North Carolina
Community Health Worker Program Inventory

Summary

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EXECUTIVE SUMMARY

With funding support from the Kate B. Reynolds Charitable Trust, the DHHS CHW Committee worked with the *Healthy Solutions* team at the Department of Health Behavior in the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill to gather information about the current use of CHWs in North Carolina. The 48-item survey was sent to supervisors of 290 CHW Programs identified by the DHHS CHW Committee. Section A summarizes information at the organizational level. Respondents supervising multiple CHW programs were asked to answer a series of questions at the program level. Sections B through E represent information collected at the program level.

A. ORGANIZATIONAL DEMOGRAPHICS

1. **RESPONSE RATE** - 117 people responded to the invitation to complete the survey (40.3% Response Rate), representing 56 unique organizations.
2. **ORGANIZATION TYPE** - Over half (55%) of participating organizations identified as a non-profit.
3. **IDENTIFIED PROGRAMS** - Respondents who supervised multiple CHW programs were asked to answer a series of questions at the program level. Through this process, 131 programs were identified with 84 programs having complete information (64% of identified programs). Respondents reported an average of 2.2 programs working with CHWs.
4. **CHW PROPOSED DEFINITION** - 41% of responses were very supportive of the proposed CHW definition. 49% were generally supportive, and 11% disagreed with some aspect of the CHW definition.

B. SCOPE OF CHW SERVICES

1. **STAFFING** – Part-time volunteer staffing were most common for CHW responding programs (39%), followed by fulltime paid CHWs (30%). The average number of part-time volunteers was 6.7 (range 0-30) and fulltime CHWs was 3.6 per program (range 0-54).
2. **PROGRAM DURATION** - The average amount of time that a program has existed is 10.4 years (range 0 – 52 years) and the median amount of time a program has operated is 5 years.
3. **PROGRAM PURPOSE** - The most commonly reported program purpose is access to care/services (35%), followed by primary prevention (19%), direct care or services and supports (17%) and secondary prevention (15%).
4. **HEALTH TOPIC** - The most commonly reported health topic addressed by CHW Programs was chronic disease (51%), followed by mental health (47%), nutrition (42%), and unintentional injury (41%).
5. **ACTIVITY TYPE** - Almost all (90%) of CHW Programs reported supporting positive health behaviors, and over three quarters organize group education and social support (80%), provide health promotion and education (80%), and support community advocacy and organizing (80%).
6. **REFERRALS** - Most programs (88%) provided non-medical referrals, health care referrals (82%), and mental health referrals (72%).
7. **POPULATIONS SERVED** – Across the responding programs the most commonly reported ethnicity served were African American (74%), Hispanic or Latino (64%), and Caucasian (63%). The most common age groups were 19-64 year olds (63%) and 65 and older (55%). Almost three quarters of the programs served low income (76%) and women (72%) populations.
8. **LANGUAGE** - Most of the responding CHW programs (94%) provided services in the native language of the populations they serve. English (91%) and Spanish (57%) were the most commonly reported languages.
9. **PROGRAM SETTINGS** - Most of the responding CHW programs worked within a regional area (e.g., multiple counties) (46%). The most commonly reported setting was community (42%) followed by housing units (27%) and clinical settings (20%).
10. **PROGRAM REACH** - Most of the responding CHW programs (40%) reported reaching 101-500 individuals on an annual basis.

C. WORKFORCE - CHW SKILLS, ABILITIES, AND TRAINING

1. **TRAINING** - Most of the responding CHW programs (90%) had access to trainings. Trainings were provided by internal staff (83%) and external organizations (76%). The most commonly reported number of training hours provided was more than 3 days (41%) and required annual certification (58%).
2. **BOARD OVERSIGHT** - Most of the responding CHW programs were supervised by a board (70%).
3. **TRAINING BARRIER** - The most commonly reported barrier for training was limited to no funding for training (76%), followed by lack of curriculum materials/lack of training resources/lack of competency-based training (35%).
4. **PERCEIVED IMPORTANCE OF SKILLS AND TRAINING PROVIDED** – Respondents reported how important specific CHW skills were to their program (scale unimportant 1- important 6) and indicated if they provided skill training. Estimated training needs are possibly met for 3 of the 15 skills; there may be a training gap for 7 of the 15 skills; and for 5 skills, more information is needed to determine training need.

D. FUNDING OF CHWS, COMPENSATION, RECRUITMENT, SUPERVISION AND RETENTION

1. **FUNDING SOURCE** - Most of the responding CHW programs (60%) received funding from state government, followed by federal government (52%). The most commonly reported form of compensation to CHW staff was an annual salary with benefits (42%), followed by hourly salary (40%).
2. **RECRUITMENT METHODS** - The most commonly reported method for recruitment was recommendations for other CHWs (60%) followed by targeted solicitation (28%).
3. **SUPERVISION** - Most supervisors (45%) reported providing 1-2 hours of supervision per week. Most supervisors (91%) reported that they had sufficient time for providing supervision.
4. **RETENTION TIME** - Almost half (53%) of the programs reported a retention time among CHW staff of 1-4 years. The most commonly reported retention method was targeting dedicated passionate individuals (75%), followed by financial incentives (46%) and realistic job preview (44%).

E. CHALLENGES, BENEFITS AND EVALUATION/MONITORING OF CHWS

1. **RETENTION CHALLENGE** – Respondents rated retention challenge(s) on six point scale (never a challenge – 1 to frequently a challenge – 6). The most commonly reported challenge was lack of stable funding (average 4.0), followed by lack of public understanding (average 4.0), and shortage of qualified applicants (average 3.8).
2. **CHW BENEFITS TO PROGRAM** - The most commonly reported benefits from responding CHW programs were success on reaching hard to reach target populations (80%), followed by improved health outcomes (78%), reduced health care costs (51%) and cost savings for our organizations (e.g., personnel costs) (50%).
3. **EVALUATION AND MONITORING** - Most of the responding CHW programs reported conducting some form of monitoring and/or evaluation, including: recording number and type of patient served (67%); satisfaction survey/assessment from clients (65%); tracking impact and/or outcomes (60%); performance evaluation (55%) and summarizing, analyzing and reporting on impact/outcomes (49%). More than one third (37%) of responding CHW Programs expressed a willingness to share additional evaluation materials available for review.

INTRODUCTION & METHODS

In 2014, representatives from the NC Department of Health and Human Services (DHHS) joined together to initiate a Community Health Worker (CHW) Committee. The NC DHHS CHW Committee included representatives from the following agencies:

- Division of Public Health
  - Chronic Disease and Injury Section
  - Epidemiology Section
  - Women's and Children's Health Section
  - Office of Minority Health & Health Disparities
- Division of Aging and Adult Services
- Division of Medical Assistance
- Division of Mental Health/Developmental Disabilities/Substance Abuse Services
- Office of Rural Health
- Community Care of North Carolina

With funding support from the Kate B. Reynolds Charitable Trust, the DHHS CHW Committee worked with the *Healthy Solutions* team at the Department of Health Behavior in the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill to gather information about the current use of CHWs in North Carolina.

In early 2015, the DHHS CHW committee provided feedback on a draft *NC CHW Program Inventory Survey* developed by the *Healthy Solutions* team. The survey was targeted to CHW Program supervisors and included 48 questions about the organization and details about each CHW program administered by the organization. The purpose of the survey was to create a snapshot of existing CHW programs in the state; it was not intended to be a comprehensive assessment of all CHW efforts in the state of North Carolina. A link to the online survey was sent to 290 CHW programs identified by the DHHS CHW Committee.

The survey questions can be found in **Appendix A**.

RESULTS

A total of 117 people responded to the invitation to complete the survey (40.3% Response Rate), representing information collected at the organizational level from 56 organizations (**Appendix B**).

Respondents who supervised multiple CHW programs were asked to answer a series of questions at the program level. In total, 131 programs were identified by respondents. 84 programs have complete information (64% of identified programs). The number of responses are listed in each results table for each question as appropriate.

The results from the *NC CHW Program Inventory* are organized into five categories: A) Organizational Demographics; B) Scope of CHW Services; C) CHW Skills, Abilities, and Training; D) Funding of CHWs, Compensation, Recruitment, Supervision and Retention; and E) Challenges, Benefits and Evaluation/Monitoring of CHWs.

A. ORGANIZATIONAL DEMOGRAPHICS (at the organizational level)

The number of respondents answering questions in *Section A* range from 59 to 117.

Table 1. Response Rate for CHW Program Inventory

Category	*N*	*%*
Valid Emails/Invitations Sent	290	--
Total Survey Response	117	40.3%
Finished Survey	*57*	*19.7%*
Partially Completed Survey	*48*	*16.6%*
Opted Out/Self Removed	*4*	*1.4%*
Email withdrawal	*8*	*2.8%*
Total Non-Responsive	173	59.7%
Bounced Emails	*13*	

Proposed NC CHW Definition

A CHW is a frontline worker who is a trusted member of, and/or has an unusually close understanding of, the community served. This trusting relationship enables the CHW to serve as a link between health/social services and the community in order to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW will often share ethnicity, language, socioeconomic status and life experiences with the community members s/he serves.

A CHW also builds capacity at the individual and community level by increasing health knowledge and self-sufficiency through a range of activities. A CHW provides culturally appropriate health education and information and may provide: Interpretation and translation services;

- Assistance to people in receiving the care they need;
- Informal counseling and guidance on health behaviors;
- Advocacy for individuals and community health needs; and
- Some direct services such as first aid and blood pressure screening.

A CHW is a lay member of the community who works, either for pay or as a volunteer, in association with the local health care system and public health system in both urban and rural environments.

Table 2. Agreement to proposed CHW definition (scale not agree 0 – completely agree 100; n=77).

Range	*#*	*%*	*Combined #s*
Range 0-10	2	3%	11%
Range 11-20	0	0%	
Range 21-30	0	0%	
Range 31-40	0	0%	
Range 41-50	1	1%	
Range 51-60	2	3%	
Range 61-70	3	4%	
Range 71-80	38	49%	49%
Range 81-90	9	12%	40%
Range 91+	22	29%	
Total count	77	100%	100%

Thematic Qualitative Feedback for Comments on suggested NC CHW Definition (n=44)

- Agree with definition (n=21)
- Suggestions for inclusion of additional services (n=11)
- Terminology Clarification/change (n=5)
- Other/nonspecific to definition (n=6)
- Don't Know (n=1)

Table 3. Type of Organization Responding to Survey (N=78).		
Organization type	*N*	*%*
Nonprofit	43	55%
Local Agency/Department	11	14%
Clinic and/or Federally Qualified Health Center (FQHC)	11	14%
State Agency/Department	5	6%
Local Management Entity/Managed Care Organization	3	4%
Hospital	3	4%
Community-based Organization	2	3%
Tribal Government/Organization	0	0%
Faith-based Organization	0	0%

Table 4. Organizations that Currently use CHWs (N=76).		
Response	*N*	*%*
Yes	64	84%
No	12	16%

Table 5. CHW Program Distribution based on CHW Manager Response to Survey (N=59).		
Program #	*N*	*%*
1 Program	25	42%
2 Programs	14	24%
3 Programs	9	15%
4 Programs	7	12%
5 Programs	2	3%
6 Program	1	2%
7 Programs	1	2%
Total # Programs	131	**
Average # Programs	2.2	**

Table 6. Number of Programs Identified.	
Total	131

Table 7. Likelihood of Current non-users to use CHWs in future (N=12).		
Response	*N*	*%*
Very Likely to Somewhat Likely	8	67%
Unlikely to Very Unlikely	2	17%
Not Applicable	2	17%
Total #	12	100%

Sections B, C, D, and E represent information collected at the CHW Program Level. Respondent responses for these sections ranged from 68 to 101.

B. SCOPE OF CHW SERVICES (at the program level)

Table 8. Distribution of Paid and Volunteer Workforce (N=100).

Employment Status	*Average # of CHWs per program (SD)*	Range (low)	*Range (high)*	*Total # of CHWs Across Program Respondents*	*% of CHW workforce in survey response*
# of paid CHWs-# Full-time	3.6 (6.5)	0	54	249	30%
# of paid CHWs-# Part Time	3.4 (2.1)	0	8	151	18%
# of volunteer CHWs-# Full-time	10.6 (16.4)	0	50	117	14%
# of volunteer CHWs-# Part Time	6.7 (6.0)	0	30	326	39%

Table 9. Length of Program (N=92).

Average Years (SD)	10.4 years (10.5)
Range Years	0 to 52 years
Median Months	60 months
1-12 Months	11 programs
13-24 Months	7 programs
25-36 Months	10 programs
37-60 Months	20 programs
60+ Months	44 programs

Table 10. Program Purpose (N=99).

Purpose	*N*	*%*
Access to care/services	35	35%
Primary prevention (i.e., protection from developing disease)	19	19%
Direct care or services and supports	17	17%
Secondary prevention (i.e., halt/slow progression of disease/limit long term effect)	15	15%
Tertiary prevention (i.e., minimize the negative effects of disease and prevent disease related complications)	10	10%
Other	3	3%
Community development	0	0%

Program Purpose Other - prevent isolation, provides health promotions, and screenings, provides nutritious daily meal, healthy living and aging programs; Three levels of Prevention and access to care; Program hasn't started yet

Table 11. Distribution of Health Topics Addressed by CHW Programs (N=96). *Average number of topics per CHW Program: 6.4 (5.8) Range 0-30 topics per CHW Program*		
Health Topic	*N*	*%*
Chronic Disease *Diabetes (n=41; 46%)* *Cardiovascular Disease (n =36; 40%)* *Asthma (n =29; 32%)* *Cancer (n= 29; 32%)* *Sickle Cell Disease (n =15; 17%)* *Other (n=5; 6%)*	46	51%
Mental health	42	47%
Nutrition	38	42%
Unintentional Injury *Assault (e.g., Physical Violence, Child Abuse, Maltreatment, Sexual Violence) (n=33; 37%)* *Self-inflicted/ Self-Harm (n= 14; 16%)* *Other (n= 1; 1%)*	37	41%
Physical activity	35	39%
Alcohol/substance use disorder prevention and treatment	31	34%
Weight loss	26	29%
Intentional Injury *Falls (n=23; 26%)* *Motor Vehicle (n= 6; 7%)* *Sports (n =5; 6%)* *Burns (n = 4; 4%)* *Other (n = 0; 0%)*	26	29%
HIV/AIDS prevention	25	28%
Older adult health (e.g., Alzheimer's, Osteoporosis, Falls Prevention, Arthritis)	24	27%
Acquired/physical or developmental disability	21	23%
Environmental health	20	22%
Sexual/reproductive health (e.g., family planning)	19	21%
Tobacco cessation	16	18%
Immunizations	16	18%
Maternal Child Health *Prenatal care (n = 10; 11%)* *Secondhand smoke prevention (n =7; 8%)* *Low birth weight (n = 6; 7%)* *Infant health (n = 6; 7%)* *Breastfeeding (n = 4; 4%)*	16	18%
Other	14	16%
Oral health	12	13%
Occupational health	10	11%

Health Topic Chronic Disease Other (1) – CDSMP covers many possible health issues; any chronic illness; chronic pain; All; Chronic Disease Self-Management

Health Topics Intentional Other (2) – opioid misuse/abuse

Health Topics Unintentional Other (3) – N/A

Health Topic All Other (4) - Trauma (n=4); Affordable Care Act (n=2); homelessness (n= 2); caregivers; Utilization of Primary Care for chronic/acute health problems; Access to Health Insurance: Medicaid, Health Choice, Health Care Exchange; Refers Families to health and support services; connecting to community resources-housing, jobs, etc.; Importance of Health Insurance

Table 12. CHW Program Activities (N=92).		
Activity	*N*	*%*
Support positive health behaviors	83	90%
Organize group education and social support	74	80%
Provide health promotion and education	74	80%
Support community advocacy and organizing	72	78%
Facilitate access to medical services (e.g., doctor/clinic visits)	68	74%
Facilitate access to social services (e.g., housing, nutritional assistance, referrals)	66	72%
Conduct outreach and enrollment	66	72%
Provide informal counseling	59	64%
Support medication adherence	50	54%
Provide interpretation and translation services	42	46%
Provide transportation	41	45%
Assess home environment for appropriate living situation for healthy behaviors and outcomes	27	29%
Visit homes to help with daily routine	15	16%
Other	1	1%

CHW Activity Other - attend court sessions with clients

Table 13. CHW Program Referral Services (N=91 responses) 76 [84%] CHW Programs provide referral services.		
Referral Service	*N*	*%*
Non-Medical (e.g. food stamps, housing, employment)	67	88%
Health Care	62	82%
Mental Health	55	72%
Dentist	37	49%
Other	18	24%

Other referral - Legal (n=10); Education (n=3); Spiritual support (n=2); Health Insurance Enrollment (n=2); other behavioral health services; referrals to home office for assistance to client; Food pantry, clothing closet; haven't started meeting

Table 14. Population Group(s) Served by CHW Programs (N=87).		
Population Group	*N*	*%*
Ethnicity/Race Groups		
Black or African American	64	74%
Hispanic or Latino	56	64%
Caucasian	55	63%
No specific race/ethnicity	33	38%
American Indian/Alaska Native	25	29%
Asian American	20	23%
Native Hawaiian or Other Pacific Islander	13	15%
Other	4	5%
Age Groups		
0 – 10 years	15	17%
11 - 18 years	24	28%
19- 64 years	55	63%
65+ years	48	55%
No specific age	29	33%

Table 14. Population Group(s) Served by CHW Programs (N=87).		
Population Group	*N*	*%*
Other Groups		
Low income	66	76%
Women	63	72%
Men	60	69%
Rural populations	57	66%
People with disabilities	43	49%
Uninsured	41	47%
Gay, Lesbian, Bisexual, and/or Transgender	40	46%
People with mental health needs	38	44%
Families	35	40%
People with substance use disorders	32	37%
People for whom English is not their first language	32	37%
Homeless	30	34%
Children	28	32%
Farmworkers and families	21	24%
No Specific Population Group	19	22%
Pregnant women	13	15%
Other	5	6%

Population group other ethnicity/race - bi-racial; other races/ethnicities; any; other races/ethnicities (n=2)
Population group other - Living with HIV; Immigrants/refugees; Community Leaders; anyone living with chronic illness (n=2)

Table 15. CHW Program Support Language of Population Served. (N=101).		
Response	*N*	*%*
Yes	58	57%
Mixed	37	37%
No	6	6%

Table 16. Languages of CHW Programs (N=101).		
Language	*N*	*%*
English	86	91%
Spanish	54	57%
American Sign Language	4	4%
Other	3	3%
Native American Tribal language	2	2%
French	1	1%
Chinese	1	1%
Vietnamese	1	1%
Tagalog	1	1%
Hmong	1	1%

Languages other – Russian (n=3), Ukrainian

Table 17. CHW Program Geographic Region (N=92).		
Area Served	*N*	*%*
Region (e.g., multiple counties)	42	46%
Single County	38	42%
Single Town/City	9	10%
Statewide	2	2%

Table 18. CHW Program Outreach Settings (N=92).		
Setting	*N*	*%*
Community	66	42%
Housing Units	43	27%
Clinical	32	20%
Worksite	14	9%
Other	2	1%

Settings other – First Responding to 911 calls; law enforcement office, court, ER, schools

Table 19. Annual Population Reach for CHW Programs (N=92).		
Population Number	*N*	*%*
0-100 individuals	26	28%
101-500 individuals	37	40%
501 -1000 individuals	8	9%
>1001 individuals	21	23%

C. CHW SKILLS, ABILITIES, AND TRAINING (at the program level)

Table 20. Access to Trainings (N=92).		
Response	*N*	*%*
Yes	84	90%
No	9	10%

Table 21. Provider of CHW Trainings (N=84).		
Trainer Origin	*N*	*%*
Internal staff	70	83%
External organization	64	76%
Parent organization/funder	31	37%

Table 22. Training Hours Provided on an Annual Basis (N=82).		
Time	*N*	*%*
0 hours	4	5%
1-8 hours	18	22%
2-3 days	26	32%
More than 3 days	34	41%

Table 23. Annual Training Requirements (e.g., Certificate) (N=88).		
Response	*N*	*%*
Yes	51	58%
No	37	42%

Table 24. CHW Program Receives Board or Administrative Supervision (N=89).		
Response	*N*	*%*
Yes	62	70%
No	27	30%

Table 25. Training Barriers for CHW Programs (N=68).		
Barrier	*N*	*%*
Limited to no funding for training	52	76%
Lack of curriculum materials/lack of training resources/lack of competency-based training	24	35%
CHW turnover	20	29%
No barriers	18	26%
Inadequate capacity to offer training	9	13%
Limited education of CHWs	9	13%
Other	7	10%

Training barriers other - Distance/time to training location (n=6); language (n=2); In process of recruitment

Table 26. CHW Program Perceived Skills Importance Compared to Skill Set Training Provided by CHW Program.[a] *(Ranked by importance.)*

CHW Skill	*Skill Importance Level Very unimportant (1) – Very Important (6)*			*NA*	*% Providing Training (n=84)*	*Training Need Consideration*
	1 & 2	*3 & 4*	*5 & 6*			
1. Knowledge base of issues (n= 92)	24%	6%	70%	38	76%	Appears to Meet Need
2. Knowledge base of services (n= 91)	17%	17%	66%	44	73%	Appears to Meet Need
3. Topic specific certification (n= 88)	34%	20%	46%	18	46%	Appears to Meet Need
4. Teaching skills (n= 91)	16%	6%	78%	27	42%	Possible Gap
5. Organizational skills (n= 92)	16%	12%	73%	41	43%	Possible Gap
6. Group facilitation skills (n= 92)	13%	16%	70%	31	58%	Possible Gap
7. Data reporting/technology skills (n= 92)	12%	19%	70%	23	50%	Possible Gap
8. Services coordination skills (n= 90)	19%	14%	67%	33	42%	Possible Gap
9. Capacity building skills (n= 92)	16%	22%	63%	41	38%	Possible Gap
10. Statistical analysis skills (n= 92)	23%	41%	36%	12	18%	Possible Gap
11. Cultural awareness and cultural competency (n= 90)	25%	6%	69%	54	83%	>50% of respondents said N/A
12. Communication skills (n= 91)	29%	6%	66%	56	67%	>50% of respondents said N/A
13. Confidentiality skills (n= 92)	42%	0%	58%	68	73%	>50% of respondents said N/A
14. Advocacy skills (n= 92)	29%	19%	52%	50	69%	>50% of respondents said N/A
15. Building rapport (n= 92)	34%	21%	45%	63	58%	>50% of respondents said N/A

[a] Survey did not assess specific quality or length of training provided.

D. FUNDING, COMPENSATION, RECRUITMENT, SUPERVISION, AND RETENTION (at the program level)

Table 27. Fiscal Support/Funding of CHW Programs (N=92).		
Funder	*N*	*%*
State government	55	60%
Federal government (including Medicaid/Medicare)	48	52%
Private foundation	29	32%
Local government	23	25%
Non-profit organizations	20	22%
Other	14	15%
Our CHWs are volunteers or do not receive financial support.	12	13%
Insurance companies	2	2%

Financial support other - Individual donors support (n=3); United Way; Grant Funds (n=2); Fund raising (n=2); Hospitals (n=2); Partnering organizations; Unrestricted funds; Faith Community; The AAA

Table 28. Financial Compensation Methods for CHW Programs (N=91).		
Payment Method	*N*	*%*
Annual salary with benefits	38	42%
Hourly salary	36	40%
Stipend or lump sum	*22*	24%
Volunteer (they do not receive any monetary compensation, including gift cards and/or incentives)	21	23%
Reimbursement for travel	20	22%
Gift cards/incentives	9	10%
Other	5	5%
Annual salary without benefits	4	4%

Payment other – Memos of Understanding (n=2); Hourly salary with benefits; contract; Scholarships

Table 29. Manager Response: Do CHWs Have Additional Source(s) of Income (N=92).		
Response	*N*	*%*
Don't Know	37	40%
None	31	34%
Other part-time work	19	21%
Other full-time work	5	5%

Table 30. Recruitment Methods Used by CHW Programs (N=96).		
Method	*N*	*%*
Recommendations from Others	78	60%
Targeted Solicitation	37	28%
Online/social media	21	16%
Paid Advertisements (e.g., Flyers/Posters/Brochures)	11	8%
We have no formal recruitment efforts	9	7%
Other	3	2%

Recruitment method other - Service learning programs (n=2); Faith communities connection

Table 31. Hours of Supervision Provided on a Weekly Basis by CHW Programs (N=95).		
Time	*N*	*%*
Less than 1 hour	14	15%
1-2 hours	43	45%
2 -4 hours	15	16%
5+ hours	15	16%
Other	8	8%

Hours of supervision Other - these volunteers may volunteer their services 1-2 times a month; none; provided before & during workshop; when needed; Monthly meetings and ongoing support; none, unless they are coordinating or leading a workshop; none

Supervision Problems Presented by Opened Ended Response Themes (N=66)

1. Scheduling/availability of CHWs (n=17)
2. Limited time to properly supervise and support staff (n=14)
3. None/Not Applicable (N=12)
4. Lack of internal coordination/support/awareness to maximize shared/overlapping work (n=6)
5. Limited Funding CHWs (n=5)
6. Lack of data collection skills (n=5)
7. Transportation (n=3)
8. Limited knowledge and experience in the program they lead (n=3)
9. Lack of self-care and mini-burn outs are common (n=3)
10. Retention (n=4)
11. Maturity/Lack of boundaries with client population (n=3)
12. They are volunteers so they are not obligated to continue with the program (n=2)
13. Just starting (n=2)
14. Language barrier (n=2)
15. Capacity Building / Training (n=3)
16. Adhering to the program requirements (n=2)
17. Don't Know (n=2)
18. Low pay

Table 32. Sufficient Time for Supervision Across CHW Programs (N=97).		
Response	*N*	*%*
Yes	88	91%
No	9	9%

Table 33. Retention Time for CHW Programs (N=89).		
Time	*N*	*%*
Less than 6 months	3	3%
6-11 months	5	6%
1-4 years	47	53%
5-10 years	31	35%
Greater than 10 years	3	3%

Table 34. Retention Methods Used by CHW Programs (N=87).		
Retention Method	*N*	*%*
Target dedicated passionate individuals	65	75%
Financial incentives/ payments/benefits	40	46%
Realistic job preview	38	44%
Professional development (e.g., providing Continuing Education Units [CEUs], school credit)	36	41%
Recognition ceremonies/certificate of appreciation	26	30%
Other	11	13%

Retention methods other - Positive and flexible work environment (n=3); Not sure (n=2); summer internship; contracts with host agencies; Continuous empowerment of CHWs; participation in the larger process

E. CHALLENGES, BENEFITS AND EVALUATION/MONITORING OF CHWS (at program level)

Table 35. Retention Challenges of CHW Programs (N=85) ***average number of challenges per program 7.9 (1.6)***				
Challenge	*Not Applicable*	*Never (1) to Sometimes (3)*	*Often (4) to Frequently (6)*	*Avg*
Lack of stable funding	21%	30%	49%	4.0
Lack of public understanding of the benefits of CHWs	10%	37%	53%	4.0
Shortage of qualified applicants	9%	38%	54%	3.8
Turnover	8%	46%	46%	3.5
CHW services not being reimbursable	7%	53%	40%	3.2
Inadequate staff time supervising CHWs	0%	63%	37%	3.3
Lack of training resources	0%	62%	38%	3.3
Inadequate skill/experience supervising CHWs	0%	72%	28%	3.1
Mistrust/competition from other health care workers	2%	65%	33%	3.0

Table 36. Benefits of CHW Programs (N=88).		
Benefit	*N*	*%*
Success on reaching hard to reach target populations	70	80%
Improved health outcomes	69	78%
Reduced healthcare costs	45	51%
Cost savings for your organization (e.g., personnel costs)	44	50%
Increased medication and treatment regimen adherence	34	39%
Other	8	9%

Benefits of CHW Programs other - building a population of empowered survivors in our community; indirectly improved health outcomes by creating access; access to healthcare services and disease prevention; prepares young people from diverse populations to go into healthcare for the long-term; public awareness of the issue and specific knowledge of how to keep children safe; building a population of empowered survivors in our community.

CHW Contributions for Accomplishments (N=43)

1. Their work is invaluable/can't be done without them (n=7)
2. Assist in reaching difficult populations (n=7)
3. Reached more people with less staff (n=7)
4. They are trusted, respected (n=7)
5. Indirectly improved health outcomes by creating access to primary care (e.g., enrollment, referrals) (n=6)
6. Bridge connections across community and organization(s) (n =6)
7. Successful outcomes of programs (n=6)
8. Share skills and/or knowledge (n=5)
9. Organizational guidance (n=2)
10. Recruitment (n=2)
11. Fundraising
12. Available 24/7/365
13. Not Applicable (n = 2)

Table 37. Evaluation/Monitoring Methods Used by CHW Programs (N=88).		
Method	*N*	*%*
Number and type of patients served	59	67%
Satisfaction survey/assessment from clients	57	65%
Tracking impact and/or outcomes (e.g. tracking referrals)	53	60%
Performance evaluation	48	55%
Summarizing, analyzing and reporting on impact/outcomes	43	49%
Satisfaction survey/assessment from CHWs	16	18%
Cost savings	8	9%
Other	2	2%

Evaluation Monitoring other - Program has not started yet (n= 2)

Additional Evaluation/Monitoring Information

37% of the responding CHW Programs reported willing to provide additional information for evaluation/monitoring methods.

A. N.C. Community Health Worker Program Inventory Survey Introduction

This survey will collect program-specific information; therefore respondents for this survey should include only direct supervisors/managers of CHW programs. This survey is not designed to collect information from CHWs directly, but rather from their supervisors. The NC DHHS CHW committee recognizes that within organizations there may be multiple programs that use CHWs. If you supervise CHWs, please complete the survey, providing responses for each program you supervise. If you do not supervise CHWs, please do not complete the survey; however, you may forward this link to a CHW supervisor/manager.

For this survey, the term "Community Health Worker" (or CHW) is defined as follows:

> *A CHW is a frontline worker who is a trusted member of, and/or has an unusually close understanding of, the community served. This trusting relationship enables the CHW to serve as a link between health/social services and the community in order to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW will often share ethnicity, language, socioeconomic status and life experiences with the community members s/he serves.*
>
> *A CHW also builds capacity at the individual and community level by increasing health knowledge and self-sufficiency through a range of activities. A CHW provides culturally appropriate health education and information and may provide:*
> - *Interpretation and translation services;*
> - *Assistance to people in receiving the care they need;*
> - *Informal counseling and guidance on health behaviors;*
> - *Advocacy for individuals and community health needs; and*
> - *Some direct services such as first aid and blood pressure screening.*
>
> *A CHW is a lay member of the community who works, either for pay or as a volunteer, in association with the local health care system and public health system in both urban and rural environments.*

1. Please indicate to what degree you agree with this definition of a Community Health Worker.

Strongly Disagree	*Disagree*	*Neither Agree nor Disagree*	*Agree*	*Strongly Agree*
○	○	○	○	○

2. Why do you agree or disagree? Is there anything missing from this definition?

_____

_____

Your program may use one of the following terms for a Community Health Worker (CHW). CHWs are not required to have licenses.

- Adult Day Health Program Assistant
- Community Health Advocate
- Community Health Promoter
- Home Visitor/Support Worker
- Lay Leader
- Patient Advocate
- Peer/Teen Educator
- Coach
- Community Health Aide
- Direct Support Professional
- Lay Health Advisor
- Outreach Specialist
- Patient Navigator
- Promotores(as)
- Community Health Advisor
- Community Health Representative
- Helper/Supporter
- Lay Health Educator
- Outreach Worker
- Peer Counselor
- Public Health Aide

3. If your program uses a different term for a CHW, please provide it here:

_____

_____

B. Respondent Information

4. Please provide the following:

Your Name and Title: _____

Your Email Address: _____

Your Phone Number: (###)-###-#### _____

Name of Your Organization: _____

Name of Department or Division (within Organization) where your program exists: _____

5. What sector best represents the organization where your program exists?

- ○ Nonprofit
- ○ Local Agency/Department
- ○ Clinic and/or Federally Qualified Health Center (FQHC)
- ○ Hospital
- ○ Community-based Organization
- ○ State Agency/Department
- ○ Tribal Government/Organization
- ○ Local Management Entity/Managed Care Organization
- ○ Faith-based Organization
- ○ Other – please specify _____

6. Considering the definition of a Community Health Worker described earlier in this survey, do any of the programs you oversee currently use CHWs (paid or volunteer) to support its efforts?

○ Yes ○ No

If Yes, ➔ skip to Question 9. If No, ➔ proceed to question 7 and 8, then survey end.

7. How likely is it that you may use CHWs in the future?

- ○ Very Likely
- ○ Likely
- ○ Somewhat Likely
- ○ Somewhat Unlikely
- ○ Unlikely
- ○ Very Unlikely
- ○ Don't Know

8. To help us create a comprehensive list of CHW programs in North Carolina, please share <u>names</u> and/or <u>contact information</u> for other Programs that use and/or Staff that supervise CHWs. We will use the information you provide to send additional links to this NC Program Inventory for Community Health Workers survey.

_____

_____

_____

<u>Note</u>: Survey ended here for respondents who skipped to Questions 7 and 8.

9. Please provide the names of programs that you supervise/coordinate:

CHW Program # 1 _____ CHW Program # 6 _____

CHW Program # 2 _____ CHW Program # 7 _____

CHW Program # 3 _____ CHW Program # 8 _____

CHW Program # 4 _____ CHW Program # 9 _____

CHW Program # 5 _____ CHW Program # 10 _____

For each of the programs that you have identified in Question 9, please answer the following set of questions. You will be prompted to complete questions 10-46 for each of the programs you identified.

> *Note: This survey was administered using an online survey tool, allowing for questions to be repeated if respondents identified multiple programs in Question 9.*

C. Scope of CHW Services (at the program level)

The following questions are specific to, and repeated for, each of the program names entered for Question 9. If multiple programs were entered for Question 9, questions 10-46 are repeated for each program.

10. Please indicate how many CHWs, both paid and volunteer; and full time (FT) and/or part time (PT); are involved in your program.

	# Full-time	# Part-time
# of paid CHWs		
# of volunteer CHWs		

11. How long has your program used CHWs?

Number of Months	
Number of Years	

12. Please indicate your program's overall purpose(s). Select all that apply.

- ○ Access to care/services
- ○ Community development
- ○ Direct care or services and supports
- ○ Primary prevention (i.e., protection from developing disease)
- ○ Secondary prevention (i.e., halt/slow progression of disease/limit long term effect)
- ○ Tertiary prevention (i.e., minimize the negative effects of disease and prevent disease-related complications)
- ○ Other – please specify _____

13. What general health topics/issues are addressed by the work of CHWs supporting your program? Select all that apply.

- ○ Alcohol/substance use disorder prevention and treatment
- ○ Acquired/physical or developmental disability
- ○ Chronic Health Conditions:
  - ○ Asthma
  - ○ Cancer
  - ○ Cardiovascular Disease
  - ○ Diabetes
  - ○ Sickle Cell Disease
  - ○ Other – please specify _____
- ○ Oral health
- ○ Older adult health (e.g., Alzheimer's, Osteoporosis, Falls Prevention, Arthritis)
- ○ Environmental health
- ○ Physical activity
- ○ Nutrition
- ○ Weight loss
- ○ Tobacco cessation
- ○ HIV/AIDS prevention
- ○ Immunizations
- ○ Intentional injury prevention or control:
  - ○ Assault (e.g., Physical Violence, Child Abuse, Maltreatment, Sexual Violence)
  - ○ Sports
  - ○ Falls
  - ○ Burns
  - ○ Other – please specify _____
- ○ Unintentional injury prevention or control:
  - ○ Motor Vehicle
  - ○ Self-inflicted/Self-Harm
  - ○ Other – please specify _____
- ○ Maternal and child health:
  - ○ Breastfeeding
  - ○ Low birth weight
  - ○ Infant health
  - ○ Prenatal care
  - ○ Secondhand smoke prevention
- ○ Mental health
- ○ Occupational health
- ○ Sexual/reproductive health (e.g., family planning)
- ○ Other – please specify _____

14. For each item on the following list of CHW services/activities provided, please indicate if CHWs supporting your program provide the service (Yes/No):

		Yes	No
a.	Support medication adherence	O	O
b.	Support positive health behaviors	O	O
c.	Provide informal counseling	O	O
d.	Facilitate access to medical services (e.g., doctor/clinic visits)	O	O
e.	Facilitate access to social services (e.g., housing, nutritional assistance, referrals)	O	O
f.	Organize group education and social support	O	O
g.	Visit homes to help with daily routine	O	O
h.	Provide health promotion and education	O	O
i.	Conduct outreach and enrollment	O	O
j.	Support community advocacy and organizing	O	O
k.	Provide interpretation and translation services	O	O
l.	Provide transportation	O	O
m.	Assess home environment for appropriate living situation for healthy behaviors and outcomes	O	O
n.	Other – please specify _____	O	O

15. Do your CHWs provide referral services?

O Yes O No

If No, ➔ skip to question 17

16. Which types of referrals do your CHWs provide? Select all that apply.

O Mental Health
O Health Care
O Dentist
O Non-Medical (e.g., food stamps, housing, employment)
O Other – please specify _____

17. Please indicate the population group(s) reached by CHWs supporting your program. Select all that apply.

Race or Ethnicity

O American Indian/Alaska Native
O Asian American
O Black or African American
O Caucasian
O Hispanic or Latino
O Native Hawaiian or Other Pacific Islander
O No specific race/ethnicity
O Other – please specify _____

Age groups

O 0 – 10 years
O 11 – 18 years
O 19 – 64 years
O 65+ years
O No specific age

Question 17 continued next page

Other population groups

- ○ Pregnant women
- ○ Men
- ○ Women
- ○ Gay, Lesbian, Bisexual, and/or Transgender
- ○ Families
- ○ Children
- ○ Low income
- ○ Rural populations
- ○ People with disabilities
- ○ People with mental health needs
- ○ People with substance use disorders
- ○ People for whom English is not their first language
- ○ Farmworkers and families
- ○ Homeless
- ○ Uninsured
- ○ Other – please specify _____
- ○ No specific population group

18. Do CHWs working for your program <u>speak the languages</u> of those they serve?

○ Yes ○ No ○ Mixed – some of our CHWs speak the language of those they serve, whereas others may not

If No, ➔ skip to question 20

19. Which <u>language(s)</u> do CHWs use to communicate with clients? Select all that apply.

- ○ English
- ○ French
- ○ Chinese
- ○ American Sign Language
- ○ Spanish
- ○ Vietnamese
- ○ Tagalog
- ○ Hmong
- ○ Native American Tribal language
- ○ Other – please specify _____

20. Please indicate the <u>geographic reach</u> that best describes the location where your CHWs conduct their work.

- ○ Single Town/City
- ○ Single County
- ○ Region (e.g., multiple counties)
- ○ Statewide

21. Please select the most common settings where your CHWs interact with their clients/participants. Select all that apply.

- ○ Clinical Settings (e.g., Behavioral health center, Private clinic, Free clinic, Public health clinic, Mobile unit, Hospital, Health maintenance organization, Local Management Entities/Managed Care Organizations)
- ○ Community Settings (e.g., Community Health Center, Libraries, YMCAs, School, Parks and recreation centers, Senior Centers, Teen Centers, Community Health Center, Faith-based organization)
- ○ Host/client Worksite Settings
- ○ Housing Units (e.g., CHW's home, Client's home, Long-term care facility, Public housing unit, Shelters, Homeless, Migrant camp)
- ○ Other – please specify _____

22. On an annual basis, how many unduplicated individuals do all of your CHWs supporting this program reach?

- ○ 0-100 individuals
- ○ 101-500 individuals
- ○ 501-1000 individuals
- ○ 1001+ individuals

D. CHW Skills, Abilities, and Training

23. How important is it for CHWs to have the following skills and abilities for the work they do for your program? For each response category, please select from 1 to 6, with 1 being 'Very Unimportant' and 6 being 'Very Important'. Please select "Not Applicable" if the skill or ability does not pertain to your program.

	Very Unimportant					*Very Important*	*N/A*
a. Advocacy skills – ability to "speak up" for patients and communities to overcome barriers, act as intermediary with bureaucracy	1	2	3	4	5	6	○
b. Building rapport counseling & relationship building skills – ability to provide support and set appropriate boundaries	1	2	3	4	5	6	○
c. Capacity-building skills – empowerment skills; leadership skills; influence communities and individuals to change behavior and take more control of their own health	1	2	3	4	5	6	○
d. Communication skills – ability to listen, use oral & written language confidently	1	2	3	4	5	6	○
e. Confidentiality skills – ability to keep matters private, comply with HIPAA (Health Insurance Portability and Accountability Act) laws	1	2	3	4	5	6	○
f. Cultural awareness and cultural competency	1	2	3	4	5	6	○
g. Data reporting/technology skills – ability to enter data, update records, use email, phone, texts, Skype and/or other social media and technologies	1	2	3	4	5	6	○
h. Group facilitation skills – ability to facilitate conversation and manage group communication	1	2	3	4	5	6	○
i. Knowledge base of issues – understanding of health issues (e.g., AIDS, cancer, domestic violence, COPD)	1	2	3	4	5	6	○

Question 23 continued next page

	Very Unimportant					*Very Important*	*N/A*
j. Knowledge base of services – understanding the basic medical, health, behavioral health, and/or social services	1	2	3	4	5	6	O
k. Organizational skills – ability to set goals and develop an action plan, manage time, keep records	1	2	3	4	5	6	O
l. Service coordination skills – ability to identify & access medical and social services resources; network & build coalitions; make and follow-up on referrals	1	2	3	4	5	6	O
m. Statistical analysis skills—ability to use computerized systems to assess and analyze data	1	2	3	4	5	6	O
n. Teaching skills – ability to share information, respond to questions & reinforce ideas, adapt methods to various audiences	1	2	3	4	5	6	O
o. Topic-specific certification (e.g., Certification for Substance Abuse Prevention Consultant, CPRP)	1	2	3	4	5	6	O
p. Other – please specify _____	1	2	3	4	5	6	O

24. Do CHWs in your program have access to <u>regular training</u>?

O Yes O No

If No, ➔ skip to question 28

25. Who <u>provides this training</u>? Select all that apply.

O Internal staff
O Parent organization/funder
O External organization

26. What kinds of <u>skills or educational trainings</u> are provided to CHWs supporting your program? Select all that apply.

O Advocacy skills
O Building rapport
O Capacity-building skills
O Communication skills
O Confidentiality skills
O Cultural awareness and cultural competency
O Data reporting/technology skills
O Group facilitation skills
O Knowledge base of issues
O Knowledge base of services
O Organization skills
O Service coordination skills
O Statistical analysis skills
O Teaching skills
O Topic-specific certification (e.g., Certification for Substance Abuse Prevention Consultant, CPR)
O Other – please specify _____

27. How many hours of training do your CHWs receive on an annual basis?

- ○ 0 hours
- ○ 1-8 hours
- ○ 2-3 days
- ○ More than 3 days

28. Do your CHWs have an annual training requirement?

- ○ Yes, please specify: _____
- ○ No

29. Is there a coalition, board or parent organization that guides, provides advice, oversees or monitors the work of the CHW practices for your program?

- ○ Yes, please specify the name of the coalition/board: _____
- ○ No

30. What barriers has your program encountered regarding training(s) for CHWs? Select all that apply.

- ○ Lack of curriculum materials/lack of training resources/lack of competency-based training
- ○ Limited to no funding for training
- ○ Inadequate capacity to offer training
- ○ Limited capacity to offer training
- ○ Limited education of CHWs
- ○ CHW turnover
- ○ Other – please specify _____
- ○ No barriers

E. Funding of CHWs, Compensation, Recruitment, and Retention

31. Please identify where your program receives financial support for its CHWs. Select all that apply.

- ○ Our CHWs are volunteers or do not receive financial support.
- ○ Federal government (including Medicaid/Medicare)
- ○ State government
- ○ Local government
- ○ Insurance companies
- ○ Private foundation
- ○ Non-profit organizations
- ○ Other – please specify _____

32. To what degree do CHWs supporting your program receive payment for their services?

- ○ Volunteer (they do not receive any monetary compensation, including gift cards and/or incentives)
- ○ Paid. They are paid as follows (select all that apply):
  - ○ Annual salary with benefits
  - ○ Annual salary without benefits
  - ○ Hourly salary
  - ○ Gift cards/incentives
  - ○ Reimbursement for travel
  - ○ Stipend or lump sum
  - ○ Other – please specify _____

33. To the best of your knowledge, please indicate to what degree, on average, CHWs supporting your program have additional sources of income (beyond their CHW work).

- ○ None
- ○ Other part-time work
- ○ Other full-time work
- ○ Don't Know

34. What have been the most successful methods for recruitment of CHWs? Select all that apply.

- ○ We have no formal recruitment efforts
- ○ Paid Advertisements (e.g., Flyers/Posters/Brochures)
- ○ Online/social media
- ○ Referrals/Recommendations from Others (e.g., friends, family, other agencies/providers, clients, word-of-mouth, religious leaders, other CHWs)
- ○ Targeted Solicitation
- ○ Other – please specify _____

35. On average, how many hours of supervision (e.g., guidance, technical support) does each CHW receive every week?

- ○ Less than 1 hour
- ○ 1-2 hours
- ○ 2-4 hours
- ○ 5+ hours
- ○ Other – please specify _____

36. Do you consider this amount of supervision to be enough time for CHWs to be effective in their work for your program?

○ Yes ○ No

If Yes, ➔ skip to Question 38

37. How much would be enough time? _____

38. Please list up to three problems you face, if any, with supervising CHWs in your program.

_____

_____

_____

39. What is the average amount of service time that CHWs supporting your program remain working with the program?

- ○ Less than 6 months
- ○ 6-11 months
- ○ 1-4 years
- ○ 5-10 years
- ○ Greater than 10 years

40. What have been the most successful methods of retention of CHWs supporting your program? Select all that apply.

- ○ Financial incentives/payments/benefits
- ○ Professional development (e.g., providing Continuing Education Units [CEUs], school credit)
- ○ Recognition ceremonies/certificate of appreciation
- ○ Realistic job preview (RJP) (e.g., method to help prospective employees get a realistic understanding of the work they would be doing prior to the offer of a position)
- ○ Target dedicated, passionate individuals
- ○ Other – please specify _____

F. Challenges, Benefits, and Evaluation/Monitoring of CHWs

41. To what degree have you encountered the following challenges when trying to utilize CHWs in your program? (For each response category, please select from 1 to 6, with 1 being 'Never' and 6 being 'Very frequently').

		Never					*Very Frequently*	N/A
a.	Lack of stable funding	1	2	3	4	5	6	○
b.	Inadequate skill/experience supervising CHWs	1	2	3	4	5	6	○
c.	Inadequate staff time supervising CHWs	1	2	3	4	5	6	○
d.	Mistrust/competition from other health care workers	1	2	3	4	5	6	○
e.	CHW services not being reimbursable	1	2	3	4	5	6	○
f.	Lack of training resources	1	2	3	4	5	6	○
g.	Turnover	1	2	3	4	5	6	○
h.	Shortage of qualified applicants	1	2	3	4	5	6	○
i.	Lack of public understanding of the benefits of CHWs	1	2	3	4	5	6	○
j.	Other – please specify and rate degree: _____	1	2	3	4	5	6	○

42. What benefits do you perceive CHWs have contributed to your program? Select all that apply.

- ○ Cost savings for your organization (e.g., personnel costs)
- ○ Improved health outcomes
- ○ Increased medication and treatment regimen adherence
- ○ Reduced healthcare costs
- ○ Success on reaching hard-to-reach target populations
- ○ Other – please specify _____

43. Describe how CHWs may have contributed to your program's major accomplishments.

_____

_____

_____

44. Please select the types of evaluation/monitoring that your CHW program conducts. Select all that apply.

- ○ Tracking impact and/or outcomes (e.g. tracking referrals)
- ○ Summarizing, analyzing and reporting on impact/outcomes
- ○ Performance evaluation
- ○ Satisfaction survey/assessment from CHWs
- ○ Satisfaction survey/assessment from clients
- ○ Number and type of patients served
- ○ Cost savings
- ○ Other – please specify _____

45. Are findings of evaluations available?

- ○ Yes
  - ○ I will attach a copy of evaluation materials below.
  - ○ Please contact me to receive a copy of evaluation materials.
- ○ No, findings of evaluations are not available

46. If available, please upload a copy of your program evaluation materials.

Note: this survey was originally administered on-line, allowing respondents to upload files.

47. To help us create a comprehensive list of CHW programs in North Carolina, please share names and/or contact information for other programs that use and/or staff that supervise CHWs (e.g., CHW manager name, email address, CHW program name). We will use the information you provide to send additional links to this NC Program Inventory for Community Health Workers survey.

_____

_____

_____

Thank you for your participation!

We look forward to using this information to inform the *2015 North Carolina Program Inventory for Community Health Workers.*

48. Please use the space below to share any additional ideas, thoughts, or concerns about Community Health Workers in North Carolina or about this survey.

_____

_____

_____

The following table summarizes the organizations (in alphabetical order) that responded to the 2015 NC CHW Program Inventory, including organization name, department name, and program name(s).

Organization Information (n=56)		**Program Name(s) (n=131)**
Organization Name (alpha order)	*Department Name*	*CHW Program Name(s)*
1. Alliance Behavioral Healthcare	Clinical Operations	1.1 Transition to Community Living
2. Anson County Domestic Violence Coalition, Inc.	n/a	2.1 Domestic Violence
		2.2 Sexual Assault
3. Beaufort County-Pantego Community Center	Growing A Fit Community	3.1 Growing A Fit Community
4. Bladen County Division on Aging	Bladen County Division on Aging	4.1In Home Aide Level I
		4.2 Nutrition Programs
		4.3 Senior Center
5. Blue Ridge Community Health Services	Outreach Department	5.1 Migrant and Seasonal Farmworker Outreach
		5.2 Outreach and Enrollment
6. Buncombe County HHS	Administration	6.1 Community Service Navigators
7. Carolina Family Health Center	Affordable Care Act	7.1 Affordable Care Act
		7.2 Latino Outreach Program
8. Carolinas HealthCare System	Faith Community Health Ministry/Community Benefit	8.1 Faith Community Health Ministry
		8.2 Latino Health Promoters
9. Carteret County Domestic Violence Program, Inc	Administration	9.1 Translation services for Domestic Violence Victims
10. Carteret County Rape Crisis Program	County Agency, Department unto itself	10.1 Rape Crisis Program
11. Chatham County Public Health Department	Community & Family Health Connections	11.1 Focus on Fathers Outreach Worker
12. Children and Youth Branch	NC Division of Public Health	12.1 Health Check/Health Choice Outreach
		12.2 Help Line for Children with Special Health Care Needs
13. Cleveland County Abuse Prevention Council, Inc.	Director	13.1 Services for homeless women and children
		13.2 Services for Victims of Domestic Violence
		13.3 Services for Victims of Sexual Assault
		13.4 Supportive Housing for Homeless Women and Children
14. Community Care of Wake and Johnston Counties	Living Healthy	14.1 Chronic Disease Self-Management
		14.2 Chronic Pain Self-Management
		14.3 Diabetes Self-Management
15. Community Health Interventions and Sickle Cell Agency, Inc.	Prevention Services	15.1 Healthy Relationships
		15.2 OMH CAUSE Project
		15.3 SAC Project
		15.4 Safe Space
16. Domestic Violence and Rape Crisis Center of Scotland County	N/A	16.1 Direct Victims Services
17. Duke University Health System	Dept of Community and Family Medicine; Division of Community Health	17.1 Northern Piedmont Community Care network
18. El Pueblo, Inc.	N/A	18.1 Grupo de Fortalecimiento
		18.2 HoMBReS
		18.3 Lideres de Salud
19. Families First Inc. - Domestic Violence and Sexual Assault Shelter and Services	community outreach	19.1 Domestic Violence Advocacy
		19.2 Sexual Assault Advocacy
20. Greene County Health Care	Outreach and Enrollment	20.1 Outreach and Enrollment
	Outreach	20.2 Outreach
21. HAVEN in Lee County	Shelter	21.1 Community Education
		21.2 Crisis Line
		21.3 Direct Services
		21.4 Shelter

Organization Information (n=56)		**Program Name(s) (n=131)**
Organization Name (alpha order)	*Department Name*	*CHW Program Name(s)*
22. Haywood County Health and Human Services	Health Services	22.1 Pregnancy Care Management
	Breast Care Navigation	22.2 Breast Care Navigator Program
23. Healing with CAARE Inc.	Healthcare	23.1 Cancer
		23.2 Chronic Disease Self-Management
		23.3 Diabetes
		23.4 HIV
		23.5 Hypertension
		23.6 Obesity
		23.7 Health Disparities
24. High Country Council of Governments	Area Agency on Aging	24.1 A Matter of Balance
		24.2 Arthritis Foundation Exercise Program
		24.3 Arthritis Foundation Walk with Ease
		24.4 Chronic Disease Self-Management
25. Interact	Personal and Economic Empowerment Program	25.1 Personal and Economic Empowerment Program
26. Isothermal Planning and Development Commission	Area Agency on Aging	26.1 Chronic Disease Self-Management
		26.2 Diabetes Self-Management
27. Kerr Tar Regional COG	Area Agency on Aging	27.1 Arthritis Foundation Exercise Program
		27.2 Chronic Disease Self-Management
		27.3 Chronic Pain Self-Management
		27.4 Diabetes Self-Management
		27.5 Matter of Balance
28. Land of Sky Regional Council	Area Agency on Aging, Region B	28.1 Building Better Balance Screenings
		28.2 Living Healthy, Chronic Disease Self- Management Program
		28.3 Matter of Balance
29. Lincoln Community Health Center	Health Care for the Homeless	29.1 Health Care for the Homeless-- CMS Innovation Grant
30. Mid-Carolina Council of Governments	Area Agency on Aging	30.1 Living Healthy CDSMP
		30.2 Living Healthy DSMP
		30.3 Matter of Balance
31. Mountain Projects, Inc.	Health Care Navigators	31.1 Board Member of Good Samaritan Clinic in Waynesville
		31.2 Health Care Navigators
	Senior and Volunteer Services	31.3 Canton Senior Center
		31.4 In Home Aide
		31.5 Maggie Valley Nutrition
		31.6 Waynesville Nutrition
32. Northern Piedmont Community Care	Duke Division of Community Health and Family Medicine	32.1 Care Management
33. Outer Banks Hotline, Inc.	Non-profit offering crisis services including DV and SA support	33.1 program outreach
		33.2 Shelter supervision
		33.3 Victim advocacy
34. Person Family Medical & Dental Center	Administration	34.1 Outreach & Enrollment Worker
35. Piedmont Triad Regional Council Area Agency on Aging	Aging	35.1 A Matter of Balance
		35.2 Living Healthy (CDSMP)
		35.3 Living Healthy w/Diabetes (DSMP)
36. Project Lazarus	RWJF Lazarus Recovery Services	36.1 Lazarus Recovery Services
37. Promise Place	Advocacy	37.1 Advocacy
		37.2 Outreach & Education
		37.3 Trauma Therapy

Organization Information (n=56)		**Program Name(s) (n=131)**
Organization Name (alpha order)	*Department Name*	*CHW Program Name(s)*
38. RAIN	Client Services	38.1 Better Health Better Life
		38.2 Chronic Disease Self-Management
		38.3 Empowering Positive Youth
		38.4 Enlaces
39. Rape Crisis Center of Robeson County	Agency	39.1 Rape Prevention and Education
		39.2 Victim Services
40. REACH of Cherokee County, Inc.	SA/DV Advocate	40.1 Domestic Violence
		40.2 Sexual Assault
41. REACH of Macon County	Prevention Education	41.1 Prevention Education
42. Rex/UNC	Cancer Outreach Programs	42.1 Brothers & Sisters Lay Health Program
43. Rocky Mount, OIC	Integrated Health Services	43.1 Affordable Care Act
		43.2 Case Management
		43.3 ITTS
44. Rural Health Group, Inc.	Women's Health Education	44.1 RHG Lay Health Advisors
45. Safe Haven of Pender, Inc.	Direct Client Services	45.1 DV/SA Empowerment Groups
		45.2 DV/SA Shelter & Services
46. SAFE in Lenoir County, Inc	DV/SA Program /Executive Director	46.1 Batterers Intervention MIT
		46.2 Greene County Outreach DV/SA Program
		46.3 Lenoir County DV/SA programs
		46.4 Shelter Program
47. SAFE, Inc. of Transylvania County	na	47.1 Crisis Services
		47.2 SafeDates
48. Sandhills Center	Care Coordination	48.1 I/DD Care Coordination
49. Shelter Home of Caldwell County, Inc.	Shelter Home of Caldwell County, Inc.	49.1 Child Advocacy Program
		49.2 Court Advocacy Program
		49.3 Sexual Assault Program Services
		49.4 Special Populations Project
		49.5 Volunteer Program
		49.6 Domestic Violence Services Program
50. Student Action with Farmworkers	Into the Fields internship & Sowing Seeds for Change fellowship	50.1 Into the Fields internship
		50.2 Sowing Seeds for Change fellowship
51. Triad Adult and Pediatric Medicine, Inc.	2 medical offices	51.1 Eligibility & Enrollment
		51.2 Referrals
52. UNC-CH	Program exists as part of the Center for Health Promotion and Disease Prevention	52.1 CHANGE Project funded by a CDC Prevention Center Grant
53. Vecinos, Inc Farmworker Health Program	Vecinos, Inc Farmworker Health Program	53.1 Vecinos
54. Wake County Medical Society Community Health Foundation	Community Focused Eliminating Health Disparities Initiative (funded through the Office of Minority Health)	54.1 Community Focused Eliminating Health Disparities Initiative
55. Wake Forest University	Health & Exercise Science	55.1 Americas Diabetes Prevention Project
		55.2 Healthy living partnerships to prevent diabetes
		55.3 La Communidad
		55.4 LIFT
		55.5 NC Healthy Living Partnerships to Prevent Diabetes
56. With Every Heartbeat is Life	Charlotte Housing Authority	56.1 With Every Heartbeat is Life