

History of Community Health Workers (CHWs)



OBJECTIVES

At the end of this unit, participants will be able to:

- Explain how the CHW profession grew out of efforts to increase health equity and health care access



INSTRUCTIONS

1. Explain: We will talk about the history of the CHW profession.
2. Ask, “Why might it be important to understand the history of the CHW profession? What do we already know about the history of CHWs?”
3. Explain that a main idea of popular education is that we learn more when we participate.
4. Explain that in order to learn more about the history of CHWs, we will do a radio play. The radio play will share the history of CHWs through the perspectives of different characters throughout history and from all over the world.
5. Distribute the radio play. Ask for volunteers who would feel comfortable reading out loud to sign up for different parts.
6. Give people one minute to locate their parts.
7. Enact the radio play.
8. Ask participants to reflect on the radio play. Ask, “What caught your attention in the radio play? Did anything surprise you? Did you learn anything new?”
9. Wrap up. Share that the CHW profession grew out of efforts in communities around the world to increase health equity and health care access. It is important to keep these proud roots in mind as CHWs become more integrated into the health care system.



Related C3 Roles

All

Related C3 Skills

All; emphasis on education and facilitation skills



Method(s) of Instruction

Radio play



Estimated time

25 minutes



Key Concepts

History, Community Health Worker



Materials

Handouts

- CHW Radio Play

Radio Play

Voices from the History of Community Health Work

Introduction

Today, we are going to pretend to produce a radio play about the history of Community Health Work. The purpose of this play is to increase our understanding of the history of this field. Please take the time to read over your part. Then, we will read the script through together as though we were reading it for the radio. Try to speak with as much emotion and drama as you can, as this will make it more interesting.

Characters

1. Announcer
2. Community member
3. Russian feldsher
4. Chinese barefoot doctor
5. El Salvadoran *Promotor de Salud*
6. Four Community Health Workers (CHWs) from Indonesia, Tanzania, Iran, Colombia
7. Indian Health Service Community Health Representative (CHR)
8. Office of Economic Opportunity Outreach Worker
9. Community Health Promoter/Promotora de Salud from Oregon
10. Immigrant and Refugee Community Organization (IRCO) CHW
11. NEON CHW

The Radio Play

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 show!

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. My name is Oleg. 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 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 by 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 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 Clinic in Portland, Oregon. In the 1960s, the Office of Economic Opportunity gave money to start outreach worker programs at a lot of community health centers in U.S. 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/Promotora de Salud: 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.

NEON Community Health Worker: Hi, my name is Pepper and I work with the Northeast Oregon Network, or NEON. I used to be a paramedic, and I find that the skills I gained in that profession are really useful to me as a CHW. I agree that it's very important for CHWs to influence policy for our own field. That's why I serve as the Co-Chair of the Membership and Communication Committee for ORCHWA.

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 this same time next week when the topic will be “Improving Salaries and Increasing Professional Development Opportunities for Community Health Workers.” Thanks for listening!

Acknowledgements

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