

COMMUNITY HEALTH WORKER ADVANCED CERTIFICATE PROGRAM DEVELOPMENT



SUMMIT #2

PROTOTYPING SUMMIT SUMMARY



Introduction

On behalf of the Collaborative Advocacy and Partnered Education (CAPE), the Gattuso Centre for Social Medicine at University Health Network (UHN), and the Michener Institute of Education, we thank you for your participation and interest in the Community Health Worker (CHW) Education Initiative. Creating this education program would not be possible without your willingness to share your knowledge, experiences, values, and time with us. This summary describes the findings from the CHW Rapid Prototyping Summit in June and outlines the next steps for the CHW Education Initiative. We hope that this summary continues to contextualize the valuable work that you have done with us.

Background

In the first CHW Storytelling Summit (Summit #1) held on April 22, 2024, participants read and shared stories about CHWs performing at their best, and collectively determined common themes from the stories regarding important strengths and highest hopes for the future of the CHW profession. The Summit attendees included CHWs, critical voices in the community health system, and representatives from CAPE, the Gattuso Centre for Social Medicine at UHN, and the Michener Institute of Education. The discussions from this Summit allowed us to identify important design elements and descriptors for the Advanced Certificate Program.

The CHW Rapid Prototyping Summit (Summit #2) on June 24, 2024, was planned with the hopes of creating a space to actualize some of these design elements in collaboration with the community, and to continue to gather insight and feedback regarding CHW education certificate options and understanding employers' specific interests in the education program. Participants included those who were invited to the first Storytelling Session and individuals from sectors who were identified as missing voices in the first Summit. These included (but were not limited to): employers, students, Ministry of Health members, grassroots leaders, educators, mental health sector CHWs, newcomers, members of settlement organizations, funders/donors, and health justice/advocacy workers.

Recap of the Rapid Prototyping Summit

During the second Summit, we focused on brainstorming and prototyping one aspect of the CHW education curriculum, an experiential, community-based learner placement, which was identified as being a critical component of the curriculum in Summit 1.

The summit began with a presentation by Karen Creditor, the Strategic Advisor for Academic Business Development at Michener, about the potential credentialing options for this new CHW education program. The options presented can be found in Appendix 1. The participants discussed the options presented and held an informal vote which resulted in a majority being in favour of the program taking the form of an Ontario Diploma, 4-semester program (see Appendix 1, for more information).

Following the vote, we began the Rapid Prototyping Activity, led by Dr. Kathryn Parker (CHW Education Co-Design Lead and Associative Director at the Centre for Advancing Collaborative Healthcare & Education). We engaged in an iterative process of rapidly brainstorming ideas for the CHW education program placement (i.e., designing a prototype), collectively voting on the best ideas/concepts, and refining these ideas through group discussions. All 60 summit participants were assigned to 1 of 8 tables (with approximately 6-7 people per table), each provided with a specific focus area to keep in mind while prototyping the placement program. Some focus areas were assigned to multiple tables since there were more tables than focus areas. These focus areas were based on themes that emerged as the most important aspects or considerations of the CHW program relayed by participants from Summit 1. The foci included the following:

1. Learners have the skills to be their best in the role of CHW
2. Supports the creation of new employment opportunities for CHWs
3. Networking and collaboration
4. Recognize CHWs as providers of exceptional care
5. Bridges gap between community and hospital

Once participants were assigned a focus, they were invited to brainstorm as many ideas as possible of what the placement program would look like in the time allocated and to share these ideas with others at their table. Following this process, each participant voted on the best ideas shared at their table, which was subsequently used by the group to design a prototype. One representative per table then verbally presented the prototype to the larger group. While the prototypes were being shared, each participant in the room wrote down the best idea from each table/presentation on a sticky note.

Following all of the presentations, each person was left with one best idea from each table. Within their tables, participants were then told to collaboratively determine the best idea they heard, and to select one idea per foci, and place it on a wall. The result was that each table placed 5 best ideas (one per foci) on the wall, resulting in 40 best ideas. The best ideas for each foci discussed are outlined in the following section.

Findings

CO-DESIGNED PROGRAM ELEMENTS FROM CHW PROTOTYPING SUMMIT

CONTINUING EDUCATION

- Continued learning through learning circles
- Ongoing educational refresher opportunities
- Continuous professional development opportunities
- Ongoing education for badges (online)
- Focus groups for best practice, ongoing learning + new development

INFORMATION SHARING + RESEARCH HUB

- Create opportunities for knowledge sharing via storytelling, visual platforms, websites, social media
- Visual/visible to members to keep accountable to clients/community

COMMUNITY OF PRACTICE AND CARE

- Supportive
- Wellness focused
- Idea sharing
- A shared space for CHWs
- Community of care collaboration: working with those already involved in the community
- Distribute and/or get information on relevant and accessible grants, awards, celebrations
- Multidisciplinary community of practice led by CHWs rather than clinicians and practitioners

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INTERPROFESSIONAL PLACEMENT OPPORTUNITIES

- Placements within a multidisciplinary health team
- Accountability to clients and community
- Multiple placement opportunities
- Job fair/rotation
- Rotation and focus on different specializations
- Placement rotation/diverse settings

MENTORSHIP

- Mentorship with client/community/client organizations
- Community outreach/ambassador
- Community mentorship
- Real situations for mentorship, instead of a simulated environment
- School and program acts as a bridge

ETHICS OF PRACTICE: Relationship Building + Financial Compensation

- living wage
- equitable wage
- build monetary compensation into learning and placement experiences
- paid placement
- reciprocal relationships between student and organizations
- Foster a healthy relationship between hospital, community, and social determinants of health
- Use of community outreach workers as part of community needs assessment; have community identify its needs to hospitals

Fig. 1: This figure includes the most preferred program elements co-designed by small groups at the CHW Prototyping Summit.

Findings: Co-designed Program Elements from CHW Prototyping Session

1. Continuing Education

One of the core ideas focused on opportunities for continuing education, building upon the knowledge built in the placement. Participants suggested having ongoing education in the form of online badges, creating focus groups to discuss best practices, discussing ongoing learning opportunities and new development opportunities etc.

2. Information Sharing + Research Hub

Participants expressed the importance of having opportunities and platforms for knowledge sharing available to CHWs in the program, whether this be through storytelling, visual methods, social media etc.. Having a research hub that is visible to members of the CHW profession was also suggested.

3. CHW Community of Practice and Care

CHW Community of Care was mentioned as a space that is supportive of CHWs wellbeing, career progression, and autonomy in healthcare. It is a space or community that would promote opportunities for dialogue, and knowledge-sharing with CHWs, other other health professionals. It would also celebrate the achievements of CHWs in practice, such as awards and provide opportunities to support their progression in the field to develop their capacity.

4. Interprofessional Placement Opportunities

Having the placement opportunities be flexible and interprofessional was expressed as an important aspect of the program. This could take the form of offering multiple placement opportunities, having access to job fairs or job rotations in diverse work settings, and so on.

5. Predetermined Objectives

Participants highlighted the importance of having predetermined deliverables and skills be created before the placement commences, in order to ensure that the experience is valuable for the student. Having a major project was also suggested as an example of this predetermined deliverable.

6. Mentorship

Mentorship opportunities were expressed as an important aspect of the placement that should be implemented. Participants expressed a desire for students to be paired with a mentor who is either a client, a community member, or with an organization that represents clients.

7. Ethics of Practice: Relationship Building + Financial Compensation

Participants expressed the urgency of embedding ethical practices within the placement experience to foster better relationships between hospital, community, and social determinants of health. An example of this ethical practice is ensuring that the placement opportunity allows students to be equitably paid, and for reciprocal relationships to be built between the students and the organizations they are working at, to open the door for future employment opportunities.

Next Steps

Following the success of the second summit, we will continue to refine the CHW education learning pathway based on the insights gained and feedback from the community and employers. Through collaboration with institutional leads at CAPE, the Gattuso Centre for Social Medicine at UHN, TIER and the Michener Institute of Education, financial modelling of the program's different pathways will help us outline development costs, tuition and direct efforts to secure funding supports for students through partnerships and fundraising. As we strive for a launch date of September 2025, engaging the CHW Community Advisory Board to inform, review, and validate certificate options and gather further input on program design will be essential as we move forward with creating the CHW program.

Thank you for your continued participation and involvement in the CHW Project. Please feel free to direct any questions, concerns or feedback about the Summit and this summary to chwcodeign@gmail.com

Appendix 1 - CHW Advanced Certificate Program Options

Program Length					
	CE Badge	CE Certificate	Ontario Certificate	Ontario Diploma	2 + 2 Degree Partnership
	1 course	4 courses	2 semesters	4 semesters	
Instructional hours	1-50	4-300	600	1200	Much more work is required to investigate with potential partners
Instructional hours required to combine into Ontario credential	60	600	600	1200	
Synchronous contact hours	0	0	360	720	
Synchronous contact is required to combine into Ontario credential	36	36	360	720	