

The 2018 Tennessee Community Health Workers: A Statewide Forum

EVENT PROCEEDINGS

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Tennessee Community Health Workers: A Statewide Forum Event Proceedings

Purpose of the Forum

Forums bring interdisciplinary stakeholders together to gain shared understanding and fresh insights with open dialogue topics of mutual interest. This forum provided a mechanism for convening a group of statewide community health worker (CHW)-like roles together to discuss issues so of mutual interest and concern in a neutral setting. This document is the summary of that event.

The objectives of the forum are as follows: to define the role, benefit and impact of CHWs, provided exemplary personnel, to recognize the work of the TN Community Health Worker Collaborative, to gain statewide interest and input for a statewide association, and to establish a setting for developing, sharing and networking for CHWs and the organizations they work with.

Presenters showcased the role of CHWs, gave examples of how this role operates within the health care system throughout Tennessean, share recent data on national CHW associations and CHWs in TN, presented a call to action for CHW collaboration, networking and advocacy and gathered the needs, assets, and preferences of CHWs from across the state.

The TN Community Health Worker Collaborative

CHWs assist individuals and communities to adopt positive behaviors, conduct outreach to implement programs in the community that promote, maintain, and improve individual and community well-being. These trusted individuals provide information on available resources, provide social support and informal counseling, advocate for individuals and community needs, and provide basic services. CHWs are often from local communities, who because of shared experiences and established relationships, can see and sometimes act on social issues that are invisible to others, enabling them to serve as liaisons, links, and intermediaries between health/social services and the community. They may work in clinics, community agencies, schools, and other settings.^{1,2,3} According to the Bureau of Labor Statistics, there were 118,500 CHWs employed in the U.S. in 2016 and that number is expected to grow by 16 percent by 2026, much faster than the national average for all occupations. Projected job growth for CHWs is driven by efforts to improve health outcomes and reduce healthcare costs with a focus on teaching healthy habits and using affordable methods of available healthcare services.⁴

¹ Community Health Workers. 2017. Bureau of Labor Statistics. Retrieved Dec 8, 2017 from <https://www.bls.gov/oes/current/oes211094.htm>.

² Region IX Health Equity Council. Community Health Workers. 2009. National Partners for Action (NPA) Caucus. Retrieved Aug 1, 2018 from <http://communityhealth.npa-rhec.org/>.

³ Community Health Workers. 2017. American Public Health Association. Retrieved Dec 8, 2017 from <https://www.apha.org/apha-communities/member-sections/community-health-workers>.

⁴ [According to BLS job expected to grow at a rate of approx. 2,000 each year for the next ten years. \(16%\)
ob Outlook](#)

Event Objectives

With the aim of advancing the CHW profession in Tennessee, in September of 2016 the Meharry-Vanderbilt Alliance (MVA) began convening a group of organizations in Middle TN. This convening of CHW stakeholders has since expanded its reach to all three regions of Tennessee and become known as the Community Health Worker Collaborative. In addition to MVA, the CHW Collaborative partners include the Tennessee Department of Health, Le Bonheur Children's Hospital, Metro Public Health Department -Nashville/Davidson County, Siloam Health, Tennessee Primary Care Association, the YMCA and other organizations from across the state. The collaborative has continued to grow by connecting and informing stakeholders across the state and national through a [National Scan of CHW statewide associations](#), networking and hosting meeting to convening a need for greater education, and advocacy. The collaborative is led by a small action team that holds meetings via teleconference as needed. To date, products of the Collaborative include a national scan of the roles of community health worker statewide associations, a statewide survey on CHWs in Tennessee, and today's forum.



The planning committee members organizing the event included representatives from Clinton Associates Public Health Consulting, Le Bonheur Children's Hospital, Meharry-Vanderbilt Alliance (MVA), Nashville/Davidson County Metro Public Health Department, National Alliance on Mental Illness (NAMI) of Tennessee, Siloam Health, Tennessee Department of Health, Tennessee Primary Care Association (TCPA), Vanderbilt University Medical Center and YMCA of Middle Tennessee.

The Forum

The forum began at 9:30 am on November 2, 2018 at Saint Thomas West Hospital with registration where attendees were given a folder containing a program ([Appendix A](#)), light refreshments, and networking. At 10am, the emcee, D'Yuanna Allen-Robb of Metro Public Health Department called the event to order and overviewed housekeeping items of the event. She then introduced Elisa Friedman, MS, Director of Planning and Community Engagement at the MVA and Ted Cornelius, Vice President of Health Innovation at the YMCA of Middle Tennessee. Friedman presented a brief history of the collaborative and the definition for CHWs that mirrored the previous section of this proceeding. Cornelius followed with an overview of the goals/purpose for the day. Next, Allen-Robb introduced Barbara Clinton, MSW, Founding Director of the Maternal Infant Health Outreach Worker (MIHOW) Program and current

independent consultant for Clinton Associates Public Health Consulting. Clinton led the Radionovela segment beginning at 10:10am.

Radionovela: Who, What, & Why -- Community Health Workers

The *Who, What and Why CHWs* radionovela, written by Clinton, was a skit set in the fictional Village Green Medical Practice break room where staff members and volunteers discuss the new hiring of community health workers in the clinic ([Appendix B](#)). Ten participants were recruited to play the roles during the networking session prior to the start of the event. The radionovela gave attendees a real-life scenario of who CHWs are, what they do, and why they are impactful in the health care system.

Following the Radionovela, at 10:40am Allen-Robb introduced Jacquelyn Favours, MPH, a community engaged Program Manager at MVA. Favours presentation was entitled “A Brief on the National Scan and the Tennessee Community Health Worker Survey.”

The National Scan and TN Community Health Worker Statewide Survey

In June of 2016, the MVA, a non-profit academic organization hosted the Community RoundTable: “State of the Art” of CHWs. This meeting elucidated the communities need for a CHW advocacy body in Tennessee, which at present, does not exist. This spawned the creation of the Community Health Worker Collaborative as discussed in the background introduction.

Assessment Plan. The first work of the CHW Collaborative was to develop an assessment plan that sought to greater understand the context of the CHW role like the populations served, services provided, funding sources, professional development opportunities, challenges, and general interest for a statewide association in Tennessee. The hope was to explain and promote the value of CHWs impact on health and health costs with community voice and quality data. That information could then be used to advocate that insurers and government agencies reimburse for CHW services all whilst maintaining strong relationships with stakeholders, insurers, and policy makers.

National Scan. The first step in the actualization of the assessment plan was a National Scan of State CHW Associations that took place from June of 2017. The collaborative conducted phone interviews with 26 CHW organizations and an online survey of 34 Tennessee health

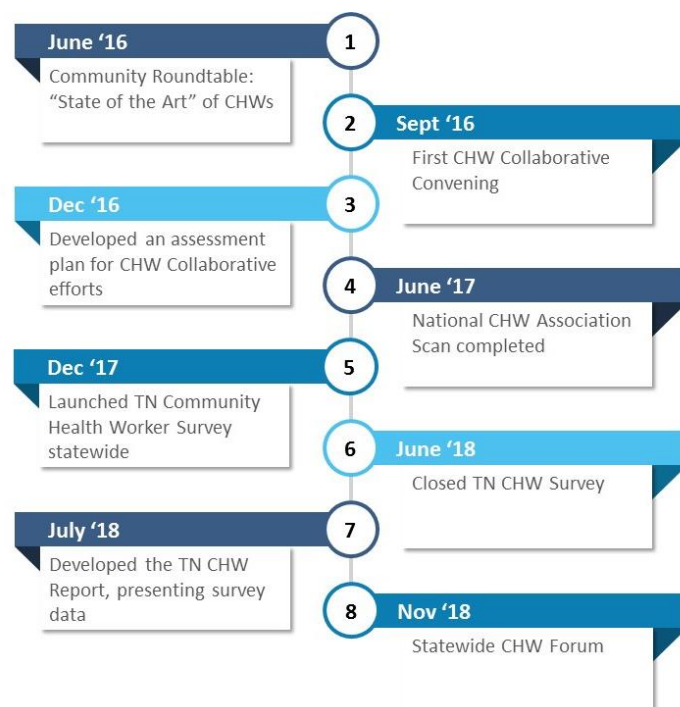


Figure 1. A timeline of the efforts of the Community Health Worker Collaborative.

agencies to gather more information on their mission, funding, stakeholders, allies, work areas, organizational structure, administrative base, and roles. At present, 32 other states have CHW Associations. The scan showed that associations provide a voice for CHWs, a source of advocacy, education, networking, support, credentialing, training, leadership development, and standards. Additionally, the national scan found that CHWs improve health outcomes by expanding healthcare accessibility, advocating for patients, and helping them with navigating health resources. These findings on CHW efficacy and methods were supported by existing literature.

Thus, an association in the state of TN could create a respected and authoritative voice for the CHW workforce that helps policy makers, insurers and the public understand the role of CHWs and their impact on health and health care costs. Some things that an association could provide opportunities to build CHW leadership including conferences, meetings, regional gatherings, CHW credentialing, training on specific health issues and research, and develop recommended curricula.

TN CHW Survey. To better understand the relationship between CHWs and Tennessee, the collaborative in partnership with Siloam Health conducted a TN Community Health Worker Survey from December 2017 to June of 2018. The survey aimed to find how widespread the use of CHWs is in TN, the titles that they are most commonly acknowledged by, the services they provide, the desire and need for an association in TN, and subsequently where that CHW advocacy org for TN should be based. Questions were developed from survey models used in Massachusetts Department of Public Health Community Health Worker Survey and iterative feedback from the collaborative. The 25-item survey was piloted at a TCCN [need full name] conference then was officially sent to a CHW contact list. From the list, the survey was distributed via collaborative members and snowball sampling. By the time the survey closed in June 2018, 67 responses were collected.

Firstly, the survey showed a wide variety in the titles CHWs are recognized by and the services CHWs provide. The most common title was “care/prevention coordinator” and services included case management, mentorship, peer education, community organizing, social support and much more. Regarding funding, most non-profit CHW associations are funded by grants. Government/state was the only sector to receive funding through Insurance reimbursement and received the widest variety of funding sources. For-profit organizations were funded solely by patient billing.

When answering questions related to the benefits of a statewide CHW in TN, respondents expressed benefits to CHWs themselves, the overall profession, and the greater community. Specifically, benefits mentioned included support, education, advocacy, and professional development for CHWs, an increase in the credibility, standards, and understanding of the profession, and facilitating more resources and connections between CHWs and community members.

Table 1. This table represents the common responses to the benefits of a statewide CHW association from the TN Community Health Worker Survey.

Benefits of a Statewide CHW Association		
Benefit to Community Health Workers	Benefit to CHW Profession	Benefit to the Community
Provides support, education, and training for CHWs	Increases the credibility of the CHW profession	Increases the resources and help available to patients and the community
Provides professional development for CHWs	Standardizes the work and the credentialing process	Bridges existing gaps in the community
Lets CHWs' voices be heard	Increases understanding of CHWs' role	Sharing models allows for greater impact
	Increases ability to advocate	Increases the number of CHWs

It is important to note two limitations of the survey. One was the low representation of East TN due to the network of the core members of the CHW collaborative being focused in the middle TN area. Additionally, there is great ambiguity around the definition of a CHW. As there are many titles by which a CHW describes themselves, some respondents may have struggled to determine whether there were in fact CHWs in their organizations as well as the diversity of the CHW role.

Based on the Tennessee Survey and the National Scan, the collaborative concluded a need for a statewide CHW association to solve problems concerning the lack of understanding the role and value of CHWs as well as the lack of training and organizational infrastructure to support CHW use. A statewide CHW in TN potentially based in the state health department or a non-profit organization to address those problems, advocate with insurers for CHW reimbursement, help policy makers understand and appreciate CHW impact, create a standardized credentialing program, and build CHW expertise and leadership skill through conferences, materials, and training.⁵

⁵ This section is based on the presentation by Jacquelyn Favours, MPH, Community Engaged Programs Manager

At approximately 11 am, Allen-Robb transitioned from the presentation to the “A Day in the Life,” a panel designed to represent the different types of CHW, identify commonalities between the panelists and the audience, and allow people to hear genuine stories on the work of CHWs.

A detailed report of the TN Community Health Worker Survey is available at www.meharry-vanderbilt.org.

Community Health Worker Panel Discussion – “A Day in the Life”

Moderator Amy Richardson, MPH, Siloam Health Community Outreach Director began by introducing the four panelists.

Panelist	Organization	Title	Unique /population Region Served
Hannah Rai	Siloam Health	Community Health Worker	Immigrant/refugee patients, uninsured, non-English-speaking; CHC; Mid TN
Raisha Montgomery	Le Bonheur – CHAMP	Community Health Worker	Health system, Faith-based partnership, West TN
Deanna “DeDe” Chrestman	Prevent Child Abuse Tennessee	Home Visitor	Rural, East TN
Sara Keel	Metro Drug Coalition	Faith-based Community Coordinator	Rural, statewide, nonprofit, children, faith-based state partnership
Moderator: Amy Richardson	Siloam Health	Community Health Director	

Table 2. This table represents the names, titles, and populations/regions served of each panelist.

In addition to questions from the audience, the panelists answered the following discussion prompts:

- Please tell us your organization, role and how you became a CHW.
- Please tell us about a success story you have had as a CHW.
- What is the main challenge you face as a CHW?
- As a CHW, what do you feel are the assets/strengths/support that help you succeed in your role?

Keynote Presentation – “We Can’t Wait”

Once the panel concluded around 11:45, Robb-Allen announced the break and “Grab Go Lunch.” Attendees were encouraged to contribute to the “CHWs are...” [community art visual](#) by

drawing something that they felt represented the day. After about fifteen minutes, Robb-Allen quieted the room and introduced founder and director of Tri County Rural, Naomi Cottoms, as the keynote speaker.

Cottom's keynote began with the first five minutes of a Vision Project film entitled "Crossroads – Rural Health Care in America." The documentary is described as a look into the lives of the doctors, nurses, community organizers, and patients who are a part of a solution to the complex issues surrounding quality of healthcare in rural communities (<https://vimeo.com/41707329>).⁶ Cottom's followed the video with a twenty minute presentation that gave an overview of her organization, the Tri County Rural Health Network, including how and why they developed their organization. Her talk included a powerful call to action, encouraging organizing within the CHW community and imparting the urgent message: "We Can't Wait!" Cottoms concluded her talk by having the audience join her in reciting the community health worker oath:



Photo by Matt Schorr

Naomi Cottoms the founding Executive Director of Tri County Health Network of Arkansas served as the keynote speaker.

"I am, a Community Health Worker
I am, a Community Health Worker
I strive to remain honest, because my success depends on trust
I work really hard, from early morning, not ending even at dusk
I believe in service, because helping my community is a must
I always remember to love my neighbor as myself,
giving until I have nothing left
My community is the place,
to which I bring a familiar face
I work with grace and integrity,
keeping true to the service legacy.
I am, a Community Health Worker
I am, a Community Health Worker."

⁶ <https://vimeo.com/41707329>

After a round of applause, Robb-Allen thanked Cottom's and explained the Interactive Activity at 12:45pm.

Hearing From You

Table facilitators were assigned for each table and lead the group activity. One person from each table was chosen to report out. All attendees. Facilitators each took notes using a flip chart. Participants were instructed to come back together for a "flash report out" at 1:30 pm. As a group, tables answered the following questions:

- What do CHWs in TN do that is most impactful?
- What do Community Health Worker in TN most need?
- What would a coalition of Community Health Worker in TN work on?
- What resources and/or assets can be leveraged in order to progress the work of Community Health Workers in TN?

At 1:30, Robb-Allen explained a bit of competition related to the "report out". The table that took the least time to report their answers was given a prize. The "Hearing From You" activity commenced at 1:50pm with Robb-Allen thanking the participants and table facilitator.

Closing

The event concluded with a Call to Action by Consuelo Wilkins, MD, MSCI, Director of the Meharry-Vanderbilt Alliance. Dr. Wilkins impressed upon the audience a need to support one another and to continue to fight for a seat at the table for CHWs. Upon conclusion, Robb-Allen thanked Wilkins, the planning committee, the panelists, presenters, and attendees. She encouraged people to fill out evaluations upon exit and wished everyone safe travels home.

The Feedback

The written feedback from each table was collected and summarized. In addition, each attendee was encouraged to complete an event evaluation ([Appendix C](#))

Event Evaluation

Of the 96 attendees, 73 returned evaluations. Geographically, attendees represented 38 zip codes throughout Tennessee. They spanned 12 counties, some statewide and even a few working nationally. Although many attendees were from the Middle Tennessee area, East TN and West TN were represented. Regarding roles, 40% of attendees identified as CHWs, 17% as CHW supervisors, and the remainder hired CHWs or were consultants, supporters, community health nurses, or researchers. In order of most represented, sectors spanned from community-based organizations/nonprofits (37%), health care organizations (27%), government (12%),

“Other” including as health department or managed care organizations (18%), and academia (5%).

Highlights. Overall, evaluations suggest a positive, energizing impact of the forum. An overwhelming majority of people found the forum helpful, informative and hoped for a similar convening to be conducted in the future. Some of the highlights of the day included the inspirational keynote from Ms. Cottoms, the panelist of CHWs, and the radionovela. Many remarked the additional perspective that Ms. Cottoms’ could provide as she was out of state. Additionally, they felt her call-to-action was timely and invigorating. Furthermore, there was a general appreciation for real-world examples of CHW’s work in the community. People enjoyed the opening video and thought the radionovela was an excellent educational tool. However, one suggested there be more male voices in the room, perhaps via a panelist. Attendees also enjoyed the light, friendly tone offered by the emcee D’Yuanna Robb-Allen and appreciated the networking opportunities. There were a few suggestions for more structured networking like assigning groups to ensure that people from the same organization weren’t sitting together and to ensure that there could be more of a statewide perspective. Another idea was to do a business card swap. Other positives were the organization of the agenda and the timely manner of the events execution. Overall, respondents praised the sense of enthusiasm, engagement, and energy of the program and left with a deeper understanding of the value of CHWs.

Suggestions for improvement regarded the transfer of information between attendees. More specifically, there were ideas like having a designated resource sharing table, more networking time, and developing a directory of services that give insights for the work that CHWs do, like a newsletter. Another suggestion was to have more time for questions from the audience and more interactive/group activity time. Additional suggestions, some suggested diving deeper via: follow-ups with attendees to see if their partners or other organizations in the community would like to be engaged in the next effort, working together to develop more and stronger action steps, and looking further into what other state associations are doing. Others mentioned engaging state legislatures, payors, and litigators so that they could learn from frontline experiences.

Interactive Feedback

One of the most frequently cited highlights of the day was the interactive activity. In response to the question: “What work do CHWs in TN do that is most impactful?” there were numerous responses centered around education, advocacy, addressing health equity, connecting, cultural competency, and leading with care. Attendees surmised that CHWs empower patients and families through education, addressing the social determinants of health, helping to bridge the gaps/meet people where they are, and do so in a way that prioritizes compassion, honesty, and trust.

The next question “What do CHWs in TN need to be effective?” yielded urgent responses. The overall themes surrounded a need for collaboration, data/evidence of impact,

comprehensive information sharing, resources, advocacy, standardized training, and funding. People mentioned the need for more collaboration between programs, policymakers, high-level administrators, and just a general seat at the table. On trend, people felt a greater need for acceptance, respect, and support in order to sustain the role. Ideas on how to do so centered around a need to track data showing the value of CHWs on patient outcomes and system savings. Many mentioned that an association could achieve those goals.

On the theme of resources, another question asked: “What resources and/or assets can be leveraged to advance the work of CHWs in TN?” A major theme of the responses centered around knowledge sharing whether it was between insurance-funding opportunities, peer support, the work of the collaborative, or geographic connections across the state. People felt there was a greater need for professionalism and cultural competency training, more connections with external partners and the service/healthcare community, faith community, and existing community groups. Many responses suggested a need for insurance companies, legislators, policy makers, and government organizations’ support. Similarly, a map or database of tools, contacts, training opportunities and other resources was suggested.

Conclusion

As a disclaimer, proceedings of a Workshop-in Brief was prepared by Amber Acquaye as a factual summary of what occurred at the workshop. The statements made are those of the rapporteur, individual workshop participants and do not necessarily represent the views of all workshop participants, the planning committee, or their respective organizations.

The CHW Collaborative planning committee is solely responsible for organizing the forum, identifying topics, and choosing speakers. The responsibility of the published Proceedings of a Workshop-in Brief rests with the rapporteur and the institution.

Special Thanks and Acknowledgements

- To the Financial Sponsors of the Statewide Forum: [Meharry-Vanderbilt Alliance](#), [Vanderbilt Health Affiliated Network](#) and [YMCA of Middle Tennessee](#).
- To Matt Schorr for the photo images used within this document.
- For additional information regarding the forum, please visit: <https://www.vumc.org/meharry-vanderbilt/all-news-community-engagement-news/innovative-statewide-forum-brings-together-community-health>

Appendix A: Event Program Agenda

PROGRAM

- 9:30 - 10:00 Registration and Networking**
Emcee: **D'Yuanna Allen –Robb**, Metro Public Health Department
- 10:00 - 10:10 Welcome**
Ted Cornelius, YMCA of Middle Tennessee
Elisa Friedman, Meharry-Vanderbilt Alliance
- 10:10 - 10:40 Radionovela: Who, What & Why Community Health Workers**
Barbara Clinton, Clinton Associates & Special Guests
- 10:40 - 11:00 Community Health Workers in Tennessee**
Jacquelyn Favours, Meharry-Vanderbilt Alliance
- 11:00 - 11:45 'A Day in the Life:' Community Health Worker Panel Discussion**
Moderator: **Amy Richardson**, Siloam Health
Panelists:
Deanna Chrestman **Raisha Montgomery**
Prevent Child Abuse TN Le Bonheur Children's Hospital
Sara Keel **Hannah Rai**
Metro Drug Coalition Siloam Health
- 11:45 - 12:00 'Grab and Go' Lunch**
- 12:00 - 12:45 Keynote Presentation: We Can't Wait**
Naomi Cottoms, Tri County Rural Health Network
Current and Founding Executive Director
- 12:45 - 1:30 Interactive Activity: 'Hearing from You' - Attendees**
- 1:30 - 1:50 'Hearing From You' Report Out - Attendees**
- 1:50 - 2:00 Call to Action and Closing Remarks**
Consuelo H. Wilkins, Meharry-Vanderbilt Alliance

We've gone GREEN!

To view presenter biographies please visit:

<https://tinyurl.com/CHWforum>

Appendix B: Radionovela Script

Radionovela: *Who, What, Why Community Health Workers*

By Barbara Clinton

1. **Arthur Lawrencio**, head of the business office at Village Green Community Clinic
2. **Kathy Skaggs**, Executive Director, Village Green Community Clinic
3. **Mary Jones**, new Community Health Worker, Village Green Community Clinic
4. **Lucretia Brown**, Social Worker, Community Health Worker supervisor
5. **Sister O'Reilly**, Medical Missionary volunteering at the clinic while home on leave from Kenya
6. **Doctor Sanchez**, Medical Director of Village Green Community Clinic
7. **Professor Rogers**, Health Researcher at nearby university
8. **Tonya Ehrhart, RN**, Pediatric Nurse at Village Green Community Clinic
9. **Deanna Rosenberg**, Village Green Community Clinic Board Member, Retired Teacher

Setting: *Village Green Medical Practice break room, 7:30 am. On this sunny spring morning, the clinic has not yet opened for the day and staff members are arriving. As they, greet each other, they get oriented for a busy day.*

Arthur Lawrencio, head of the business office at Village Green Community Clinic, walks into the breakroom from his office. He's been on vacation for three weeks, and is at the office early, hoping to catch up on what he's missed. An early riser, Arthur is meticulous with details. He finds Executive Director Kathy Skaggs there, drinking coffee before formally starting her workday. He pours himself a cup of coffee and sits down with her, saying:

Arthur Lawrencio: Kathy, you are just the person I need to talk to. I've been looking at this clinic budget for the next six month period, and I see \$60,000 on a line item labeled Community Health Workers. What the heck are community health workers?

Kathy Skaggs: Good morning and welcome back, Arthur. I hope your vacation was great! Yes, let's chat a bit. I've been hearing a lot about community health workers over the last few years, and there have been several panels about them at conferences I've been to, so I thought I'd check more closely, to see if we should be on that bandwagon, too and I think we should. I've just hired our first community health worker, on a trial basis, but I'd like to hire one more. I'm pretty sure if we pick the right people, they can increase our patient satisfaction, help our patients enhance their lifestyles, and maybe also help us build more ties to other agencies in the community.

Arthur Lawrencio: Sounds good, but what exactly do they do?

Kathy Skaggs: Well, Community Health Workers build bridges between our providers and our practice, to patients who are for some reason not doing what they need to do to be healthy. They coach patients and help them with problem solving. Sometimes they organize classes or workshops, sometimes they go on home visits, sometimes they help the practice figure out the best way to improve patient uptake on things.

Appendix B: Radionovela (cont.)

Tony Ehrhart: Right, the way I understand it CHWs make services easier to use, and easier to find, so patients use them more effectively. CHWs are part of the community or known in the community, and they have community credibility. They should be able to help patients overcome any reservations, biases, or fears that keep them from talking with us honestly about their symptoms and health. That means we'll provide more targeted care. CHWs help and encourage patients to follow through on the advice our providers give them too. Also, CHWs can represent us in the community so we'd learn more about what's happening in our area, and we'd even maybe benefit from other resources.

Arthur Lawrence: Well you know Kathy and Tonya, our nurses are great, and so is Lucretia the social worker. Would hiring one or two CHWs be a good investment?

Tonya: Nurses and social workers are crucial for sure, without them we could not operate. But CHWs do something different, that only they can do. Arthur, you are the money man and you know more than anyone that we are spending more and more money on drugs and technology, but we have too many patients not keeping their follow up appointments, and not following through on the directions our providers give them.

Kathy Skaggs: Not only that, but with all the substance abuse, obesity, depression and other things we see, we're not able to help enough of our patients live in ways that keep them healthy. Aside of the human compassion factor, this also costs us money too, because of missed appointments and time wasted in referrals, tests, and medical advice that goes unheeded.

Arthur: OK, I see the problems you're talking about, but when we really get down to it, what are these Community Health Workers going to be doing?

Brown [*walking into the room*]: Hi guys, maybe I can answer that, since I'm going to be supervising them. Here at Village Green, we thought we'd start them off with three main responsibilities. The first thing they will do is conduct a survey, asking our patients and community members what they think are their most important health problems, where they go for services, and any problems they have when they try to get health services.

Tonya: The survey will give us important information, but at the same time, it will also be a way for the CHWs to introduce themselves to the community. As part of their orientation, I'll be helping them learn how to ask the questions, and how to maintain confidentiality with the answers.

Lucretia: [*pouring coffee*]: Would anyone like me to heat their coffee up? Back to what you were talking about, the surveys, when we have collected as many surveys as we can, we will present what we've learned to the clinic staff, and maybe the board as well. We also hope to share the information with the larger community either in meetings or with an article on our website, or both. During the three weeks that the survey is being conducted, the CHWs will also receive training on various health issues, clinic orientation, confidentiality, communication skills. They will receive training every month as well, some of it will be provided by our clinic staff, but we'll be reaching out to other community leaders for training too.

Narrator: *As 8am, the time of clinic opening approaches, more staff are entering the room to make a quick cup of coffee or just say hello to co-workers. The medical director Doctor Santiago walks in with Professor Rogers, a health researcher at the nearby state university.*

Appendix B: Radionovela (cont.)

Lucretia: Hi Dr. Sanchez, I was just telling everyone that CHWs can play variety of roles in health care. They don't need a particular kind of academic degree, but they need do plenty of intelligence, integrity, and stamina. They need to be a member of the community, or be well integrated into the community, and they

Mary Jones: And they are called many things in many different places, isn't that right? Including Promotores de Salud, Community Health Representatives, Community Health Advisors, Maternal Infant Health Outreach Workers, health educators, etc.

Doctor Sanchez: Hi everyone, let me introduce Professor Bob Rogers, from the faculty of TSU. He'll be speaking about TB to the medical staff at our grand rounds this morning.

Everyone: [*Lots of "Hi, good morning", etc.*]

Doctor Sanchez: I couldn't help overhear that you were all talking about Community Health Workers. I've been hearing a lot about CHWs lately and I'm glad we're starting to use them. I'm hoping that maybe they can help us reach out to infectious disease patients who have stopped keeping appointments. This keeps me up at night....With STDs or something else that's scary, I worry that patients who don't come in for their appointments or don't stay on their meds infect others without even meaning to.

Professor Rogers: People are learning a lot about Community Health Workers in the US now, and they've been used in other parts of the world for many years. There is an increasing body of research that shows how much CHWs can do to impact patient outcomes in diabetes, childbirth and early child health, and lots of other things. From what I understand, now that we've finally begun to realize that disparities and cultural beliefs affect healthcare access and utilization, CHWs are helping our clinics and health institutions be more culturally aware and sensitive.

Kathy: That's very interesting Professor Rogers. I've heard that since CHWs are usually community people who also have strong communication skills and empathy, they are able to implement community- based approaches for service delivery, and promote health among groups that have traditionally lacked access to adequate care, is that true?

Professor Rogers: Yes, in fact a growing number of researchers have found that CHWs, who are known by many different titles by the way, do a very good job in enhancing patients outcomes whether that means keeping clinic appointments, asking good questions during those appointments, or following through on the providers' suggestions between appointments. This is especially true if the community health workers are indigenous to the community where they are working.

Lucretia: Do you think the impact could also be because CHWs often go right into the patients' home and build a link from a family's front door to the health care resources in the community?

Tonya: Well that makes sense to me. And more than that, as I've been training and getting to know our first CHW, Mary Jones, I've learned a lot from her too. For instance, now I understand why it is so hard it is for women in her community to breastfeed, given their modesty and shyness about showing and touching their breasts. I'm excited to learn more, I think that will make me a more effective provider. Also by the way, Mary is due here any moment, she's coming in to the clinic today to get ready for the community survey, I want to introduce you all. I know you'll welcome her.

Appendix B: Radionovela (cont.)

Professor Rogers: CHWs were first talked about on the developing world in 1978. Now around the world, they are recognized as a powerful and as valuable health resource in addressing malaria, TB, infant mortality, HIV/AIDS, and numerous other health problems.

Tonya: I've heard that CHWs also serve as counsellors and support group facilitators. This takes some of the burden off professional health workers and overloaded healthcare systems while it strengthens the quality of care for people living with chronic illness.

Sister O'Reilly: *[walks in, reporting for a day of volunteer work at the clinic]*

Kathy and Arthur: Good morning Father.

Sister O'Reilly: Well good morning to you both, I hope that coffee is hot?

Kathy: Oh yes, hot and strong, help yourself. We were just talking about Community Health Workers. Do you have any experience with them from your missionary work around the world?

Sister O'Reilly: Oh my yes, they are used all through the developing world, and also in western Europe, to help people be healthy. Community Health Workers are trusted members of the communities they serve, but they actually function as highly effective public health people. Their unique understanding of the experience, language and culture of a community lets them integrate health information right into the community's culture.

Dr. Sanchez: What I've been learning is that with all of the advancements in medicine and technology we've made, there are lots of health and social issues that are outside all of this technological success. A lot of Americans have chronic health problems that don't respond to medicine and technology alone.

Tonya: Sister O'Reilly, I know you understand this, you take a jog almost every morning. But many of our patients live in neighborhoods where they don't feel safe exercising outside, which makes it extra hard to be healthy and fit.

Lucretia Brown: *[Mary enters the staff room]* Mary, How nice to see you, come and meet your new co-workers...

All: *[Hello, hi, welcome, etc.]*

Sister O'Reilly: Oh, here come one of our board members, here to join us for our in-service discussion. Let me introduce you all to Deanna Rosenberg, who is retired from teaching calculus at Village Green High School.

All: *[Many hellos and good mornings]*

Deanna: I overheard you talking about CHWs as I came in. When I was in graduate school I wrote a paper on mental health Community Health Workers in Ethiopia.

Mary: Really? What do mental health CHWs do Ms. Rosenberg??

Appendix B: Radionovela (cont.)

Deanna: Well, in all of Ethiopia, for instance there are only 18 psychiatrists, and only one psychiatric hospital. Families have historically served as the primary caretakers for their mentally ill family members, and traditional healers often are the only source of therapy. But now Ethiopia uses mental health CHWs to help families and the patient cope as well as possible, and refer patients with extreme conditions to mental health professionals who may be far away in the cities.

Mary Jones: Here in the US, Camden New Jersey has been using CHW home visits and phone calls to help patients manage chronic health conditions and improve their overall health since 2002. Their job is to improve the health of “the most expensive one %” of patients in Camden, New Jersey, many of whom have poorly managed chronic health conditions that lead to preventable emergency room visits. The program is working. Total average monthly hospital costs fell by 40% and emergency room visits fell by 56 %, after the patients began working with the CHWs.

Arthur Lawrence: Wow....I feel as though my head is bursting. I didn’t know what CHWs were this morning when I came to work, and now I understand that they are a key way we can keep our patients healthy, and at the same time, join an international network of health care clinics and providers who are using creative and community friendly ways to enhance health. It’s only 8am and it’s been quite a day!

Appendix C: Event Evaluation

Event Evaluation

Reflecting on today's event, please respond to the following and leave the completed evaluation on your table. They will be collected at the end of the day.

1. The primary sector I work in is...

☐ Academia

☐ Business

☐ Community Based Organization/Non-profit

☐ Education

☐ Health Care

☐ Foundation/Philanthropy

☐ Government

☐ Payor/Insurer

☐ Other Please Specify: _____

2. How would you describe your role? (check all that apply)

☐ I am a Community Health Worker (CHW)

☐ I am a Supervisor of CHWs

☐ I hire CHWs (paid or unpaid)

☐ Other Please Specify: _____

3. What region and/or state(s) do you work in? (check all that apply)

☐ East TN

☐ Middle TN

☐ West TN

☐ Other Please Specify: _____

4. How would you rate this event overall?

A. Excellent

B. Good

C. Fair

D. Poor

5. This type of event should be repeated in the future.

A. Strongly Agree

B. Agree

C. Disagree

D. Strongly Disagree

-TURN OVER-
PLEASE COMPLETE OTHER SIDE

Appendix C: Event Evaluation (cont.)

6. The information shared was helpful.

A. Strongly Agree B. Agree C. Disagree D. Strongly Disagree

7. This event increased my understanding of CHWs in TN?

A. Strongly Agree B. Agree C. Disagree D. Strongly Disagree

8. What is your highlight from today's gathering?

9. What suggestions do you have for improvements?

10. What question(s) do you have that did not get answered today?

Additional comments:

THANK YOU!



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For More Information:

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