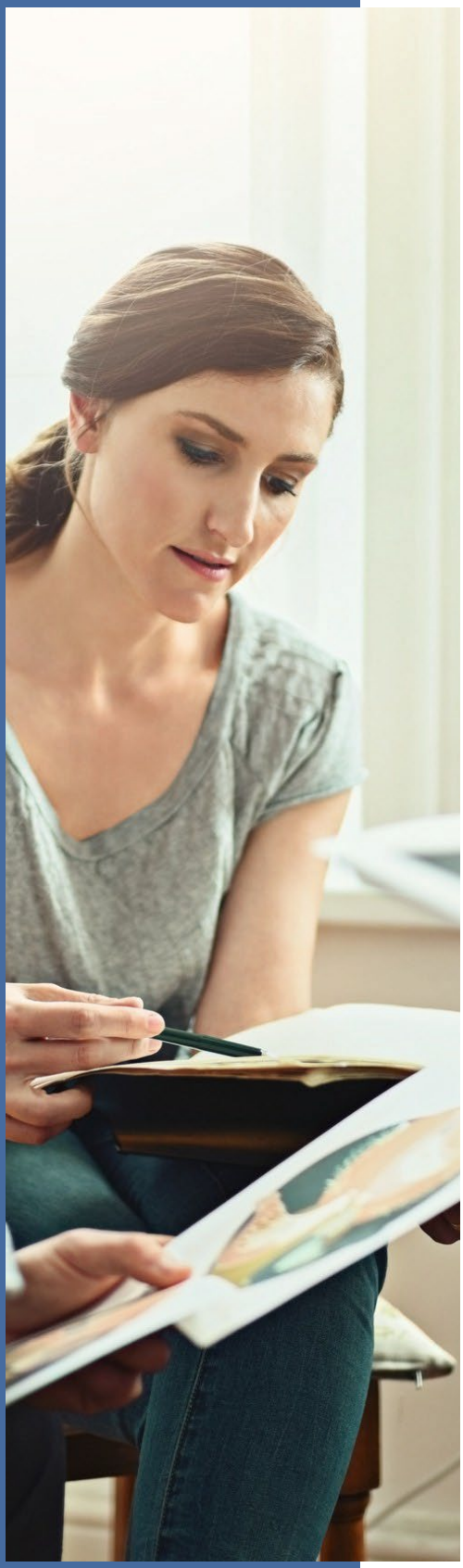

March 2023

Implementation of Community Health Worker Programs: A Qualitative Analysis of Barriers, Facilitators, and Impacts

Prepared by the Center for Applied Research and Evaluation (CARE) in Partnership with the Center for Community Health Alignment (CCHA)

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CARE
CENTER for APPLIED RESEARCH & EVALUATION

TABLE OF CONTENTS

01

Introduction & Methods

Introduction

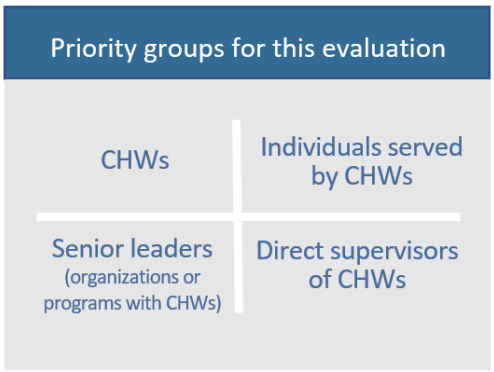
The Center for Community Health Alignment (CCHA) has partnered with the Center for Applied Research and Evaluation (CARE) to evaluate the technical assistance CCHA provides to organizations and programs. This qualitative evaluation assesses those efforts with stories from multiple perspectives on how CHWs have impacted both individual health and service delivery in South Carolina (SC). This report reviews the purpose and the goal of this evaluation, describes the methodology, presents major findings, and concludes with reflections and recommendations for CCHA, as they continue to advocate for the integration of CHW programs into more organizations across SC.

Evaluation Overview

The purpose of this qualitative evaluation is to gather stories from stakeholders that have been impacted by the Community Health Worker (CHW) model. These stories will support the continued advocacy efforts for expansion of the CHW workforce in SC. This evaluation incorporated both individual interviews and focus groups to engage four key stakeholder groups: 1) CHWs, 2) individuals served by CHWs, 3) direct supervisors of CHWs, and 4) senior leadership of organizations implementing CHWs or CHW programs. Each group has a unique perspective of CHWs' impact on health and social outcomes, as well as organizational service delivery.

Methods

Overview of Data Collection Process



The interview and focus group protocols were developed in collaboration between the CCHA staff and the CARE evaluation team. The CARE Evaluation team collected data for this evaluation between April and September of 2022. Two members of the evaluation team conducted 11 interviews with CHWs and another 11 interviews with individuals served by CHWs.
Interviews took approximately one hour, and each participant received a $30 gift card for their time. The structured interview guide included the topics below. For complete interview guides, see *Appendix A & B*.

CHWs. Interviewers asked CHWs to share anecdotes of their work, and how they have impacted the health and wellbeing of the individuals they serve. They also asked CHWs to share how their role has impacted their organization(s).

Individuals served by CHWs. Interviewers asked individuals to share their experiences working with CHWs, and how the CHWs affected their health and wellbeing. Additionally, they discussed how their experiences with CHWs may have been different from working with other healthcare professionals.

The evaluation team also conducted two focus groups with senior leaders (n=8) and direct supervisors (n=5). Focus groups took approximately one hour, and each participant received a $30 gift card for their time. Structured focus group guides included the topics below. For complete focus group guides, see *Appendix C & D.*

Senior Leaders. This focus group asked senior leaders why they decided to integrate CHWs into their teams, and how they have brought value to their organizations.

Direct Supervisors. This focus group asked CHWs' direct supervisors to describe the process for integrating CHWs, and how it has affected both their organization and the individuals they serve.

Sampling

Data Sources

Interviews. The evaluation team sought interviews with CHWs representing various health related organizations within SC, including hospitals, community-based organizations, community health centers, substance abuse/prevention centers, and rural health centers.

Focus Groups. Two members of the evaluation team conducted one focus group with CHW supervisors and the other with senior organizational leaders.

Sampling Strategy

For both interviews and focus groups, the CARE evaluation team worked with CCHA staff to identify a list of potential respondents that were CHWs, direct supervisors of CHWs, and senior leadership of organizations implementing a CHW program. From this list, CCHA staff reached out to these individuals first to inform them of the interview/focus group opportunity and the purpose of the evaluation. The CARE evaluation team then contacted interested individuals to schedule their interview or focus group.

To reach individuals served by CHWs, the CARE evaluation team developed a recruitment flyer that outlined the purpose of the interview, the time commitment, compensation for participation, and a number to call or text if interested in participation. Individuals that contacted the CARE evaluation team then completed a short questionnaire to ensure they were eligible to participate in the interview process. Additionally, the CARE evaluation team asked individuals that participated in one-on-one interviews or focus groups to share the recruitment flyer with their staff, colleagues, or directly with individuals served by CHWs to help with the recruitment.

Data Collection & Cleaning

The CARE evaluation team facilitated all the interviews and focus groups on Microsoft Teams or Zoom and recorded them with permission from participants. They saved all video recordings as mp4 files and transcribed them with otter.ai software. Then they coded the transcripts using NVIVO software (version 1.7 QSR International Pty Ltd., Doncaster, 114 Victoria, Australia, 2022).

Analysis & Reporting

Coding and Analysis. Coding is the process of identifying relevant themes, usually based on evaluation questions within transcripts, or other observation notes or documents, as part of the rigorous analysis process. Since this evaluation included data for four separate stakeholder groups, 1) CHWs, 2) individuals served by CHWs, 3) direct supervisors of CHWs, and 4) senior leaders of organizations implementing CHWs or CHW programs, codebooks were developed for analysis for each group based on interview or focus group protocols.

Three members of the CARE evaluation team contributed to the coding of each group's data. To begin, team members aligned their coding strategy by coding the first three questions of a single interview transcript to measure inter-rater reliability (IRR). Once the team confirmed that they were interpreting the data and coding consistently, they divided the data so that each codebook was coded by at least two team members. They used the constant comparative method where coders read each transcript and discussed emerging themes, while continuously comparing themes identified in previous transcripts. Coders met weekly to discuss themes, and discrepancies between coders and were discussed until there was consensus among the coders. After coming to a consensus, team members merged their individual codebooks into a singular "master" codebook

for each stakeholder group.

Reporting. After each stakeholder group was double-coded and reviewed by separate evaluation team members, the four final "master" codebooks were used to develop the findings of this report. The codebook outlined themes that emerged from each stakeholder group and included significant quotations from individuals that supported each theme. The key findings presented included each of the major themes with supportive details and quotations.

02

Key Findings

Community Health Workers (CHWs)

The CARE evaluation team asked CHWs about their work with individuals they served- their role, how they establish trust, how they manage individuals' needs, and how they affect individuals' health and wellbeing. They also asked about CHWs' relationships with their organizations- how the CHWs impact its services and how the organization supports them in their role.

Key Findings

- Respondents reported a variety of types of social support that impacted the individuals they served overcome obstacles to obtain resources and services.
- CHWs' organizational impact included: 1) improved relationships with community members and community partnerships; 2) improved systems of care for the individuals they served; and 3) improved quality of care for the individuals they serve.
- About half of the respondents indicated challenges at the individual or organizational level, or both.
- Respondents reported high levels of commitment from their respective organizations.
- Respondents discussed a variety of trainings that helped them do their work, as well as the types of training they still needed.

Types of organizations that employ CHWs

Respondents were employed by federally qualified health centers (FQHCs), a hospital, and non-profit organizations that focused on providing health and social services. *Table A.1* displays the breakdown of participating CHWs by type of organization they represented.

Table A.1: Types of organizations that participating CHWs represented

Organization Type	Number of Respondents (n = 11)
FQHCs	5
Non-profit organization	5
Hospital	1

Length of time employed as a CHW

Respondents had been employed as a CHW from less than a year to 13 years. *Table A.2* displays the breakdown of the length of time participants have been or considered themselves to be CHWs.

Table A.2: Length of time employed as a CHW

Length of time	Number of Respondents (n = 11)
More than 3 years	6
1-3 years	4
	1

Reasons for pursuing a career as a CHW

The majority of respondents indicated that the reason they pursued a career as a CHW was their desire to make a community impact. One respondent said, *"I like making things easier for people."* Another respondent, who was a community-based doula that was cross-trained as a CHW, stated, *"I kept hearing this word doula, and it was becoming more popular. And then …I heard about the statistics for black women were three to 12 times more likely, depending on where you live, to die in these hospitals…up to like a year due to health issues or implicit bias or racism, of not being listened to, and things like that. So I wanted to do something about it."* Others reported childhood experience(s) inspired them to become CHWs. *"…with my mom…it's been ingrained…with the church, teaching and visit [the] sick and things like that… so I just it guess it was just familiar."* Some others recognized that their strong community connections made them an ideal person to help connect others to community resources. One respondent said, *"I am a former city council representative…And so in being [in]…the community liaison role, they thought that I would be a great fit… I was well connected to a lot of organizations that could help…When the talks of community health care worker came about…our CEO say [sic], 'she knows the community…so she will be a great person for our organization to try to start this community healthcare worker program. And so that's how I started working."*

> *"I heard about the statistics for black women were three to 12 times more likely, depending on where you live, to die in these hospitals …up to like a year due to health issues, or implicit bias or racism of not being listened to, and things like that. So I wanted to do something about it."*

Most enjoyable aspect about being a CHW

The majority of respondents reported the most enjoyable aspect of their job was helping people, specifically by connecting them to resources. One respondent said, *"…the biggest reward comes when you were able to actually get that client connected to the resource. That really makes a difference."* Another CHW enjoyed educating and empowering individuals they served to advocate for themselves regarding their healthcare decisions. They said, *"I enjoy the most when people are like, oh, my goodness, I can say no? ... Yes, ma'am... You're in control. So I really, really enjoy them. People … find their voice."* Others reported they enjoyed building relationships with individuals they served and working with a team of CHWs.

> *"I enjoy the most when people are like, oh, my goodness, I can say no? ... Yes, ma'am. You're in control. So I really, really enjoy them. People … find their voice."*

Most challenging aspects of being a CHW

The majority of respondents reported the most challenging aspect of being a CHW was ambivalence of those they serve towards their care plan.

One respondent explained, *"So that's been a challenge for me with this one [individual]. It's like I've had to go to [their] home a couple of times to, 'OK, I'm gonna put you on the [blood pressure] monitor. Here's your instructions. And this is what you need to do.' And then I'm looking every day and 'you're not …checking the pressure.' But then when I call you and say, 'hey, how's your blood pressure going?' You know, it's 'ohh. It's going down'. I said, 'well, how do you know?'"*

> *"In our area, it's the housing… it's finding the resource that is not there in your area and having to say you know, there's nothing I can do."*

Another challenge was when individuals served by CHWs wait too long to ask for help. For example, a respondent said, *"…when they call you …five hours before their [electricity] gets cut off. Your organization doesn't have funds for it, and so you're trying to call around. And it's like, I can't find anything. When a client…holds on to something for so long and…now it's an emergency and you can't get it done."*

Some respondents talked about the misconceptions about their role at their organization and in partnering organizations. A respondent said, "*So letting the…organization, as a whole, know that we do exist, and the magnitude of what we can do to help better serve [individuals]. Because a lot of them don't understand and know our reach, they don't know what we can do or how we can do it…. So if [an individual goes] into a doctor's office and say [sic], 'Hey, I can't afford to pay my rent,' well, the doctor don't [sic] care about you not being able to pay your rent, because their main concern is, you know, taking care of you medically, but not paying my rent could have a negative impact on my overall health. And so that's what we get our providers to understand."*

Other challenges within the organization include being limited in their role (e.g., the CHW role is limited to completing insurance applications despite the other needs an individual may have). One respondent explained, *"[The organization] use[s] my marketplace title and won't do anything else until it's necessary. But that's not me. Am I helping any? [I] have the ability to have more interaction…. So my organization…they have their people in place. This is your role, this is your place, this is what you do…my role is insurance."*

Many CHWs experience low status in their organizations, evidenced by receiving low compensation, not feeling valued by the other staff members, and the [individual's] voice not being valued. Other challenges included the high cost or lack of resources to help [individuals] (e.g. housing, funds to pay for home repairs, etc.). One person said, *"In our area, it's the housing… it's finding the resource that is not there in your area and having to say you know, there's nothing I can do."* Another respondent reported the barriers to obtaining health insurance and the length of time of the process.

Ways CHWs establish trust with individuals they serve

The majority of CHWs reported that they establish trust by demonstrating empathy. One respondent said, *"I tried not to do any type of judgment. I will sit there and cry with you. Because I understand the struggles they're going through, probably more than what they realized because my family's currently going through struggles."*

"I tried not to do any type of judgment. I will sit there and cry with you. Because I understand the struggles they're going through, probably more than what they realized because my family's currently going through struggles."

Other personal qualities respondents discussed included being non-judgmental, listening, being honest with Individuals they serve, and being authentic, as one respondent said, *"I just try to be myself."*

Respondents also mentioned that to establish trust, they viewed themselves as being connected to the community. One respondent explained, *"My husband is from here. I'm not necessarily from here, but I've been here for a long time, so my kids are involved, you know, with their school and their community. So people have seen me out and about for 15 years. So they see me, as they recognize me, and you know, so that kind of goes a long way."*

Another person felt that their organization's affiliation with a trusted organization helped establish trust with community members. Other ways CHWs established trust included sharing information about available resources in the community, explaining their role to individuals, and spending time with individuals they serve.

Respondents also reported specific communication strategies to establish trust with individuals they serve (see *Table A.3)*.

Table A.3: Communication strategies used by CHWs to establish trust with individuals they serve

Communication strategies used by CHWs to establish trust with individuals they serve	
Ensuring confidentiality of conversations	Sharing a personal experience that is relevant to the individual's experience
Letting individuals lead the conversations	Smiling and greeting individuals
Letting individuals make their own decisions	Joking with individuals
Respecting where the individual is in the process of getting needed resources	Encouraging communication by asking open-ended questions, being available to individuals

Typical CHW job duties

Respondents reported a variety of job duties as a CHW (see *Table A.4*).

Table A.4: Typical CHW job duties and examples

Typical job duties of CHWs and examples	
Providing medication assistance (helping individuals access medications) *"[The CHW] will make weekly calls to make sure that the [client is] checking their blood sugar, that they're taking their medication, that they have access to affordable medication…"*	**Providing individual support** (contacting and assisting individuals, coordinating appointments, general check-ins with the patient, updating & reviewing patient records, etc.) *"…we helped with applying for their Affordable Care Act insurance. I am ACA certified, so I may assist them with insurance."*
Convening community groups (coordinating events) *"I bring the community together. We have it in [a] park, we barbecue and cook hash. Just old school reunion. I feel like it's helpful to keep the community talking to each other."*	**Engaging in patient advocacy and navigation** (advocating for individuals during processes where they need support, explaining how health systems work to individuals) *"…coaching [them] to give them the confidence to say, '…I can pick up the phone, and I can make a phone call, and things can happen.'"*
Information sharing through social media (posting up-to-date information for community members) *"…we work with our nutrition department. And we have cooking demos… we put those on our website, we have those on our TV monitors in our facility, and we posted [the videos] to our Facebook page."*	**Coordinating follow-up** (coordinating appointments and resources with individuals in clinics, emergency rooms, home visits, etc.) *"…there's a lot of following up with the [individual] to see if they follow through… sometimes [individuals] don't get their medications."*
Assisting with program applications (helping individuals obtain benefits and enroll into programs) *"A lot of individuals that are called do not know how to read or write. And we'll complete the application… and they're able to get the help that they need."*	**Attending community outreach events** (HIV clinics, vaccine and testing clinics, health fairs, cooking classes, etc.) *"…if there's an event, where we know that Spanish speaking individuals are going to be at, we make it a point to be there… so individuals feel welcome."*
Attending trainings (trainings and educating on cultural competency) *"Then we had another two weeks [of training]. And we had assignments in between, and then we had a state exam."*	**Monitoring chronic disease management** (monitoring blood pressure and A1C levels for diabetic individuals) *"I'm hearing they need blood pressure monitoring and someone to follow up if they have technical difficulties."*
Addressing Social Determinants of Health (SDoH) (conducting screenings, addressing food insecurity, housing instability, etc.) *"…during that time, they lost their home… they were living in their car. I was able to connect them to [an] organization…they were able to find a mobile home."*	**Providing family support** (supporting teen moms to attend camp that has childcare, organizing networks of individuals on an organ transplant list to provide support) *"[The camp] is specifically for pregnant and parenting teams. So [in] July, that's the time to be away, you have all these fun things. You can be a kid, also…a parent, and they have childcare."*
Providing higher education support (assisting with federal student aid and college applications) *"Some of them need assistance with applying to go back to school for their GED or just starting college. So, we actually do that."*	**Providing health education** (educating individuals on nutrition, physical activity, diabetes, etc.) *"I still give them a little information about diabetes…I'm going to automatically ask them about being on a program and explain it to them."*

Types of referrals and resources individuals were connected to by a CHW

The majority of respondents reported they made referrals and connected individuals to a variety of resources as displayed in *Table A.6*.

Table A.6: Referral types and resources CHWs connected individuals they served

Referral types and resources CHWs connected individuals they served	
Health education *(chronic disease management, diabetes, women's health)*	Application completion (disability, health insurance, etc.)
Adult education opportunities *(GED, information for college enrollment)*	Financial services *(utility, bill payment, etc.)*
Baby and maternal supplies	Access to legal services
Housing	Connections to employment opportunities
Transportation	Bilingual services
Food/SNAP benefits	Needs specific to Latinx community
Clothing	Medications
Education to navigating health systems	Access to healthcare *(hospice and palliative care, connection to primary care provider, mental health services)*
Early childhood education	

Ways CHWs help individuals connect to resources and services

The majority of respondents reported that to help individuals connect to resources and services, they completed or assisted with the completion of applications (e.g., disability, health insurance, SNAP benefits, etc.) and made calls with or on behalf of the individuals they served. One respondent explained, *"So it depends on the participant, if I see that he's a little shy, or perhaps won't feel confident in it... we actually do the phone call together. And then for example, we call the agency together, we do it here with a speaker, … and I put it in Spanish, so they can connect, and they can make their appointment."*

Other respondents talked about helping individuals connect to resources and services by providing them with resource guides and making referrals (e.g., medical referrals, housing, food boxes, etc.).

Types of obstacles CHWs helped individuals overcome

When respondents were asked to recall times they made a difference in individuals' lives, they most frequently discussed helping individuals overcome obstacles for support and resources. One respondent said, *"[A child] was having upwards of 50 seizures a day… There's a medication [for] that specific condition, but the medication was… $96,000 a year... So, we're able to do some research and find out there's a program that can help the family obtain that medication free of charge. It took several months, and a lot of going back and forth...making follow up calls to make sure they had everything that they needed, and the medication was approved, and …the amount of seizures have decreased dramatically." Table A.7* displays some other obstacles CHWs have helped individuals they serve overcome.

> *"…there's a medication that helped that specific condition, but the medication was…$96,000 a year... So, we're able to do some research and find out there's a program that can help the family obtain that medication free of charge…"*

Table A.7: Types of obstacles CHWs recalled helping individuals overcome

Obstacles CHWs have helped individuals overcome	
COVID *(helping patients manage anxiety, travel regulations, etc.)*	**Health system navigation** *(being available to process experiences)*
Insurance *(applying for disability insurance, etc.)*	**Women's health issues** *(coordinating mammogram/breast cancer care, pre-natal support)*
Mental health issues *(connecting to behavioral health counselors)*	**Job applications** *(assisting with completion of online job applications)*
Medication *(Assisting with refill and pick-up, providing medication schedules, cost saving information)*	**Housing** *(assisting with housing applications, paying for short-term housing, legal support to remain in home)*

Result of connection to resources and services

The majority of respondents reported due to their involvement, individuals received the needed resources and services, including gaining transportation, employment, and housing. Respondents also discussed the individual was grateful to the CHW for their support. One respondent expressed, *"Oh … it's a lot of rejoicing on the phone. And, you know, people say, 'I never thought this could have happened. Or 'maybe this would not have happened if you didn't help me.' "*

> *"…And, you know, people say, 'I never thought this could have happened.' Or 'maybe this would not have happened if you didn't help me.' "*

Others talked about how individuals they served felt empowered after their experience with a CHW. One respondent told the individual they served, *" 'I'm gonna need you to go on your phone, you should have the ability to do a three-way call. Let's go ahead and get you to dial this number. And then we'll get to the automated service. And I'll show you which …number to press …you will get someone from the front desk…you can leave the message in Spanish, and someone should return the call by the end of the day. If they don't … let me know. And we'll go another way.' So it's empowering, people to do things themselves… teaching them how to fish."*

Others reported their involvement resulted in individuals they serve referring other community members to work with CHWs. They also discussed an increased level of trust with CHWs and healthcare systems, and a stronger sense of community. A CHW said due to her involvement at an individual's appointment, *"he… not only gained trust in me, but he gained trust in the doctor's office."* Another respondent discussed how she convenes a neighborhood for events, as part of a process of strengthening relationships between community members. She explained, "*I bring the community together. We have it in [a] park, we barbecue and cook hash. Just old school reunion. I feel like it's helpful just to keep the community talking to each other."* She adds, "*We're getting [a safer neighborhood] back now from the time when all it was just drugs, and people were scared to come out on the porch and then …shootings. And we're starting to get our neighborhood back now. So that's a huge, huge. And [community members] will come out and congregate with your neighbors and … just collaborate."*

Impact of CHWs on organization

Respondents indicated the impact they had on the organization primarily in three areas: 1) improved relationships with community members and community partnerships; 2) improved systems of care for individuals they serve; 3) improved quality of care for individuals they serve. *Table A.8* includes examples for each area that CHWs have had an organizational impact.

Table A.8: Areas that CHWs have had an organizational impact

Improved relationships with community members and community partnerships *"We are able to sit down with those [individuals] and hear their true concerns."*
Increased visibility in community
Improved reach of target population
Improved relationship with Latinx community
Improved understanding of community needs
Improved systems of care for individuals served by CHWs *"The feedback that I usually get is… 'I don't know how this patient could stay alive if you weren't here.'"*
Increased number of referrals
Increased retention in system
Improved resource connection
Improved follow-up care (transportation provided to appointments, regular A1C checks, etc.)
Bilingual services provided
Provided health education (blood pressure medication, nutrition)
Increased cultural diversity and racial sensitivity
Improved quality of care for individuals served by CHWs *"And now she's able to take her medicine every day because now she's getting them every day."*
Improved follow-up care provided (transportation provided to appointments, A1C checks, etc.)
Better chronic disease management
Better screening and prevention
Improved health and nutrition
Increased trust and communication

Reported challenges

About half of the respondents indicated there were challenges at the individual level or the organizational level, or both. An example of an individual level challenge was indicated by a respondent who said, *"the only challenge would be is trying to find more people within that county or community that can help out with utility bills and repairs to homes."* An example of an organizational-level challenge regarding CHWs' role was explained when a respondent said, *"So letting the whole organization… know that we do exist, and the magnitude of what we can do to help better serve [individuals]. Because a lot of them don't understand and know our reach, they don't know what we can do or how we can do it."* *Table A.9* displays challenges CHWs shared on both the organizational and individual level.

Table A.9: Individual and organizational challenges reported by CHWs

Challenges at the individual level
Time intensive trainings while away from work
Lack of resources to offer individuals (paying utility bills, repairs, etc.)
Potential for burnout (working evening hours)
Limited community access (only able to provide services to program participants, rather than the community as a whole)
Challenges at the organizational level
Closures due to COVID
Lack of understanding of CHW roles
Sustainable funding of CHW role

> *"…having that trust from our leadership team, it makes the whole position a lot easier, because…instead of me having to go to them every time to get approval for something…they have given me the approval to go ahead and do that without having to go to management, or go to the executive team…"*

Organizations' commitment level to supporting CHWs

Overall, respondents reported high levels of commitment from their respective organizations. One respondent said their respective organization was, *"Very committed 100%."*

A couple of the respondents described the organizations' commitment levels to supporting CHWs had grown stronger over time. As one respondent said, *"...right now, I know that they value the work, but many years ago, … not much, so I saw the change."*

The majority of CHWs discussed that their supervisors gave them autonomy to do their job, particularly in regard to allowing them to make their own decisions. One respondent explained how having autonomy has impacted her role as a CHW, *"…having that trust from our leadership team, it makes the whole position a lot easier, because... instead of me having to go to them every time to get approval for something…they have given me the approval to go ahead and do that without having to go to management, or go to the executive team…"* One respondent reported they did not have enough autonomy, *"…I wouldn't say that I work at a facility that allows you to think for yourself. You always have to have permission… there's so much more I can be doing for [individuals]."* Another person added, *"I don't need anybody over my shoulder. I don't need to be micromanaged. Give me a job. I'm gonna do it. I'm gonna get it done."*

Helpful supervision strategies were also discussed by participating CHWs. The majority of respondents reported their supervisor providing feedback as a helpful supervision strategy. One respondent discussed the helpfulness of their supervisor when they reviewed a weekly activity log. She said, *"And basically…this weekly spreadsheet talks about what you did all week…on Tuesday…Wednesday, Thursday and Friday, that then helps my supervisor know whether we need extra help, or whether we need to eliminate and we also see who's doing most of the work." Table A.10* displays supervision strategies that CHWs shared.

Table A.10: Supervision strategies reported by CHWs

Supervision strategies reported by CHWs	
Providing emotional support and engagement *(listening, checking in)*	Encouraging trainings
Supporting autonomy *(supporting freedom to do the work)*	Providing clear expectations
Providing feedback *(sharing outcomes data, strategy sharing with team, reviewing weekly activity logs)*	Addressing concerns and needs *(discussing patient loads)*

Training received and needed

Respondents discussed a variety of trainings that have helped them do their work, as well as the types of training they still needed. The benefits of the trainings that were mentioned included, respondents gaining certification as a CHW, discussing how to troubleshoot issues, and learning communication strategies when working with individuals (e.g., becoming active listeners and ways to build trust). Respondents also discussed additional benefits of the trainings, such as opportunities to network with other CHWs and build a support network with colleagues. One respondent said, *"But the one thing I will say, the cohort that I went through, we're still friends… we send emails and things of that nature. So that's a good thing… we develop[ed] a friendship that we still call each other and say, 'Hey, what you got going on in your area?'" Table A.11* displays the types of training CHWs indicated that they received, and also the types of trainings they need, or would like to have.

Table A.11: Trainings received and needed by CHWs

Types of trainings received
CHW Core competency
Developing patient treatment plans
Mental health
Rural Health
Perinatal health (childbirth, lactation, postpartum)
Types of trainings needed
Administrative skills (care planning, documentation, patient reports, medical terminology, tracking outcomes, time management)
Improving workplace environment (conflict management, self-care practices)
Education on insurance (disability, health insurance)
Preceptor training
Health systems (variety of roles within systems that will help with navigation)
Immigration policy
Interpersonal skills (motivational interviewing, communication strategies)
Specific Health/Disease Management (oral health, diabetes, intimate partner violence, mental health, reproductive health, SDoH, medication management)

Beyond training

A couple of the respondents talked about the training being a necessary part of being a CHW, but there were personal characteristics that could not be taught needed for the role. A respondent explained, *"… the training is very important…. I've been doing this for many years… but…you have to have a heart. I don't think, honestly, and it sounds a little pretentious, but I don't think everybody is good for a community health worker."* Another respondent explained her empathetic and caring approach with individuals, *"[We] are vital to the success of any organization who is trying to move their clientele to a healthier, better, brighter [future], and [CHWs] have the added support that people have never had in the past. We are here to help. Help… advocate, empower [individuals], and let them know that there's a different side to the way that they have lived in the past, and let them know that it's okay, to be afraid, it's okay to be scared, it's okay to not know, we are here to be able to provide them with the answers, to provide them with a comfort level of being able to come and just have a safe place."*

"[We] are vital to the success of any organization who is trying to move their clientele to a healthier, better, brighter [future], and [CHWs] have the added support that people have never had in the past. We are here to help… and let them know that it's okay, to be afraid, it's okay to be scared, it's okay to not know, we are here to be able to provide them with the answers, to provide them with a comfort level of being able to come and just have a safe place."

Individuals served by CHWs

The CARE evaluation team asked individuals, served by CHWs, questions mostly related to their experience working with CHWs - length of time working with or receiving CHW services, how they learned of CHWs, feelings about the experience, services CHWs have connected them to, and how CHWs may have changed the way they handle certain health issues. Additionally, they asked individuals to share how working with CHWs may have been different from working with other healthcare professionals, and to describe any special qualities CHWs have that they appreciated.

Key Findings

- All respondents shared that despite not having clear expectations of working with a CHW, their actual experiences when they worked with CHWs far exceeded their expectations.
- Respondents reported that their comfort level with the CHW increased when CHWs acted like a friend or family member, listened, showed concern, and comforted them in times of need.
- Respondents shared that CHWs typically connected them to resources in the following four areas: 1) healthcare, 2) tangible support (i.e., provision of goods and services), 3) social support, and 4) financial assistance.
- Respondents reported that CHWs increased their understanding about health topics, such as blood pressure management, medications and their side effects, and how to better understand insurance policies.

Length of time working with CHWs

Most respondents reported that they have been working with CHWs for either less than a year, or between one and five years. See *Table B.1.*

Table B.1 Length of time individuals reported working with a CHW

Length of time	Number of Respondents (n = 11)
1 -5 years	5
Less than one year	4
5 or more years	2

How patients learned about CHWs

The majority of respondents shared that they learned about CHWs by word of mouth from a family member or a friend. One respondent shared this about their experience being introduced to a joint doula-CHW, "Personally, I'm not really like a good advocate for myself. So, I wanted someone that was like a good advocate for me... I'm in a mom group, so they would tell me like, who they have for a doula... so word of mouth and stuff like that."

Additionally, some respondents shared they learned about CHWs from a medical provider, hospital program, or by being introduced to a CHW directly. One respondent shared, "*A therapist put me in contact with [a CHW]. I was seeing my therapist every two weeks, and I told my therapist I was on a fixed income and could not afford to come that often and also pay for medications... The therapist told me about the CHW program that could help me, so I reached out that same day".* Lastly, a few respondents shared they learned about CHWs through online webinars or by Google search.

Expectations of individuals served by CHWs

> *"You know, I wasn't thinking of getting this much [help]. I actually got what I was looking for... it was more than I expected.*

Nearly all respondents said that they had no expectations of what, or how helpful CHWs would be. However, all respondents shared that despite not having clear expectations, their experiences when they worked with CHWs far exceeded their expectations. One respondent shared, *"I pretty much expected nothing. Maybe [the CHW] would come out once a month, and then ask a few questions, and then forget about me. But once they came and talked with me, we opened up to each other. It's not a work thing, it's a family thing. I didn't know them from Adam or Eve, but that's how they made me feel."* Another respondent shared a similar story explaining, *"You know, I wasn't thinking of getting this much [help]. I actually got what I was looking for... it was more than I expected. [The CHW] really understood what I wanted and replied to me the way I wanted. I was really relieved because he attended to me well."* Another respondent also shared, *"It was a 10 out of 10 experience... [the CHW] exceeded my expectations, and I learned a lot... [the CHW] pinpointed and educated me on all of my concerns. Everything she told me was spot on. I didn't need to go or see anyone else."*

How individuals thought CHWs might be helpful

Although respondents had few expectations for CHW services, they shared several ways they thought CHWs might be helpful to them. Respondents mostly spoke about help with care management, navigational support, advocacy, and translational services. One respondent explained, *"Things are done in the United States different from Uganda. So I don't really know... I think there's a kind of advanced care system in the United States. So I didn't have any expectations... I just need a translator. That was my goal."* Another respondent explained that they wanted support while giving birth but felt a doctor may not be able to truly provide what they were looking for. They shared, *"I wanted someone in there [while giving birth], like on a personal level, and I didn't really have that with the doctors."*

Description of the first meeting with a CHW

The majority of respondents described their first meeting with a CHW as a positive experience. Respondents shared that CHWs were transparent and welcoming, and naturally built an emotional connection with them during the meeting. One respondent shared this about their first meeting, *"It was very welcoming and stuff like that. [The CHW] was very open about what she knew and didn't know, or what she had experienced while she was like helping other women during their birth experience... If I asked a question and she didn't know the answer, we would look it up together. It was a learning experience for both of us."* Another respondent shared a similar story of meeting with their CHW during her pregnancy. She shared, *"It was experimental... trusting them with my life, and my child was difficult at first. But afterward, we soon became friends. Throughout my pregnancy, I felt that I could call her whenever, truly whenever. No matter the need, they were always there."*

Respondents also shared that during these initial meetings, CHWs were already working to connect them to needed resources. One respondent shared, *"She came in and introduced herself and described her job. I understood that she was a person I could go to, to help with medication, scheduling appointments, and things like that. She actually helped me fill out paperwork for food stamps and offered to drop it off because I don't have transportation. I had been calling and calling prior to [meeting the CHW], but she was finally able to help."* Another respondent also shared, *"[The CHW] was so good! She told me it normally takes almost two weeks to be approved [for medications]... She was actually able to get my medications on the same day!"*

Frequency of communication with CHWs

The frequency of communication for respondents varied from an as-needed basis to as often as daily. See *Table B.2*.

Table B.2: Frequency of communication with CHW

Frequency of communication	Number of Respondents (n = 11)
As needed	5
Multiple times per week	2
Weekly	2
Every other week	1
Daily	1

Communication preferences with CHWs

Most respondents shared that they communicate with their CHWs either in person, during home visits, or on the phone. Additionally, a smaller number of respondents shared that they communicate with their CHWs virtually using platforms like Microsoft Teams or Zoom.

Level of comfort talking with CHWs about health issues and concerns

Respondents agreed that they felt comfortable talking with CHWs about different health concerns or issues that they had. They said when CHWs acted like a friend or family member, listened, showed concern, and comforted them in times of need, their comfort level with the CHW increased. *Table B.3* includes CHW characteristics that increased respondents' comfort levels.

Table B.3: CHW characteristics that increased respondents' comfort level

CHW characteristics that increased respondents' comfort level	
Acting like family members or a close friend	Sharing the same gender as the patient
Going above and beyond their job	Listening and showing genuine concern
Being open about their own personal experiences	Speaking the same language as the patient
Sharing important health information	Providing support during times of need

How patients felt about their experience working with CHWs

Respondents expressed positive feelings about their time when they worked with CHWs. Most respondents shared that they were appreciative of the support they received and positively described their experience with their respective CHWs. One shared, *"I am really grateful for the experience and the CHW. Besides just holding me accountable, they come out to the community and support you. Yeah, the doctor cares, but in this day and age, having someone physically come to your home and ask you about services you can get, it's so important."* Another respondent also added, *"I'm very glad to be a part and would love to be able to move on and not have to be in this situation [to need a CHW], but I'm so grateful to have this support."*

"Yeah, the doctor cares, but in this day and age, having someone physically come to your home and ask you about services you can get, it's so important."

How CHWs connected individuals to resources

Respondents shared that CHWs connected them to resources and used two main strategies: 1) completing applications and 2) making appointments and/or setting referrals. As it relates to applications, respondents mentioned that CHWs helped them apply for things like insurance, food assistance, and getting medications. Similarly, respondents mentioned that CHWs referred them to breastfeeding consultants, doulas, programs providing childcare items (like diapers and baby wipes), and setting primary care appointments.

Services individuals have been connected to through CHWs

Respondents shared that CHWs typically connected them to resources in the following four areas: 1) healthcare, 2) tangible support (i.e., provision of goods and services)**, 3) social support, and 4) financial assistance.** *Table B.4* provides some specific examples of resources provided by CHWs by types of support.

Table B.4: Examples of resources provided by CHWs by types of support

Healthcare
Primary care *(family doctor, primary care physician, etc.)*
Mental health care *(therapy and/or counseling for depression)*
Appointment setting
Obtaining health insurance
Reproductive health *(breastfeeding consultants, doulas, pregnancy classes, pre/postnatal care, etc.)*
Health system navigation *(care management, translational services, patient advocacy)*
Tangible Support
Helping patients obtain eyeglasses
Helping patients get clothing *(for themselves or for a child/newborn)*
Assisting patients in getting household appliances
Housing and shelter
Medication assistance
Transportation
Child and baby supplies *(diapers, clothing, baby wipes, car seats)*
Social Support
Emotional support and encouragement
Connection to support groups
Financial Support
Government aid
Securing disability benefits

Health Issues that CHWs have helped individuals better understand

Respondents reported that CHWs increased their understanding about health topics, such as blood pressure management, medications, and their side effects, and how to better understand insurance policies. One respondent explained, *"I do have high blood pressure... I have medications I used to manage it, but [my CHW] spent time talking and encouraging me and helped me remember what I need to do [to manage it]. It has really improved a lot since I met him."* Other respondents talked about how their CHWs taught them about their different medications and how those medications are meant to work, as well as educating them about utilizing insurance benefits to obtain items they need both personally, and for their child (i.e., diapers and baby wipes).

"I do have high blood pressure... I have medications I used to manage it, but [my CHW] spent time talking and encouraging me and helped me remember what I need to do [to manage it]. It has really improved a lot since I met him."

How CHW involvement has changed behavior

The majority of respondents shared that since they worked with a CHW, they have an increased sense of self-advocacy, and are more empowered to navigate the healthcare system. One respondent shared, *"Working with a CHW has changed a lot [for me]. Before working with them, I would not have even reached out to be a part of this interview. I'm not a very social person, but [the CHW] came and supported me, saw that I was helpless, but didn't turn away."* Another respondent shared similar feelings about being more empowered, *"[Working with a CHW] has encouraged me to ask the doctor more questions. Prior to working with a CHW, I didn't ask things, but now I do."*

Experiences with CHWs compared with other healthcare professionals

Respondents shared several ways they felt when they worked with a CHW and how it compared to when they worked with other types of healthcare professionals. Some of these reasons included CHWs being more caring and compassionate, more available, and having a better sense of cultural sensitivity. One respondent explained, *"It's different because the CHW opened up to me. It's not the same with ordinary doctors, they just focus on what's happening with your health. The CHWs really talked with me about my life, and it helped me open up to them."* Another respondent expressed similar feelings, *"I haven't interacted with doctors or nurses much outside of when I was pregnant, but [it seems like] nurses and doctors don't have the time to come out and physically interact like the CHWs in the programs do. It's a different type of bond. The doctors don't come to homes and really learn about you as a person and your situation. Its' a lot different, and the CHWs provide more*."

"... nurses and doctors don't have the time to come out and physically interact like CHWs in the programs do. It's a different type of bond. The doctors don't come to homes and really learn about you as a person and your situation... CHWs provide more."

Special qualities CHWs have that patients appreciate

Respondents discussed several appreciated qualities that CHWs had. Most commonly, respondents noted that CHWs were good listeners, empathetic, and available and willing to help. One respondent shared, *"[the CHW] listened to me. He gave me what I wanted, and you know, he tried to understand ...my problem. He knew what kind of solutions to give, and I would say that he was someone that was very nice and understanding."* Another respondent also shared, *"It's their demeanor, the willingness to listen, and there is no judgment. When I tell her a problem or a situation, she listens and that's the main thing. She will ask if I want her to call, or if I will call myself. [I appreciate] her level of concern and gentle feedback."*

"It's their demeanor, the willingness to listen, and there is no judgement. When I tell her a problem or situation, she listens, and that's the main thing."

Additionally, some respondents mentioned how resourceful CHWs were. One respondent shared, *"They can connect with people very fast… I think they are able to connect more easily and more freely than doctors now. If I ask about something that they aren't familiar with, they can connect with others, find out, and get back to me. I think their networking is very, very good."*

> *"Where there are people speaking your native language, you are going to be kind of comfortable speaking with them."*

Several respondents also mentioned that some CHWs could speak multiple languages, which helped with communication and built trust. One respondent explained, *"[People in my community] speak Swahili, and the CHW was able to speak to us in the language. So when you have people that speak that language in your community... you'll be able to speak more about things you don't wish to share [with everyone] ... Where there are people speaking your native language, you are going to be kind of comfortable speaking with them."*

Recommendations for others to work with CHWs

Several respondents emphasized that they would encourage their friends or family members to work with CHWs. One respondent shared, *"I would tell others that it is a great thing to have a CHW and someone who is concerned about your health needs. They are going to try to make you feel comfortable, and make sure you really feel empowered to take better care of your health. My experience has been great. I've even told coworkers the CHWs have changed my health and life."*

> *"My experience has been great. I've even told coworkers the CHWs have changed my health and life."*

Direct supervisors of CHWs and/or CHW programs

Interviewers asked CHW supervisors to describe CHWs' impact on both the individuals they serve and their affiliated organizations. They also discussed how the supervisors and their teams support CHWs, and what advice or recommendations they would give to other organizations considering implementing CHW programs.

Key Findings

- Respondents shared that supervisory roles often include administrative support, setting boundaries, and general support for CHWs.
- Respondents indicated that CHWs are highly skilled in connecting patients to resources and building connections with the community. These skills often lead to stronger patient relationships with the organization, community, and help facilitate their ability to address SDOH.
- Respondents also shared some concerns about the funding and sustainability of CHW positions.
- Respondents explained that effective supervisors should encourage CHWs to participate in training and professional development, give them autonomy, provide support and guidance, and implement frequent check-ins to learn of any issues or challenges they may be facing.

The role of CHW supervisors

Most respondents described that their role as a supervisor includes supporting staff, providing administrative support, and advocating for CHWs and their funding. Regarding administrative support, one respondent said, *"As far as the supervisory stuff, you know, time off, PTO…the organizational stuff, that's very consistent across the board."* Additionally, the majority of respondents indicated their role is to support staff. *Table C.1* describes some specific types of support supervisors shared.

Table C.1: Types of support CHW supervisors provide

Types of Supervisory Support
Resource Connection
Encouraging training opportunities
Sharing the workload
Open communication

> *"… I see that a lot [of CHWs] are going above and beyond and not having boundaries and that's hard. It's hard to have those conversations... but you want them to stay in their job and not burnout.*

Although some respondents discussed problem-solving and providing resources for CHWs, there was a consensus that setting boundaries for CHWs is one of the most important aspects of being a CHW supervisor. Respondents described that setting boundaries for the CHWs they supervise meant helping them avoid burnout by emphasizing self-care. One respondent explained this by sharing, *"And I feel so much in that, that you want to save the world... I saw that so clearly with another CHW, that was going to be the detriment of herself and to the detriment of the organization... And so yes, I see that a lot [of CHWs] are going above and beyond and not having boundaries and that's hard. It's hard to have those conversations... but you want them to stay in their job and not burnout."* Additionally, another respondent shared that boundary setting applies to making sure that other staff are not having CHWs do work that falls outside of their scope of work. This respondent shared, *"And so I try to remind [the CHW] to have boundaries, and that it's okay to say "no", and that because you are a CHW you are not shuffling papers, you are not somebody's secretary to call just to see if this application is completed. You are much more than that... So helping her advocate for herself in her role, this is what my role is."*

Most challenging aspect of being a direct CHW supervisor

The majority of respondents agreed that the most challenging aspect of being a CHW supervisor is that others often misunderstand the true roles of CHWs. Respondents shared that internally, other staff members are often confused about why CHWs are not in the office. One respondent explained, *"You know, other staff saw this person wasn't in the office and [I'm] trying to help them understand what their role was..."* Another respondent agreed and shared, *"I've been the person [to say], "we haven't seen you,"... and exactly that conversation would happen in the hallway all the time."* Respondents shared that these types of remarks and comments can impact the morale of their CHWs. One respondent went on to explain, *"We're doing a lot more about educating in what CHWs do. I think there's still a lot of confusion and misunderstanding or lack of awareness of what CHWs do... I think it does kind of sometimes impact the morale, especially of the team or the committee of CHWs themselves, because they're like, "I'm not really sure where I fit"... those are kind of things we're like constantly sort of troubleshooting as they come up."*

The misunderstanding of CHW roles extends beyond the organization itself. Respondents shared that there is often an influx of requests and referrals from others requesting the help of CHWs, which may not always align with their scope of work. One respondent gave the following example, *"I've had to go back and educate certain organizations... when you're sending a referral that says this person needs help with a tree stump... educating folks [to say] no, that's not what CHWs do. I can tell you some crazy referrals that I've gotten."*

"I've had to go back and educate certain organizations... when you're sending a referral that says this person needs help with a tree stump... educating folks [to say] no, that's not what CHWs do..."

Respondents also shared that high staff turnover, managing referral requests, and the funding and sustainability of CHW roles as a challenging aspect of their roles as supervisors. For example, one respondent shared, *"We have just had huge turnover. It seems like once you get somebody up and you know, rolling, and then they leave, and they start over with somebody else to train... So that lack of sustainability has been a big, big issue for continuity for sure."*

Differences CHWs made in the lives of the individuals they serve

Respondents spoke about how CHWs have been impactful in educating individuals, connecting them to resources, and reducing readmission rates. Regarding education, respondents spoke to the ability of the CHWs they supervise to provide education around topics like asthma prevention, diabetes, and medication management. Furthermore, some respondents talked about specific life skills CHWs teach and educate individuals on including healthy eating, balancing checkbooks, and using health plans. One respondent added, *"In addition to that kind of stuff... with the referrals and the connection to other resources, we see a lot of families that go into the hospital, and so we're getting them coming out and preventing them…being readmitted... [all] through our CHWs that like, just made such a difference." Table C.2* further outlines some of the other resources respondents shared that CHWs have been able to connect individuals to.

Table C.2: Resource connections CHWs have made

Resource connections CHWs have made
Completing benefit applications *(housing, utility, WIC, SNAP, EBT, insurance, etc.)*
Providing contraceptives *(condoms, birth control, etc.)*
Vaccinations and testing *(COVID, HIV, etc.)*
Financial assistance *(emergency funds for farmworkers)*
Women's health screenings *(mammograms, pap smear, etc.)*
Food assistance *(connection to food banks, cooking utensil/equipment)*

> *"It's a testament to like the trust and relationships that the CHWs have built, because you know [individuals] feel safe and comfortable."*

Respondents also reported that satisfaction is high for individuals that work with CHWs, as they often express their gratitude and have stronger relationships with the organization. One respondent shared, *"You know, they clearly trust the staff that come in and work with them and are receptive to them... It's really hard to develop those relationships and get people to actually do what they need to do and support them and all that... The outcomes that we get are because of their approach*." Another respondent echoed this sentiment by sharing, *"We might have officially closed a case, but you know, maybe a year later [the patient] calls back and says, "we're doing really well," or "I just had one more question. "It's a testament to like the trust and relationships that the CHWs have built, because you know, they feel safe and comfortable."*

CHWs' impact on the service delivery of organizations

The majority of respondents shared that as a result of hiring CHWs, their organization(s) have an improved ability to reach the communities they serve. Respondents talked about the ability of CHWs to be flexible, and their ability to reach individuals and build connections both over the phone and by being out in the community. Several respondents agreed with this thought, especially as it related to the work CHWs did during the COVID-19 pandemic. One respondent explained, *"The flexibility of CHWs and adaptability to meet the needs [of the community]... During COVID, there was a lot that CHWs can sort of shift and do that other organizations or other groups couldn't do just because, you know, we have folks that were trained and ready to go do it."* The fact that CHWs from these organizations have gone out of the office to reach individuals in person, is seen as a way to build trust. Another respondent said, *"... we've had our nurse case managers say, 'Hey, I saw you were just talking to this [individual], I've been trying to get a hold of them, and it goes straight to voicemail.' Well [my response was], 'Maybe if you just visit them once, they'll pick up for you.' I think the fieldwork is really important."*

Respondents also mentioned that CHWs have helped their organizations better address the SDoH of the individuals they serve. One respondent shared, *"We all know, that you can't meet healthcare needs until your basic needs are met. So, if you don't have housing or food, but of course as a medical provider, you know, you can't really facilitate somebody getting food, per se, you're trying to manage their diabetes, but you don't know what they are eating. So [having CHWs] allows us to have a resource to tie the two things together."* Another respondent shared that as a result of CHWs working to address SDoH, they get feedback months after providers work with an individual to know the information they shared was helpful and that it truly makes a difference.

CHWs have also brought creative and innovative problem-solving skills to the organizations they serve. One respondent shared, *"I feel like the CHWs have made us a little bit more creative in troubleshooting how to handle situations because they have a wealth of knowledge. They're very innovative in problem-problem solving too... it helps us think more outside of the box."*

Ways CHWs impacted or changed staff dynamics in organizations

Respondents shared that the integration of CHWs has increased collaboration with staff, as the CHWs have been a valuable resource to their peers. Respondents note that there is still work to be done for all staff members to understand the role of CHWs, but some have come to appreciate the wealth of knowledge CHWs have. One respondent shared, *"[CHWs] are a huge resource to their peers too... our team knows that they can go to the CHWs to, you know, kind of talk to them about ideas or challenges, or something that they have, or [to help them make] a connection that they're trying to make in the community. They are a vital resource, and they make the team well-rounded."* Furthermore, having CHWs sharing space, or having offices near other staff has impacted how well other staff members collaborate with them. Another respondent shared, *"Our CHWs for behavioral health works on the same hallway in the same area, as our behavioral health specialist, providers, nurses, and all that. So, she's in and out of their offices every day. So really, I guess what I'm trying to say here is physical proximity has had more of an impact... it has really made a difference for them to just pop in and out of each other's offices. The clinical staff values that role more, its less abstract since they are right over there."*

Ways that supervisors support the CHWs they oversee

Respondents shared several strategies that have been effective in supervising CHWs. For example, one respondent shared this about giving their CHWs autonomy, *"You can't like over manage someone, otherwise they're going to feel burnt out, and they're going to go into a depression. So, I know I cannot over plan a day, [yes] we have to have structure and stay on task, but at the same time, I let them scope out the day and how they're going to do it. Because otherwise, they could feel a lot of pressure, unnecessary pressure, because they're already going to feel pressure from not being able to help the individuals that need it." Table C.3* gives some additional supervision strategies that respondents shared.

Table C.3: Supervision strategies shared by respondents

Supervision strategies shared by respondents	
Giving CHWs autonomy *(allowing CHWs to map out their own day/schedule)*	**Encouraging networking with other CHWs** *(encouraging CHWs to join associations, go to conferences, etc.)*
Administrative support to CHWs *(ensuring CHWs are aware of all resources available to them)*	**Standardizing documentation processes** *(trying to make reporting and documentation less burdensome)*
Frequent group meetings with CHW teams *(giving space for CHWs to provide updates, share challenges, brainstorm solutions and other needed resources)*	**Weekly activity logs** *(having CHWs document their work to help showcase the impact and reach they have in the community)*
Providing mentorship and guidance to CHWs	**Supporting different training efforts for CHWs**

Respondents also emphasized how important it is for them to continue to educate other staff about the true role of CHWs. One respondent talked about why educating other staff on CHW roles is important by sharing, *"I think sometimes people have a frame in their head of like, what they think a CHW is, so you know... [they] kind of get put in a box. Well, that's not it, or it's not the whole piece of it."*

Organizational support for CHWs

Respondents shared that their organizations have been generally supportive of CHWs. Though levels of support vary over time, currently, they support CHWs through encouraging training and professional development opportunities, peer-to-peer support, and wider integration of CHW models across organizations. As it relates to training, one respondent shared, *"We do training constantly. So now we have CHWs working in the Baby and Me program, and other areas including HIV and diabetes. So, they're getting trainings to make them competent in those areas... they are preparing CHWs to do the job and not just sending them out there to do it."* Additionally, one respondent mentioned how the CHW Institute (CHWI) Ambassador Program has benefitted CHWs. This respondent explained, *"One of the most impactful things that happened in the last year is the CHW Ambassador Program that came out. That has given [the CHW] the confidence that she has, she has verbalized it on multiple occasions... like she's confident in her role now."*

Another respondent shared, *"CHWs are encouraged to look out for each other because they each served one county. So CHWs would pair up and help each other in other counties, to learn from one another, and also to bolster up the other person. That's something that [a statewide organization] encouraged us to do."*

"One of the most impactful things that happened in the last year is the CHW Ambassador Program... that has given [the CHWs] the confidence she has... she is confident in her role now"

A statewide organization's efforts to implement more CHW models were mentioned by another respondent as well. They shared that the organization "*has noticed the benefit, and how CHWs have been able to impact the community."*

Organizational support still needed

Respondents agree that organizational support is still needed for funding and sustainability of CHW positions. One respondent shared, *"My biggest concern is sustainability over time, like I said, these are grant-funded positions, and I get kind of anxious sometimes like, I know what their worth is... but it is kind of hard to quantify sometimes."* Other participants shook their heads in agreement with the statement.

Table C.4: Recommendations for integrating CHWs into organizations

Recommendations for integrating CHWs
Embrace the CHW role *(education across staff needed regarding roles and responsibilities)*
Give CHWs autonomy *(allow CHWs the space to do their job)*
Be flexible during CHW integration process *(adjust to CHW needs)*
Intervene to prevent burnout *(encourage self-care for CHWs)*

Respondents believe greater awareness of CHW roles would increase support of CHWs. One respondent said, *"I think if people were more aware and educated on the role [of a CHW] itself, that would help. And then people would just kind of accept it... like you know you know what you're going to get with a provider, you know what you're going to get with nurses, and other certain professional roles…"*

Supervisors' recommendations for other organizations

Respondents shared several suggestions for organizations considering implementing CHW programs, specifically related to the integration process. One respondent mentioned being intentional about hiring CHWs based on specific community needs. They explained, *"Don't just hire a CHW because it's the cool thing to do... but like, what are you trying to do, and what kind of change are you trying to make? When you look for a CHW, make sure that person understands that population."* Other examples of integration-related suggestions can be found in *Table C.4.*

Senior leaders of organizations that employ CHWs

The evaluation team asked senior leaders about the development of their CHW programs, including how they learned about CHWs, why they decided to implement a CHW program, and the factors that enabled them to do so. They also discussed facilitators and challenges of integrating CHWs into the care team, the value CHWs have brought to the organization and communities, and whether they would recommend the CHW program to other organizations.

Key Findings

- Respondents indicated they hired CHWs to help the organization connect and build trust with the community.
- Respondents reported CCHA facilitated the integration of CHWs in their respective organizations
- Respondents desired reimbursement for CHWs services.
- Respondents stated that CHWs positively impacted the organization, patient experiences, and community partnerships.
- Respondents strongly recommend the CHW model to other organizations.

Organizations at which senior leaders first learned about CHWs

All respondents first learned about CHWs or CHW programs through training or work experiences, and most reported it was more than five years ago.
Respondents were categorized by the types of organizations they first learned about CHWs or CHW programs, as shown in *Table D.1.*

Table D.1: Organizations at which senior leaders first learned about CHWs

Organization Type	Number of Respondents (n = 8)
Community organization/program	6
CHW community-based program	1
Free medical clinic	1

Motivation to add CHWs to the organization

The majority of respondents indicated that the reason they hired CHWs was to help the organization connect and build trust with the community. Others specifically mentioned that hiring CHWs from the same community they served and those with lived experiences led to better engagement and relationships with vulnerable populations. One respondent said, *"[The CHW] was from the housing development where we did this training. And so when she was introducing some of our evidence-based programming, [The residents said] "Oh my, we know her." And so they felt like a sense of I'm at home, it was a sense of release, and peace. So we knew that that's what we needed to do, have someone that was relatable, that was well versed within the community. So that's why we say 'yes,' we need to go this way."*

Enabling factors to add CHWs to the organization

Although some respondents discussed grant funding or the potential for CHWs to be reimbursed as factors that enabled them to add CHWs to the organization, other respondents said CHWs were already present at their organization. The majority of respondents talked about the impact CHWs had on social and health outcomes based on evaluation data or their own experiences.

The majority of respondents indicated that CCHA facilitated the integration of CHWs in their respective organizations. Most respondents discussed the benefits of the trainings and technical assistance the CHWs received as being important facilitating factors. One respondent explained how the training in the classroom will support the experience in the community, *"I think we all know [CCHA] and thank God for them…[they] have submitted grants to help get in our communities, programs to add to our technical colleges in our area. …they're in the class learning about what a CHW does. And then that afternoon, they're with us in the community, putting it into action. So, they read about it, talk about it, and they come out and do hands-on about it that afternoon…what better way to learn?"*

"…there's just so many great things to say about embedding CHWs into the work that we do."

"…we want to be able to bill and get paid for what we're doing ."

Challenging factors to add CHWs to the organization

Respondents desire reimbursement for CHW services. One person said that grant funding was an important factor to facilitate the integration of CHWs, but they also want reimbursement for CHW services. The respondent said, *"…we want to be able to bill and get paid for what we're doing."* The respondent went on to coordinate a meeting with other focus group members for the following month to discuss the issue of *"how we code things"* for reimbursement.

Respondents reported expensive trainings, the need to diversify funding for CHWs, the amount of time it takes to build trust with community partners, and the lack of clarity of CHWs' roles as barriers to utilizing CHWs. As it relates to the lack of clarity of CHWs' roles, one person reported not having a clear definition of the term *"CHW"* made the role challenging, while another person reported others' perceptions that the CHW was a *"case worker"* interfered with their role.

CHWs impact on organizations

Respondents perceived that CHWs positively impact service delivery and management, staff morale and collaboration with other health professionals, patients' satisfaction and service utilization, and patient outcomes. Respondents described how CHWs' ability to support patients to address their SDoH ultimately improved the organizations' service delivery and management. For instance, one respondent explained, *"In the event that she's constantly missing her appointment …we will transport them to those doctor's appointments because we feel like it's important for them to get that care."*

Having CHWs in the respective organization positively impacted the morale and collaboration of the larger teams. One respondent described CHWs as *"trusted messengers"* among team members. A *"shared value in the work"* between the CHW and other health professionals was also stated. One respondent explained, *"there's more of a holistic view of how [the health care team] can help [the individual] …there's just so many great things to say about embedding CHWs into the work that we do."*

Respondents also reported that as CHWs built relationships with patients, there was a sense of patient satisfaction and service utilization. One respondent explained the dynamic when a CHW led the patient through the process of developing a birthing plan. She said, *"I like to think of it as the trickle effect. So I may serve a family, and I may educate them, and I made this map …. And so with that information, they take it to their family and to their neighbors… And it just spreads throughout the community…letting them know that they matter that they have a voice. A lot of women don't know that they can create a birthing plan, they don't know that they have rights in the birthing space."* The respondent emphasized the role of a particular CHW as a facilitator and the result was the patient felt empowered.

"…you lose a lot of people …because they get lost… they fall through that gap. But CHWs stand where those gaps are for people to cross the bridge and have access … and so I would say that if you're an organization truly interested in reaching as many people as possible with your good service, then that's what CHWs will do for you."

She added, *"When we hear they felt heard, they felt seen, they were able to find their voices, and were able to feel like they had control over outcomes for their lives. So that empowerment of understanding that they are the ones that have the solutions. The community health worker is just sort of this support or facilitator to help them see and help figure out what is going to work for them. So, they really feel validated. And empowered."*

Respondents reported positive patient outcomes from CHW involvement. Respondents recalled data from an asthma education and intervention program that resulted in reduced emergency room and hospital utilization. Another respondent reported CHWs' diabetes education efforts were associated with a reduction of missed days at work and school among the targeted population.

Organizational impact on communities

Respondents indicated that CHWs have a positive impact on community engagement and partnerships impacting the care provided to community members. As one respondent explained, *"Once we built these trusting relationships, we were being invited [as] CHW peer support specialist cross train[ers], into the hospital emergency rooms, into the detention center, into inpatient… And, you know, it's been easy for [CHWs] to be welcomed and appreciated with open arms."* One person talked about CHWs being so well known they are trusted by other medical providers by saying, *"[CHWs] are welcomed into the examination room, and they have the have the ability to ask questions or to just help that young woman and partner to ask questions to the medical providers. So having that flexibility and just having that desire to want to help women, wherever they are, and meeting them wherever they are, has made a huge impact on our program."*

Recommendations for other organizations considering integrating CHWs or adding CHW services

There was strong agreement among the respondents that they would recommend other organizations to integrate CHWs. Respondents recommended that other organizations *"Make it happen"* and it's a *"win, win"* decision. Another person said, *"I've been getting positive results from the beginning."* One respondent elaborated on the benefits of utilizing a CHW, where there was strong agreement among other respondents, when they said, *"…so I would say that if you're an organization truly interested in reaching as many people as possible with your good service, then that's what CHWs will do for you."*

03

Limitations

Limitations

The primary limitation of this evaluation is the non-random nature of the sample. Therefore, the results are not generalizable to all organizations and programs that utilize CHW program. Specifically, because the sample was self-selected, those who were willing to participate in the evaluation may have been more likely to have had positive experiences and more willing to discuss those experiences compared to those who did not have a positive experience. It should also be mentioned that just five supervisors participated in two separate focus groups - three in one focus group, and two in the other focus group. This small size may have limited the total range of experiences discussed. However, the research team found that the small focus groups conducted in this evaluation allowed for each person to thoroughly discuss each question from the focus group guide in the one-hour time frame, and if the focus groups would have been larger, participants likely would not have had an opportunity to describe their experiences as in-depth. Although this evaluation design's use of a non-random sample had inherited biases, the qualitative methods used contributed to an increased understanding of the advantages and challenges of implementing CHW programs and receiving CHW services. These results provide insight into facilitators and barriers to implementing CHW programs, as well as ideas for problem-solving, which could be useful a CHW programs are further refined and replicated throughout SC.

04

Concluding Thoughts

Concluding Thoughts

The purpose of this evaluation was to explore the perceptions of the implementation of CHW programs among 1) CHWs; 2) individuals that CHWs serve; 3) direct supervisors of CHWs and/or CHW programs; and 4) senior leaders of organizations that employ CHWs. Perhaps one of the most important findings was that CHWs are highly skilled in connecting individuals to resources and building connections with the community, which often lead to stronger community partner relationships and help facilitate CHWs' ability to address social determinants of health. As a result, individuals reported that their experience working with a CHW exceeded their expectations. However, there was a concern that CHW positions be funded beyond one-time grants and be reimbursed for the services they provide, through sustainable funding mechanisms, to ensure their services continue.

05

Appendices

A. CHW Interview Guide

The purpose of this interview is to help us get a better understanding of how the individuals you work with are impacted by your services. As a frontline worker, you have a unique perspective on the challenges these individuals face, and how you are able to help them navigate these challenges. During this interview we will discuss how you help manage the needs of those you serve, as well as how their health and wellbeing has improved by way of your involvement. Furthermore, we hope to get your honest feedback on how you as a Community Health Worker (CHW) has impacted the level of services your organization is able to provide to the community. We are collecting this information to help build a story of the work CHWs are doing across the state to help advocate for more organizations to utilize the CHW model. However, what we talk about today will only be reported in summary, and your name will not be identified in any reports that we develop.

1. Could you tell me a little about your role as a CHW?
    a. What type of organization do you work for?
    b. How long have you been a CHW?
    c. What made you want to pursue this career?

2. How would you describe your role as a CHW?
    a. What are your typical job duties?
    b. Walk me through a typical workday for you. Pick a day in the last week to tell me about. When did your day start? What were your responsibilities that day? Where did you do them? How did they go? How did your day end?

3. What do you enjoy doing the most about being a CHW?
    a. What do you find to be challenging about your role?

4. How do you establish trust with the individuals you serve/those in the community?

5. What types of resources or services do your participants typically need?
    a. How do you help them connect or access those resources or services?
    b. What happens when they connect with those resources or services?

6. What other types of support do you typically provide for those in the community?
    a. What other ways do you engage or support your patients/community?
    (e.g. think about something that might be considered a “non-traditional” role/activity)

7. Could you tell me about a time where you felt you made a difference to the individual(s) you serve?
    a. Tell me about how you met this individual, and what their life was like at that point.
    b. What were some of the obstacles you helped them overcome?
    c. How did their behavior/wellbeing change because of your involvement?
    d. How did their relationship to the healthcare system change because of your involvement?

8. How would you describe the impact of CHWs on your organization?
    a. What are some ways that CHWs have improved your organization?
    b. What are some challenges that your organization has had with CHWs?

9. How committed is your organization to supporting you in your role as a CHW?
    a. How has their commitment changed over time?
    b. What kind of autonomy do you have to make decisions within your role?
    c. How does that amount of autonomy affect your ability to do your job effectively?
    d. Describe the supervision you receive. How does this supervision affect your work? Remember this information is private and confidential.
    e. Tell me about the training you received to become a CHW. How did it prepare you for your work? What more did you need to be ready to do your job well?

10. What other training would you like to receive?

11. Is there anything else you'd like to share with me about your experience as a CHW?

B. Individuals Served by CHWs Interview Guide

(Participants may be unfamiliar with the name "Community Health Worker," since their CHW may have been called "Client Navigator," etc. so maybe start with something like, "We're talking with you today because you have worked with [CHW name] from [organization name]. [CHW name] is part of a growing profession called "Community Health Workers," or "CHWs."] The purpose of this interview is to help us get a better understanding of your experience working with a CHW. We are interested in hearing stories of how CHWs may have impacted your health and/or well-being. Based on your experience, we also want to know how well CHWs are doing in helping you meet your health needs, and how that experience may be different from working with other healthcare professionals. We are collecting this information to help build a story of the work CHWs are doing across the state from individuals receiving CHWs services like yourself. However, what we talk about today will only be reported in summary, and your name will not be identified in any reports that we develop.

1. How long have you been working with or receiving services from a CHW?

2. Could you share with me how you first learned about CHWs and/or started working with CHWs?
    a. Was it through a friend? From your healthcare provider? Online?
    b. What did you first think about CHWs? Did you think they would be helpful to you?

3. Could you tell me a bit more about your experience working with your CHW?
    a. What was that first meeting with your CHW like?
    b. How do you communicate with your CHW? And how often?
    c. Did you feel comfortable talking with them about your health and/or issues?

4. How do you feel about your experience working with the CHW?
    a. How does it compare to your expectations?
    b. If not, why did they fall short of your expectations?

5. In what ways has your CHW connected you with resources or services that you needed?

6. What other services has your CHW helped you with/helped you access?
    (e.g. applying for services/programs, social support, managing the healthcare system, etc.)

7. How has working with a CHW changed the way you handle health issues or problems?
    a. What health issues has your CHW helped you understand, or learn more about?

8. How has working with a CHW been different or unique compared to working with other service providers?

9. What special qualities does your CHW have that you appreciate?

10. Is there anything else you'd like to share with me about your experience working with CHWs?

C. Supervisors of CHWs/CHW Programs Focus Group Guide

The purpose of this focus group is to help us get a better understanding of the impacts CHWs have on their patients and your organization, from the perspective of direct CHW supervisors. During this focus group discussion, we will talk about your role as a direct supervisor, the impact of the CHWs you supervise on both the patients they serve and your organization, how you help CHWs navigate challenges, and how your organization supports CHWs in their role. We are collecting this information to help build a story of the work CHWs are doing across the state to help advocate for more organizations to implement CHW programs. However, what we talk about today will only be reported in summary, and your name will not be identified in any reports that we develop.

1. How would you describe your role as a direct CHW supervisor?
    a. What do you feel is the most important part of your job?
    b. What do you find to be challenging about your role?

2. Think about the work that the CHWs you supervise do and the interactions they have within their role. Can you tell me about a time where the CHWs at your organization made a difference in the lives of the individuals they served?
    a. How did that impact patient outcomes? Meaning, did your patients improve their health or get their needs met? (e.g. if they had diabetes, did their sugar levels improve? Or if they had housing problems, were they resolved?)
    b. How did that impact patient satisfaction? (was your patient happier with his/her doctor, coming to the clinic/organization, or with you?)

3. So, we've talked about making an impact on patients, but what about their impact on the organization itself?
    a. How have the CHWs impacted the way services are delivered? *(for example- workflow)*
    b. Did the relationship between the CHWs and other staff change? If so, what did that look like? (e.g. were they included in meetings that they previously were not included on?)
    c. Did morale change within your organization when CHWs joined?
    d. What do you think caused the change in morale or collaboration?

4. What are some ways that you as a supervisor support the CHWs you supervise?
    a. Can you share some examples of how you have helped CHWs overcome challenges?

5. What specific things has your organization put into place to support CHWs in their role?
    a. How recently were these things implemented?
    b. What support is still needed at your organization?

6. What might you tell other organizations who are considering implementing a CHW program?

7. Is there anything else you'd like to share with me about the CHWs at your organization?

D. Senior Leadership Focus Group Guide

The purpose of this focus group is to help us get a better understanding of your reasoning for implementing a CHW program at your organization. As senior leader, you can share with us the reasons why your organization decided to implement a CHW program, and the value CHWs bring to your organization. During this focus group discussion, we will discuss how you learned about CHW programs, why you saw value in bringing CHWs to your organization, successes, and challenges of integrating CHWs into the care team, and any impacts CHWs have had on your organization. We are collecting this information to help build a story of the work CHWs are doing across the state to help advocate for more organizations to utilize the CHW model. However, what we talk about today will only be reported in summary, and your name will not be identified in any reports that we develop.

1. How did you first learn about the role of CHWs or CHW programs?

2. What inspired or motivated you to consider adding a CHW into your team?

3. What were factors that enabled you to move forward with adding CHWs to your team?

4. Could you tell me a little about the process of integrating the CHWs into your organization/care teams?
   a. What went well during the integration of the CHW program?
   b. What challenges did your organization face in integrating the CHW program? How did CHW training affect the process?
   c. How did Technical Assistance impact this process?

5. How has having a CHW program impacted your organization and the work you do? Specifically, how has having CHWs on your team affected:
   a. How are services delivered?
   b. Staff morale or collaboration?
   c. Patient outcomes?
   d. Your organization's relationship with the community?
   e. Patient satisfaction or service utilization?

6. What has surprised you about adding CHWs to your team?

7. What might you tell other organizations who are considering implementing a CHW program?

8. Is there anything else you'd like to share with me about the CHWs or CHW program at your organization?