# DFW-CHW Association: Organization Report

2015-2020

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## About the Authors

**Monica Ventura** is Master of Public Health student at Baylor University. During the time of the present assessment, Monica was completing an internship with the DFW-CHW Association. She is employed with Texas Health Resources Hospital system as a Community Health Worker. She was the first Community Health Worker assigned to help THR mobile outreach and education. She piloted the program and collected data along with a coworker and together they played a key role in achieving the 1M dollar grant for their continued community efforts. One of her goals includes working and provide trainings with Community Health Worker locally and globally to improve the health of various communities. Lastly, Monica enjoys spending time with her family and close friends. She enjoys trying new foods, arts and crafts, shopping, and outdoor activities.

**Denise A. Hernandez** is the founder and Executive Director of the DFW-CHW Association. Denise received her doctoral degree in Public Administration and has a Master of Public Health degree. She has worked alongside CHWs for over 10 years and is a Texas state certified CHW instructor. Her research focuses on effectiveness of CHW professional organizations and supporting the CHW workforce, as well as the incorporation of Community Health Workers (CHWs) to bridge the gap between the patient and health care system. Dr. Hernandez currently teaches in the graduate and undergraduate Public Health program at the University of Texas at Arlington and continues working to strengthen the support for the CHW workforce through research and policy at the local, state, and national level.

## 2021 Board of Directors

## Organization Timeline

- 2013 Discussion about starting an association begin
- 2015 Received articles of incorporation and was established as 501(c)3
- 2016 Hosted Binational Health Week Symposium
- 2017 First Employer Forum
- 2018 First Annual Regional Conference
- 2019 Focused on outreach activities
- 2020 Established Membership Relief Fund & focused on COVID-19 related activities
- 2021 Established an Executive Director Position

## Mission & Vision

The mission of the DFW-CHW Association is to unite CHWs and CHW Instructors for professional development and community outreach.

Our vision is put into action through advocacy, education, professional development, provision of community and employment resources, and networking. The DFW-CHW Association is committed to improving the health of our community through CHW outreach efforts.

## 2021 Goals

**Increase recognition of association among CHWs, CHW training centers, employers, and community organizations.**

- Use online platforms to engage CHWs/CHWI's during quarterly member meetings
- Offer career services/HR to CHWs/CHWIs during a member meeting
- Develop a CHW & CHWI toolkit to include training center information, recertification requirements, and resources.
- Strengthen relationships with local CHW training centers.
- Host an employer forum to advocate for CHWs.
- Develop an employer toolkit to include overview of roles & responsibilities of CHWs, certification requirements, resources for supervising and assessing CHW performance.

## About Organizational Report

The present report is the first organizational report the DFW-CHW Association has conducted since its inception in 2015. The report consists of 3-parts:

- Member interest survey (2015) conducted in 2015 to gauge interest in joining a CHW association
    - Includes a partner interest survey administered to potential organizational partners.
- Annual Member Assessment to measure member satisfaction with the organization and identify areas for improvement.
    - Includes a Professional Quality of Life Assessment to measure level of professional burnout
- Organizational capacity assessment to measure the structural components of the organization and identify areas for improvement.

The member assessment and organizational capacity assessment were conducted over the first half of 2021. While the 2015 member interest survey will be revisited, it will be used to assess whether member interest has changed over time and whether the association met the needs expressed by CHWs.

This report also includes a summary of the educational and outreach activities organized by the association from 2015-2020.

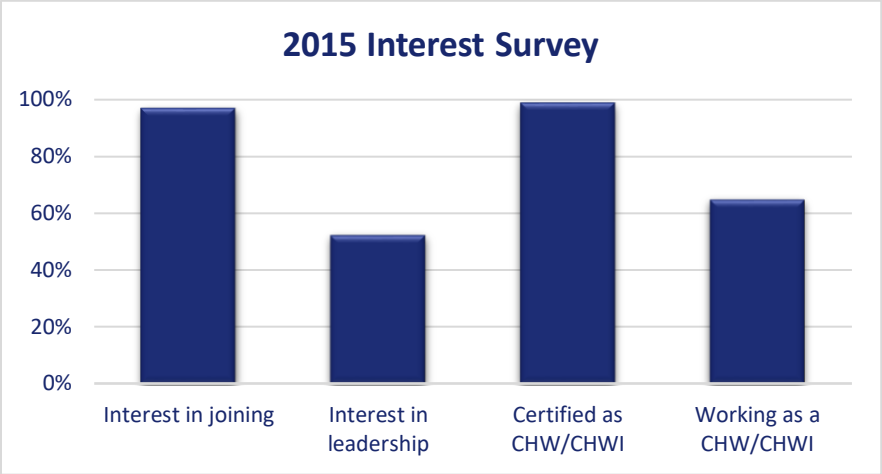
## Community Health Worker Interest Survey (2015)

The member interest survey was administered in January 2015 to CHWs across the Dallas/Fort Worth metroplex with the help of the CHW Program Office at the Texas Department of State Health Services (DSHS). The purpose of the survey was to understand what local CHWs wanted from a professional CHW organization. The questions asked what kind of events, services, and support the CHW needed from a CHW association, the preferred meeting times/dates, interest in serving in a leadership position within the organization, and certification status.

**Summary**

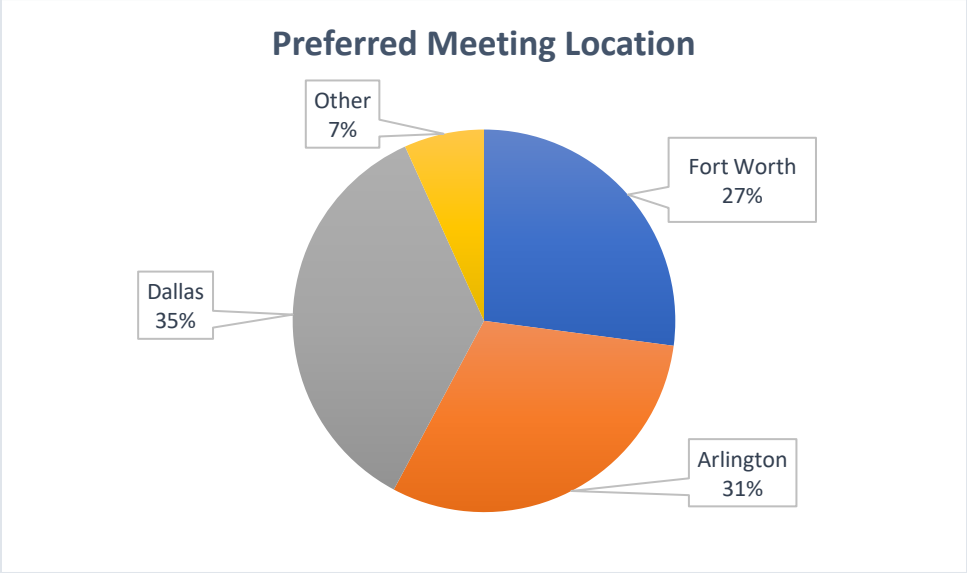
The chart below (Figure 1) represents a summary of the Community Health Worker Interest Survey results. Approximately one hundred CHWs participated in the survey and answered questions relating to membership, leadership role, and CHW, CHWI certification. The majority responded yes to joining a community health worker association in the Dallas/Fort Worth area. The majority of participants (97%) expressed an interest in joining a regional CHW association, and over half (55%) responded “yes” when asked if interested in serving in a leadership role with the organization. When asked about certification status, all but one participant identified as a certified CHW/CHWI. Participants were also asked if currently working as a CHW/CHWI, and more than half responded “no” (65%).

*Figure 1. Interest Survey Results*



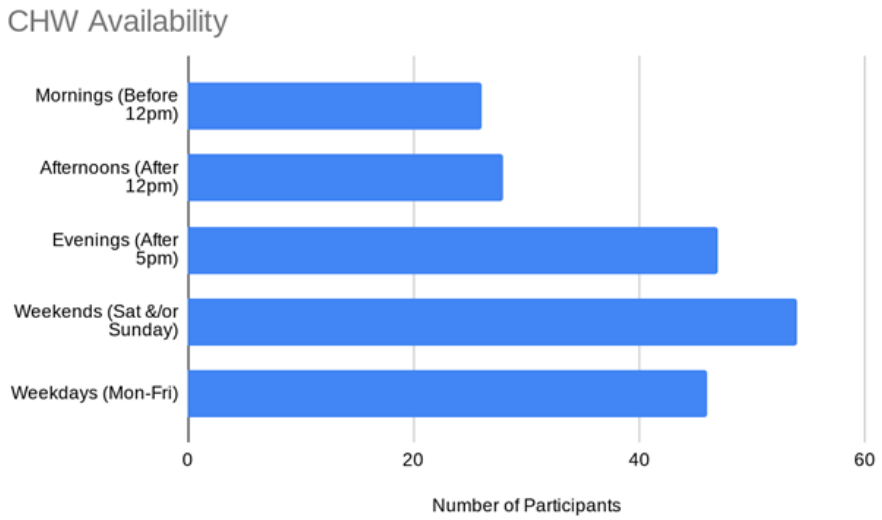

The pie chart below (Figure 2) illustrates the preferred location of where community health workers would be willing to travel for the CHW Association meetings. Participants were asked to select all the options that applied. Approximately 35.4% of participants responded to attending meetings in Dallas, followed by Arlington (30.7%), then Fort Worth (21.7%).

*Figure 2. Preferred Meeting Location*




The bar chart below (Figure 3) summarizes the results of community health worker availability for member meetings. Approximately 54 respondents selected weekends as their preferred days for meetings. The majority of respondents selected weekdays and evenings, while only 26 participants selected mornings before 12pm and 28 selected afternoons after 12pm.

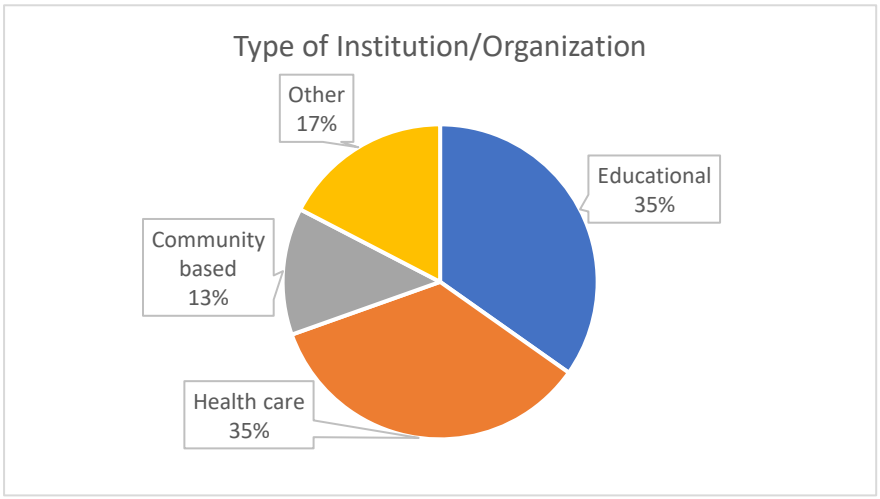
*Figure 3. CHW Availability*




## Partner Interest Survey Summary (2015)

The partner interest survey was administered in January 2015 separate from the member interest survey. This assessment was shared with CHW training centers, employers, and potential partners across the Dallas/Fort Worth metroplex. A total of 14 regional organizations participated in the assessment. The pie chart below summarizes the type of institutions and organizations interested in partnering with the DFW-CHW Association based on the survey results. Approximately 38.4% of participants identified as educational and health care institutions. An additional 13% of participants identified as community-based organizations. Finally, 17.4% of participants identified their organization as "other", which includes faith-based organizations, businesses, and other workplaces.

*Figure 4. Type of Institution/Organization*



Below are the key results from the partner interest survey:

- 8 of the 14 organizations reported to employ CHWs
    - CHW roles included: partnership development, community resources, education, member advocates, diabetes educators, patient navigators, chronic disease educators, community liaison, and community outreach.
    - Of the ones who do not employ CHWs, 4 were interested in learning how to incorporate CHWs into their organization
- 5 of 13 respondents stated they were interested in having a CHW or CHW instructor visit their organization to provide health education training to employees
- All 14 organizations expressed an interest in affiliating with the DFW-CHW Association.
- 8 of the 14 organizations expressed an interest in becoming a sponsor of the association

## DFW-CHW Association (2015-2020)

During the first five years, the DFW-CHW Association has focused on providing outreach and educational activities for members. The following is a summary of the types of activities and member benefits offered since the establishment of the association. While some activities have been added or discontinued over time, the primary member benefits of providing continuing education and opportunities for community outreach have remained consistent.

The chart below illustrates the total amount of newsletters, member meetings, conferences, trainings, continuing education, events, volunteer opportunities, and outreach activities the DFW-CHW Association has conducted from 2015-2020. Approximately, 16 newsletters have been distributed since 2015. The newsletters were printed during the first year and have been shared electronically since 2016. The association has hosted 23 member meetings, 2 Binational Health Week Symposiums, 1 Employer Forum, and 3 annual regional conferences within the 2015-2020 time period. Approximately, 52 trainings and continuing education opportunities have been offered since 2015. Additionally, the association has participated in 7 funded outreach projects. Finally, the association shares community events and volunteer opportunities throughout the year.

*Figure 5. 2015-2020 Events*

## Organizational Capacity Assessment

In 1998, the Society of Obstetricians and Gynecologist of Canada (SOGC) initiated organizational capacity development to support and assist associations interested and committed to strengthening their overall capacity. The manual was developed with the intent of supporting professional associations interested in taking the necessary steps and actions to move their association forward. The framework provided by (SOGC) includes four major elements: capacity assessment, data analysis, capacity improvement planning, and implementation of the improvement plan and performance measures. These components are linked cyclically in a 3-to-5-year cycles to enable the managed development of capacity building, mission, vision and strategic priorities.

The organizational capacity assessment measured five dimensions in the overall rating: (1) culture of the association, (2) operational capacity of the association, (3) performance of the association, (4) external relations, and how the association is perceived, (5) functions of the association. Each dimension is accompanied by capacity areas necessary for high performing professional associations. See Table 1 for a description of the core dimensions and capacity areas.

*Table 1. SOGC's OCIF core dimensions and capacity areas*

| Core Organizational Dimensions | Description | Capacity Areas Considered |
|---|---|---|
| Culture | Focuses on what motivates an association to succeed, function and survive. | - Vision and Mission<br>- Values<br>- Rewards/Incentives |
| Operational Capacity | Represents a complex relationship of eight core areas that support the ability of an association to perform, remain relevant and to grow and survive. | - Governance<br>- Leadership and Management<br>- Strategy<br>- Financial Management<br>- Human Resources (paid staff and members who provide technical expertise)[2]<br>- Program/Project Management Capabilities<br>- Communication<br>- Infrastructure |
| Performance | Looks at four areas that relate to an association meeting its goals and objectives and being viable. | - Effectiveness<br>- Efficiency<br>- Relevance<br>- Financial Position |
| External Relations and How the Association is Perceived | Addresses four areas reflecting the reality that associations are not isolated entities but are affected by their environment/ context. | - Environment within which the association functions<br>- Legal and Political Framework<br>- Linkages and Networks<br>- Ownership and Participation |
| Functions | Addresses four areas of essential functions for professional health associations. | - Membership Services<br>- Promoting Quality and Standard of Care<br>- Advancing Professional Practice<br>- Influencing Medical Practice and Health Policy |

The organizational capacity assessment was adapted to fit the CHW's professional needs. The assessment was completed by 10 of the 11 Board members and results were calculated by Monica Ventura (MPH student intern) & Denise Hernandez (Executive Director). The following table shows the rating skill used to measure each dimension.

*Table 2. Capacity rating scale for OCIT assessment questions*

| Capacity Rating | Capacity Description | Rating/Description Definition |
|---|---|---|
| 0 | None | New capacity to develop |
| 1 | Basic | Capacity, often poorly applied, supporting a basic or minimal degree of performance |
| 2 | Moderate | Capacity, inconsistently applied, supporting a reasonably acceptable or average degree of performance |
| 3 | Intermediate | Capacity, generally consistently applied, supporting above average or good performance |
| 4 | High | Capacity, consistently applied, supporting significant performance |

## Analysis

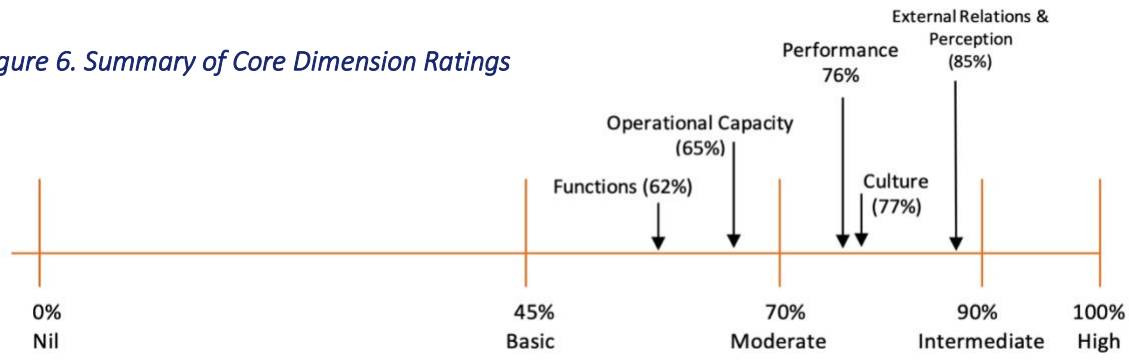
To determine the results of the assessment, three tasks were completed:

1. The individual results were combined and averaged for overall scores in each area of capacity.
2. The score for each area of capacity was determined (i.e., the total score and as a percentage)
3. The overall rating for each core organization dimension was determined for each individual assessment (i.e., basic, moderate, intermediate, or high).

## Results

Overall, the areas of strengths identified for the association were among the dimensions measuring *External relations and how the association is perceived* (85%), *Culture of the association* (77%), and *Performance of the association* (76%). The three dimensions fell within the moderate category. The other two of the five dimensions were rated in the basic level category. Functions of the association were rated at 62% and the operational capacity of the association was rated at 65%.

*Figure 6. Summary of Core Dimension Ratings*



The table below summarizes the ratings for the capacity areas within each dimension and provides an interpretation of the results based on SOGC toolkit.

*Table 3. Interpretation of Results*

| | Interpretation |
|---|---|
| 1. Culture of the association | |
| *1.1 Vision and Mission (79%)* | The activities of the association generally reflect the vision and mission. |
| *1.2 Values* (75%) | The common values and the beliefs are shared by many in the association but rarely applied or used as a means to produce change or impact. |
| *1.3 Rewards/ Incentives (*78%) | Incentives and rewards for volunteers occasionally exist, depending on the funding source for the activity. |
| 2. Operational capacity of the association | |
| *2.1 Governance (*70%) | • Board and/or Executive Committee are beginning to understand and put into practices their roles and responsibilities and thus provide oversight and policy direction to the association.<br>• Board and/or Executive Committee have regular, purposeful meetings, generally well attended. Documentation related to the meeting (e.g. agenda, minutes of meetings) is produced occasionally.<br>• Board and/or Executive Committee are aware of gender equity issues but do not always consider these in their decision making. |
| *2.2 Leadership and Management (*85%) | • The Board and/or Executive Committee, Executive Director and staff have an understanding of their respective roles and responsibilities but operationally they are not distinct.<br>• There is a defined organizational structure, but lines of authority remain unclear, and authority tends to be exercised by an individual or a few individuals.<br>• The association's structure manages some activities and small, punctual projects. |
| *2.3 Strategy (*57%) | • The association has limited ability and tendency to develop a strategic plan. If a strategic plan exists, the association does not or rarely use it, or it has little or no impact.<br>• If a strategic plan exists it is not relevant to the situation and/or health issues of the community.<br>• Gender equity may or may not be identified in the strategic plan, but no committed objectives exist. |
| *2.4 Financial Management (*67%) | • The association's financial procedures and reporting systems are nonexistent, incomplete or incorrect and difficult to understand. Financial reports, if produced, are often not produced in a timely fashion.<br>• The association's financial reports are not reviewed by the Board and/or Executive Committee and Executive Director.<br>• The association conducts no external financial audits.<br>• The Treasurer of the association is the one solely responsible for the preparation and management of a budget. He/she might or might not have much knowledge and skills in this area. |

| | |
|---|---|
| *2.5 Human Resources' (*67%) | • The association has no paid staff, and all activities/programs are managed by volunteers who do not necessarily have the skills, nor the resources needed (e.g., time and financial) to plan, implement and manage the activities/ programs.<br>• Gender equity is not explicitly reflected in human resource planning (i.e., for paid staff and members who provide technical expertise), or in the staff / members who provide technical expertise activities within the association.<br>• When the association has staff, job descriptions, employment contracts and procedures for performance appraisal is nonexistent or very basic.<br>• Salaries are not competitive nor do benefits exist as per standards of the city/state. |
| *2.6 Program/ Project Management Capabilities (*58%) | • The association does not understand and is not familiar with program design, implementation, monitoring and evaluation principles and/or approaches and has extremely limited capacity to apply these management tools.<br>• Program development is largely donor or volunteer driven with no input from others.<br>• Monitoring, evaluation and reporting activities are not included in the program design.<br>• Gender equity is not a consideration or has limited impact in program/ project planning and implementation. |
| *2.7 Communication (*72%) | • The association recognizes there are different communication needs for stakeholders and occasionally addresses these.<br>• The association is known in the public health community but does little to promote its activities within the public. It has some key messages (including gender equity) and ideas of the image it wishes to communicate but limited ability to do so. The association has limited (at times not updated) documents for dissemination.<br>• Communication within the association (between staff, Board members, and members) is two way and occurs often formally and informally. |
| *2.8 Infrastructure (*42%) | • Physical infrastructure: Office space is non-existent or inadequate, resulting in loss of effectiveness and efficiency (e.g., unfavorable location for staff and members; insufficient workspace for individuals or teams; poor conditions (size, light, lay out, security)).<br>• Technological infrastructure: No or limited telephone and fax facilities; limited or no use of computers, applications and email by staff and/or volunteers responsible for association's business; no web site; no or limited databases and management reporting systems for tracking members, volunteers, program outcomes and financial information.<br>• Information is collected randomly and manually.<br>• Information is not shared among members or stakeholders |
| *3. Performance of the association* | |
| *3.1 Effectiveness (*70%) | • The association regularly collects solid data on program activities and outputs but lacks or has weak outcome measurement. Some efforts are made to measure activities and outcomes against external standards. Internal performance data are used occasionally to improve the association.<br>• The association conducts limited assessment of programs and has some ability to scale up or replicate existing programs. |
| *3.2 Efficiency (*80%) | • The association's programs/projects are generally completed on time, within budget and meet stakeholder expectations. |

| | |
|---|---|
| *3.3 Relevance (*79%) | • Most programs and services are well defined and can be solidly linked with the mission and goals; program offerings may be somewhat scattered and not fully integrated into a clear strategy.<br>• Programs and services are relevant to the membership and may align with broader external agendas. |
| *3.4 Financial Position (*77%) | • The association has increased and diversified its sources of funding and may have some contributing revenue generating activity.<br>• The association's main fund-raising needs are covered by some combination of internal skills and expertise, and it accesses some external fund-raising expertise.<br>• The association is able to develop project funding proposals but does not have comprehensive access to the donor community.<br>• The association's funding is available for project(s), but is insufficient to meet core needs of the organization |
| *4. External relations and how the association is perceived* | |
| *4.1 Environment within which the Association Functions (*75%) | • The association has limited capacity to cope with political instability and unexpected changes. Efforts made to deal with such issues are not necessarily well planned out and successful.<br>• The association's presence is somewhat recognized, and generally regarded as positive within the community and amongst other stakeholders, including other professional associations. |
| *4.2 Legal and Political Framework (*85%) | The association has identified common interests which it shares with government and relations are friendly. |
| *4.3 Linkages and Networks (*87%) | The association is at the early stages of building relationships and collaborations with public sector, nonprofit, or for-profit organizations. |
| *4.4 Ownership and Participation (*94%) | The association works with local or international civil society organizations. |
| *5. Functions of the association* | |
| *5.1 Membership Services (*75%) | • The association's membership fees are collected, sometimes inconsistently, and limited membership profile data is maintained.<br>• Membership is somewhat defined and there are some beginning attempts to have the membership reflect the diversity of the community, especially within the CHW profession.<br>• The association carries out some outreach to members.<br>• Members recognize the benefits from services and programs. |
| *5.2 Promoting Quality and Standard Care (*53%) | • The association is not concerned with its role in the promotion of quality and/or standard of practice.<br>• The association has little interest in promoting quality and/or standard of practice through codes of ethics or practices.<br>• The association has no continuing education (CE) programs. |
| *5.3 Advancing Professional Practice (*67%) | • The association has no or little interest in promoting the practice environment.<br>• Although aware of poor working conditions and practice environments for CHWs (i.e. low salary and benefits, unreasonable workloads, security issues, continuing |

| | |
|---|---|
| | education, etc.), the association has no or little interest in getting involved in promoting improved working conditions.<br>• Overall, the association does little within the domains of practice, education, research, leadership, and policy. |
| *5.4 Influencing CHW Practice and Policy (*52%) | • The association has limited or no ability to influence policymaking; never or rarely called in on substantive policy discussion.<br>• The association has limited supporters/ collaborators/partners to help it to influence medical practice and health policy.<br>• The association has no developed policy platform though may recognize specific issues (e.g., maternal and neonatal health, HIV/ AIDS, primary health care, education).<br>• The association has little understanding of its role in advocacy or development of public policy.<br>• The association has no relationship with the media nor is the organization's work or purpose known to them. |

### Areas for Capacity Improvement

Based on the summary of assessment results, the two priority capacity areas are the dimension measuring *Functions of the Association (62%)* and *Operational Capacity of the Association* (65%). The capacity areas for improvement under the dimension of *Functions of the association* are *Strategy* (57%) and *Program/ Project Management Capabilities* (58%). The capacity areas for improvement under the dimension of *Functions of the Association* are *Promoting Quality and Standard Care (53%)* and *Influencing CHW Practice and Policy (52%).*

The next step in the organizational capacity assessment process is to develop an Organization Capacity Improvement Plan (OCIP) for the identified areas of improvement. The OCIP will guide the capacity improvement process for the next 3 years of the DFW-CHW Association. A draft of the OCIP will be presented to the Board of Directors for approval and will be implemented in 2022.

## Annual Member Assessment Survey

### Background

The DFW-CHW Association conducted and distributed an annual member assessment survey to 2021 members to understand satisfaction with member benefits, professional support, and trust. The assessment also included the Professional Quality of Life (ProQOL) mental health assessment for helping professionals to measure the level of compassion satisfaction, burnout, and/or compassion fatigue of CHWs/CHWIs. The results from this assessment provide additional information on how the DFW-CHW Association can continue to support the professional development of its members.

## Results

### Member Benefits

DFW-CHW Association members rated the overall quality of each of the following member benefits: continuing education, volunteer opportunities, employment opportunities, conferences, member meetings, funding opportunities, mentorship, online platforms and community outreach projects. Table 4 below illustrates the summary results of member benefits. The majority of respondents reported excellent and good to all the member benefits. When respondents were asked about community health worker instructors continuing education, the majority said they did not use. This could be a result of the number of Community Health Worker instructors who completed the assessment.

*Table 4. Member Benefits Summary Chart*

| | Don't Use | Excellent | Fair | Good | Not Offered | Poor | Very Poor |
|---|---|---|---|---|---|---|---|
| CHW CE's | 3% | 46% | 5% | 46% | 0% | 0% | 0% |
| CHW Instructors CE's | 46% | 13% | 8% | 33% | 0% | 0% | 0% |
| Volunteer opportunities | 3% | 26% | 13% | 54% | 0% | 5% | 0% |
| Employment opportunities | 5% | 28% | 8% | 54% | 0% | 5% | 0% |
| Networking opportunities | 3% | 38% | 5% | 51% | 0% | 0% | 3% |
| Conferences | 3% | 51% | 10% | 36% | 0% | 0% | 0% |
| Member meetings | 5% | 38% | 8% | 49% | 0% | 0% | 0% |
| Scholarship/funding opportunities | 15% | 28% | 10% | 38% | 3% | 3% | 3% |
| Leadership opportunities | 13% | 28% | 8% | 41% | 3% | 3% | 5% |
| Mentorship | 15% | 23% | 15% | 33% | 8% | 3% | 3% |
| Advocacy opportunities | 8% | 26% | 10% | 49% | 3% | 3% | 3% |
| Online Platforms | 13% | 36% | 8% | 41% | 0% | 3% | 0% |
| Community outreach projects | 36% | 8% | 46% | 5% | 5% | 0% | 0% |

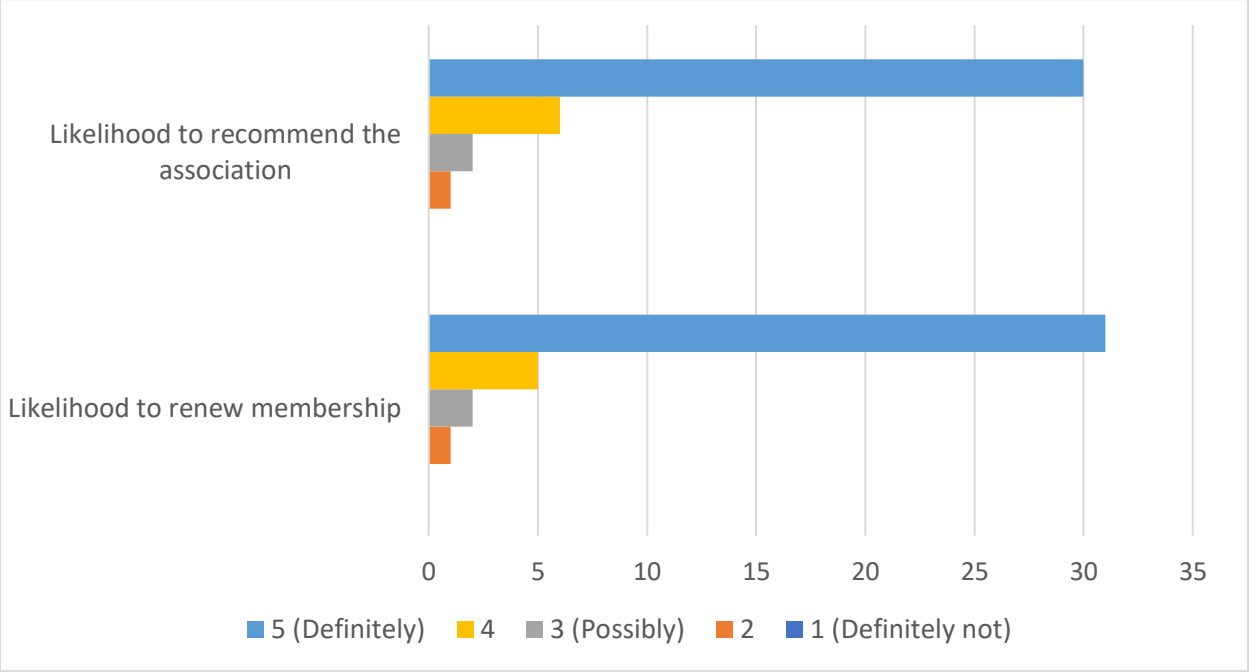
Table 5 below contains additional comments and feedback regarding member benefits. Most comments were positive, and more than half responded neutral or had no additional comments. Lastly, when asked for feedback regarding areas of improvement, participants commented on personal limitations due to working hours, the desire to have meetings or conferences recorded and available to watch at another time, and members recommended the association shares more job opportunities for CHWs.

*Table 5. Additional comments/Feedback on member benefits.*

| **Positive Comments** |
|---|
| • It has helped me to be able to participate more via zoom<br>• Excellent Group<br>• You are doing a great job keeping us informed and offering certified and non-certified hours.<br>• Y'all do great as always!<br>• Great benefits<br>• Great work from the CHW Association<br>• Great work from the CHW Association<br>• I love this association!<br>• I really love all the great opportunities<br>• You are doing a great job keeping us informed and offering certified and non-certified hours.<br>• Awesome benefits.<br>• In my opinion ever thing is great. Thank you.<br>• I have benefited from being a member in the past.<br>• excellent program<br>• many opportunities to be a p art of committees<br>• DFW-CHW Association has been the most helpful organization with which I have engaged.<br>• I love being getting firsthand information on CEU's, learning about job and the professional support than is given |
| **Areas of Improvement** |
| • I would like a member log in that I can use to save pages and or share similar to a blog<br>• In current work position not able to take full advantage of opportunities.<br>• I would like to see more CHW's attend the Association meetings<br>• Provide choices when it to member meetings time, because sometimes it hard for some of us once we get home from work having to take care of the kid's dinner, homework it can be challenging trying to get back on a zoom meeting.<br>• have meetings recorded to view at a later time<br>• I wish there will be more job opportunities for CHW's |

When participants were asked to provide an overall rating of the member benefits on a scale from 1 (very poor) to 5 (excellent), the average rating was 4.5 (Figure 8). Similarly, participants expressed a favorable intention to renew membership to the association and to recommend the association to other CHW colleagues (Figure 7).

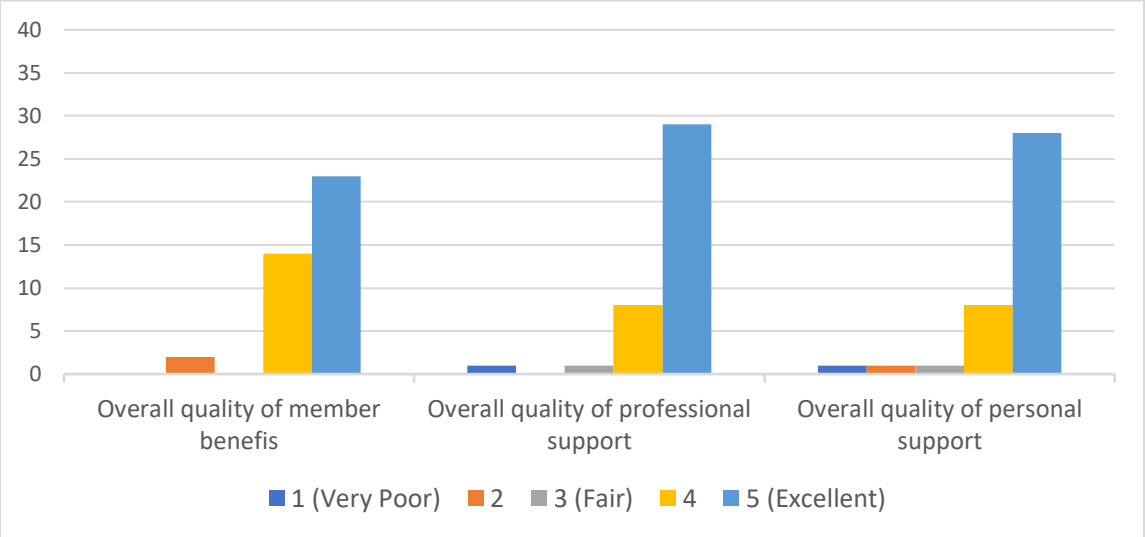
*Figure 7. Member Intentions*




## Professional Support

Figure 8 illustrates the overall rating of professional and personal support provided by the DFW-CHW Association. On a scale from 1 (poor) to 5 (excellent), the quality of professional support provided by the DFW-CHW Association received an average rating of 4.6, and the average rating of personal support was 4.7. These results show a very positive indication of perceived organizational support by members.

*Figure 7. Overall Ratings*



### Member Recommendations

Finally, Members were asked what additional support they would like to receive from the DFW-CHW Association. Though most respondents had no additional comments, some suggested providing additional volunteer opportunities, CE webinars, resources, pre-recorded CE's and more partnerships with smaller organizations.

*Table 6. Additional member recommendations and feedback*

| **Positive Comments** |
|---|
| • CE opportunities<br>• It's great the way it is<br>• It has been great!<br>• Keep up the Great Job!<br>• It's great the way it is<br>• I'm Satisfied with the support; it is up to members to take advantage<br>• The association is always available for professional and personal needs.<br>• Excellent and complete program, |
| **Additional recommendations** |
| • More volunteer services<br>• CEU Webinars<br>• Keep trying to reach the CHW community<br>• Keep up! I would like to see more community resources<br>• A bit more information for new members<br>• Pre-recorded CE's online would be great<br>• More CEU opportunities<br>• Links on the website for crisis line or community resources<br>• I would like to understand the Promotora de salud work<br>• Possible partnerships with smaller startups and possibly other organizations such as BioNorth Texas for working directly with some of their startup companies, and also Texas Health Wildcatters (I would like to tell their CEO about the organization so they could highlight how the organization helps the healthcare industry.)<br>• I think it would be education and resources regarding childhood tumor/ cancer. |

## Mental Health Assessment Results

A new addition to the member satisfaction survey was the Professional Quality of Life Assessment (ProQOL). The ProQOL is a mental health assessment specifically for helping professionals who are more likely to experience some level of compassion fatigue and burnout throughout their career. Individuals who experience burnout are emotionally exhausted and often experience reduced performance in work-related activities. A Community Health Worker (CHW) COVID-19 survey found work overload was common after the pandemic, which can lead to high turnover rates and attrition. High levels of emotional demand among CHWs can lead to compassion fatigue resulting in secondary vicarious trauma. Overall, social service workers are more likely to develop secondary vicarious trauma from listening to individuals' traumatic events. There is an increased risk of engaging in unhealthy behaviors resulting in alcohol and drug use from experiencing secondary vicarious trauma.

The direct work of CHWs with vulnerable populations exposes CHWs to a wide spectrum of individual circumstances. The current COVID-19 pandemic places CHWs at an even higher risk due to their trusted roles in the community. As a result, CHWs can experience burnout and vicarious trauma, while organizations can experience higher turnover and attrition rates among their CHWs.

Members who completed the annual assessment had the option to complete the ProQOL assessment. After completion the assessment was scored by the student intern and results were provided to each individual along with a summary of how to interpret the results and a list of mental health resources.

The chart below describes the average results of the mental health assessment. The average level of compassion satisfaction was moderate which was expected among Community Health Workers. While, the average level of burnout and secondary traumatic stress was low, a few members did score higher levels of compassion satisfaction and burnout at the same time.

*Table 7. Results of ProQOL Assessment*

| | Average Score | Level |
|---|---|---|
| **Compassion Satisfaction** | 39.9 | Moderate |
| **Burnout** | 16.9 | Low |
| **Secondary Traumatic Stress** | 18.4 | Low |

## Individual Member Interviews

Individual interviews were conducted as part of the larger member assessment to better understand the member's reason for joining the association, perceived quality of support from the association, mental health of the CHW, and learn about the individual's self-care techniques.

## Methods

### *Participant Recruitment*

At the conclusion of the annual member satisfaction survey participants were asked if interested in sharing personal experiences with the organization during an individual interview. An e-mail was sent to those who expressed an interest in participating to schedule an interview. Interview questions were formatted as open-ended questions to lead an informal conversation. Each interview was recorded with prior verbal consent. All the interviews were conducted virtually and recorded via zoom. Most of the interviews lasted approximately five to seven minutes. To make the interviewee feel comfortable, the interviewer allowed the conversation to flow naturally. The same process was repeated for each interview.

A total of five individuals participated in the interview, all were females and active members of the Association. All five participants were scheduled to do interviews within a three-week timeframe.

### *Data Analysis*

The NVivo software was used to transcribe qualitative interview data. This software is primarily used by researchers to generate common themes. To reduce bias and increase reliability, two reviewers discussed the coding process. Both reviewers developed the code tree with general themes and sub-themes. The coding process required one reviewer to upload the recordings to the NVivo software for transcription. After the transcriptions were developed, the reviewer listened to the recordings closely to ensure proper transcriptions. This method was used to increase validity of the transcribed data. Common themes were generated based on the questions asked during the interview. Each general theme and sub-themes were color coded. The reviewers used the colors as a guide to identify which context correlated with each theme. No new themes were added to the drafted code tree.

### *Results*

Table 8 provides the definition of the three overarching themes: personal experience, member support and mental health self-care techniques.

*Table 8. Theme definitions*

| Theme | Definition |
|---|---|
| **Personal experience** | Any statement that describes personal experience joining and participating with the organization. |
| **Member support** | Any statement that captures members feeling supported professionally, personally, and mentally. |
| **Mental health and self-care techniques** | Any statement that refers to individual mental health and self-care techniques. |

***Joining the Association***

All the respondents reported joining the association to learn more about the role and responsibilities of community workers. They also reported having access to resources, upcoming events, and continued educational opportunities as key reasons for joining the organization.

*"I first became a community health worker; I didn't know that there was an association for community health workers. And I think it's important to be a part of this organization so that we can reach more people in underserved communities by sharing, you know, sharing that information to help us to better educate the community*"

*"Just the resources, everything that they have that is so good to have all the knowledge that they share to Facebook. And I always wanted to be part of that. And so that is one of the main reasons, is because they're always posting events and resources that we can share to our community and we're all just connected in some way. And that was just the perfect way to get connected to the community."*

***Support from the Association***

When the participants were asked about the support received from the association, respondents commented on the professional and personal support. Participants expressed feeling supported through the networking and resources available to them.

*"I have been able to meet some people that are definitely instrumental in helping me to get the information out and awareness that about my organization"*

*"I needed a letter of support because I wanted to be on the CHW advisory thing for the state and that they wrote me a letter for that and that's been the extent of it."*

*"Professionally, they always give us great opportunities to know about things that are going on within our community and things that affect our communities and the communities we serve"*

***Mental health***

The majority of those who responded to the mental health impacts during the COVID-19 reported limitations in helping their clients, the lack of face-to-face interactions, and the need for mental health services in underserved communities. However, the participants did not directly say if they experienced depression or other symptoms for not helping their clients prior to the pandemic. All participants seem to have self-awareness and practiced self-care techniques.

*"As a CHW, I've seen a lot more people go into depression from being in the House and people not being able to work like they did prior to the pandemic. So people are losing out , losing money because they couldn't work or their companies shut down. So, I saw a high increase of mental health services being needed"*

*"I would say it just it didn't affect it , I think it just kept me going . I kept working with a lot of the clients there with them be strong and kept me just on my feet.*

***Self-care techniques***

All interviewed participants reported practicing self-care techniques. These techniques ranged from reading books, using apps to talk to friends and family, engaging in groups, taking smalls breaks in nature, and praying. They all seemed to practice these self-care techniques on a daily or weekly basis.

*"I will take off in the middle of the day and just go park in the park or something and do absolutely nothing. I've gotten really good at that. So, you know, I'll just disappear in the middle of the day. Or if I decide that I want to jump up and go out of town or something, I'll not make impromptu travel plans"*

*"Prayer. it's not like we have support groups or anything like that. The organization offers money if any CHW member needs money for different things"*

*"I still talk to my friends, my family or friends on the daily basis , just having another human contact . And oftentimes I do that over the phone or video we face time or there is an app that I use with my sorority sisters for a group called Marco Polo. So, we're a group, I'm in several groups where we communicate on a regular basis"*

***Additional Support***

When asked if the participants had any ideas for additional support from the association, the participants suggested having continued networking, resources, and training opportunities. They also wished to be more engaged as members and wanted the DFW-CHW Association to be more visible in the community.

*"To continue to provide training, as far as you know, how to how to be more effective in the community as a CHW and the connection so you know that that we make and being as supportive of each individual member and their organizations, I think that's probably the best way that we can probably support each other"*

*"I think we probably need to do more at being visible in the community"*

*"I would hope members need to get a lot more engaged. We need to do better about engaging them and getting them involved in the association a lot more and really offer something to members other than what I just talked about"*

*"To do more networking and getting to know other individuals and other agencies, other companies to be able to form a network when there is questions or something that come up being able to have a community health worker health worker outside of my own agency to be able to reach out to. More networking opportunities would be my big wish for the organization"*

***Limitations***

In this analysis there were a few limitations. The NVivo software was only used for transcription purposes, the software was not compatible with the Chromebook laptop that was used. The second limitation was the small number of interviewees due to time constraints and the number of individuals who expressed

interest in participating. The interviewees were all female members, and the male perspective was not captured. A few participants reported stated membership to the association was relatively new, therefore the feedback may not be as thorough. While these are limitations to the feedback gathered from interviews, approximately 40% of association members completed the online survey. The association can be confident the results of the survey reflect the perspectives of the general membership.

### *Conclusions*

Most of the respondents reported having a positive experience joining and participating with the DFW-CHW Association. They expressed networking opportunities and learning the function and role of a Community Health Worker. Lack of face-to-face interactions and limitations in helping others were the primary mental health affects of the COVID-19 pandemic. All respondents reported having self-care techniques such as reading, taking a vacation, praying, and engaging in other hobbies. When the participants were asked about receiving additional support from the association, the majority commented more networking and outreach opportunities. This information can be used to develop a mental health self-care technique workshop, address the DFW-CHW Association visibility in the community, and continue providing networking opportunities.

## Next Steps

This 3-part assessment is the first of more organizational assessments to come in the future. This is the organization's first step in its commitment to ensure an impactful and sustainable association. Following the completion of this report, the Executive Director with the support of the Board of Directors will focus on developing an OCIP to guide the association's growth until the next capacity improvement cycle in approximately 1-3 years.

The member satisfaction assessments will continue to be a part of the annual review process for the association. This will allow the organization leadership to adapt the association's yearly goals to meet the needs

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