ORIGINAL RESEARCH ARTICLE

COACTION PUBLISHING

A Wellness Course for Community Health Workers in Alaska: ''wellness lives in the heart of the community''

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Objectives. To develop, implement, and evaluate a culturally respectful Wellness Course with and for Alaska's village-based Community Health Workers (CHWs) to support community health promotion and disease prevention.

Study design. This article describes Wellness Course development, implementation, and evaluation.

Methods. Five 5-day Wellness Courses were provided for 55 CHWs from communities throughout Alaska. Fifty-two of 55 participants completed a post-course written evaluation. Post-course telephone interviews were conducted with participants (11/32) from the first 3 courses.

Results. On written post-course evaluations, all participants wrote detailed descriptions of what they learned and 98% (51/52) felt more confident in their knowledge and ability to present community wellness information. As a result of course participation, 88% (46/52) of CHWs wrote ways they would support family and community wellness, and 85% (44/52) wrote ways they planned to take better care of their health. During the in-depth post-course interviews, all 11 CHWs interviewed described ways the Wellness Course increased their health knowledge, helped them in their work, and prepared them to effectively engage with their communities to promote health.

Conclusions. Learning wellness information with hands-on activities and practising health presentation and community engagement skills within the course design increased participants' wellness knowledge and skills, confidence, and motivation to provide community wellness activities. Techniques for active listening, engaging community, and using the arts and storytelling as culturally respectful health promotion are tools that when used by CHWs within their own community have potential to empower community wellness.

Keywords: *Alaska Native*; *Community Health Workers*; *health education*; *Community Health Aides/Practitioners*; *adult education*; *health promotion and disease prevention*

Received: 13 February 2012; Revised: 28 May 2012; Accepted: 21 June 2012; Published: 10 August 2012

A hum of activity filled the room as Alaska's village-based Community Health Workers (CHWs) began their 5-day Wellness Course. Participants drew what wellness meant to them. Paper plates were transformed by colourful drawings expressing Alaska CHWs' diverse experiences, cultures, and values. Drawings highlighted the interconnected relationships of family, friends, community, living beings, and the environment. Within the wisdom of each CHW's paper plate drawing there emerged pathways for living well, creating a respectful place for sharing wellness understandings.

Alaska Native people experience increased risk factors for chronic disease development. On the basis of Alaska Behavioral Risk Factor Surveillance System data, 43% of Alaska Native adults were current smokers, 26% reported no physical activity during the past month, 72% reported being overweight or obese (1), and 79% reported consuming less than 5 servings of fruits and vegetables per day (2). Cancer is the leading cause of death for Alaska Native people (3). Diabetes rates among Alaska Native people have more than doubled in the past 10 years (4,1).

Alaska Native and American Indian people represent approximately 15% of Alaska's population (5). Approximately 60% of Alaska Native people live in 178 rural communities not connected by roads. Small communities, ranging in size from approximately 20 to 1,200 people, are separated from regional hub towns by vast stretches of tundra, water, glaciers, or mountains. Alaska is the largest

Citation: Int J Circumpolar Health 2012, **71**: 19125 - http://dx.doi.org/10.3402/ijch.v71i0.19125

state in the US, comprising one-fifth of the landmass of the contiguous 48 states. Due to the remoteness of Alaskan communities, primary care is provided at the village level by community members who receive unique training as Community Health Aides and Community Health Practitioners (CHA/Ps).

The CHAP Training Program has been authorized by the Federal Community Health Aide Program Certification Board to provide basic medical education for Alaska Community Health Aides/Practitioners. The standardized 15-week curriculum approved for CHA/P training focuses upon medical knowledge and skill competencies allowing CHA/Ps to provide medically indicated healthcare services that fall within the specific guidelines of the Alaska Community Health Aide/Practitioner Manual. CHA/Ps are supervised by a regional referral physician linked to an extensive state-wide referral network – the Alaska Tribal Health System. The range of patient care provided by CHA/Ps includes emergencies and trauma, acute and chronic illnesses, immunizations, prenatal care, and screening and health surveillance for Alaska Native people throughout the lifespan. Although disease prevention and health promotion are part of CHA/P training, only a few hours of the curriculum can be dedicated to these topics, as CHA/Ps' primary practice is providing direct patient care. To supplement CHAP basic training, two 5-day courses were developed; a CHA/P diabetes course in 1996 (6) and a cancer education course in 1998 (7–9) which grew out of CHA/Ps' desire to learn more to better care for the people in their communities.

In addition to village-based Community Health Aides/Practitioners selected by their communities and tribes, some regions also select and employ community members whose role is to provide health education and promote wellness and disease prevention within their communities. Community Health Worker (CHW) titles may vary by region including Community Health Representatives (CHRs), health educators, personal care attendants, and elder care workers to name a few. While CHA/Ps receive a standardized course of formal medical training offered in four, 3-to-4-week training sessions completed over approximately a 2-year period, the amount of training CHWs receive varies by region. Some CHWs receive limited training about chronic diseases, as well as limited skills-based training in providing community health education and health promotion. For the purpose of this paper, both CHA/Ps and CHWs will be referred to as CHWs.

Materials and methods

This paper describes the collaborative development, implementation, and evaluation of a Wellness Course with and for Alaskan village-based CHWs that grew out of their desire to support community-based health promotion and disease prevention.

Design for the Wellness Course is based upon an ecological model for public health that acknowledges the effects of personal behaviour and genetics as well as social and community influences on health (10,11). This approach complements Alaska Native cultural values and traditions that emphasize the interconnected relationships of family, community, and the land (12). The course is grounded within Indigenous methodologies, which emphasize relationships and encourage self-determination and empowerment (13–15). Wellness Course participants consider wellness as interrelated within the broader context of culture, community, and social environments. As health practices are influenced by multiple factors, including individual characteristics and behaviours, as well as social and environmental influences (16), the Wellness Course integrated multi-level approaches essential for promoting sustained wellness.

Wellness Course development

CHW participants in both the diabetes and cancer education courses increasingly requested additional health promotion and disease prevention information to share with the people in their communities to support community wellness. Responding to this expressed need, the diabetes instructor developed a 3-day "Lifestyle Coach Training" course that targeted 3 modifiable risk factors: nutrition, physical activity, and tobacco. This pilot course was delivered one time in 2006 for 15 CHWs. Upon course completion, the 15 "Lifestyle Coach Training" graduates returned home to their communities and all completed one community health presentation based upon course content, which was the goal of the course. Partnering with the instructor of the CHAP cancer education course provided an opportunity for curriculum expansion. The basic framework for the Wellness Course, including curriculum and learning activities, was collaboratively developed over a 1-year time frame by the instructors of the CHAP diabetes and cancer education courses with input from the participants of the "Lifestyle Coach Training" pilot course and other CHWs, along with key stakeholders throughout Alaska including CHAP Directors, the University of Alaska CHAP liaison, and medical experts within the Alaska Tribal Health System. In 2008, the 5-day Wellness Course was approved for 40 hours of CHAP continuing education by the statewide Community Health Aide Program Certification Board.

Wellness Course content and approach

As a result of the collaborative approach for course development with CHWs and stakeholders, curriculum content for the 5-day course was expanded to include medically accurate information on 9 topics related to chronic disease prevention: physical activity, fat and

Citation: Int J Circumpolar Health 2012, **71**: 19125 - http://dx.doi.org/10.3402/ijch.v71i0.19125

cholesterol, healthy weight, salt and blood pressure, tobacco cessation, risk-reduction and recommended screening activities for breast, cervical, and colorectal cancer, and self-care as a patient care provider. Lesson plans included an interactive hands-on learning approach grounded in Vella's (17) principles of dialogue education and Freire's (18) popular education of empowerment to actively engage learners. For example, as an introductory activity, participants were invited to draw what made their community unique as well as the people who live within their communities, such as elders, youth, school teachers, etc. In sharing their insights with each other, CHWs identified community strengths and the potential for new community partnerships.

Didactic presentation of medical and health information was introduced and concurrently modelled by instructors as a community activity, including the use of evaluation tools. After curriculum topics were presented by course instructors, participants chose a topic and did a mini community health promotion presentation for their classmates. This teaching approach of watch, then do, honours a preferential and culturally traditional way of learning for people in many indigenous cultures (19). In addition to practising presentation skills, the course included ways CHWs can facilitate and enrich community engagement through active listening, expressive arts activities, and storytelling as health education.

The course supported learning through reflection and action. For example, CHWs reflected upon and shared healthy food choices available within their communities including traditional food gathering and harvesting practices, as well as the availability of healthy and non-healthy food products stocked in their community store. As an invitation to action, in discussing the relationship of tobacco to chronic disease, CHWs were encouraged to share ways they and their community members could advocate for community tobacco policies that could reduce morbidity and mortality from tobacco use.

After completion of the face-to-face course, participants returned home and completed a minimum of one community activity within the 2-month course time frame. CHWs were supported through this process by participating in 2 teleconferences with their classmates and course instructors. Successes, challenges, and lessons learned were discussed. For course completion, CHWs submitted a 2-page write-up to course instructors describing their community activity: what they did, how it went, lessons learned, and results of written evaluations they had designed and distributed to the community members who participated in their health activity.

Recruitment of Wellness Course participants

Participants were invited via email announcements, statewide advertising through existing CHW organizations, email list serves, and newsletters. The course application asked CHWs to write why they wanted to participate in the Wellness Course, as well as what they hoped to learn and do as a result of course participation. Selection criteria included current employment as a CHW in Alaska, ability to participate in the 5-day course and a follow-up teleconference, and commitment to give at least one community health presentation. All course applicants that met the criteria for course inclusion were invited to participate in the Wellness Course and all successfully completed the course.

Course evaluation

The course included multiple opportunities for the instructors to learn about participants' experiences and refine course activities and content accordingly. Daily written evaluations provided timely feedback to improve course dynamics and critique content and presentations. A mid-week verbal group evaluation discussion encouraged group dialogue and critical reflection about participants' learning experiences. Participants shared what they liked as well as suggestions for course improvement. A 2-page written end-of-course evaluation contained check box and open-ended questions to best understand participants' course experience and planned behaviour change.

To gain insight into the long-term impact of the Wellness Course, limited funding was secured in July 2009 for telephone interviews with participants of the first 3 courses held during March 2008, October 2008, and March 2009. Due to elapsed time and programme reconfiguration complete rosters were not available at the time extended interval outreach was to begin; however, contact information for 32 participants was located. A CHA/P instructor with evaluation expertise, who was not involved in delivery of the courses, conducted outreach efforts. These included multiple attempts to contact participants by telephone, email and postal mail. Twenty-one participants were lost to follow-up due to outdated contact information. Eleven participants completed a telephone interview or emailed their interview responses to the evaluator, adding depth to evaluations conducted during the course and immediately post-course.

Results

Between April 2008 and March 2011, five 5-day Wellness Courses were provided in Anchorage for 55 CHWs from communities throughout Alaska. As much as 82% (45/55) of participants were female; each course had 1–3 male participants. Self-described ethnicity was 76% (42) Alaska Native, 5% (3) American Indian, and 15% (8) Caucasian. Although all course participants were employed as CHWs in Alaska at the time of course participation, 75% (39/52) wrote on the post-course evaluation that this was the first time they had received wellness training.

Immediate post-course evaluation

Written post-course evaluations were completed by 95% (52/55) of participants in all 5 courses. All (52/52) participants wrote detailed descriptions of information they had gained to help them in their work as well as ways the course supported their learning. Participants positively described the variety of hands-on, interactive learning activities, including a cooking demonstration, reading labels, measuring fat and sugar content, exercise stretch band activities, walking, dancing, games, story-telling, role playing, readers' theatre, movement, art activities, watching digital stories and movies, and touring cancer screening areas (mammography and colonoscopy) that supported their learning. A participant noted:

> I liked that I was never bored. Lots of times, trainings are too much just people reading Power Points. Many factual pieces of information were conveyed through other means.

The course was described by participants (52/52) as being culturally respectful. Written participant comments reflect culturally respectful course attributes:

> Listening to other people's stories … inviting us to share our opinions about topics presented was respectful both in gender and culturally. I liked that we talked about traditional things … Native dance, stories, food.

In response to the open-ended question, "As a result of this course, will you do anything differently in the ways you take care of your health?", 85% (44/52) of CHWs wrote ways they planned to take better care of their health: making healthy diet changes (20), "I will start reading sodium labels – watch sugar, salt intake"; exercising more (11), "Yes, get exercise 1 hour a day – walk, run, jump, dance! I've already started to move more. And I know how to use the therabands"; quitting tobacco (3), "I've already cut back on my smoking. I'm going to quit!"; and having recommended screening exams (7), "I will get a colon screening – I am 50".

Eighty-eight percent (46/52) of participants wrote ways they would support family wellness by providing healthy foods (20), talking about health (13), encouraging recommended screening exams (9), getting more exercise (4), and quitting tobacco (4).

CHW comments included:

> I plan on making small changes in the way I shop … reading labels and cook focusing on greater proportions of veggies.
>
> My family is important so I will make sure they are all current in screening. I will teach them about screening and how important it is.
>
> Get my family up and more physically active … Find ways to work wellness into our family routine.

All (52/52) CHWs responded affirmatively to the question, "Do you feel more confident in your knowledge and ability to present wellness topics to communities?" CHW comments included:

> Yes, starting our wellness committee will be so fun! I'm pumped.
>
> Thank you for helping me to boost my confidence in presenting and talking for an audience … wonderful.
>
> I feel empowered with the new info I learned. Feel more confident – I have great ideas to share.

Community wellness activities

CHWs eagerly shared post-course community wellness activities. For example, during the most recent course 13 CHWs collectively completed 22 evaluated community presentations within 2 months of the face-to-face course. One example of a community activity as shared by the CHW follows. A CHW was concerned about the increased quantity of youth soda consumption. He gained tribal council support and was funded to order water bottles as a healthy alternative to drinking soda. The local store shared information on the type and quantity of soda being purchased. The CHW arranged 2 school presentations for each of the upper grades. During the first classroom visit, students were asked to log how much soda they drank and to bring in some empty soda containers for their class discussion. During the second classroom visit, participants learned the effects of sugar on their body and disease risk. Additionally, students measured the sugar content of their soda consumption, per serving, daily, and weekly based upon their empty containers. Students compared the amount of sugar in various soda brands. A discussion ensued about marketing and school fund raising options that did not include soda. The CHW distributed water bottles as a healthy choice for decreasing soda and sugar consumption. Student written evaluation comments reflected their increased awareness: "How come people make drinks that are so bad for us?", and "This is a lot of sugar!" Additionally, students wrote ways they planned to improve their health: "I'm cutting back on soda. Drink more water". "I like that it showed me about pop and energy drinks. I shouldn't drink so much soda".

Long-term outreach

Participants of the first 3 Wellness Courses (11/32, 34%) who completed an in-depth interview at an extended interval after the course included 8 females and 3 males, all of whom self-identified as Alaska Native CHWs. Those interviewed described ways the Wellness Course increased their health knowledge, helped them in their work, and prepared them to effectively engage with their communities to promote health. As a result of course participation, CHWs provided a variety of health promotion activities with the people in their communities.

Citation: Int J Circumpolar Health 2012, **71**: 19125 - http://dx.doi.org/10.3402/ijch.v71i0.19125

CHW health promotion activities included the following:

(a) I go into the school and I've done some programmes on nutrition and diabetes at the grocery store, taking their food and making a display and talking to people about that. At the store I had a table of suggestions of things people could eat instead of smoking.
(b) I started the Biggest Winner weight loss programme, which is a self-driven weight loss programme and we're always trying to encourage people to take care of themselves in that. The group has lost 296 pounds and I think we'll hit 300 pounds weight loss this month … one lady just passed 50 pounds [weight loss]!
(c) I've been working a lot with tobacco this year, on a community petition for ordinance about tobacco. I'm trying to get some of the people in the community to have some functions and public events tobacco free, including chewing tobacco, and I tell them, "I don't want you using tobacco around my kids."
(d) Since I've taken the course, I now teach a walking for exercise from 12 to 1 pm class.
(e) In training I learned to ask people to help out … the Tribal Council has been really ready to help, with door prizes or give-aways. Also my co-workers are very helpful – they help me do these presentations.

Additionally, as a direct result of Wellness Course participation, CHWs described changes they had made in their own healthcare and their family's health and wellness.

> I lost 20 pounds and I've mostly given up drinking pop.
> I stopped eating greasy, fatty foods, and was looking at my portions. I have cut down on my children eating processed foods because of the salt content and fat. I watch out for nutrition … now we do sugar free this and whole wheat instead of white bread and I serve things like ground turkey versus ground beef; I use whole wheat noodles and for rice I mix half brown rice with white rice.
> I'm walking and getting people to walk with me.

Discussion

Community Health Workers are part of healthcare promotion in the circumpolar world, although training and responsibilities vary widely across regions and roles and responsibilities are dynamic over time. In Northern Canada (Yukon, Northwest Territories, Nunavut) nurses are the main providers of primary medical care; however, members of First Nations communities rely extensively on CHWs (20,21). As need surpasses training capacity, many Canadian Community Health Representatives (CHRs) are employed in practice before receiving extensive training (21). When training does occur, it can vary from short certificate courses to 2-year diploma programmes, with curriculum tending to focus on communication, advocacy, and other health promotion and prevention-related skills (21). CHRs often struggle to meet the expectations of their community to receive a broad scope of care with limited training and certification opportunities (21). In Greenland, small villages (less than 300 residents) have village health clinics staffed according to population size (22). The larger village clinics are headed by a nurse, while smaller village clinics are staffed by local health workers with limited formal training and documented responsibilities include dispensing of medication (22).

The Wellness Course, collaboratively developed with and for Alaska's village-based CHWs, serves as a model to provide culturally relevant health education to support community wellness. The activities, curriculum content, and facilitation are driven by and responsive to the written evaluations of course participants from the communities of Alaska. In the Wellness Course learning is interactive. Community Health Workers learn with and from each other and explore and discover ways to facilitate community conversations about disease prevention and health promotion. Solutions to community health challenges live within the wisdom of community. Learning medically accurate information through interactive hands-on activities and practising health presentation skills during the course increased participants' knowledge of health promotion and chronic disease prevention. Additionally, participants gained confidence and expressed increased motivation to provide community wellness activities in their communities.

The Wellness Course created holistic pathways within the framework of an ecological model for CHWs to engage with their communities in meaningful health promotion. Future Wellness Courses offered both in Alaska and potentially within other circumpolar regions will offer further opportunities for understanding how and in what ways the course supports CHWs to effectively and creatively share health information to promote sustainable community wellness.

Techniques for active listening, engaging community, and using the arts and storytelling as culturally respectful health promotion are tools that when used by CHWs within their own community have the potential to empower community wellness. In the words of CHWs:

> This course was life-changing. I'm going to encourage all my co-workers to come to this training.
> Now I have the guts, the information, and authority to do community presentations. Wellness is the key.

To see the Wellness Course in action visit: http://www.youtube.com/watch?v=N-yVpBROIN0&list=PLF2B88FBAAD68963F&index=9&feature=plpp_video

Acknowledgements

Thank you to Alaska's Community Health Workers who actively participated in the Wellness Course by learning with us, teaching with us, evaluating with us, and ultimately making the Wellness Course what it is today and determining how it will be shaped in the future. This manuscript was approved by the Alaska Native Tribal Health Consortium (ANTHC) Health Research Review Committee (HRRC) on behalf of the ANTHC Board of Directors.

Conflict of interest and funding

All authors confirm that they have no financial and personal relationships with other people or organizations that could potentially influence the results or interpretation of the information presented within this manuscript.

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