



NHLBI's Community Health Worker Health Disparities Initiative

The Community Health Worker Health Disparities Initiative forms partnerships with organizations to promote heart health among underserved and minority populations. To support implementation of Community Health Worker (CHW) heart health programs, the National Heart, Lung and Blood Institute (NHLBI) developed science-based health education materials designed to be used by CHWs, promotoras, Community Health Representatives, and others. The materials are tailored to Latino, African-American, American Indian and Alaska Native, and Filipino-American populations.

Strategic Champions Projects

As part of the Initiative, NHLBI funded nine Strategic Champions (April 2012 to July 2013) to implement a new generation of CHW programs to reduce heart disease risk factors in minority and underserved communities. Each project implemented multifaceted, innovative programs with strong community and academic partnerships to provide training and community education in community, clinical, and virtual settings. Champions partnered with African-American, American Indian, Filipino-American, and Hispanic/Latino communities.

NHLBI's Strategic Champions Demonstration Projects

Central Massachusetts Area Health Education Center (CMAHEC) partnered with the Massachusetts Association of Community Health Workers, Massachusetts Department of Public Health's Offices of Community Health Workers and the Heart Disease and Stroke Prevention and Control Program, and Boston Public Health Commission's Community Health Education Center to work in three locations. CHW teams were trained using a merged curriculum for African-American and Latino CHWs. Ongoing feedback and professional development were offered to the CHWs.

Housing Authority of the City of Columbia (CHA) provides housing stability for disadvantaged individuals. CHA trained residents to become CHWs and provided ongoing support through peer mentoring, personal coaching, and group meetings. CHWs created supplemental activities to support behavior change among residents (e.g., walking clubs and cooking demonstrations). Both CHWs and community education participants were housing authority residents.

Morehouse School of Medicine (MSM) employs a vision of Community-Based Participatory Research model integrating interwoven network of partnerships (e.g., faith based) with academic institutions. CHWs were trained on the curriculum, core competency, and leadership skills, CPR, and blood pressure management in two cohorts using a combination of peer learning circles and Web-based instruction. MSM hosted focus groups and interviews with partners to adapt the program as needed.

New York School of Medicine, Center for the Study of Asian American Health (NYU) partnered with community organizations in San Diego, San Francisco, New Jersey City, and Washington, DC, to train CHWs to provide community education to local residents. CHWs were trained on the curriculum, core competencies, legal and ethical responsibilities, advocacy, and hypertension control strategies. NYU created the first national Filipino-American CHW network to sustain program activities and build the capacity of CHWs.

Partners in Health (PiH) partnered with Navajo Nation to train Community Health Representatives (CHRs) in all service units of the Navajo Nation. CHRs reached community members through home-based services and community-level education. CHRs also helped coordinate services with other outreach programs.

Project Concern International (PCI) is an international public health and development organization. They partnered with a city college and a community clinic to reach and train CHWs in southern California. CHWs reached out to patients, care groups, and users of Health Windows (Ventanilla de Salud) at the Mexican Consulate. They adapted the curriculum to a Web-based platform that can be used at the patient level and at kiosks.

South East Arizona Area Health Education Center (SEAHEC) is a health workforce development organization that has worked with the Mariposa Clinical Health Center and Inter Tribal Council of Arizona to create a statewide CHW network in Arizona. CHWs were recruited and trained across the state using in-person trainings, ongoing support, and mentoring. A Web site with an online forum was also developed for CHWs interaction.

University of Alabama at Birmingham, Center for the Study of Community Health (UAB) focused on faith-based training and partnered with Congregations of Public Health and the National Baptist Convention to create an integrated and sustainable heart health program for African-Americans in faith-based settings. UAB used a three-phase approach to allow for adaptation between cohorts based on participant feedback. CHWs were trained in person and supported through in-person meetings, conference calls, Webinars, and social media.

Vision y Compromiso (VyC), a large CHW network based in California, worked closely with their partner, the University of Southern California (USC). They implemented in-person and virtual/Web-based trainings. Web-based trainings were enhanced with online training modules, Webinars, cell phone technology, and social networking. VyC hosted charlas (informal group discussions) at inception with promotoras to help plan the program. Trained CHWs reached Latino community members in Los Angeles and rural areas in Kern County.



For more information
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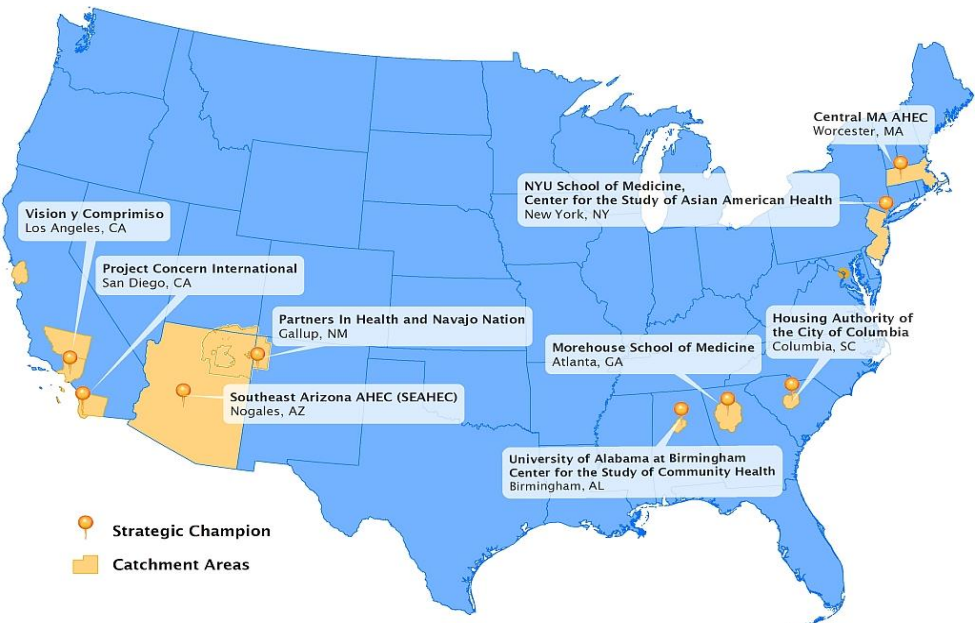
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Key Outcomes from the Strategic Champions Projects

Over the 16-month project period (April 2012 to July 2013):

- Champions trained 649 CHWs and reached/educated 12,567 community members.
- Champions developed 147 partnerships (formal and informal).
- Survey results revealed significant changes in knowledge, attitude, and intent to change behavior in both CHWs and community members.
 - 94% of CHWs reported changing their health habits 30 days post training.
 - 42.4% of CHWs reported teaching the curriculum in their community 30 days post training. At three months, 69% reported teaching the curriculum.
 - 74.5% of community members felt confident to prepare heart healthy meals post program (versus 51% pre test).
 - 67.3% of community members were able to recognize the signs of a heart attack post program (versus 28.8% pre test).
- Champions developed more than 80 resources, including virtual and voice-over trainings, videos, evaluation materials (e.g., focus group protocols and modified surveys), and promotional materials.
- Champions added core competency and professional development activities to curriculum training.

