

2018

# Tennessee Community Health Workers Report

## **2018 TN COMMUNITY HEALTH WORKER STATEWIDE SURVEY REPORT**

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COMMUNITY HEALTH WORKER COLLABORATIVE

The Tennessee Community Health Worker Statewide Survey was developed by the  
TN Community Health Worker Collaborative.

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## **Introduction**

In partnership with Siloam Health, the Meharry-Vanderbilt Alliance developed the Tennessee Community Health Workers Survey on behalf of the Community Health Worker Collaborative. The purpose of this survey was to explore (1) the scope of the use of Community Health Workers (CHWs) in Tennessee, (2) the titles that are used to refer to CHWs in Tennessee, (3) the services provided by CHWs in Tennessee, (4) the best base for a statewide CHW organization, and (5) the desire and need for a statewide CHW organization. The findings of this survey will be used to assess the use of Community Health Workers in Tennessee in order to inform the efforts CHW Collaborative. This report describes the results of the Tennessee Community Health Workers Survey and concludes implications for next steps.

## **Methodology**

The Tennessee Community Health Workers Survey questions were adapted from the Massachusetts Department of Public Health Community Health Worker Survey. The survey was then adapted over a series of iterations with feedback from the Community Health Worker Collaborative. In December 2017, the Meharry-Vanderbilt Alliance launched and distributed the 25-item survey via email. The snowball effect sampling method was implemented statewide, starting with the CHW Collaborative members. Respondents were directed to different sets of questions based on reported use or training of Community Health Workers by organization. The Research Electronic Data Capture (REDCap) online platform was used to administer the survey and to capture the responses. Sixty-seven completed survey responses were received by June 2018. Resulting data and graphics were compiled in Microsoft Excel.

## **Results**

In the beginning of the survey, respondents were asked to provide the name and type of organization that they represented. The organization names were used to categorize the organizations into four sector umbrellas (Figure 1). The majority of respondents (35, or 56%) represented non-profit organizations. Government agencies were also heavily represented, with 18 organizations being a part of the state or government. Only two for-profit organizations responded to this survey.

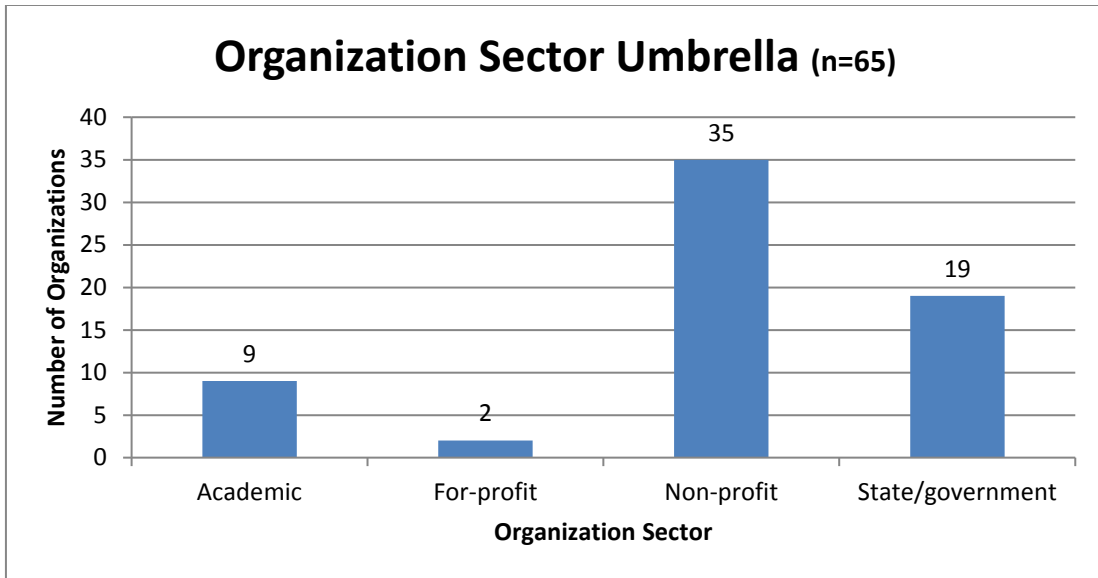


Figure 1: Organization sector umbrella

Respondents were also asked to more specifically identify their organization type (Figure 2). The greatest number of organizations was community-based (25), although there were also a significant number of clinics and government organizations.

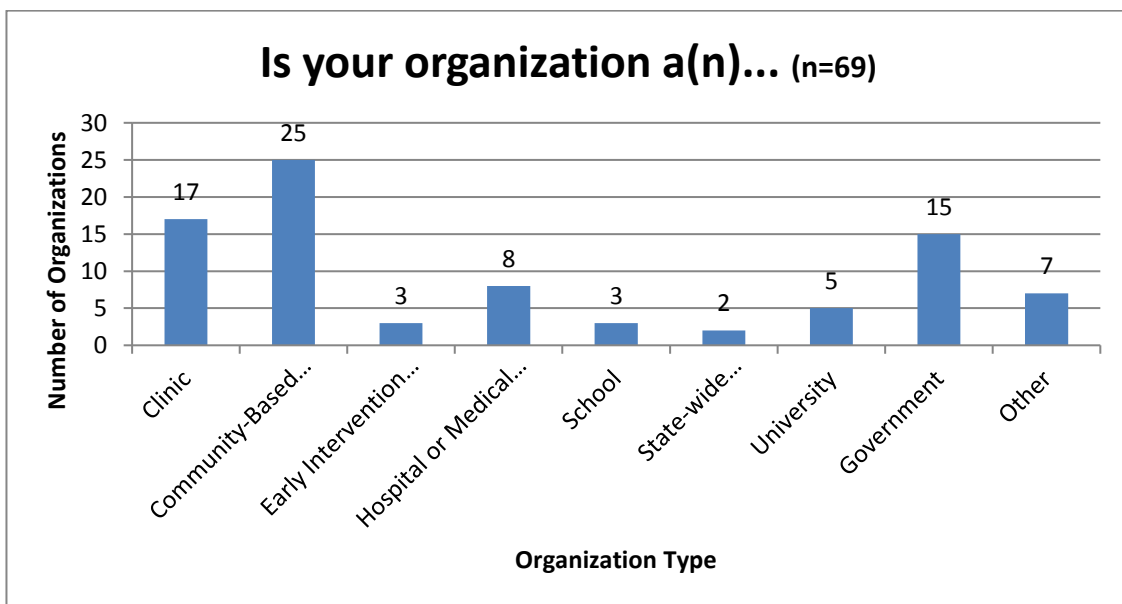


Figure 2: Organization type

The majority of organizations (38) represented in the survey responses use Community Health Workers (Figure 4). 21 organizations train CHWs; most, but not all, organizations that train CHWs also use them themselves. Respondents who indicated that their organization trains or uses Community Health Workers were directed to a set of questions asking for more details. Those who indicated that their organization does not currently use or train Community Health Workers were directed to a set of questions about their opinions of CHWs and why they do not employ them.

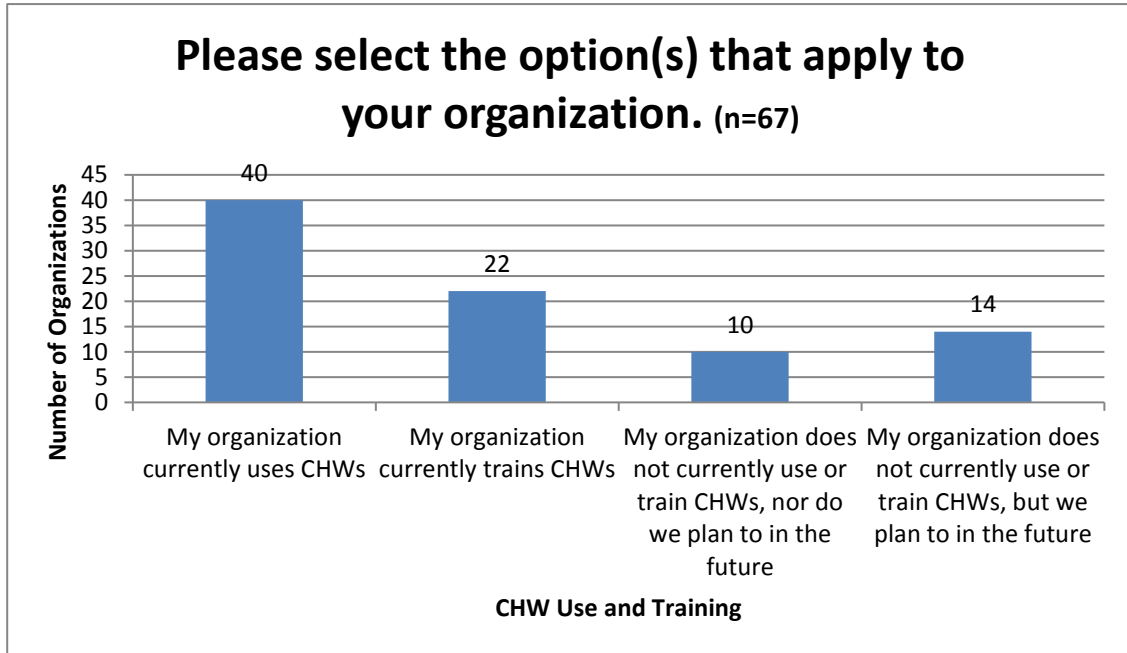


Figure 3: CHW Use and Training

### QUESTIONS FOR THOSE WHO USE OR TRAIN CHWs

Respondents were asked to indicate what counties their CHWs served. Many organizations served more than one county, including five that served all 95 counties in Tennessee. The greatest number of organizations served Shelby County, while a significant number also served Davidson County (Figure 4).

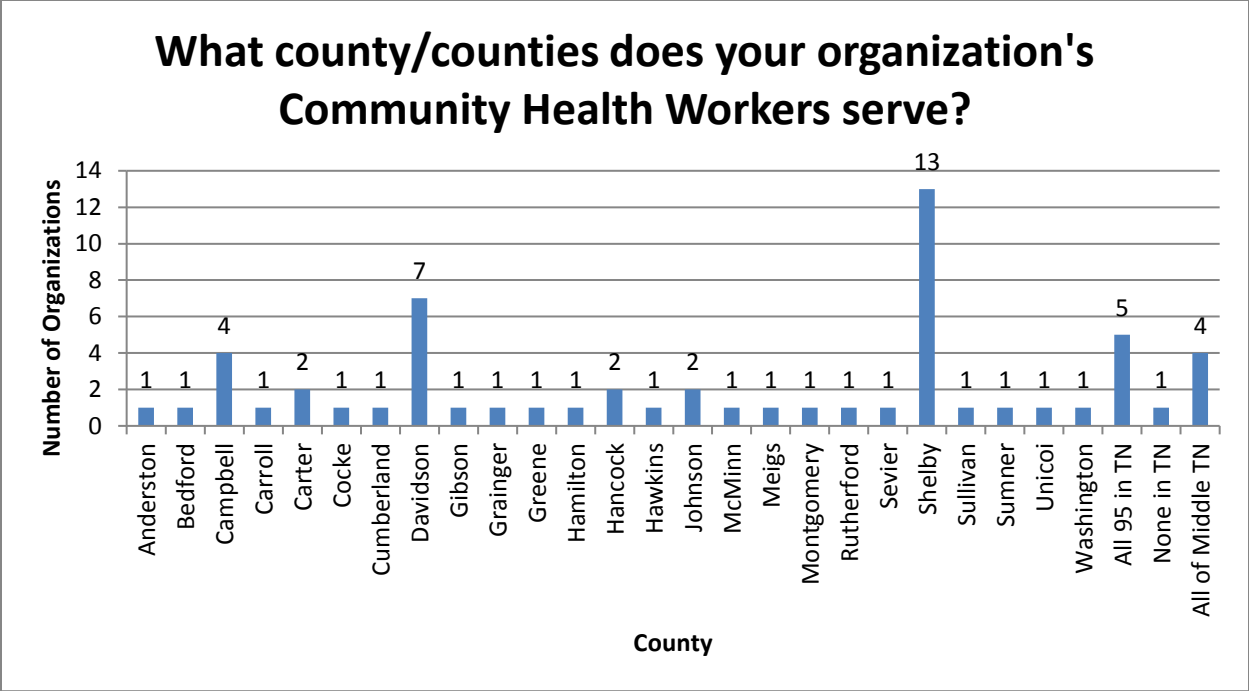


Figure 4: Counties Served

In addition to serving a wide range of counties, the organizations' CHWs also focus on a variety of populations. Many organizations serve multiple populations, with the greatest number serving racial/ethnic minorities, families, and populations challenges by poverty, and the fewest serving refugees (Figure 5).

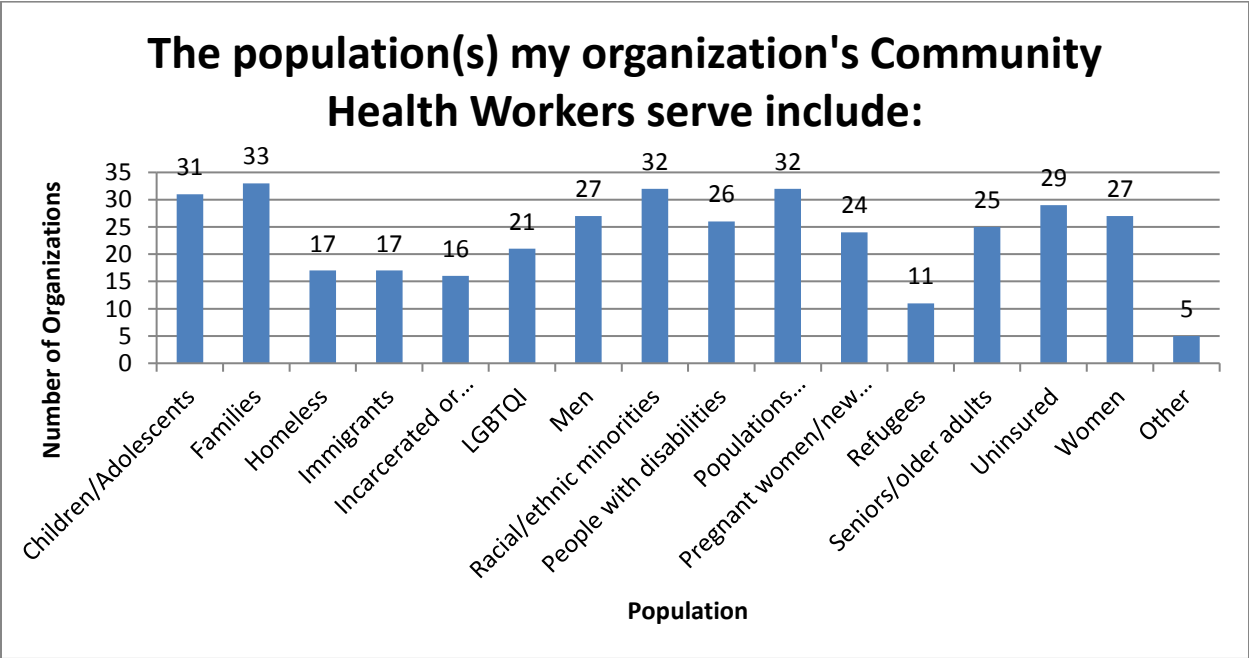


Figure 5: Populations Served

Respondents also shared their own role in the organization (Figure 6). While the plurality of respondents performed a role that was not listed, several Community Health Workers and their Supervisors took the survey.

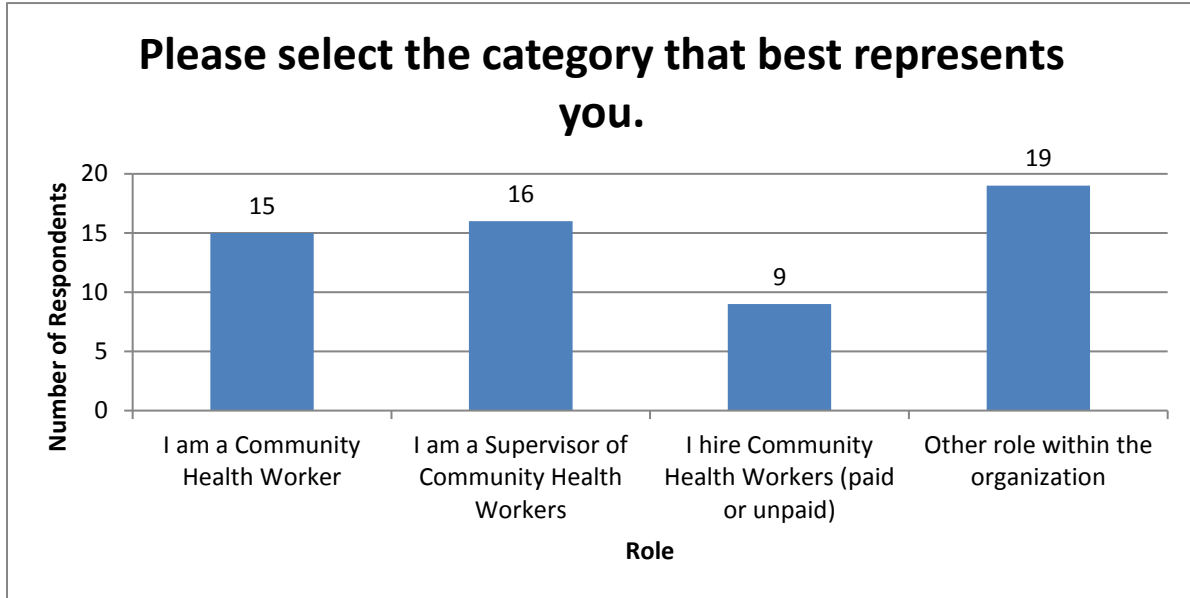


Figure 6: Respondent Role

Additionally, the survey aimed to examine the names by which CHWs are called in Tennessee. The greatest number of organizations refers to their CHWs as “Educators,” for example “Health Educators” or “Parent Educators,” or by some other name not listed on the survey. Examples of other names include “Outreach Workers,” “Family Support Workers,” and “Healthcare Navigators.” Many organizations also use the name “Community Health Worker” or “Coordinator” (Figure 7).

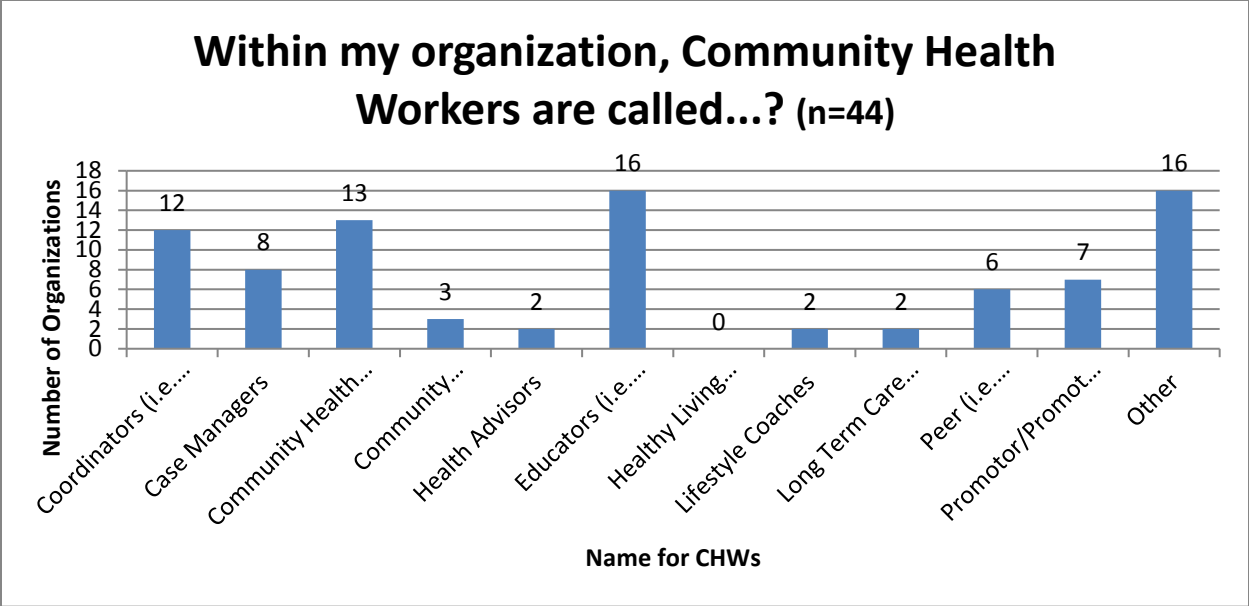


Figure 7: Name for CHWs

The vast majority of Tennessee organizations that do use CHWs have been using them for over 8 years (Figure 8).

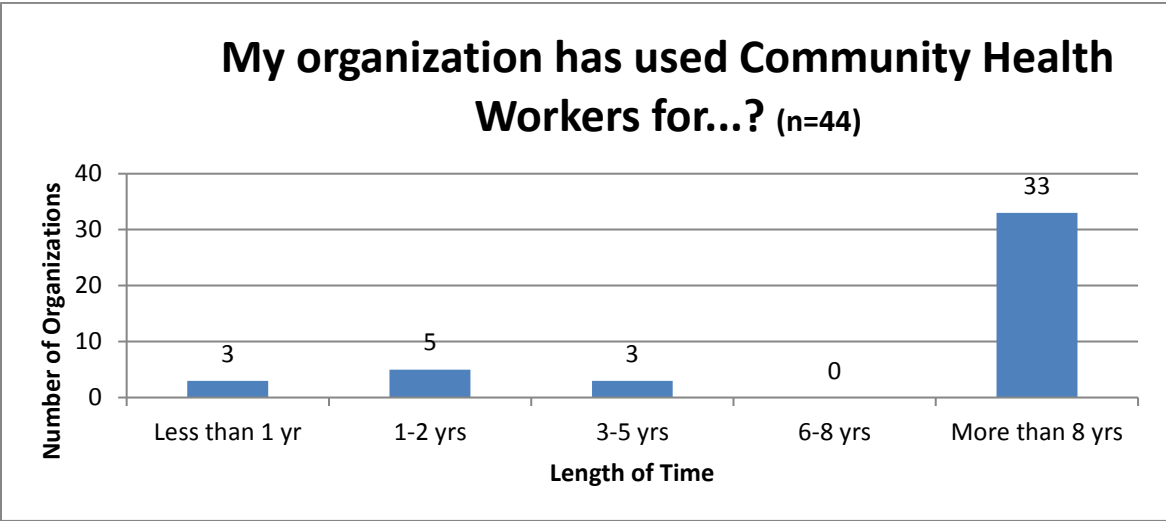


Figure 8: Length of Time Using CHWs

Tennessee Community Health Workers provide a wide variety of services. Most organizations that use CHWs use them for more than one specific service. Peer education/mentoring, advocacy, and case management are the three services most commonly provided by Community Health Workers (Figure 9).



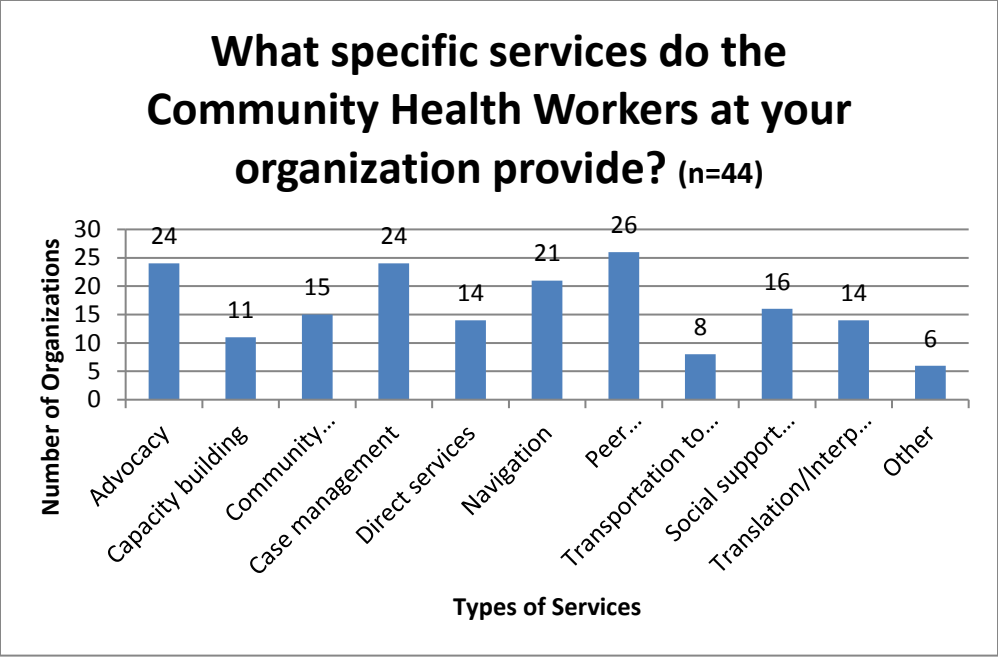


Figure 9: Specific Services Provided by CHWs

In addition to exploring the scope of services offered, the survey also asked several questions about CHW payment and funding. The majority of organizations' CHWs are paid staff members rather than unpaid volunteers (Figure 10). Those who answered "Other" in response to the question about CHW payment explained that they have both paid and unpaid CHWs.

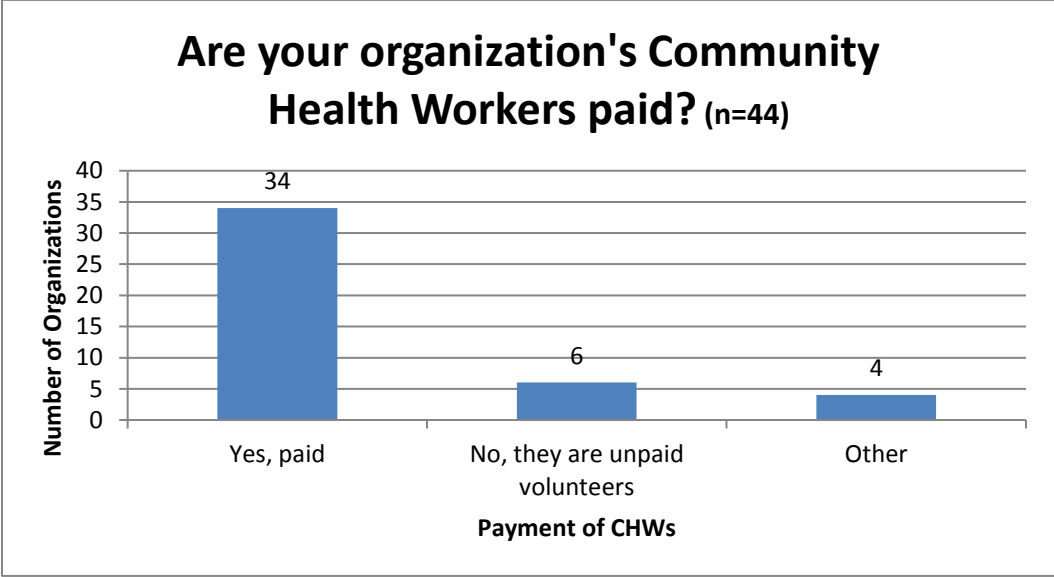


Figure 10: Payment of CHWs

Respondents were then asked how many Full Time Equivalent (FTE) Community Health Workers were in their organization. Many were unsure, but nine of the 42 respondents work for an organization that employs eight or more FTE CHWs (Figure 11).

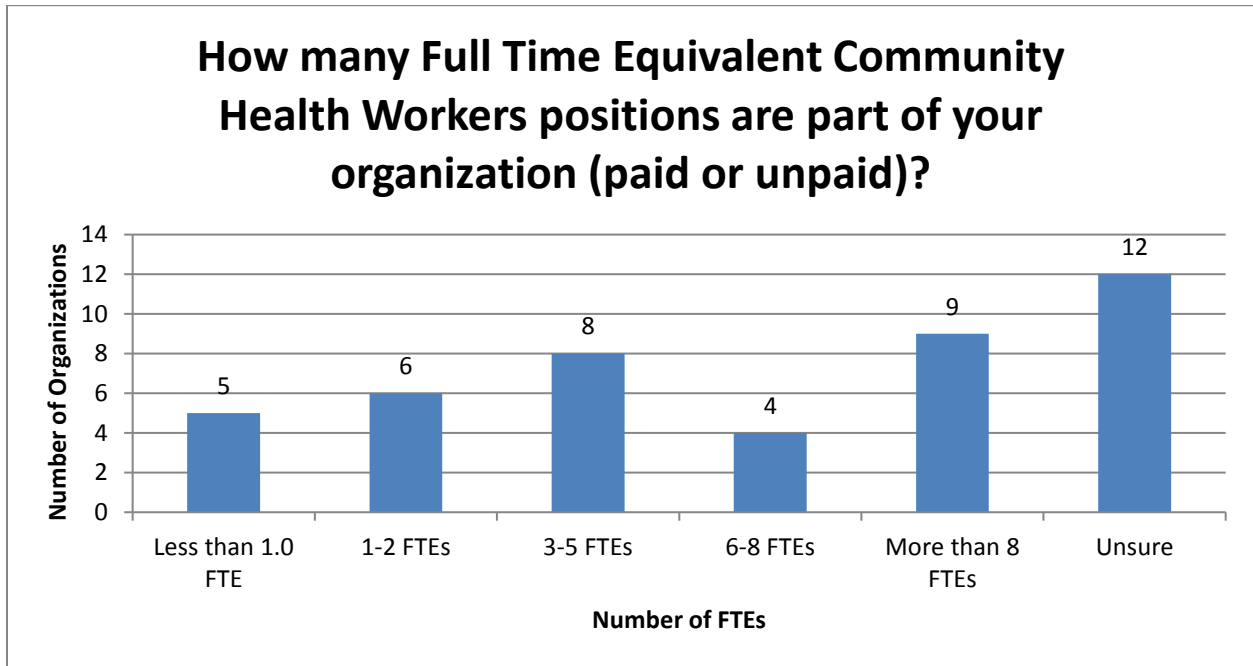


Figure 11: Number of FTEs

For those organizations that do have paid Community Health Worker positions, a significant amount of these positions are supported by grants. Contracts and donations also fund many CHW positions. Interestingly, four respondents indicated that they were able to get insurance or TennCare reimbursement for their CHW positions (Figure 12).

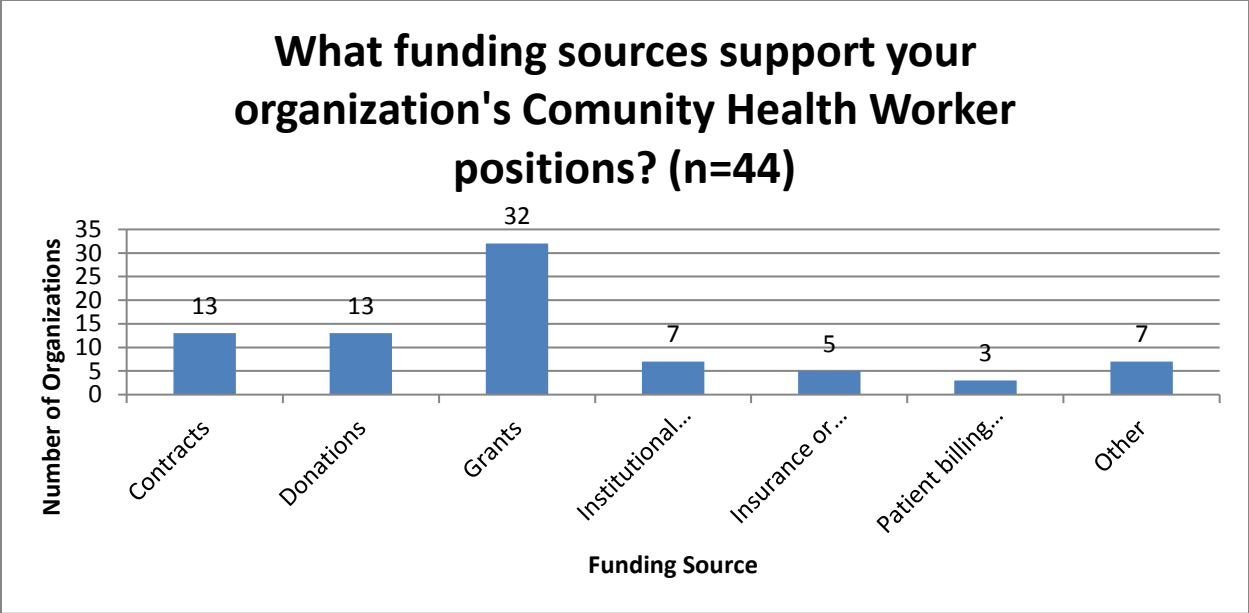


Figure 12: Funding Source for CHW Positions

Most Tennessee Community Health Workers work full-time, or 21 to 40 hours each week. Only 12 organizations' CHWs worked an average of less than 20 hours each week (Figure 13).

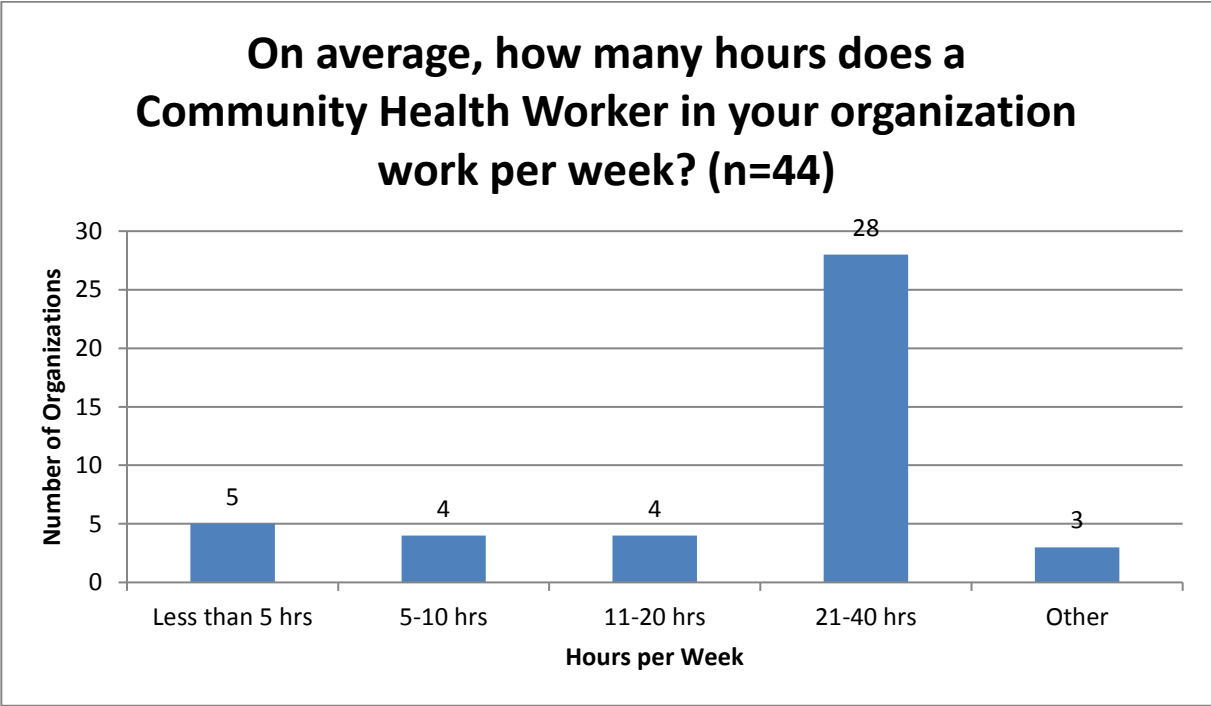


Figure 13: Hours Worked Per Week by CHW

Additionally, respondents were asked to provide information about the education and training requirements for Community Health Workers in their organization. The plurality of organizations requires Bachelor's Degrees for employment as a Community Health Worker, although there are also many that require no formal education or a GED/high school diploma (Figure 14).

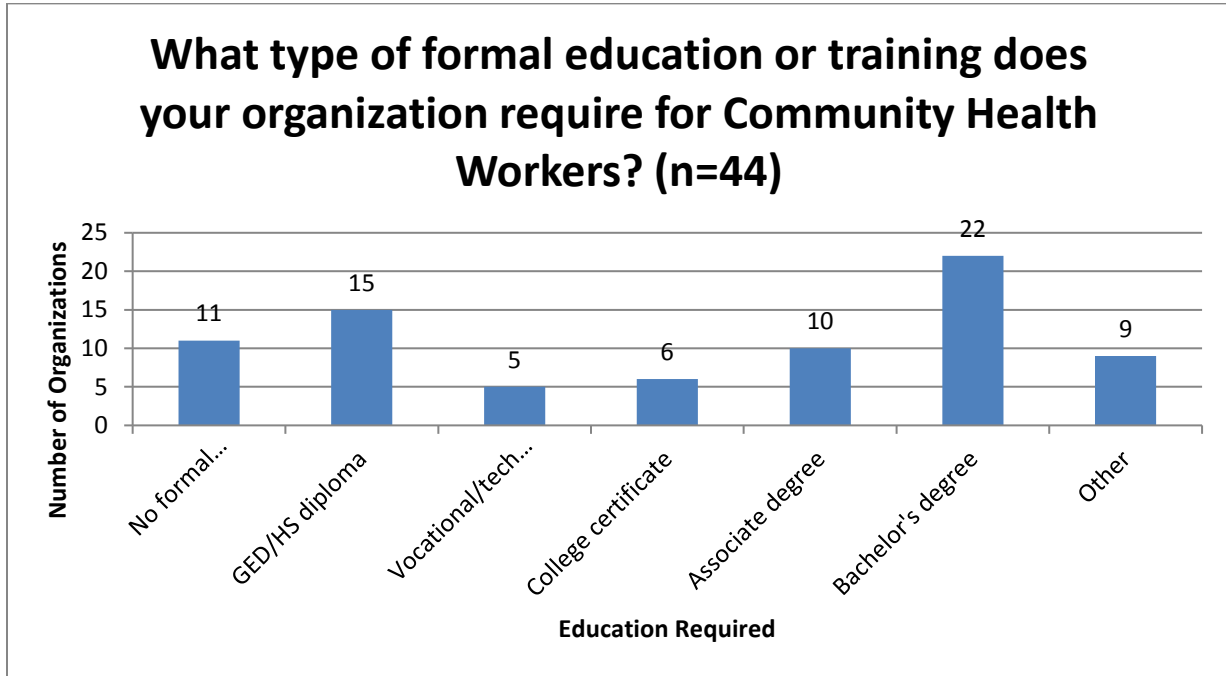


Figure 14: Education Required for CHWs

In addition to formal education requirements, almost all Tennessee Community Health Workers also receive training specific to their role after being hired (Figure 15).



Figure 15: Training Received by CHWs

After explaining how their organization uses Community Health Workers, respondents were asked to describe how their organization benefitted from using CHWs. Answers were grouped into three categories: Community Health Workers contribute to healthier patients; Community Health Workers make the organization’s efforts more effective; and Community Health Workers provide enhanced services. The table below gives examples of responses that were categorized into each of these three broader themes (Table 1).

## How does your organization benefit from using CHWs? (n=34)

Healthier Patients	More Effective Efforts	Enhanced Services
<b>Especially patients who need care the most</b>	Build community’s trust of services	Providers’ cross-cultural understanding improved
<b>“Relationship-based care” deepens patient motivation to change</b>	Create links between patients, community, and clinic	Follow-up is enhanced
<b>Increased patient health literacy</b>	Led to new partnerships with CBOs and other groups	Non-emergency calls diverted from 911
<b>Patients get help accessing the system</b>	Connect community members with the cancer center	Interpretation and translation are easier
<b>Decreased “no-shows” to appointments</b>	CHWs improve the image of the organization in the community	Integration of clinical and behavioral care
<b>Patients receive meaningful health education</b>		Communication with patients higher quality
		Service coordination easier

Table 1: Benefits of Using CHWs

## Questions for Those Who Do Not Use or Train CHWs

While the majority of those who responded to the survey use or train CHWs in their organization, 24 respondents indicated that their organization does not currently use or train CHWs. These respondents were asked to choose the main reason that their organization does not currently use CHWs. Many organizations do not have the infrastructure needed to support such a program, while several others do not have the necessary funding (Figure 16). Seven organizations responded that they did not use CHWs for some other reason not listed; of these seven organizations, three indicated that they were currently developing a program, and two stated that they were unsure how CHWs could be of use to their organization.

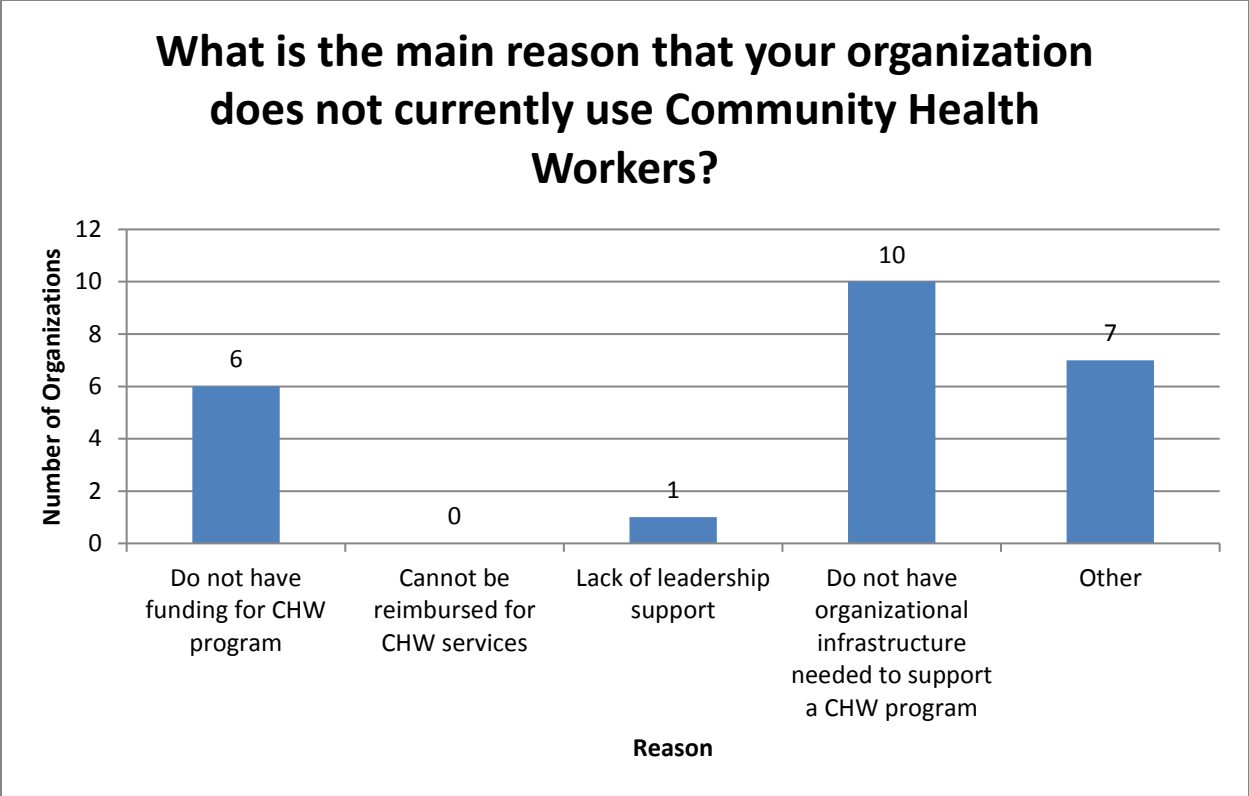


Figure 16: Reason for Not Using CHWs

## Opinions about the CHW Role: Questions for All Respondents

Whether they indicated that their organization used Community Health Workers or not, all respondents were asked to answer several questions regarding opinions and perceptions of the CHW role. Most respondents agreed that the CHW experience provides a pathway to other job opportunities in Tennessee (Figure 17).

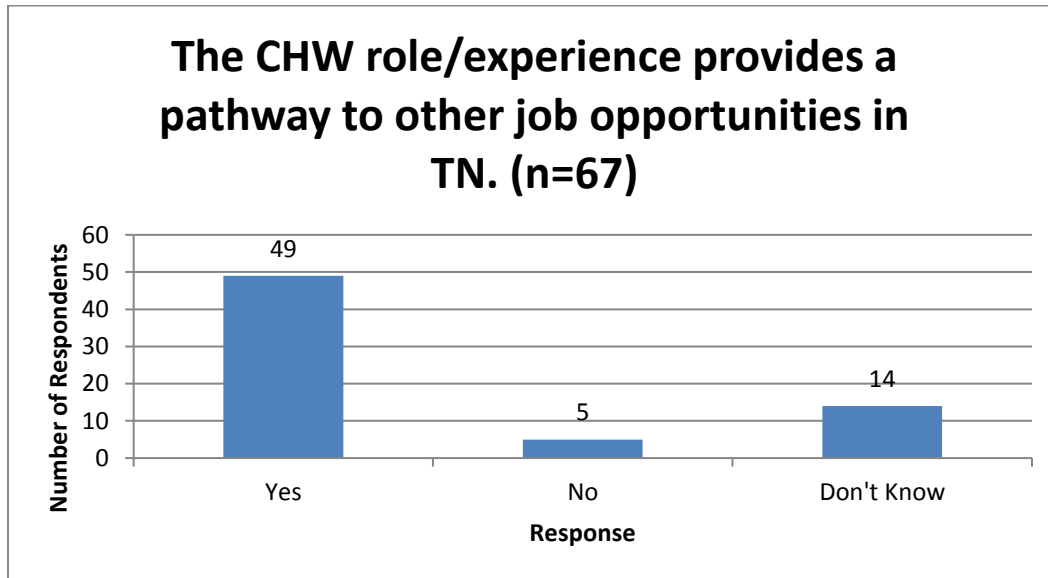


Figure 17: CHW Role as a Pathway

The vast majority of those who took the survey indicated that more education is needed about the CHW role in Tennessee (Figure 18).

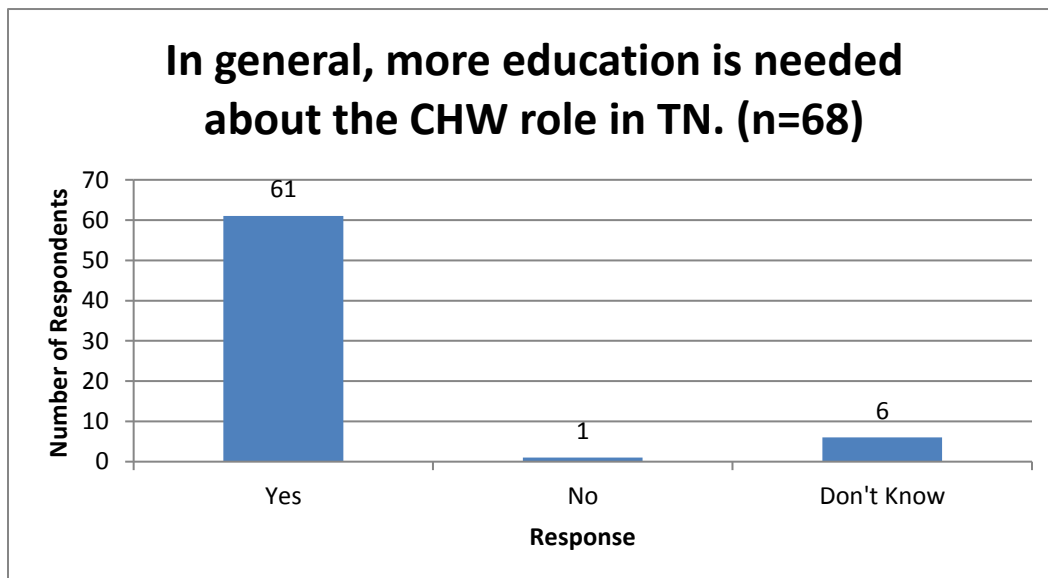


Figure 18: Education about CHW Role

While many respondents agree that a certification program is needed for Community Health Workers in Tennessee, a significant number (19 out of 66 responses) did not know whether this type of program was needed (Figure 19).

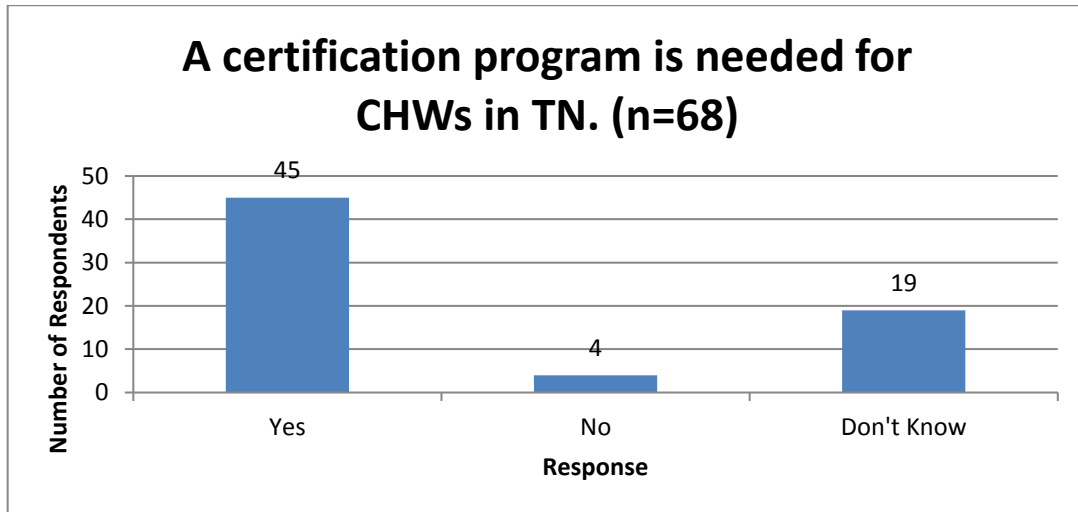


Figure 19: Need for Certification Program

Finally, respondents were divided on their opinion of the perception of CHW roles in Tennessee. 29 individuals believe that CHWs are recognized as important roles in Tennessee, but the majority of respondents either disagreed with the statement or were unsure (Figure 20).

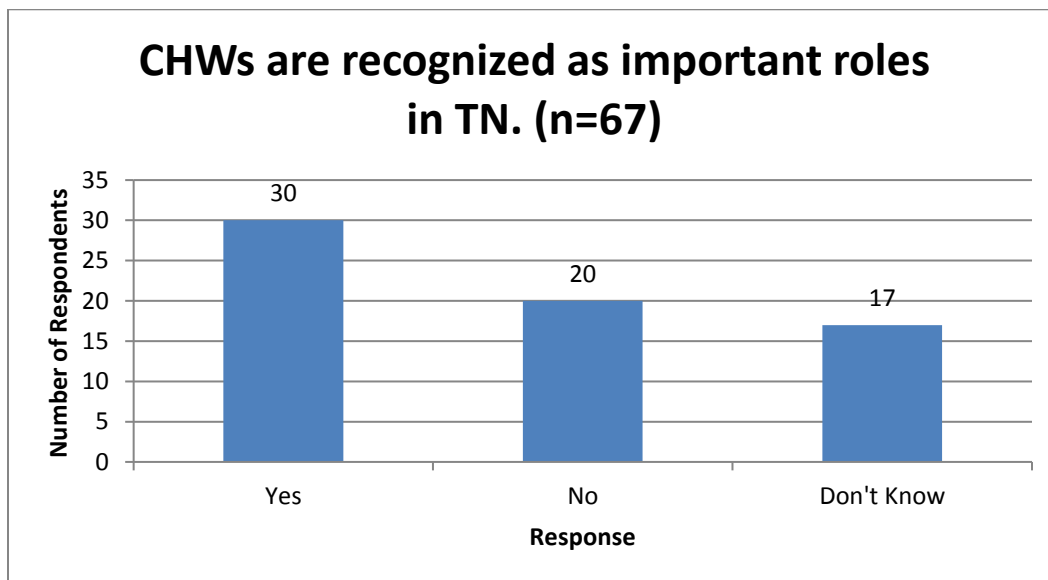


Figure 20: Recognition of CHW Role

In addition to sharing their opinion about the CHW role, respondents were also asked to provide feedback on the helpfulness of a statewide Community Health Worker organization. The majority of individuals agreed or strongly agreed with the statement that a statewide organization that offers training and



certification, provides opportunities for networking and advocacy, and promotes the use of CHWs would be helpful to their organization and/or its CHWs. No respondents disagreed with this statement, although eight respondents were unsure whether such an organization would be helpful (Figure 21).

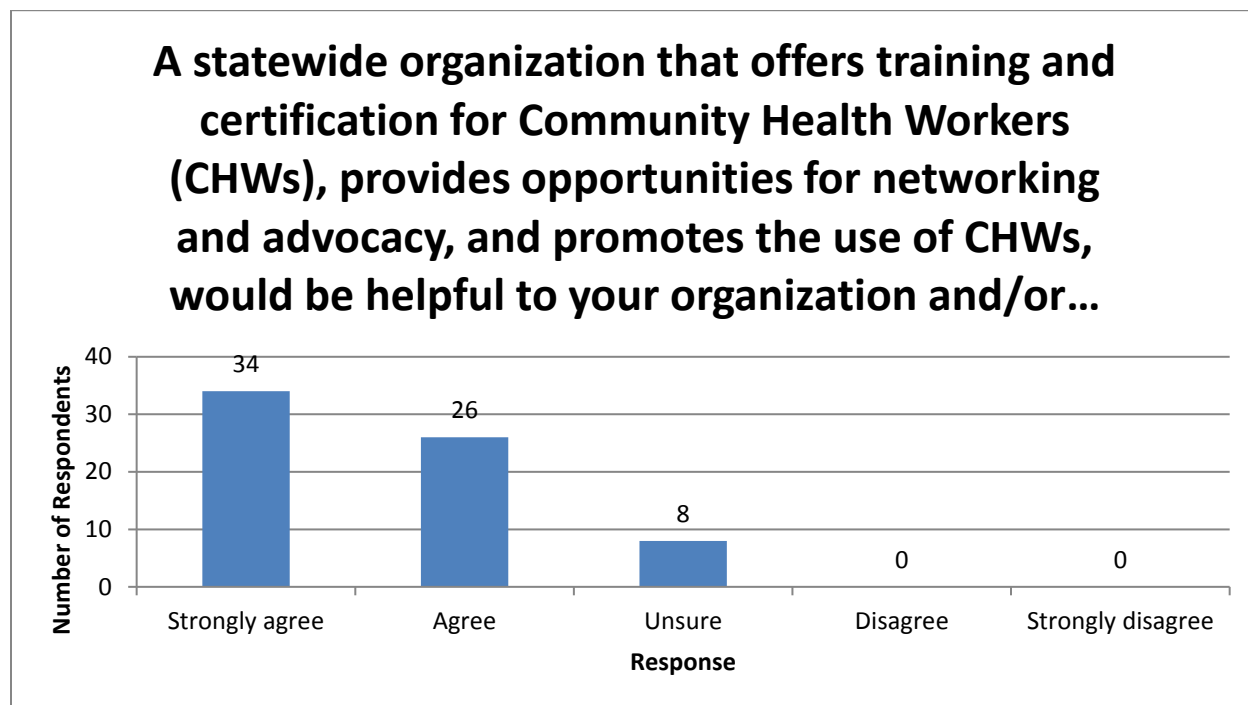


Figure 21: Helpfulness of Statewide CHW Organization

After indicating whether a statewide CHW organization would be useful, respondents were asked to give a reason for their answer. As would be expected from the previous question’s responses, all of the answers were positive, explaining why such an organization would be helpful. Explanations fell under three broad themes: (1) this type of organization would benefit CHWs individually, (2) this type of organization would benefit the CHW profession as a whole, and (3) this type of organization would benefit the community. The table below shows examples of the types of responses that were grouped into each category (Table 2).

**Please explain why or why not this type of organization would be helpful. (n=42)**

Would Benefit CHWs	Would Benefit the CHW Profession	Would Benefit the Community
<b>Provides support, education, and training for CHWs</b>	Increases the credibility of the profession	Increases the resources and help available to patients and the community
<b>Provides professional development for CHWs</b>	Standardizes the work and the credentialing process	Bridges existing gaps in the community
<b>Lets CHWs’ voices be heard</b>	Increases understanding of CHWs’ role	Sharing models allows for greater impact

	Increases ability to advocate	Increases the number of CHWs
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Table 2: Benefits of a Statewide CHW Organization

If such an organization were to exist, the plurality of respondents believes it should be based at a non-profit organization. Many individuals also indicated that the organization could be housed in a department of the state government, with the fewest number preferring a state college of university as the base (Figure 22). Most of those who chose “Other” explained that any of these three options would be suitable or that the proper setting would depend on the circumstances.

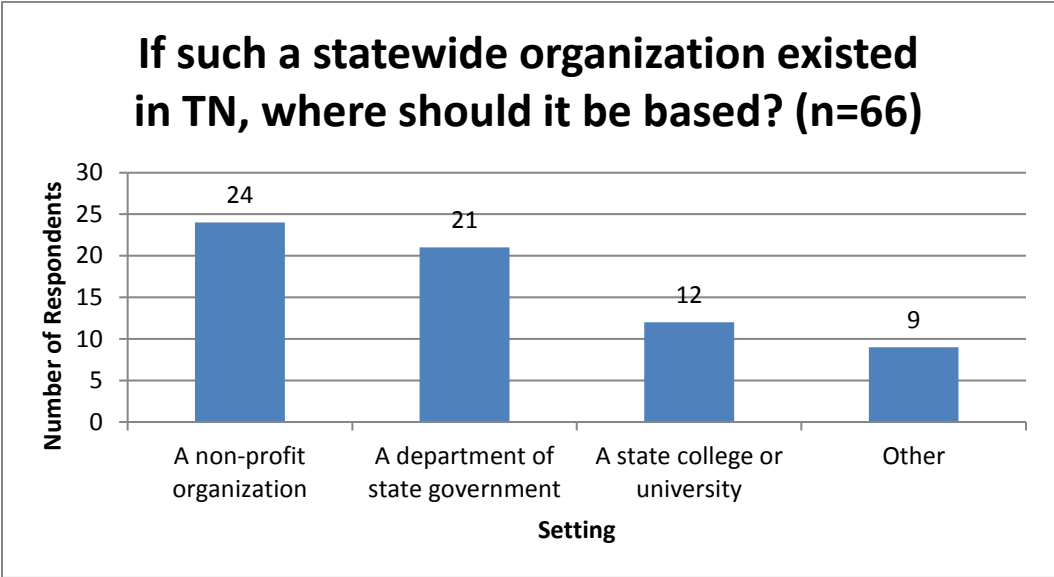


Figure 22: Setting of Statewide CHW Organization

Lastly, 28 respondents indicated that their organization would be interested in supporting the involvement of its CHWs in a statewide CHW organization. However, a significant number of respondents answered that they were unsure whether their organization would be interested. No individual indicated that their organization would surely not be interested, although several respondents did not answer this question (Figure 23).

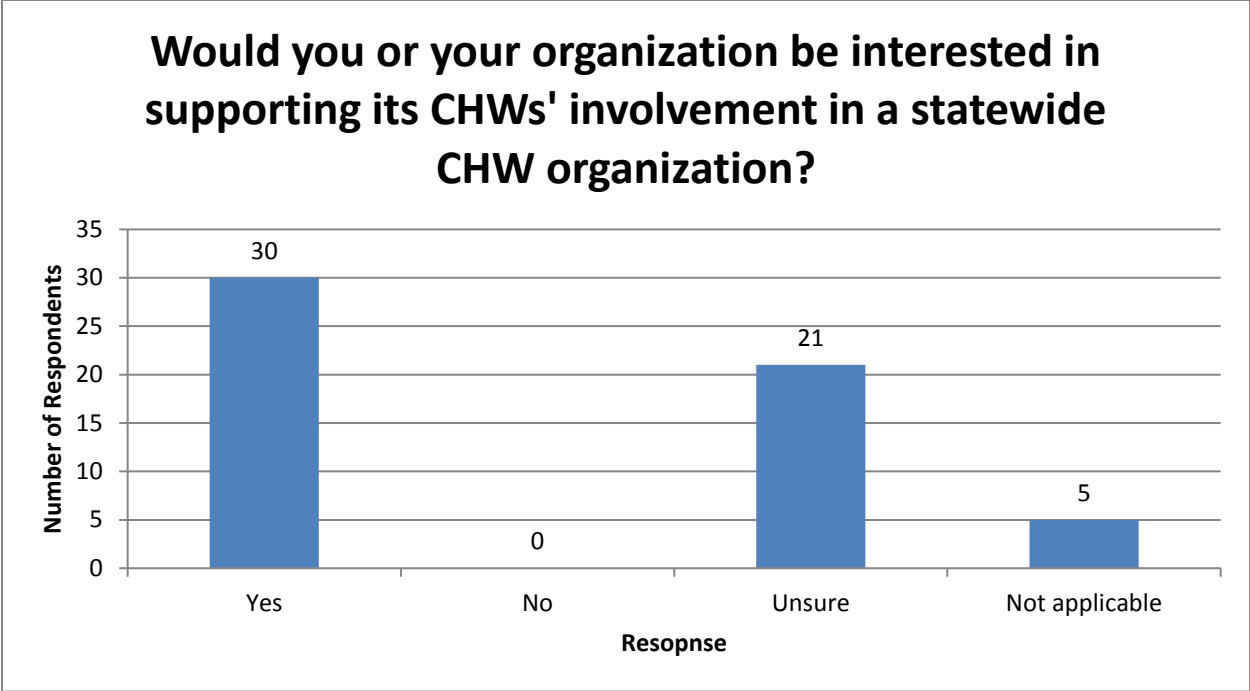


Figure 23: Support of CHWs in a Statewide Organization

## Cross-Analyses

Using the information gathered from the survey responses, six cross-analyses were conducted in order to determine whether there were relationships between sets of variables. The graph below shows the education requirements for CHW positions crossed with the average number of hours worked by CHWs in the organization. There is great variation across this graph, although those organizations whose CHWs work less than five hours per week do appear to be more likely to require no formal education for the position (Figure 24).

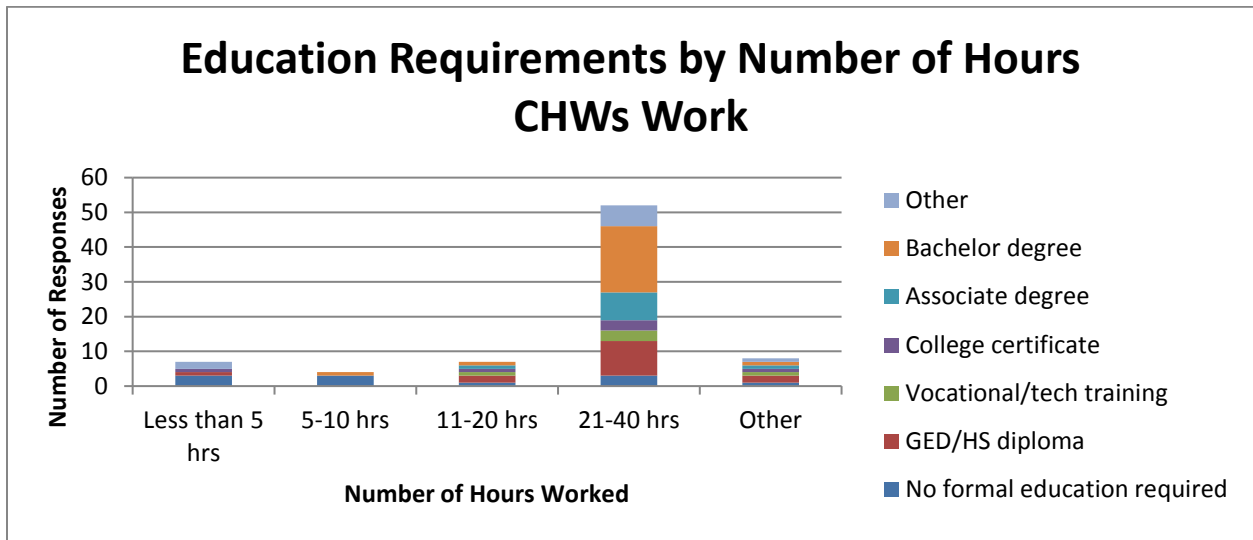


Figure 24: Education Requirements by Number of Hours CHWs Work

As seen in the cross-analysis below, CHWs from all educational backgrounds perform an assortment of specific services in Tennessee (Figure 25).

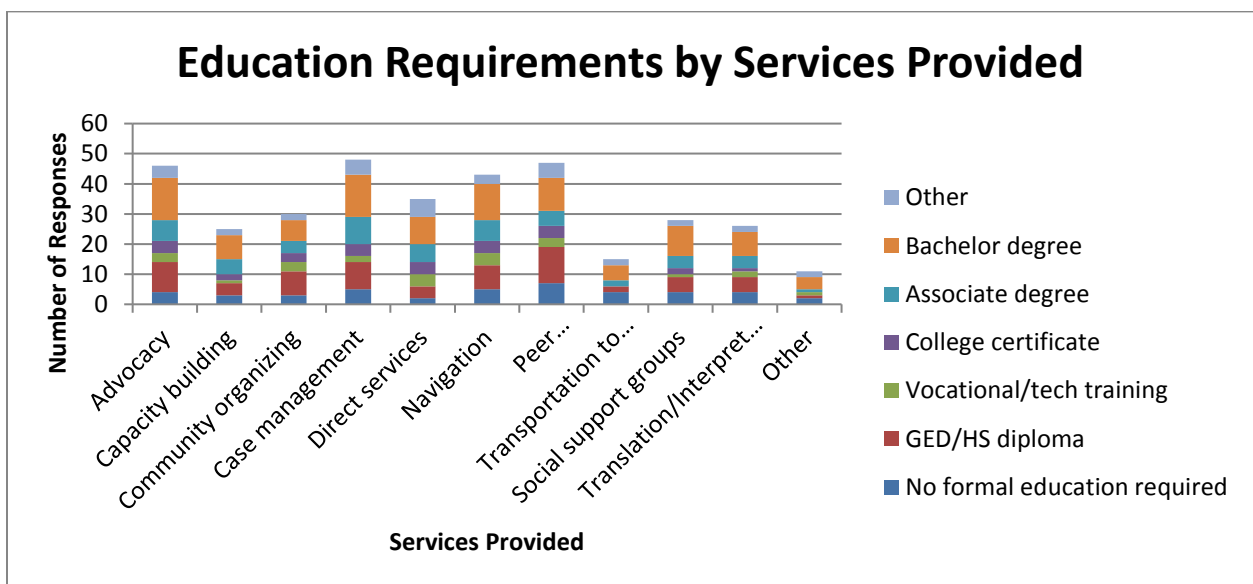


Figure 25: Education Requirements by Services Provided

Analysis also reveals that CHWs perform a variety of services no matter their hours worked per week. However, those who provide peer education or mentoring do seem to be more likely to work less than 5 hours each week compared to other services (Figure 26).

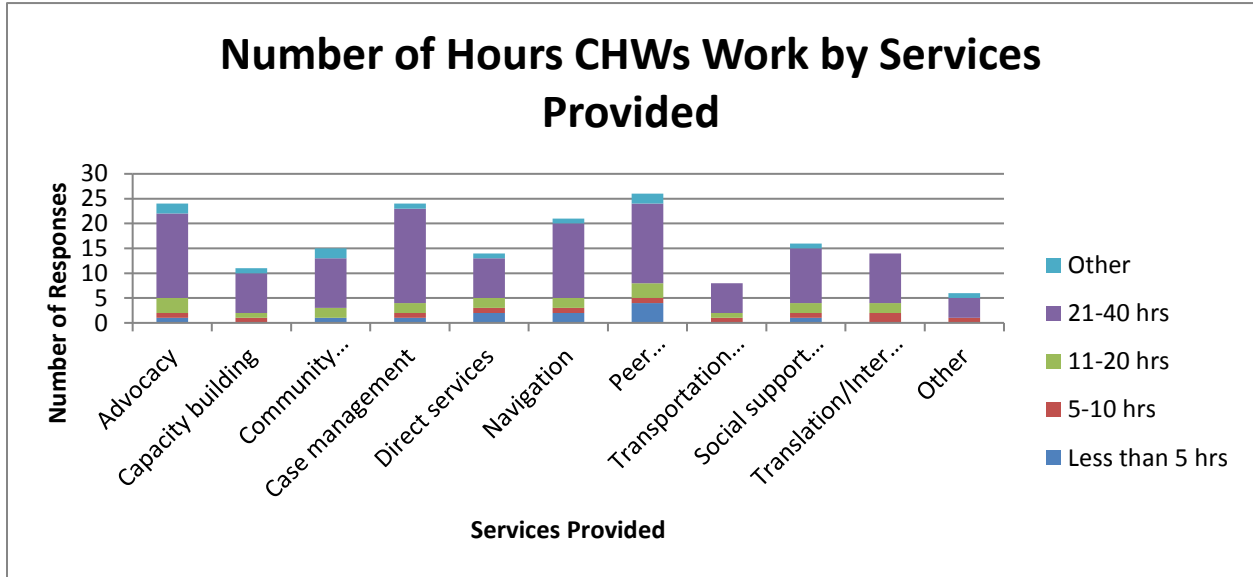
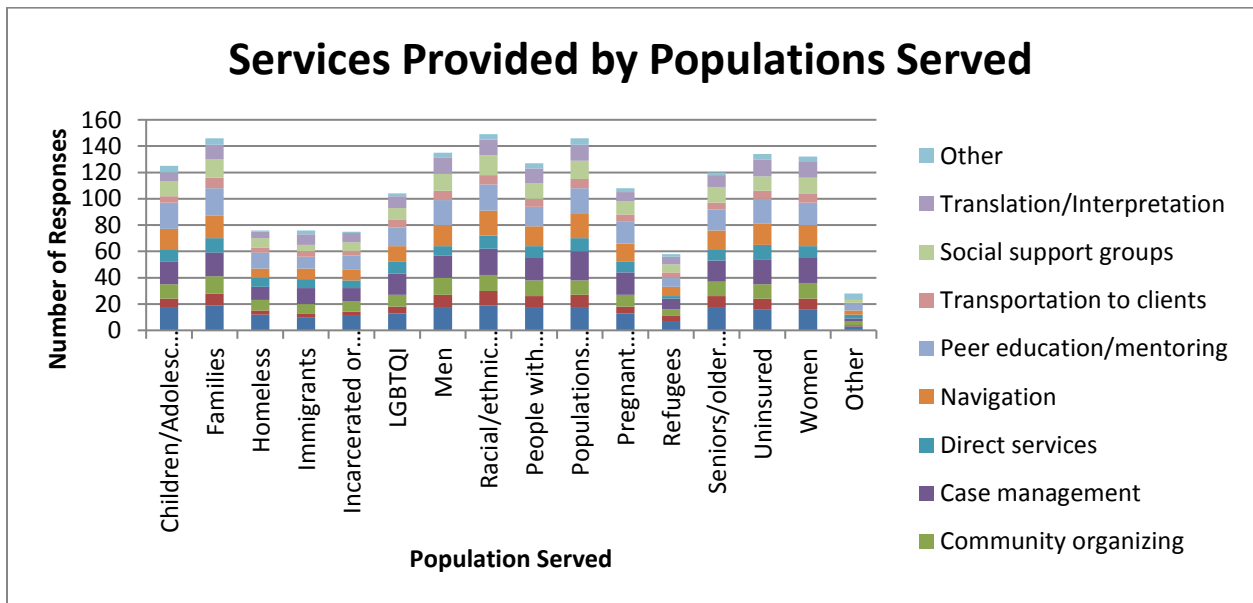


Figure 26: Number of Hours CHWs Work by Services Provided

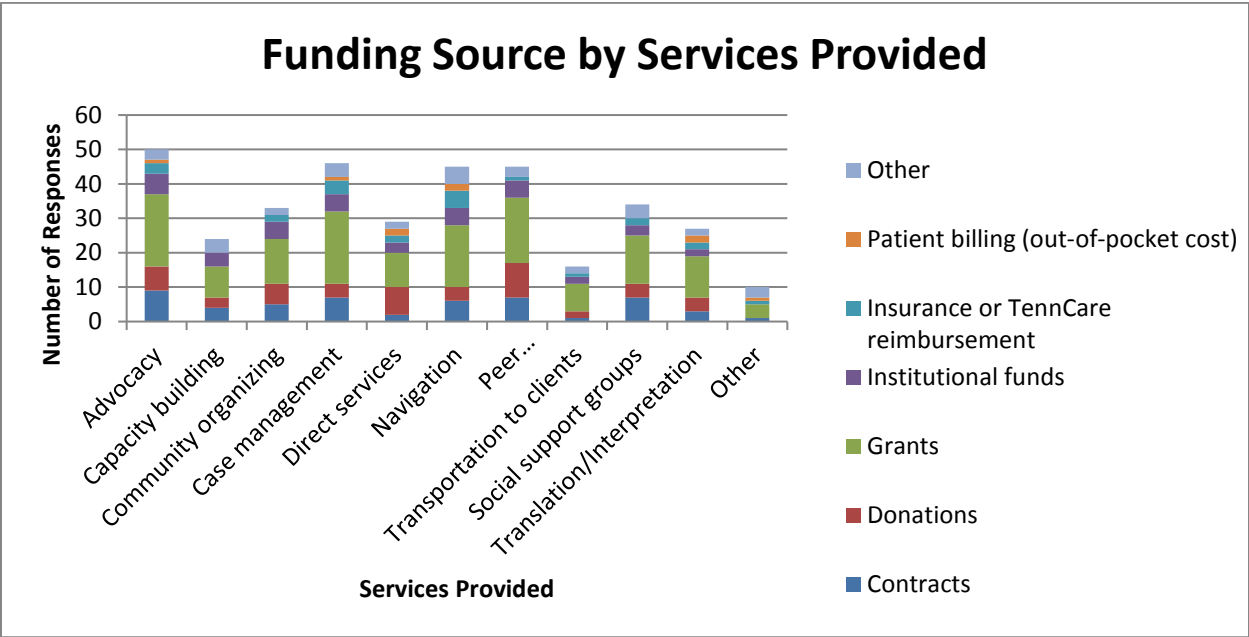
specific population; rather, all

services seem to be distributed across populations (Figure 27).



There also does not seem to be a relationship between the source of the funding that supports the CHW program and the services provided by CHWs (Figure 28).

Figure 27: Services Provided by Populations Served



The final cross-analysis compared the source of funding for the CHW program with the organization’s sector. While a variety of funding sources are used by academic, non-profit, and state/government organizations, the two for-profit organizations that were represented use only patient billing to fund their programs. State/government organizations were the only organizations that received insurance or

Figure 28: Funding Source by Services Provided  
 it organizations received their funding mainly from donations and grants, while state/government organizations relied more on contracts than the other sectors (Figure 29).

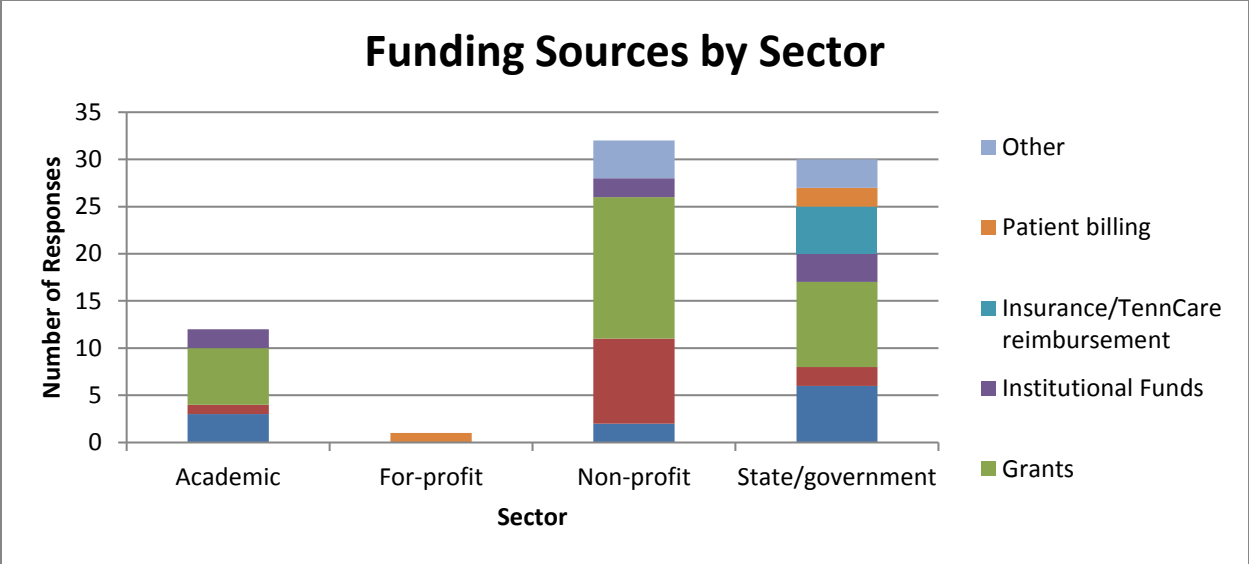


Figure 29: Funding Sources by Sector

This survey has several limitations. First, there is a low representation of organizations from East Tennessee due to the core members of the CHW Collaborative and its network focused in the Middle Tennessee area. In the future, the CHW Collaborative hopes to expand its reach. Second, there is ambiguity around the definition of a Community Health Worker. Because there are many different job titles that could be considered CHWs, survey respondents may have had difficulty determining whether there were CHWs in their organization as well as capturing the diversity of the CHW role.

## Conclusion

The 2018 Tennessee Community Health Worker survey findings revealed that CHWs provide a variety of services to many different communities in a range of settings across Tennessee. The results show a strong need for education on the CHW model/role and support for the establishment of a statewide CHW organization that advocates for CHWs. Moving forward, the Community Health Worker Collaborative will continue its efforts to increase awareness and advocacy of the Community Health Worker role.