1 and Activity 2.2. Before this activity, you will need to draw a large timeline on flip-chart or other big pieces of paper with a few important dates and events sketched in, from Chapter 2 or other sources, such as the Project South timelines of social movements found here: www.projectsouth.org/movement-building-projects/trainings-and-tools/timelines/.

1 Introduction

Explain to learners that the history of community health work goes back hundreds of years. In many ways, there have always been CHWs—community members who are natural healers and helpers. These informal and formal helping traditions have many names, including CHWs, promotores, curanderos, shamans, and many others. Share with learners that, in this activity, they will identify some of the historical and international roots of community health work. Explain that this activity provides an opportunity to collectively learn and share some of that history.

2 Small Group Activity

Put learners into small groups of three to four learners. Pass out the timeline activity cards (included at the end of this activity) so that each group gets at least one card. Pass out three blank Post-it notes or other sticky paper to each small group.
Instruct learners to first discuss the event or historical moment on the activity card(s). Have one learner read the back of the card aloud, and then give learners a few minutes to share in their small groups anything else they know about this event or experience.

Next, have learners discuss the following three questions, using one Post-it to answer each question. These questions can be written on the board or flip-chart paper.

1. Think of some early form of community health work from US history. What was it and when was it happening?
2. What is another important social movement or event that was happening around the same time?
3. When did community health workers first become a part of your life/consciousness?

Give learners about 10 minutes to answer the questions in small groups.

3 Timeline

Bring the group back together and ask each small group to come to the front of the room and share their activity card and their three Post-its with the large group. Once they have shared, have learners put their contributions on the appropriate place on the timeline.

Allow some time for discussion in the large group. You may want to ask questions such as these:

- What do you notice about the history of CHWs?
- What important events or moments are missing or are not represented on the timeline?

As learners share other events, you can write those on Post-its and add them to the timeline. You may wish to point out that there are many important historical moments, events, or experiences that contribute to the rich history of CHWs that might not be documented in literature or history books. You may want to reference a history or timeline of important social events, such as those created by Project South. Connect important social movements and histories to the history of CHWs. Take a moment to talk about the many ways histories are passed down or shared—through storytelling, cultural traditions, and community-based practices.

4 Self-Reflection

Hand out two Post-it notes to each learner, and ask the group to think about their own histories as they relate to the timeline.

Have learners write two key events from their own lives or from the histories of communities that they belong to that connect to the timeline, one on each Post-it. These can be important moments or activities in their own lives that helped shape their journeys to...
History of Community Health Work Timeline (continued)

becoming CHWs. Have learners add these Post-its to the timeline, placing themselves in the history of CHWs reflected on the timeline.

OPTION If learners completed Activity 2.2, invite them to reflect back on their own personal journeys to becoming CHW learners.

5 Reinforcement
To close out the activity, ask learners to share their observations and feelings about the activity. Remind learners that the history of CHWs is a living, breathing history, and that they are a part of that history as well as its future. You may wish to reinforce key points such as these:

● CHWs go by many names and titles, both formal and informal.
● Community health work has always existed, as people have taken on helping roles in their communities.
● Much of that history is not written down; rather, it is passed down from generation to generation by way of storytelling and tradition.
● Everyone in the room contributes to the history of CHWs and is part of creating the future of community health work.
● If you work as a CHW, you will have opportunities to contribute to the ever-developing history of the field.
For the Trainer 2.3 A: Timeline Activity Cards

Instructions for the Trainer: These images were found on the Internet using a Creative Commons search and they correlate to some of the historical events or moments highlighted in the Foundations textbook. You can edit and modify these images and text explanations as you wish, adding other important historical events in Foundations or from other sources. To use the images for the timeline activity, print out these pages and cut along the dotted lines, separating each card. Then fold each card in half so that the picture is on the front and the text is on the back.

In the 1960s and 1970s, community health worker programs developed in newly independent Tanzania and in Zimbabwe. People were generally trained for about six months to improve community access to health services. In 1980, an organization called Riders for Health started. They help community health workers in seven African countries (Zimbabwe, Zambia, Kenya, Nigeria, Lesotho, Malawi, and the Gambia) access and maintain motorbikes so they can travel to hard-to-reach places to conduct health outreach and provide health services.

In 1987, the AIDS Coalition to Unleash Power (ACT UP) formed to organize and advocate for investment in community health outreach, education, testing, treatment, and access to quality health care for people affected by HIV and AIDS. ACT UP activists built strategic partnerships with health and public health professionals and demanded policy changes and new public health programs to address the AIDS epidemic, including hiring CHWs to conduct outreach, provide client-centered education and counseling, HIV antibody testing, and much more.
In the 1960s, the Black Panther Party advocated for the government to provide free health care, including preventive health care and drug treatment for all oppressed people. They created many programs to support the health and self-determination of their communities, including free breakfast programs for school children and free medical clinics in poor communities of color. The clinics, called People's Free Medical Centers, were staffed by volunteers from the communities they served.

In 1965, China’s leader Mao Tse-tung promoted the concept of community health workers to improve the health of rural communities. Doctors sent from cities to rural areas did not want to stay there, so a community health worker approach was implemented. Called barefoot doctors because they were often too poor to afford shoes themselves, these village health workers usually received training to treat common illnesses, promote sanitation, and give immunizations.

In the 1800s in Russia, community members called feldshers were trained for a year or more to provide care for soldiers and other community members. They continue to be an important part of the health care system today and are often the first point of contact for people in rural areas who are without easy access to health care.
For the Trainer 2.3 A: Timeline Activity Cards  (continued)

Like the Black Panther Party, the Young Lords were a radical political organization in the 1960s and 1970s who worked for the rights and self-determination of oppressed communities. With roots in Puerto Rican communities, they developed programs and participated in political action to address health issues facing their communities, including a program to combat lead poisoning and another to increase screening for tuberculosis in neighborhoods with high incidence of the disease.

In 1978, at their international conference, the World Health Organization (WHO) adopted the concept of primary health care as a key strategy for achieving “health for all by the year 2000.” Central to their strategy was community participation, or using community members and village health workers to identify health problems and their solutions.

In the late 1960s, the Indian Health Service started the Community Health Representative (CHR) program to promote health in native communities by training community members to provide accessible and culturally relevant health services. This collaboration with American Indian tribes is one of the oldest and largest in the US. CHRs serve more than 250 tribes throughout the US and work on child and maternal health, diabetes management, and other chronic diseases.
For the Trainer 2.3 A: Timeline Activity Cards  (continued)

In 1962, the Federal Migrant Act required migrant clinics to conduct outreach in migrant labor camps. CHWs were hired to do this outreach, building on the promotor(a) tradition that was common in Mexico and Latin America. Many of the migrant farm workers living in camps were raised or had family ties in Mexico and other parts of Latin America. This policy change coincided with the surge in community organizing within farm worker communities, including efforts led by Cesar Chavez, Dolores Huerta, and United Farm Workers organizing for the health and human rights of their communities.
The Value of CHW Organizations

This activity provides learners with an opportunity to identify CHW organizations and associations that exist in their region or nationally. Learners will also generate ideas about how to support each other in their work as CHWs going forward.

This activity requires Internet research. It can be completed in the session if learners have access to computers with Internet, or alternatively, it can be introduced in one session and then completed in a subsequent session, once learners have had a chance to do Internet research outside of the training session.

1 Introduction

Introduce the activity to learners by explaining that CHWs have organized into networks, both formally and informally, in the United States and internationally. Over the last two decades in the US, CHWs have become more formally organized into groups, associations, and local, regional, and national networks. Provide some examples of current CHW organizations, such as the American Public Health Association CHW section and others listed in Foundations.

Ask learners to brainstorm some of the reasons why it may be valuable for CHWs to join together in professional organizations. Some of the responses might include the following:

- Providing peer support for educational and career advancement
- Sharing strategies and skills for working effectively with diverse communities
- Advocating for themselves as professional health workers
- Advocating for the rights and health of the communities they work with
The Value of CHW Organizations (continued)

- Defining the scope and roles of CHWs
- Developing their collective power to influence policies that affect CHWs and their communities such as training, certification, scope of practice, employment opportunities, and conditions, including wages

2 Research CHW Organizations

Explain that learners will do some research to find out what, if any, organized CHW groups exist in their region or state. If there are no CHW organizations in the city, county, or state where you are training, select a national organization for learners to research.

**TIP** If computers or tablets with Internet access are available to learners in the training setting, this activity can be done as a group. If not, the activity can be introduced with the expectation that learners will do the Internet research on their own or in pairs outside of the training session.

Pass out the CHW organization research summary handout (included at the end of this activity) and review it with learners. Allow time for questions as you review the handout. If learners are less experienced conducting Internet research, or if the group has a mixed computer literacy level, take some time to make sure everyone is comfortable with the assignment. Explain that learners will use the Internet to do research on what organized CHW resources exist in their area or in the country. You may want to take a moment to demystify the concept of research, if learners are not accustomed to conducting research or don’t see themselves as researchers. For example, you could ask learners to raise their hands if they have ever done research before. Then ask learners to raise their hands if they have ever used the Internet to find out information, like when a movie is showing or what time a store opens. Explain that what they did in those situations was research.

If learners will be conducting research in class, you may want to break them up into groups of three or four and have them complete the research summary together. Provide learners with about 20 minutes to complete their research, or instruct them to spend about 20 minutes outside of the session to complete the worksheet.

3 Report Back

After learners have completed the research summary document, bring the large group back together. Ask learners to share what they discovered, and make a list on the board or on flip-chart paper of the names of any CHW organizations they identified.

You may want to make two lists, one for local or regional organizations and another for national or other organizations not in the learners’ area. Ask learners to share what they found out about the organization, such as where the organization is located, and its history, goals, and priorities. If current policies affecting the CHW field are currently being
debated by these organizations, please highlight these issues (for example, issues related to CHW training, certification, or financing).

Ask learners whether they would be interested in joining one of the organizations and, if so, why (what would they hope to gain from participating in the organization?).

4 Identifying Priorities

Once all the groups have been shared with the large group, facilitate a discussion about the learners’ own priorities for the CHW profession and membership in any CHW organization. You may wish to ask prompting questions such as these:

⦁ What type of support would you be interested in as a working CHW?
⦁ What sorts of local CHW policies or conditions would you most like to see change?
⦁ How might you continue to support each other once you have completed your CHW training?

**TIP** If your training organization or college has an alumni association or other type of organization that is designed to provide ongoing connection and support to graduates of this CHW training, let learners know how they can join.

5 Reinforcement

As the conversation comes to a close, invite learners to return to this topic over the course of their training and in their professional lives as CHWs. You may wish to reinforce key points such as the following:

⦁ Professional organization can create opportunities for CHWs to learn from one another, build collective power and identity, and support each other in their work.
⦁ As the CHW field continues to grow, policies are being developed that impact CHW roles and working conditions.
⦁ Creating organizations enables CHWs to gain visibility and a seat at the table of those decision-making spaces.
⦁ One of the roles of a CHW is advocacy for the communities they serve. Being part of organized bodies allows CHWs to create collective power and more strongly and effectively advocate for the health and well-being of their communities.
⦁ Developing and sustaining organizations is challenging work that requires shared vision, conflict resolution, and clearly defined roles and responsibilities.
Learner Handout 2.4 A:
CHW Organization Research Summary

Your name(s): _____________________________

Instructions: Use the Internet (Google or another similar search engine) to answer the following questions. You may also want to look at the websites for the organizations listed in Chapter 2.

1. Does an association or network of CHWs exist in your state or region? If so, provide the name of the organization, its contact information, and the website where you found it. Briefly describe the organization.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. If there is not a CHW organization in your state or region, where is the closest organized CHW group you found? Provide the name of the organization, its contact information, and the website where you found it. Briefly describe the organization.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. For either question 2 or question 3, provide some information about the organization you found. What is the history of the organization? What are its main priorities and goals? What are some things you like about the organization? What do you want to know more about?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
ASSESSMENT

We have included an assessment that covers important skills for this chapter. There is not an assessment for every activity or for every learning outcome in this chapter. We encourage you to adapt this or add any other assessments from your own resources.

**ASSESSMENT 2.1: Reflective Writing on the History and Future of CHWs**

- This assessment asks learners to write a one- or two-page paper related to the topic of CHW history and future.
Reflective Writing on the History and Future of CHWs

Your assignment is to write a brief paper (one or two single-spaced pages) related to the topic of CHW history and the future, drawing upon key concepts from your CHW training, including concepts addressed in Foundations and other resources.

This reflective writing assignment is due ___________________ and is worth __________ points. Clearly type or print your full name at the top of the assignment.

The paper should address each of the following two topics:

1. The History of CHWs

   Please write about your own experiences and beliefs related to the history of CHWs. Please address at least two of the following questions in your paper:
   - What is important to know about the history of CHWs?
   - What have you learned about the accomplishments of CHWs so far?
   - How has the CHW field grown and developed?
   - How does knowing this history affect you as a CHW?

2. The Future of CHWs

   Please write about your own knowledge, experience, and beliefs related to the future of CHWs. Please address at least two of the following questions in your paper:
   - In your opinion, what are key issues CHWs will be addressing in the next 20 years?
   - What do CHWs individually and as a group need (in terms of support, organization, policies, and so on) to continue to grow and be successful?
   - What is one key policy change or accomplishment that you would most like to see the CHW profession achieve?
   - What contributions do you hope to make to the history and future of CHWs in your state, region, or country?

Please keep the grading or assessment rubric in mind as you write. For example, we are looking for you to respond directly and clearly to the questions asked, to demonstrate the ability to reflect on your own life experiences, and to link your reflection to key concepts and skills from the CHW training program.
Reflective Writing on the History and Future of CHWs (continued)

RUBRIC FOR ASSESSING OR GRADING REFLECTIVE WRITING ASSIGNMENTS

These assignments ask learners to reflect on their own life experiences and identities as they write about a specific public health topic or CHW competency area. We grade these assignments based on six different performance categories and possible scores range from 0 to 20 points each. At CCSF, a passing grade is generally 70% of the possible points. Acceptable performance may vary from trainer to trainer. We are including our version of a grading rubric, but feel free to adjust this to fit your unique situation.

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<thead>
<tr>
<th>CATEGORY</th>
<th>CRITERIA</th>
<th>POINTS</th>
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<tbody>
<tr>
<td></td>
<td><strong>EMERGING</strong> Less than 70%</td>
<td></td>
</tr>
<tr>
<td>1. Responsiveness to assignment</td>
<td>Paper does not respond to the questions and topics posed in the assignment.</td>
<td></td>
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<td></td>
<td><strong>SATISFACTORY</strong> 70–89%</td>
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<tr>
<td>2. Connections to CHW history</td>
<td>Paper makes no connections to CHW history.</td>
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<td></td>
<td><strong>PROFICIENT</strong> 90–100%</td>
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<tr>
<td>3. Clarity</td>
<td>Paper is poorly organized and the ideas presented are difficult to follow or understand.</td>
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<td><strong>Weight these  ___ /100</strong></td>
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<tr>
<td>4. Use of evidence to support analysis and the ideas presented</td>
<td>Paper shows an incomplete or unclear connection between evidence and the writer's point of view, ideas, and arguments.</td>
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**Reflective Writing on the History and Future of CHWs** *(continued)*

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</thead>
<tbody>
<tr>
<td><strong>EMERGING</strong></td>
<td>Less than 70%</td>
<td><strong>SATISFACTORY</strong> 70–89%</td>
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<tr>
<td>5. Self-Reflection</td>
<td>Paper fails to reflect on learner's own life experiences, study, or CHW practice.</td>
<td>Paper shows limited self-reflection or application of insights to the work of CHWs.</td>
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<tr>
<td>6. Originality</td>
<td>Paper closely repeats ideas from class or training, textbook, or assigned readings.</td>
<td>Paper reframes ideas or analysis from class or training.</td>
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<td><strong>Total points</strong></td>
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Grading guidelines for reflective writing assignments as follows: Passing = 70 points or above.

Letter grades as follows A = 90–100 points; B = 80–89 points; C = 70–79 points; D = 60–69 points; F = below 60 points.