© *Journal of Higher Education Outreach and Engagement*, Volume 9, Number 2, p. 5, (2004)

A Health Advocate Program: Evaluation by Stakeholders

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Abstract

This article specifically describes an evaluation of a Community Health Advocate (CHA) program in a public housing development from the perspectives of various stakeholders. The evaluation consisted of semistructured interviews with advocates, case management, a Housing Authority of the City of Milwaukee representative, and non-Advocate residents of public housing. Interviews lasted thirty to fifty minutes and were analyzed inductively to determine common themes. Several major themes emerged from the analysis: (1) perceived value and recognition of the CHA program; (2) personal benefit to advocates from the CHA program; (3) effects of the CHA program; and (4) future directions and challenges. Although the CHA program has been very successful, a future challenge is to increase resident participation in advocate activities. Increased outreach will require identifying the most effective vehicles for this community engagement. Program sustainability will require strategies for identifying funding sources.

Introduction

Health advocate programs have been developed by many communities to increase empowerment and improve the health and well-being of community members *(Love, Gardner and Legion 1997; Giblin 1989; Grant et al. 1996; Pew Health Professions Commission 1994)*. Reports of successful community health advocate programs in the literature describe the benefits of recruiting and training community residents to advocate for community members regarding health and other community issues. Advocates are effective in improving accessibility and quality of health care services, empowering communities to effect change, and increasing collaboration between community members and health care providers in problem identification and resolution *(Nemeck and Sabatier 2003; Levine et al. 2003; Lam et al. 2003)*. The advocate model has also proven successful in reducing health disparities *(McElmurry, Park, and Buseh 2003)*.

This article discusses an evaluation of a health advocate program in a public housing development by examining the strengths and weaknesses of the program from the perspectives of different stakeholders. The evaluation findings will assist others who are developing an advocate program in settings similar to public housing.

The Highland Park Community Health Advocate (CHA) program was developed in 1999 to improve the health and quality of life of residents of a public housing development in Milwaukee. The program was modeled after a citywide program in Dayton, Ohio *(Maurana and Rodney 1996)*. Natural leaders in the community were identified and recruited to apply for the position of CHA.

The CHA program developed as the result of a partnership among the Center for Healthy Communities (CHC), Housing Authority of the City of Milwaukee (HACM) and S.E.T. Ministry, Inc. (Service, Empowerment and Transformation Ministry; S.E.T.). The CHC in the Department of Family and Community Medicine at the Medical College of Wisconsin is dedicated to improving community health by developing and sustaining community-academic partnerships. HACM is dedicated to providing safe housing to low-income persons and oversees thirteen high-rise developments for elderly and disabled residents and five family developments in Milwaukee. S.E.T. Ministry, Inc. is a nonprofit, community-based health and social service organization that serves underserved individuals. A S.E.T. social worker and nurse provide case management services at Highland Park. There are approximately seven thousand public housing residents in Milwaukee, of whom 84 percent are African American and 3 percent Hispanic. Each high-rise has a Resident Organization (RO), a resident-elected governing body that sponsors educational and recreational activities for tenants and links tenants with HACM.

When the advocate program was initiated in 1999, eleven residents expressed interest in the program and eight participated in the interview process conducted by CHC faculty and staff, S.E.T. staff, and the RO president. These five women and three men were selected to participate in the CHA training. The six-session training included community advocacy, conflict resolution and problem solving, team building, health and health care, community resources, and meeting facilitation skills. Subsequently two of the original advocates left the program: one moved to another HACM site, and another had family health concerns that prohibited her from participation in the program. During 2001 three new residents were selected and trained as CHAs.

Methods

The CHA program had operated for three years when an independent evaluator conducted an assessment between December 2001 and April 2002. The evaluation consisted of semistructured, in-person interviews with seven advocates, three S.E.T. case management representatives and one HACM representative (hereafter referred to as S.E.T./HACM representatives), and five non-advocate Highland Park residents. Interviews lasted thirty to fifty minutes and were conducted either at Highland Park or at the individual's office. Interviews were tape-recorded with participant permission and assigned a code number.

The advocates were asked nine semistructured questions about several aspects of the advocate program, such as program function, most difficult and best parts of being an advocate, effects of the CHA program, and examples of advocate leadership. The S.E.T./HACM group was asked a similar set of semi-structured questions with the addition of one question that asked about the respondents' overall opinion of the CHA program. The public housing residents were asked a series of semistructured questions that were similar but included an additional question about their general knowledge of the program (see appendix). The interview respondents included eight women, eight men, fourteen African Americans, and two Caucasians.

"There are approximately seven thousand public housing residents in Milwaukee, of whom 84 percent are African American and 3 percent Hispanic."

Informed consent: The methodology and interview procedures were approved through the Institutional Review Board of the Medical College of Wisconsin. Participants were informed about the voluntary nature of their participation and the confidentiality of individual responses.

Data analysis: Interviews were analyzed inductively to determine common themes and patterns. Key themes within the following four domains emerged: (1) perceived value and recognition of the CHA program; (2) personal benefit to advocates from the CHA program; (3) effects of a CHA program; and (4) future directions

and challenges. Representative quotes from the three groups are provided to demonstrate the themes.

Results

Perceived value and recognition of Community Health advocate program: Although the advocate program has been functioning for over three years, it still is struggling to be recognized as a CHA program. Many residents, and a S.E.T./HACM representative, are not clear as to the purpose of the advocate program, nor are they familiar with the programs and activities sponsored by the advocates. Residents frequently confused advocate-sponsored activities with RO-sponsored activities. For instance, RO-sponsored outings to the movies and dinner were credited to the advocates, while several advocate-run programs were credited to the RO. The three advocate-run programs most familiar to residents were the monthly Potluck, Tenant Patrol, and the annual Health Fair. Some residents and a S.E.T./HACM representative identified creating and maintaining the Tenant Patrol as the primary purpose of the advocate program. While the Tenant Patrol is one of the most visible and important programs of the advocates, there are many other advocate-developed programs for the community. The Health Fair was viewed as a positive and valuable activity by all residents interviewed. Despite the confusion between advocate-run and RO-run activities, and the unfamiliarity with some of the advocate programs, when residents were asked how they would describe the advocate program to residents at other public housing sites, the responses were very positive.

"The [advocate-sponsored] Health Fair was viewed as a positive and valuable activity by all residents interviewed."

> There's the tenant patrol and discussions groups and I go to the potluck. *(Resident)*
>
> [The Advocate program] is wonderful. I'm glad we got something going on here. *(Resident)*

When the program began the authors knew one of the challenges would be to develop a clear identity and differentiate the

CHA program from the RO. This has been one of the most significant tasks in the developmental stages of creating the program. The RO is an elected organization required by the HACM; it represents the formal leadership of the building. This organization presents residents' concerns to the HACM. The CHA participants have been recruited for their leadership skills, were self-selected, and represent the more informal leadership in the building. The purposes of these two organizations are distinct but overlapping. The RO provides the link between the residents and HACM regarding building and tenant concerns, while the CHAs interact with and refer residents to the S.E.T. case management team in the building and other local resources for health and social concerns.

Personal benefit to advocates from the Community Health advocate program: Both the advocates and S.E.T./HACM representatives agreed that the advocates have benefited in several ways from participating in the program. Both advocates and S.E.T./HACM representatives identified improved interpersonal skills, particularly conflict resolution and problem solving, as benefits of the program. As examples, advocates cited their increased ability to listen to and respect the opinions of others, and to better manage conflict among advocates and among residents. One advocate also stated that she now feels more comfortable speaking with others. When S.E.T./HACM representatives compared current advocate meetings to initial meetings, they could see marked improvement in the advocates' interpersonal skills. When the program began, advocates often left a meeting when disagreements occurred. Now it is more common for advocates to continue to communicate and participate when discussions become heated. One S.E.T./HACM representative also stated that the advocates' improved interpersonal skills have increased their self-confidence.

> I learned ways to talk, how to talk, when not to talk. If you are talking and then maybe another person's over there talking, then I gotta respect her while she's talking. Let her get her point over and then I will do my point of view. *(Advocate)*

> I can speak to people better you know and talk to them and try to encourage them. So it's been a great improvement for me. *(Advocate)*

Although advocates have improved their interpersonal skills, both groups agreed that these skills needed to be strengthened and further developed. Advocates, for example, frequently mentioned the need to come together "on one accord" and stop "working against" each other. Likewise, S.E.T./HACM representatives stated that many advocates continue to have some difficulties communicating appropriately with others.

> . . . when I look for early meetings of the interactions we had, where on occasion we had people walk out, because they could not tolerate the heat from someone else or the under the breath sort of comments. Now that still goes on to a degree, but much less. We really have not had anyone walk out on a meeting for a long time. (S.E.T./HACM)

> Make sure that we as health advocates, instead of working against each other, work together. (Advocate)

In addition to improving their interpersonal skills, many of the advocates indicated that they learned about different health-related topics through their participation in the advocate program. In particular, they identified their increased knowledge of community resources and their ability to refer fellow residents to appropriate programs or agencies. S.E.T./HACM representatives stated that the advocates have become more aware of different health issues.

> I've gotten a lot of good information and . . . direct [the residents] to different places, areas of information mostly. (Advocate)

> I learned a lot about health issues that I didn't know nothing about. (Advocate)

> I think that [the advocates] are more tuned into health issues. Not that I think anybody can do any kind of presentation, but I think they are more geared to at least thinking along that line. (S.E.T./HACM)

When asked about the best part of being an advocate, several of the advocates stated that they like to help others and make people happy. The advocate program provides these individuals with a more structured, formal outlet for their altruistic activities.

Many advocates also described themselves as "people persons" and thus enjoyed getting to know more Highland Park residents. Advocates also indicated that being an advocate provides them with something positive to do.

> . . . to pull people together and to help them with their wants and needs. (Advocate)

> Just a sense of helping others and to be active with the other residents. (Advocate)

The evaluation indicates that the advocates have experienced interpersonal growth through their participation in the program. These enhanced skills are invaluable in their interactions with the residents, especially in areas of conflict resolution and problem solving.

Effects of a Community Health Advocate program: Advocates, S.E.T./HACM representatives, and residents all agree that the Highland Park community has benefited from the CHA program. Since the start of the advocate program, Highland Park's reputation has improved, more activities are available, residents report that health awareness has increased, and some residents have stepped forward as leaders.

S.E.T./HACM representatives stated that Highland Park used to suffer from a poor reputation among public housing residents. There was a general perception among residents that HACM accepted tenants at Highland Park who would not be accepted at other sites. Some residents also thought HACM did not invest as much in repairs, remodeling, and new furniture at Highland Park as it did at other sites. Since the development of the CHA program, both Highland Park residents and public housing residents at other sites have a newfound respect for the Highland Park community. One S.E.T./HACM representative reported that advocates have attended citywide resident meetings and have had residents from other buildings approach them about starting similar activities at their sites. Advocates also mentioned that residents from other buildings have asked how to start advocate and potluck programs at their sites.

Advocates further stated that the program benefits the community by providing a variety of activities for residents and by encouraging them to get to know their fellow tenants. Residents

reported that Highland Park benefits from the advocate program and mentioned the Tenant Patrol as a significant example.

> This building has not had much of anything. I mean we have done our own trips, but there has been very little for the community itself . . . the building was always portrayed as being the worst. . . . I do not think it is, but there was that image, even from some of the other buildings. . . . It was seen as a place where we have many issues. . . . Therefore, in that sense, there have been wonderful improvements. *(S.E.T./HACM)*

> I think there was an attitude and belief that Highland Park was always for the lost, distant stepchild who had been adopted, or something. . . . They did not feel that they got very much attention, consideration or respect. I think they felt in a sense that the screening for individuals that would come to Highland was not done as carefully as it might have been for other buildings. . . . So I think there was a sense they were a little different and not quite as well considered or respected. Now, I have heard from other buildings that I work at, that they like what is happening at Highland. They seem to refer to Highland at times as a model for things they want to do. *(S.E.T./HACM)*

> You know a lot of people have never participated in anything before . . . now there's the potluck, the spirituality and the movie club. Now that's about three things that most people come down to. *(Advocate)*

> It gets people out of their apartments. Some people just want to stay up there and have what I call sofa-itis. *(Advocate)*

In the area of health, advocates identified the Advocate Corner, annual Health Fairs, and health education presentations as examples of how the advocates have helped Highland Park residents improve their health. According to the advocates, these programs have increased residents' interest in their health; many residents now talk more about health-related topics. Some advocates also stated that due to the health presentations and training, they are now more aware of their own health. S.E.T./HACM representatives acknowledged that there have been several health education

activities in which the advocates fully participated. However, some S.E.T./HACM representatives were concerned that the benefits from these activities did not reach beyond the advocates. One S.E.T./HACM representative stated that most of the health training and education focused on the advocates and not the larger group of residents. This individual, however, acknowledged that some of the information obtained by the advocates trickles down to the non-advocate residents.

> Each spring we do a health fair. The House of Peace and UWM [University of Wisconsin-Milwaukee] nursing students do blood pressure screening and cholesterol and diabetes screening. But the Advocates, we do all the passing out of the flyers, we're here for the whole, it's usually an all day thing. . . . We [also] have the advocate's corner where we pass out literature on health issues stuff. *(Advocate)*

> We have presentations on different health issues . . . we have pamphlets on health literature. *(Advocate)*

> For me and the few people that I speak to about it they do take a closer look at their health problems, especially diabetes . . . [The residents] talking more about it and trying to search out different medical help. So I think through the health fair that we had, it makes them sit up and take more of a notice. *(Advocate)*

Regarding community leadership, the S.E.T./HACM representatives indicated that many advocates are now much more visible and have a greater presence in the community. For example, the advocates involved in the Tenant Patrol are much more willing to complete incident reports and contact the HACM security office if they see something unusual. S.E.T./HACM representatives also stated that the advocates do a "fairly good" job running the programs for which they are responsible.

Nevertheless, one S.E.T./HACM representative expressed concern that the advocates are not representative of residents from Highland Park. For instance, they are younger than many of the residents, unemployed, and disproportionately female. According to this S.E.T./HACM representative, leadership within the building is now concentrated among a small group of residents who are not representative of the Highland Park community. This situation

has resulted in the formation of new resident cliques within the building.

Advocates, on the other hand, stated that they were good leaders and provided several examples of activities they thought exemplified their leadership skills: recruiting residents to attend various events, providing information to the residents about community resources, and being role models for other residents. Most residents supported the advocates' views about their leadership abilities.

> [The Advocates] made themselves available and . . . they're willing to make themselves visible. They've done a great job running programs that support other residents. *(S.E.T./HACM)*

> [The Advocates] really have stepped forward and have been willing to be seen. I think and I hope that they are willing to also listen and hear what the others in the building have to say. I guess the biggest thing is that, for this building, they actually declared themselves. *(S.E.T./HACM)*

> I would have to say I think they have demonstrated some leadership. Again, I think that is a scenario where we are not as successful as we might be. Very honestly, some of that is tied in with that I do not think our advocate program is very representative of the building. It certainly was not for a lack of trying, the first go around, we really tried to pull [people] in . . .. We [also] have a high concentration of RO officers and I think that is the down side. The only reason I say that is that they already are in leadership positions, so what you have is a lot of power in the hands of a few people. Sometimes it is not clear what is what and what is the other. *(S.E.T./HACM)*

> Just being a good role model to the residents. Well, a lot of us community advocates are on the resident organization offices so we have to maintain leadership abilities. You know, to conduct ourselves in the proper manner at all times. *(Advocate)*

> I think the leaders of the programs are working out pretty good. Everybody seems to be doing what they supposed to be doing. *(Advocate)*

Mobilizing the entire community to participate in advocate activities has been a continual program focus. A challenge has been to develop a core group of leaders while remaining encouraging, open, and inclusive regarding the participation of all residents in advocate activities.

"A challenge has been to develop a core group of leaders while remaining encouraging, open, and inclusive regarding the participation of all residents in advocate activities."

Future directions and challenges: When asked about the future directions and challenges of the advocate program, S.E.T./HACM representatives, advocates, and residents had numerous suggestions. Increasing resident participation topped the list for the advocates and S.E.T./HACM representatives. Advocates expressed a desire to bring the elderly out of their apartments so they can interact with other residents. S.E.T./HACM representatives reported that the advocates have made a strong effort to recruit residents to participate, but they have often run into resistance from residents.

Aside from the desire to increase participation, advocates suggested purchasing a television, new pool tables for the community room, and computers for use by the residents. Advocates also stated that they would like more educational speakers to come to Highland Park, and they would like to participate in educational activities throughout the community.

S.E.T./HACM representatives stated that they would like to expand the program's scope to address additional health issues and collaborate with organizations in the surrounding community. As an example, advocates could coordinate campaigns around specific health concerns such as heart disease or breast cancer. According to one S.E.T./HACM representative, advocates need to realize that what happens outside the walls of Highland Park has an effect on them, and they should work with the surrounding community to address issues that will benefit the Highland Park high-rise and its neighboring community.

> I guess what I would really like to have us do is bring the residents more closer together. Bring them out more because we still have an awful lot of people who stick in their apartments and that's been an ongoing fight, battle

> for us to get them out of their apartments. We tried everything. We refuse to give up; we're still working on it. *(Advocate)*

> Field trips. Somewhere where there are forums to listen and learn. Last year we were able to get tickets to Maya Angelou. She's one of my favorite authors. *(Advocate)*

> Another thing we have talked about that is a little different is somewhat similar to outreach. Not only continuing to work within the building and looking at different activities and ways to engage people in those activities, but we can engage them to understand the information and resource sharing. Outside the Highland Park community, it will be connecting to places like Neighborhood House, House of Peace, or the recreation center over there. Whatever Boys and Girls Club and Family units in the back. Looking at ways to begin collaborating with the community residents, outside of the building itself. Finding what common interests there might be, how to coordinate resource development and awareness, certainly wanting to do that same sort of thing within the high rise complex community. *(S.E.T./HACM)*

The residents appear to be satisfied with the program with its main focus on Highland Park and activities within the building, while the S.E.T./HACM representatives are interested in more community outreach activities.

The authors decided on the use of in-person interviews as the most effective method for obtaining an accurate assessment of the program. We believe that this method was an appropriate choice since literacy issues exist in the building, and we thought the interviews would collect valid data. However, it was difficult to recruit non-advocate interview respondents, and this resulted in a smaller sample of resident opinions. Despite assurances of confidentiality, residents may have been hesitant to participate because interview questions necessarily asked them to evaluate fellow residents as advocates.

Discussion

The CHA program has contributed to the overall well-being and quality of life of Highland Park residents. However, as in any growing program, challenges remain. The inability of some resi-

dents to distinguish between the advocate program and the RO can result in confusion and inaccurate attribution of credit for programming. One reason for this confusion is that several advocates are also RO officers, and they sometimes blur the boundaries between the two entities.

Both advocates and S.E.T./HACM representatives agree that advocates have shown improvement in their interpersonal skills, leadership abilities, and health knowledge. However, advocates consistently rate their abilities in these areas higher than do S.E.T./HACM representatives. S.E.T./HACM representatives may differ in their evaluation because they work with other professional organizations and therefore may be comparing the advocates to more experienced groups. Advocates, on the other hand, may compare their present abilities to those at the beginning of the program and see marked improvement.

Another issue facing the advocate program is the discrepancy between S.E.T./HACM representatives' goals for the future of the program and those of the advocates. Advocates would like to continue to concentrate their efforts on Highland Park and provide health information and social activities for the residents. S.E.T./HACM representatives would like to see the advocate program expand its scope beyond Highland Park to include advocating for issues that affect the lives of both building residents and those in the surrounding community. Advocates may not understand how to advocate for larger issues facing the residents and the community or may not understand the connection between community-wide issues and issues at the Highland Park high-rise.

To respond to the issue of confusion between the advocate program and the RO, the advocates could develop strategies to distinguish their program such as a distinct logo or or a policy that prohibits anyone from being an RO officer and an advocate. The advocate program was developed as a separate organization partly as a way to achieve greater representation of the residents and to disperse the leadership in the building. Merging the two programs could provide access to funds from HACM, but the advocates would lose some autonomy and be required to adopt the RO policies and procedures. In addition, a merger would further concentrate the leadership within the building among a small number of individuals.

Although significant change has occurred, ongoing training, both formal and informal, is needed to continue to strengthen the Advocates' interpersonal, leadership, and health education skills.

Advocates also might benefit from additional training to expand their efforts as proposed by S.E.T./HACM representatives. Additionally, the advocates could develop an outreach program that focuses on forming and strengthening connections between the high-rise and the neighboring community.

Lessons Learned

Entering into and remaining engaged with the community in order to develop and sustain the Highland Park Advocate program have required a significant amount of faculty and staff time and commitment. The development of trust, shared objectives, policies and procedures, and effective community programs is achieved over several years at a minimum. We have not yet been successful in institutionalizing the advocate program but continue to rely on securing external funds for program costs. Many funders will support the initiation of a community program but will not provide ongoing funds to maintain it. Since the community expects the partnership to continue regardless of whether funds are available, this can create problems for faculty and staff who wish to remain involved but are required by their academic institutions to support their salaries through grant funding for community work. In addition, the authors work at a private medical school where community engagement is a relatively new activity. The understanding of and recognition for this activity is evolving, but its current lack of development can be problematic for faculty who work with the community but then have difficulty being rewarded for it.

Over the past four years, the CHA program at Highland Park high-rise has benefited both residents and advocates. As the program continues to develop and evolve, resolving the issues identified through this evaluation will ensure the ongoing success and sustainability of the program.

Appendix

Interview Guides:

Advocates

1. What is the function of the community advocate program at Highland Park?
2. What have you personally gained, if anything, from participating in the community advocate program?

3. What has been the hardest part of being a community advocate?
4. Has the community benefited as a result of the community advocate program? If yes, how?
5. What has the community advocate program done to promote health at Highland Park?
6. How have the community advocates demonstrated community leadership?
7. What other things would you like the community advocate program to do in the future?
8. Do you have any suggestions for improving the community advocate program?
9. What would you tell residents from another public housing development about the community advocate program?

S.E.T. Ministry, Inc./Housing Authority of the City of Milwaukee Representatives

1. What do you think of the community advocate program at Highland Park?
2. What is the function of the community advocate program at Highland Park?
3. What, if anything, do you think the advocates have gained personally from the community advocate program?
4. What, if anything, do you think the Highland Park community has gained from the community advocate program?
5. What has the response from the community been to the community advocate program?
6. What has the community advocate program done to promote health at Highland Park?
7. How have the community advocates demonstrated leadership? What other things would you like the community advocate program to do in the future?
8. Do you have any suggestions for improving the community advocate program?
9. What would you tell residents and/or S.E.T. staff from another public housing development about the community advocate program?

Highland Park Residents

1. Do you know who the community advocates are at Highland Park?
2. What is the function of the community advocate program at Highland Park?
3. What activities does the community advocate program sponsor at Highland Park?
4. Has Highland Park benefited from the community advocate program? If yes, how?
5. Have there been any disadvantages to having a community advocate program at Highland Park?
6. What has the community advocate program done to promote health at Highland Park?
7. What, if anything, has changed in the community as a result of the community advocate program?
8. How have the community advocates demonstrated community leadership?
9. What other things would you like the community advocate program to do in the future?
10. Do you have any suggestions for improving the community advocate program?
11. What would you tell residents from another public housing development about the community advocate program?

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