Grant-Writing Tips to Help You Sustain Your Community Health Worker Program

The Community Health Worker Evaluation Tool Kit

A Project of the University of Arizona
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A Few General Guidelines for Writing Proposals and Reports

- **Don't be afraid of writing proposals.** If you can write a paragraph, you can write a proposal or report. The whole idea is to tell someone else about the wonderful work you are doing, or want to do, in your ommunity. You do not need to use fancy words; in fact, it is better if you don't.

- **Always follow the guidelines given by the funding source.** Pay attention to and follow directions about the number of pages, the content of the proposal or report, suggested attachments, etc.Some funders throw out proposals that are longer than they requested, or do not have all the sections they requested, before anyone ever reads them!

- **Write clearly.** Use words that someone who does not work in health will understand. If you must use technical words to explain what you do, define each word the first time you use it in your proposal or report. A way to check yourself on this is to give your report or proposal to a friend or family member who does not work in the health field. Have them read it and tell you if they understand it or not.

- **Assume the person reading your proposal or report knows nothing about your program or what you do.** Even when you have developed a relationship with a funder and you are sure they understand your program, it is likely that someone else, who does not know your program, will be given your proposal or report to review. Very clearly and simply describe how your program works, what you do, and the area in which you work.

- **Make your proposal or report "hang together" from beginning to end.** Each section must relate to the others. Do not introduce a new idea or activity in the last section of the proposal. If different people write different sections of the proposal, it is important for one persons to read through the entire proposal before it is submitted to the funder. It is this person's job to make sure there is continuity throughout the entire document.

- **Put yourself in the shoes of a grant reviewer.** They read many proposals from many different programs. Make it easy for them to like your proposal by writing it clearly, describing everything you do, and connecting each piece of the proposal to the others. All the parts of the proposal and all attachments need to be clearly labeled and follow the order requested. Do not make the grant reviewer do any extra work, like having to figure out which section comes next or whether a requested attachment is really included.

- **Let your passion show.** If you are excited about your project, communicate that to the reviewer. Reviewers don't like academic jargon any more than you do. If you aren't excited, then find something else to do.

Sections Commonly Found in Grant Proposals:

The following pages will describe pieces of a typical grant proposal and give some ideas of information to include in each section. Proposals often contain the sections described below. However, the most important thing is to follow the guidelines of the funding source. Write your proposal with the sections and information they are requesting. Sometimes different funders ask for the same information by a different name. For example, some proposals ask for a "Problem Statement". Others may call it a "Needs Assessment". And others may call it "Background". So, as you are reading the following pages, think about how the information being described can fit into the guidelines you are working with.

The sections that will be described are:

- Background
- Problem Statement
- Goals and Objectives
- Methodology
- Evaluation
- Personnel
- Budget
- Attachments

Background:

The Purpose of this section: Lays the foundation for everything that will come after it. It describes the "who, what, when, where, and why" of your program in general terms. The background is generally written in narrative form.

Things to Include in this Section:

- A brief history of your organization and program, if the program already exists. Describe successes the organization has had in the past to show that you are likely to be successful again.
- description of where you are located. A map is always helpful. If you are writing to a national funder, describe where you are loated in your state.
- Specific information about the community in which you work. Describe who lives there in terms of age, ethnicity, gender, economic status, and whatever else is important or relevant about the community. Describe what people do to earn money, what type of housing is common, what mode of transportation is commonly used.
- Relevant data about the population you will be working with. Use census data or other data that describes characteristics of the population. Always provide a source for the data. Tell the reader, either in the text or in a references section at the end, where the data come from. If you have several different types of data, it may be easier to read in a chart, rather than written out in text.
- Below is an example of a chart that compares socioeconomic indicators for a particular area with the county as a whole.

Socioeconomic Indicators for South Everett

	South Everett Service Area	Snohomish County
% without a high school diploma	16.3	14.4
% living in single parent households	30.8	19.7
% unemployed	5	4

Source: U.S. Census, 1990.

- A description of the geography of the area, especially if it affects how people access services. For example, if the nearest hospital is fifty miles away and the only road to the hospital is a narrow, winding two-lane road, that is important information to include.

- A description of the services you provide and what you do in general terms. Leave the specifics for the methodology section. For example, if your method of contacting people is by going door-to-door in neighborhoods, describe how you do that and why you believe it works.

- A description of significant partnerships with other agencies, particularly if they are included in the budget, or if the success of the project depends on them. For example, if you are planning to provide health promotion services in a school, describe the school and how you will work with them.

Promoting Community Health Worker Programs:

- Establish the importance and value of CHWs in the background section. The person reading your proposal or report may not understand who CHWs are or what they do. Explain it with examples of work done by CHWs in your own community or in other communities.
Describe how they have had an impact on health in other situations.

- Use quotes or ideas from published articles and reports to support your proposed project. There are many published articles and reports that document the effectiveness of CHW programs. Try to find ones that support your methods of providing health promotion or ones that describe similar, successful programs with a target population similar to the one you are working with (e.g., inner-city IV drug users, migrant farmworker women, older African-American women, etc.).

- The reference list in this Tool Kit contains many articles and reports about CHW programs that can provide information to help support your efforts.

- The *Final Report of the National Community Health Advisor Study* contains a wealth of information that is useful for this section of a report or proposal. Choose pieces of the report that support your particular area of focus. For example, Chapter 3 documents the core roles and competencies of the CHWs. If you are writing a proposal to establish new CHWs in an area where they have never before worked, it will be useful to document the variety of roles carried out by CHWs.

Following is an example background section on CHWs or *Promotores* involved in cancer prevention in Southern Arizona.

Community health workers are nearly ubiquitous in developing countries [1,2,3,] and, during the War on Poverty and Model Cities programs of the 1960's, many such CHW projects were created in the United States. After nearly disappearing in the 1970's and early 1980's, they have made a strong comeback[4]. Why? Because they address increasingly compelling health issues, such as access to health care for poor, less educated and less acculturated people; the need for primary and secondary prevention of chronic disease, and the need of health promotion interventions that address "lifestyle" behaviors in a society that is culturally and ethnically increasingly diverse.

From 1994-1999, Santa Cruz County, Arizona, at the U.S.-Mexico Border, was the site of a National Cancer Institute sponsored community-driven cancer education program. It was a response to the need to reduce barriers to cancer prevention, screening, early detection and treatment for underserved Hispanics. The overall goal of this program was to develop and test a methodology and curriculum for effectively transferring cancer education and prevention knowledge and educational skills from health professionals to community health promoters (promotores/as de salud) and subsequently from an initial group of promotoras to successor groups. The intervention utilized a specifically designed curriculum as well as

educational materials developed by the promotoras for this predominantly Hispanic border community.

The intervention utilized community health workers (CHWs) or promotores de salud, who are lay residents of the target community, recruited, trained and employed by the local community health center (CHC) as outreach workers, health educators and health advocates. It was based largely on social support/social network theory and the diffusion of innovations model [5,6,7,8,9,10,11]. CHWs work within their own and other social networks to strengthen them as sources of support for health-oriented behavioral change. As "early adopters" of new health-related behaviors, CHWs promote the diffusion of new behaviors in the target community.

Juntos Contra el Cancer (Together Against Cancer) evolved from a pilot "community-sensitive" project conducted in Tucson, Arizona from 1991-1994 under a grant awarded to the Arizona Cancer Center[12]. The goal of that program was to increase pap smear screening among Hispanic women ages 18-40. It utilized community-based lay women who understood the social and cultural characteristics of the community and bridged the gap between the community and the medical providers. Female promotoras de salud were recruited and trained to provide cervical cancer education and facilitate women's getting pap smears and mammograms, if needed, through the local county health department.

At the inception of the original Tucson-based program, there were few CHW programs with a cancer prevention and /or early detection focus that targeted Hispanic women. The 'A Su Salud' Health Project, which began in southwest Texas in 1985 to encourage smoking prevention and cessation among Hispanics, differed from other CHW model programs by recruiting volunteers to encourage other community members to imitate behaviors observed on television broadcasts[13]. The 'Por La Vida' program, based in San Diego, California, recruited CHWs from the community to provide three separate health intervention projects, one of which targeted cancer prevention[14]. A more recent cancer prevention and early detection CHW model, Compañeros en la Salud, based in Phoenix, Arizona, utilized a church-based health promotion program to increase knowledge and encourage behavior change in Latina/Hispanic women. The aim of this three-year NCI-funded program was to reduce the risk of breast, cervical and diet-related cancers in this population[15].

In the Tucson, Arizona area in 1990, a CHW model targeted Hispanic and Native American women thirty-five years of age and older in a program funded by the Arizona Disease Prevention Research Center and the U.S. Centers for Disease Control and Prevention (CDC). Its purpose was to decrease deaths related to breast and cervical cancers by increasing detection, prevention and treatment[16].

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[6] Heaney CA, Israel BA. Social networks and social support. In: Health Behavior and Health Education: Theory, Research and Practice, 2nd edition. Glanz K, Lewis FM, Rimer BK (eds.). San Francisco: Jossey Bass, pp. 179-205, 1997.
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[13] Ramirez AG, McAlister, AL: Mass Media Campaign-A Su Salud. Preventive Medicine. Vol. 17, 608-621, 1988.
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[16] Brownstein JN, Cheal N, Ackermann SP, Bassford TL, Campos-Outcalt D: Breast and Cervical Cancer Screening in Minority Populations: A Model for Using Lay Health Educators. J Cancer Education 46:321-326, 1992.

Here is a piece of a background section written by the Center for Sustainable Health Outreach (CSHO).

CHWs, often called outreach workers, are people who live in or are from the communities in which they work. Outreach, support and social services provided by CHWs are often much more effective strategies than media campaigns, toll-free numbers or out-stationed Medicaid eligibility workers in promoting health care or preventing disease in communities. CHWs work with medically underserved people, providing culturally and linguistically appropriate services to many clients who might not seek routine health care or otherwise gain access to appropriate health information. They also educate the community on prevention, early intervention, and adherence to prescribed medical regimens, operating within the value system of the community. They support community empowerment by providing information, leadership and advocacy on issues impacting community health and well-being.

CHW jobs and services also represent an important means of community economic development. A CHW position can serve as an entry point to other careers in health care, social services, community development, health care policy, and other fields. CHW programs employ local residents in a number of settings, including non-profit community-based agencies, public health departments, hospitals, faith-based programs and community clinics. Supporting further development of the CHW field with sustainable funding streams, state and regional policy options, user-friendly evaluation tools and the development of academic and professional linkages will greatly expand economic opportunities for CHWs.

Problem Statement:

The Purpose of this Section: This section answers the question, "Why is this program needed?". It is a thorough description of the situation in your community that made you want to start a program. Although it is often called a problem statement or needs assessment, it does not have to be written in negative terms. You need to help the reader of your proposal or report understand the situation that you are trying to affect.

Things to Include in this Section:

- Data about the health of the population you want to work with. Try to use data that specifically describe the issue you are addressing. For example, if you are working with pregnant women and your objective is to have them access prenatal care in the first trimester, data about infant mortality in your community are important to present.
- Charts that clearly present data.
- Results of community assessments you or others have done, that point to a need for your program.
- Quotes or testimonials from community members that describe the situation you are trying to change.

Ideas for Community Health Worker Programs:

- Recent data to support the healthcare issues about which you are writing may be difficult to obtain. Local health departments, state health departments, colleges and universities are all places to call for reports or research that document health concerns in your community, county or region.
- Every public library has Census data. Demographic information and some health-related data can be obtained from Census data. Ask a librarian to help you. Unfortunately, a Census is only done every ten years, and situations often change much more rapidly than that. However, sometimes Census data are all that is available, and it is certainly better than nothing.
- CHWs address issues that are not usually well documented; for example, cultural barriers to obtaining healthcare. To show funders that this is an issue in your community that is keeping people from getting the healthcare they need, you may need to write up a few anecdotes, or short stories, about people you know whose lives were affected by a cultural barrier to healthcare. Don't use real names, of course.
- If you have time and resources, you may want to conduct a brief survey or a focus group among the population you plan to work with, to document their health concerns. This will provide information about need in the community that you can then use when writing this section of the proposal.

Following is a piece of a needs statement from a proposal prepared by the Center for Sustainable Health Outreach (CSHO).

Families in the United States at the greatest health risk are often those that are least likely to be served by the health care system. Because of language or financial barriers, cultural beliefs, or mistrust of the system, many people fail or refuse to seek out health care and preventive services. In many cases, people are simply not utilizing available health care services. Although access to insurance will resolve the financial barriers to health care for some Americans, there are myriad non-financial barriers that continue to pose significant obstacles to timely health care delivery.

As residents of medically underserved communities, CHWs reach out to link other community residents with culturally and linguistically appropriate health care and social services, thereby facilitating access to the health care system for people who would otherwise be unable to seek timely or appropriate care. CHWs teach communities and individuals about health through education on issues of prevention, service utilization, treatment, and maintenance of health conditions. More importantly, CHWs are able to frame this in terms of the value system of the community.

CHWs are also a valuable resource for medical care providers. They can educate providers about the community's health needs and priorities, cultural norms and culturally competent care. They can also help providers to understand the needs and issues of individual consumers who may be reluctant or have difficulty expressing themselves to providers. As emerging partners in community public health, CHWs can help providers reshape services and systems to more effectively serve communities.

Goals and Objectives:

The Purpose of this Section: This section states, in general terms and in precise terms, what you plan to achieve during the course of your program. This is the key to your whole proposal. Everything you include before and after this section should relate to the goals and objectives.

Things to Include in this Section:

- One or two goals for your program. A goal is a broad, general statement of conditions that you hope to achieve someday, but probably not in the near future. For example, "improve the health status of newly-arrived immigrants from Central America", is a goal. Another example of a goal is, "improve the safety of young children".

- Several objectives that relate to your goal(s). Objectives are concrete, measurable and should be achievable within the timeframe of the program.

Ideas for Community Health Worker Programs:

- If you've worked through the logic model, described elsewhere in this Tool Kit, for your program, it should form the basis for your goals and objectives.

- Make your objectives achievable. Avoid the temptation to promise more than you can deliver. Everyone ends up feeling disappointed when this happens.

Here is an example of objectives from a CHW proposal of the *Juntos Contra el Cancer* project in Arizona.

1. Train ten community residents to be promoters of cancer education and prevention.

2. Conduct educational activities in the community that include the following content:
   - Risk factors, risk behaviors, and risk conditions for breast, cervical, colorectal, and testicular cancers;
   - The importance of early detection and the availability of screening and treatment;
   - The possible environmental links to cancer and immune system disorders, focusing on multiple myeloma, leukemia, and lupus (SLE);
   - Prevention-oriented lifestyle change, focusing on nutrition and on tobacco use by youth;
   - Opportunities to participate in Phase II prevention and control trials.

3. Recruit and train four facilitators for cancer support groups who will establish at least two cancer support groups in Santa Cruz County.

4. The health promoters and support group facilitators will transfer their outreach and educational skills to a new group of community-based lay health promoters.

5. Sustain the project beyond the initial grant period.

Methodology:

The Purpose of this Section: This section describes in detail the activities you are going to carry out to achieve your goals and objectives. It tells the reader what you are going to do and how you are going to do it. It also provides a time-line for your activities.

Things to Include in this Section:

- Narrative describing the activities you are going to do, who is responsible for accomplishing them, and the timeframe in which they will be accomplished.

- This is the section in which you want to be thorough. Describe everything you will need to do to make your program work. You want the potential funder to know that you have thought through the implementation of this program and are capable of carrying it out.

- For example, if you need to hire staff, describe how you will recruit and hire appropriate people.

- If you need to train staff, describe how that training will be conducted.

- If relationships with other organizations are important to the success of the program (and they always are!), describe how you plan to maintain communication among the organizations involved.

- Describe lines of authority within the organization and the method for supervising staff who will be carrying out the day-to-day activities of the program.

- Describe systems that are in place to support the proposed program. For example, briefly describe your organization's accounting capabilities. Office support staff who will be available for program staff should be mentioned. Any other organizational departments that will support the program should be mentioned.

■ A chart that lays out the what, who and when of your program, such as the one below, is helpful.

Example Work Plan for CHW Program

Objective	Activity	Date	Person Responsible
Objective 1: Knowledge about the transmission of HIV will increase.	**1.a.** CHWs will conduct street outreach to IV drug users and sex workers. **1.b.** CHWs will provide information about the transmission of HIV to individuals and small groups of at-risk people.	Commence October 1, 2000 and continue throughout the program. Commence October 1, 2000 and continue throughout the program.	Program Manager, CHWs. Program Manager, CHWs.

Ideas for Community Health Worker Programs:

■ Again, if you've worked through the logic model, described in the second section in this Tool Kit, use it as the basis for this section. You will need to elaborate further, but it forms the foundation of what you will accomplish and how you will accomplish it.

■ Describe your specific approach to outreach and education. Are you going door-to-door? Will you provide education to established community groups? Who? Where?

Here is an example of a piece of a methodology section from the CHW Border Vision Fronteriza Initiative on the U.S./Mexico Border.

The individual, face-to-face outreach education and assistance component of this project will utilize 17 trained Community Health Advisor specialists and a cadre of 170 trained volunteer promotores along the entire U.S.-Mexico Border, working in collaboration with numerous other program and activities in the area that are designed to ensure enrollment in insurance programs and utilization of health care services for children.

Basically, these CHA programs work in the following way. A community-based organization is concerned about a particular health issue in the community. In the case of this project, the concern is to ensure the enrollment of children into health insurance programs and the utilization of health care services for these children. Often the organization may be the state or county health department, the Community and Migrant Health Center, SCHIP, the Medicaid and WIC agencies in the state. The issue may be as broad as general access to health services, or be more specific, such as targeting children's health. Usually a group of community activists and residents form an advisory group to the project. An educational and informational campaign about the particular health issue of concern to the community is then developed.

Individuals from the community to be served are recruited to participate in the CHA/am. There are two basic criteria for selection: 1) The individuals must be culturally, linguistically and socio-economically representative of the community to be served, and 2) They must be respected within the community as "natural helpers" or persons within the community to whom individuals turn for advice and support.

These individuals participate in a training program on the specific health issue being addressed. At the same time they share their knowledge and expertise about the community with the trainers, and curriculum and materials are modified throughout this process.

Upon completion of training, the CHA promotores begin outreach activities based on neighborhood, social network and informal referrals. They are identified by name badges issued by the sponsoring organization and their presence in the community is covered by local news media. Their primary outreach activities include: contacting friends, neighbors and family members; going door-to-door in specific neighborhoods; organizing small social gatherings of neighbors on the "Tupperware party" model; distributing educational materials and their cards to community residents and health care providers in the community; and giving presentations to agencies and groups. Their outreach to community residents takes the form of informal discussion on the particular health issue targeted, as well as information about services in the community. Their outreach or "inreach" to agencies focuses on helping agencies to understand the obstacles and barriers to getting care. Community Health Advisors log both their community contacts and agency contacts, providing rich information on community needs and concerns, as well as success rates in accessing the system.

Here is an example of a piece of a methodology section from a proposal for youth and adult CHWs in an urban setting in the Washington, DC area. This excerpt was provided by CSHO.

The youth CHW program will begin by recruiting "street savvy" adults in the target communities who are preferably 25 and older, parents, and possibly former gang members. We will work with our partners in Mt. Pleasant, Columbia Heights and Capitol to identify and recruit these adults. The program will train the recruited adults to be community health workers with a focus on the youth of the community. The training will follow the RCC (Resolving Conflict Creatively) method outlined in Program 2. The adult CHWs trained in the program will assume paid positions and eventually become supervisors and trainers of young community health workers. After completing adult CHW training, we will again work with our community partners, ongoing youth programs and adult CHWs to recruit community youth to train as community health workers. We will seek youth with potential or recognized leadership abilities, validity, respect and trust among peers, and verbal abilities. We will work with the youth in the training program to encourage positive modeling on their behalf. Specifically, we will institute an honor code system through which participants agree not to engage in certain behaviors or activities such as gang participation, substance abuse, and drug dealing. We will seek to show that the participation in the Youth Community Outreach training and activities related to it reduces the likelihood, and actual involvement in these risky behaviors. The youth will receive a stipend for their participation in the CHW training and work. The original adult members of the program will receive stipends and will supervise participating youth, but focus on creating empowered and independent youth members of the community. As a "train the trainer" model, this program should enable the initial youth candidates as peer ducators to enter their communities and train others.

Developing a CHW training curriculum

The training program requires two years of ongoing study. In Year One, youth will learn and practice the basic skills of a Community Health Worker and of the Resolving Conflict Creatively (RCC) model. During this period the training will include developing communication skills, how to conduct focus groups, data collection, and other skills related to outreach work. In year two, they will start practicing as CHWs. The training component will expand to include developing community-based action plans, and entrepreneurship training which focuses on empowering the youth with the basic skills of developing and running a business. Using their CHW and RCC training, they will interpret the meaning of violence for the health of their peers and community. They will also develop new ways of thinking and acting in the leading of their own lives. Taken together, training in community health work and business management should thereby empower participating youth by building their sense of cultural authority and new bodily disciplines. We are currently revising and developing a Community Health Worker training protocol to meet the needs of the youth populations in these two communities. The Youth Community Health Worker Training will strive to empower young people with the skills that will lead them down a path of positive youth development. Through the training and activities related to their jobs as CHWs they will become socially, morally, emotionally, physically, and cognitively competent young adults who in turn will serve as role models for others in their communities.

If you are starting a new CHW program or modifying an existing one, it will be useful to think through the roles that CHWs will take on in the program. *The National Community Health Advisor Study* defined core roles and competencies for CHWs in the U.S.

Use the following information about the seven core roles of CHWs to help you define the work of CHWs in your community.

Core Role 1: Bridging/Cultural Mediation Between Communities and the Health and Social Service Systems.

CHAs [the abbreviation CHA, for Community Health Advisor, will be used throughout this section taken from the Summary of the National Community Health Advisor Study] play an important role as bridges and mediators between the communities in which they work and the health care system. This role corresponds to four functions, which are outlined below.

- **Educating community members about how to use the health care and social service systems.** CHAs help community members get the services they need and help systems operate more smoothly by teaching people where and when to seek services. For example, CHAs teach people when they need to see a doctor and when they can safely treat an illness at home.

- **Gathering information for medical providers.** The trust many CHAs establish with their clients enables them to collect information that is often inaccessible to other health and social service providers. When this information is passed on, with clients' permission, to medical personnel, it can lead to more accurate diagnoses and treatment, thereby improving health outcomes.

- **Educating medical and social service providers about community needs.** CHAs can help health and social services systems staff become more culturally competent. The information that CHAs pass on can be used in a variety of ways. It can bring about actual changes in the services the system offers and changes in how services are offered. Clinic hours have been changed, triage practices adapted, and toys added to waiting rooms due to CHA e ducation of providers. As a result of learning about cultures and practices in a community from CHAs, changes in provider attitudes and beliefs may occur.

- **Translating literal and medical languages.** CHAs facilitate patient-provider communication. Sometimes, bilingual CHAs provide literal translation from one language to another. They may also translate letters and correspondence from health and social service agencies. Perhaps most importantly, CHAs "translate" medical and other terminology into lay language, teaching clients how to follow medication or other treatment regimens.

Core Role 2: Providing Culturally Appropriate Health Education and Information

CHAs make health education physically accessible by taking it directly into the community. This may involve handing out pamphlets on street corners, conducting door-to-door outreach, facilitating on-going health education classes, or presenting information at community meetings. Two functions associated with this role appear below.

- **Teaching concepts of health promotion and disease prevention.** In a classic public health mode, CHAs focus on helping people stay healthy and intervening so that existing problems do not get worse. For example, CHAs stress the importance of screening tests and regular medical check-ups, thus increasing the likelihood of early detection of health problems. Many CHAs also make health education culturally accessible by using empowering and interactive adult education methods.

- **Helping to manage chronic illness.** Another focus of health education by CHAs is management of chronic illnesses such as diabetes and hypertension. One program offers a "Cooking Class Support Group" for Latina women with diabetes. The women participate in an interactive class, do exercises geared to their ability level, and prepare nutritious meals.

Core Role 3: Assuring That People Get the Services They Need

CHAs do not stop at simply putting people in contact with services. Often, they go much further to make sure the services are actually obtained. For example, one outreach worker described his role as "going all the way . . . to get this person to the right place to get the services they need." Three functions associated with this role are outlined below.

- **Case finding.** Because of their close contact with community members, CHAs are in a unique position to recognize as-yet-undiagnosed symptoms of illness or health needs and connect people to the health care system. Case finding is the first step in assuring that people obtain needed services.

- **Making referrals.** CHAs refer clients to a broad range of health and social services, including clinics, hospitals, welfare offices, food banks and churches.

- **Providing follow-up.** CHAs promote continuity of care by providing follow-up. Examples include tracking pregnant women to make sure they get prenatal care or physically locating people who need lab results but lack a telephone.

Core Role 4: Providing Informal Counseling and Social Support

A plethora of literature has demonstrated the importance of social support in preventing mental health problems and improving physical health outcomes. Respondents affirmed that CHAs help protect mental and physical health by providing social support via two primary functions.

- **Providing individual support and informal counseling.** Conditions of poverty, unemployment, discrimination and isolation in many of the communities where CHAs work mean that the coping resources of individuals are stretched to the limit. Relatives and friends who face many of the same obstacles may be unable to offer support in times of need. Under these conditions, the supportive relationships that CHAs build with their clients are crucial.

- **Leading support groups.** "Leading support groups" is among the ten most common CHA activities. Examples include a support group for homeless women, support and health education groups for young people, cancer survivor groups, and a cooking class for diabetic women.

Core Role 5: Advocating for Individuals and Community Needs

- **Advocating for individuals.** At a basic level, CHAs act as advocates or spokespersons for clients. This function is related to their work as literal and medical translators. CHAs also can serve as intermediaries between clients and sometimes immobile bureaucracies. CHAs often help clients resolve problems with erroneous or overdue bills for health and other services.

- **Advocating for community needs.** CHA advocacy for community needs may involve specific issues such as improvement of conditions in a migrant labor camp.

Core Role 6: Providing Clinical Services and Meeting Basic Needs

- **Providing clinical services.** In the U.S., the CHA role in providing clinical services is minimal compared to CHA roles in the developing world. Yet, especially in remote areas, CHAs in the U.S. do provide needed basic services, thus making them accessible. In Michigan's Camp Health Aide Program, CHAs are trained to provide first aid to migrant farmworkers who often live far from population centers.

- **Meeting basic needs.** CHAs with whom we spoke stressed the fact that, before they can share specific health information, they often must assure that people have the basic determinants of good health: enough food, adequate housing and employment. Whenresources exist, CHAs help people meet basic needs by referring them to or taking them to appropriate agencies.

Core Role 7: Building Individual and Community Capacity

CHAs can help promote the community participation and empowerment that can result in substantial long-lasting changes in health status. They do this by building capacity in both individuals and communities.

- **Building individual capacity.** CHAs increase the capacity of individuals to protect and improve their health by sharing valuable information about how to prevent illness. They also teach people concrete skills essential to maintaining good health, such as how to prepare traditional foods with less fat. A very important way CHAs build individual capacity is by actively helping clients to change their behavior.

- **Building community capacity.** According to the CHA model developed and promoted by the WHO, one of the CHA's primary responsibilities is to bring about community participation in health. CHAs help communities assess their own needs and then act on meeting them. In one community, CHAs helped families form support groups that later advocated with the school system for program changes.

Evaluation:

The Purpose of this Section: This section tells how you're going to show that your program made a difference or did what you said it was going to do. This section must relate closely to the objectives for your program. Each objective needs to be addressed in your evaluation plan. The reader of your proposal or report must get a sense of how you will show that you have achieved (or not achieved) each objective.

Things to Include in this Section:

- The plan for how you are going to evaluate your program.
- An explanation of who will be responsible for carrying out the tasks of the evaluation plan.
- The logic model you have constructed for your program, if you have one.
- A description of the tools and methods you are planning to use to evaluate your program. If you are going to create tools, describe the process you will use. Include actual tools as attachments, if you have them.

Ideas for Community Health Worker Programs:

- This entire Tool Kit is dedicated to assisting CHW programs develop an evaluation plan. There are many helpful tips and techniques that you may find useful.
- Whenever possible, involve CHWs in developing an evaluation plan. If it is a new program and there are no CHWs in place, describe how you will involve CHWs, once hired, in modifying the evaluation plan. The involvement of the people who will be doing the evaluation is key to its success!
- The "Evaluation Framework" included in Section 3 of this Tool Kit is a good place to start thinking about evaluation. The evaluation framework contains a menu of program evaluation options. Four levels of evaluation are presented: 1) individual level changes; 2) community health worker changes; 3) program changes; 4) community/agency. Any one program will not conduct evaluation on all four levels. You should pick and choose what areas are important for your program, and even within a level, a range of results that can be measured throughout varying periods of time.
- CHW programs have commonly experienced many barriers to evaluation. Some of them were identified by the National Community Health Advisor Study. Consider these barriers to effective evaluation, and to the extent possible, describe how you plan to get around them in your program. Show the funder that you are aware of the potential pitfalls, and that you have a plan to avoid them.

The following barriers to effective evaluation were identified by the National Community Health Advisor Study.

- **CHA programs lack resources for evaluation training and implementation.** Quality evaluation takes training and time. CHA programs, like other community-based health promotion and disease prevention efforts, often lack the staff expertise and resources to design and conduct evaluations. Often programs lack specific, measurable goals and objectives, or program planners fail to define appropriate outcome measures. Community need for services may consume staff efforts and leave no time for evaluation.

- **The nature of CHA interactions with clients does not always lend itself to easy documentation.** Much of the daily work that CHAs do and the positive changes their clients achieve are difficult to track, and are not tracked by current program evaluations. This may be because the essential living skills CHAs teach and the support they provide are not seen as important subjects for data collection.

- **There are few methods and little opportunity to measure long-term effects.** CHAs acknowledge that measurement of long-term effects of community-based interventions has been difficult. Short-term funding of CHA programs may prevent the assessment of even intermediate program effects.

- **Evaluation paperwork is perceived to take time away from time spent with clients.** Programs frequently use forms as data collection instruments, and CHAs perceive the paperwork required as a significant barrier to doing their work. While forms can capture valuable information, many programs are funded by multiple funders, each of which imposes different reporting requirements.

- **Some evaluation measures can violate client confidentiality and are perceived as invasive.** CHAs felt strongly that privacy issues could be a significant barrier to evaluation. A CHA who worked with juveniles indicated that he did not document certain client information because it would adversely affect the youths if presented in court. Instead, he kept that information "in my head."

- **There is limited opportunity to document services that are beyond the scope of the program.** Much of the daily work that CHAs conduct and the outcomes their clients achieve are not reflected through the use of current program evaluation methods.

Personnel:

The Purpose of this Section: This section establishes the qualifications of the people who will be working on the project.

Things to Include in this Section:

- Biographical sketches of key people who will be working on the project and who are already employed or contracted by the organization. These sketches should be no longer than one-half page each.

- Job descriptions for positions you will be creating as a result of the proposed project. If you do not already have job descriptions for the positions, write them as clearly as you can to match the activities outlined in the previous sections of your proposal.

Ideas for Community Health Worker Programs:

- Use the "Core Roles and Competencies" chapter of the National Community Health Advisor Study to develop or modify a job description for CHWs. The core roles, which are described in the Methodology section above, can be adapted to become the "Essential Functions" section of a position description.

- The Core Skills of Community Health Advisors, also identified by the National Community Health Advisor Study, can be adapted for the "Knowledge, Skills and Abilities" section of a position description. Some of them are skills necessary to be hired for the position; others are skills that can be learned on-the-job.

The core skills of CHWs, as defined in the National Community Health Advisor Study are:

- **Communication Skills:** the ability to listen; the ability to use language confidently and appropriately; bilingual skills when needed; ability to document work.

- **Interpersonal Skills:** friendliness; counseling skills; relationship-building skills; ability to work as a team member; ability to work appropriately with diverse groups of people.

- **Service Coordination Skills:** ability to identify and access resources; ability to network and build coalitions; ability to make appropriate referrals; ability to provide follow-up.

- **Capacity-Building Skills:** empowerment skills (ability to help people identify their own problems and to work with people to identify their strengths and resources); leadership skills.

- **Advocacy Skills:** ability to speak up for communities and individuals and withstand intimidation; ability to overcome barriers.

- **Teaching Skills:** ability to share information; ability to use appropriate and effective educational techniques; ability to plan and conduct a class or presentation.

- **Organizational Skills:** ability to set goals and develop an action plan; ability to juggle priorities and manage time.

- **Knowledge Base:** knowledge about the community; knowledge about specific health issues (this is something that might be taught on the job and not required to be hired for the job); knowledge of the health and social service systems.

- A job description for a supervisor of CHWs can be developed or modified according to the findings of a survey conducted for the National Community Health Advisor Study. It found that the most important personal qualities and skills needed to be an effective supervisor of CHWs are: management skills, creativity, leadership and mentorship. Also identified were: health education skills, communication skills, social work skills and cultural sensitivity.

Budget:

The Purpose of this Section: This section provides information about how your entire program will be funded, including the portion you are requesting in the proposal.

Things to Include in this Section:

- Numbers and narrative about how much money you need and how it will be spent.

- The budget needs to relate to the objectives of the program. Do not ask for money for something that is not related to the work described in previous sections of the proposal.

- A description in words and numbers of all sources of funding and resources for the program.

- For example, if a school is giving you office space and not charging you for it, that is an "in-kind" resource. Find out how much that office space is worth and include it in your overall budget. Describe that as a contribution of the school.

- If the salary of the program manager is paid for from a different funding source, show that as a matching contribution. Include the salary in the program budget, but do not ask for funds to cover it and explain why.

Ideas for Community Health Worker Programs:

- If you have never written a budget before, get help from someone who has. It is not terribly complicated, but it should be done with advice from someone who looks at budgets regularly.

- Add your numbers and then add them again. A critical error you can make (and we all have at one time or another) is to write a budget that does not add up to the total you have stated.

- Be realistic about your costs. Don't estimate too high - the funder may think you've "padded" the costs. Don't estimate too low and put your program in a bind later when you can't cover necessary costs. Call other programs for cost estimates if your organization does not have a history of implementing CHW programs.

Attachments:

The Purpose of this Section: Attachments provide additional information about your program or proposal that did not fit into the body of the proposal or report. They are supplements to the information already presented.

Things to Include in this Section:

- Anything the funder requests. Sometimes they ask for: proof of non-profit status; an audit or financial report for the organization; a list of board members, etc.

- Letters of commitment from any organization, which is also included in the budget, or on which the success of the project depends.

- Letters of support from agencies and individuals in the community who believe what you are proposing to do is important.

- Data collection/evaluation tools you already have that will be used in the program.

- An organizational chart that shows clearly where the program fits into the larger organization.

- Newspaper or newsletter articles about your program or organization.