THE IMPACT OF PERCEIVED ORGANIZATIONAL SUPPORT ON MEMBER SATISFACTION WITH COMMUNITY HEALTH WORKER ORGANIZATIONS

by

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ABSTRACT

THE IMPACT OF PERCEIVED ORGANIZATIONAL SUPPORT

ON MEMBER SATISFACTION WITH

COMMUNITY HEALTH WORKER ORGANIZATIONS

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Community Health Workers (CHWs) organizations are professional associations that support the growing CHW workforce and advocate for the unique needs of CHWs. CHWs have successfully improved health outcomes of vulnerable populations and helped alleviate the burden of high healthcare costs. The professional support provided by CHW organizations can play a significant role in addressing the downward trend in the number of CHWs and certification renewals. However, there is little research on the effectiveness of the professional support provided by CHW organizations. This interdisciplinary study applied principles from public administration and behavioral sciences research to apply organizational performance measures to CHW organizations. The study engaged a mixed methods approach to analyze the data collected from CHWs, CHW instructors, and organization participants. The results of this

study identified essential factors in predicting member's behavior towards the organization, thereby impacting a key measure of organizational performance. This study also revealed a fragmented support system for CHWs throughout their professional career. The identification of the key factors for increasing behavioral intention is crucial for breaking down these silos to build better collaborations and improve the professional support available to the CHW workforce. Finally, this study proposed the following operational definition of CHW organization performance: a high performing CHW organization focuses on providing organizational support, fulfilling professional needs, and gaining members' trust in order to improve member's social identity and increase member satisfaction, thus influencing member's behavioral intentions.

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CHAPTER 1

INTRODUCTION

Community Health Workers (CHWs) serve as frontline public health workers with a close understanding of the community they serve stemming from the trusting relationship CHWs develop with members of their communities (American Public Health Association [APHA], 2018). Low-income, immigrant, and rural and urban communities benefit from the non-medical support of CHWs by receiving new and improved access to services and tailored service delivery. Researchers and state health agencies recognize CHWs as an effective workforce (TxDSHS, 2019a). Therefore, maintaining a skilled CHW workforce through a certification process is fundamental to their role of addressing the health needs of individuals in their community. A 2016 survey of CHWs conducted by the CHW Program Office at the Texas Department of State Health Services found CHWs value their certification because CHWs feel certification leads to increased self-confidence, gives value to the CHW profession, and provides them the ability to serve and make a difference in their community (DSHS, 2017). While the number of CHWs in Texas has remained steady over the years, the data shows a large turnover rate for both CHWs and instructors (DSHS, 2019b). Many factors can contribute to the low recertification numbers, including a lack of educational or employment opportunities, knowledge about trainings, cost, access, language, and social factors.

CHW organizations exist to support the growing CHW profession and advocate for the unique needs of CHWs. They range from grassroots to more formal 501(c)3 organizations and focus on supporting the professional development of its members through various educational,

outreach, and social activities. The professional support provided by CHW organizations can play a significant role in certification renewals. However, there is little research on the effectiveness of CHW organizations as they provide professional support to CHWs and CHW instructors, nor whether membership in a CHW organization is related to an individual's decision to renew certification. Furthermore, since there is no oversight for CHW organizations in Texas, whether CHW organizations have outlined performance measures, conducted organizational assessments, or implemented improvement plans to make sure the organization is meeting the needs of CHWs and CHW instructors is unclear.

This research utilized member satisfaction with the CHW organization to determine whether members perceive organizations as effective in providing needed professional support to CHWs and CHW instructors. To explore this perception of organizational performance, the study engaged existing research to identify measures and characteristics of effective nonprofit professional associations, then emphasized the importance of using member satisfaction as a key measure of organizational performance. Using this literature, a framework is proposed to assess the perceived organizational performance of CHW organizations. The literature underscores the significant influence of individual perceptions on behaviors (Glanz, Rimer, & Viswanath, 2008). Perception frequently undermines reality; therefore, if an individual perceives an organization to be effective, regardless of whether the organization is effective using other measures, they will have a positive attitude and continue to engage in the organization (Glanz et al., 2008). Similarly, other organizational stakeholders may each have different perceptions of what is considered an effective organization based on their own expectations (Balser & McClusky, 2005; Oh & Ki, 2016). To fully understand organizational

performance, this study conducted a comprehensive assessment that considered both member satisfaction and perceived organizational capacity (Ostroff, 1992). Though the focus of the present study was on member satisfaction, a condensed organizational capacity assessment was conducted to provide a richer picture of overall perceived organizational performance. A thorough organizational capacity assessment was outside of the scope of the primary research questions.

This study applied a mixed methods approach to answer two questions: 1) What organizational factors influence member satisfaction and engagement in local CHW organizations? 2) How do CHW organizations measure and respond to member perceptions of the organization's performance? What impact does member perception have on the CHW organization? This study explored whether and how member satisfaction influences perceived organizational performance and which organizational characteristics are related to perceived organizational performance. Member satisfaction was used to measure organizational performance from a member perspective, and input from organization leaders was used to provide insight into the organizational measures of effectiveness. Organizational factors influence membership engagement (Ki & Wang, 2016). They include member benefits and services, professional and personal support, membership requirements, and additional organizational characteristics (Hunter, 2002; Ki & Wang, 2016). Organizational characteristics are features belonging to the organization and include board composition, size and age, structure, and conflict resolution strategies (Hunter, 2002; Wollebeak, 2009).

Understanding organizational performance of CHW organizations can help determine if the goals of the organization are aligned with the needs of the members or whether the

organization needs to reassess its goals and allocate additional resources to improving member engagement in local CHW organizations. In addition, findings from this research identified areas for partnerships between CHW organizations, CHW employers, the CHW Program Office, and other community-based or health care organizations to expand the work of CHWs and provide support for the field. By providing sufficient professional support to CHWs and CHW instructors, individuals will be encouraged to engage with the organization, maintain their certification active through the professional development opportunities offered by the organization, and continue serving and addressing the needs of their communities.

This dissertation first presents background on CHWs/Promotoras, including the lack of data available on this growing professional group in Texas, the expectation shared by CHWs in previous surveys, and the obstacles they face in engaging with their professional organization. Since there is little available literature on the professional organizations serving CHWs, this research draws from different fields to define the purpose and function of professional associations in a health-related field. In addition, the study reviews characteristics of effective associations, how effectiveness is measured, contributing factors, and challenges facing professional organizations. A theoretical framework presents a model for understanding the relationship between organizational support, member satisfaction, and behavioral intention to engage in a CHW organization, while also considering the importance of organizational capacity to the overall perceived organizational performance. The methodology section describes the sample population and recruitment techniques, describes the mixed methods approach taken to analyze the data, and the quantitative and qualitative techniques used to assess the data collected though surveys administered to CHWs/CHW instructors in Texas and CHW

organization leaders, as well as individual interviews with CHWs. The results section describes the relationships discovered through the statistical and content analysis. This section also uncovers a different relationship in the proposed framework that results in a revised model for assessing organizational performance of CHW organizations. Finally, the last section discusses a summary of the findings and proposed an operational definition for CHW organizational performance for consideration by other grassroots, volunteer professional organizations. In addition, this section describes the significance and implications of this research for the CHW field, as well as addresses ethical considerations and limitations of the research study. The dissertation concludes by summarizing the purpose of this research and providing recommendations for the next steps.

1.1 Background

Organizational performance is the principal concept used in the public administration literature to assess organizational outcomes; meanwhile, in the social sciences literature, the term "effectiveness" measures organizational success (Henri, 2004; Lecy, Schmitz, & Swedlund, 2012). Over time, the research of nonprofit organization effectiveness has spread to various disciplines and is no longer exclusively a subfield of the study of organizational effectiveness (Lecy et al., 2012). Therefore, Lecy, Schmitz, & Swedlund (2012), emphasize the importance of conducting an interdisciplinary review that draws from literature across different fields to fully understand the various elements of nonprofit effectiveness. Organizational effectiveness and organizational performance are similar in definition, challenges, and measurement; and the two terms are often used interchangeably in the literature across various fields to refer to high

functioning organizations in their respective fields (Shenhav, Shrum, & Alon 1994; March & Sutton 1997; Henri, 2004; Lecy et al., 2012).

Organizational performance, or effectiveness, is the organization's ability to use its resources to make decisions and implement activities to achieve organizational goals (Henri, 2004). To determine organizational performance, performance measurement tools assess the outcomes of the organization's activities (Henri, 2004). This research uses the terms "perceived organizational performance" and "perceived organizational effectiveness" interchangeably when discussing whether the activities implemented by CHW organizations were successful in achieving the organization's goals. This research draws from different fields to define the purpose and function of professional associations and to understand the importance of member satisfaction for perceived organizational performance. This research will also propose an operational definition of organizational performance of CHW organizations based on performance measures drawn from the public administration and social sciences literature.

1.2 Introduction to CHW Model

The trusting relationship CHWs have with members of their community stems from shared life experiences, culture, ethnicity, language, and socioeconomic status (APHA, 2018). Having a trusting relationship with the community allows them to effectively serve as a liaison between under-resourced communities and health and/or social services. CHWs also help build individual, community, and systems capacity through culturally appropriate health education, outreach, navigation, social support, advocacy, empowerment, and increasing self-efficacy among community members (Texas Department of State Health Services [TxDSHS], 2019). In addition, CHWs have the ability to manage care for vulnerable populations, offer interpretation

and translation services, provide guidance on health behavior changes, and can sometimes provide direct services, for example: first aid, blood pressure screenings, and BMI determination (US Department of Health and Human Services [USDSHS], 2011). The CHW model is primarily effective when used with underserved and vulnerable populations such as minority communities, migrants, rural communities, and individuals with chronic conditions (USDSHS, 2011).

The CHW model can be traced as far back to the 1930's in China when farmers received basic medical training and worked to bring health care to rural villages (Perry, H., 2011). Farmers received training on how to record vital events, vaccinate, administer simple treatments, and provide education (Perry, H., 2011). The model also existed in Latin American countries where CHWs are known as *Promotoras de Salud* or health promoters. The CHW model emerged in the United States in the mid 1960's with the use of "neighborhood health aids" to address the health of migrant farmworkers, poor urban communities, Native Americans, and other underserved individuals (Bovbjerg, Eyster, Ormond, Anderson, & Richardson, 2013).

In 1999, with House Bill 1864, Texas became the first state to pass legislation focused on creating a statewide CHW certification process, and in 2001, Senate Bill 1051 directed DSHS to establish a training and certification program. In 2010, the Bureau of Labor Statistics assigned an occupational code to CHWs, further legitimizing the profession (MHP Salud, 2014).

Since then, the passage of the Patient Protection and Affordable Care Act in 2010 identified CHWs as crucial members of the health care workforce and identified them as health professionals (MHP Salud, 2014). The ACA also authorized the Centers for Disease Control and

Prevention to fund agencies utilizing CHWs for intervention programs and funded Area Health Education Centers to deliver interdisciplinary trainings with health care professionals, including CHWs (MHP Salud, 2014). In 2013, the Centers for Medicare and Medicaid Services (CMS) allowed state Medicaid agencies to reimburse for community based preventive services provided by CHWs; however, only a few states have authorized Medicaid reimbursement for CHW services. Texas is among the states not reimbursing for CHW services (MHP Salud, 2014).

Much progress has been made for the recognition of the CHW model and profession in the health care field. Nevertheless, there is still work needed to assure CHWs are utilized to their maximum potential and receive the necessary support to conduct their work in the community effectively and efficiently.

1.3 Impact of CHWs

Community Health Workers engage in a variety of roles to bridge the gap between patient and provider and to address health disparities. The shift in our healthcare system from rewarding providers for the volume of care provided to a value-based healthcare system, in which providers are rewarded for the quality care, has incentivized providers to find creative strategies to improve healthcare delivery (Jack et al., 2016; Centers for Medicare & Medicaid Services [CMS], 2020). A value-based healthcare structure also supports improved care for individual patients and lower healthcare costs (CMS, 2020). The CHW model is often used to help reduce costs by managing chronic conditions to decrease hospital readmission rates and emergency department and urgent care visits (Jack et al., 2016). CHW interventions have improved overall health outcomes, as well as health outcomes for individuals with chronic

diseases including heart disease, diabetes, and asthma as well as cancer and HIV (Jack et al., 2016; Viswanathan et al., 2010; Kim et al., 2016).

In a systematic review on the impact of CHWs on healthcare service utilization, Jack et al., (2016) found that integrating CHWs into the healthcare team can help reduce care utilization and healthcare costs. CHWs have effectively in improved patient engagement by increasing primary care utilization and patient-provider communication (Kangovi et al., 20114; Lloyd, Moses, & Davis, 2020). Furthermore, in areas with a shortage in health care providers, such as in rural communities, CHWs are used to improve health outcomes at a lower cost in regards to training and salary (Vaughan et al., 2015; Lloyd et al., 2020; Rural Health Information Hub, 2019). In rural settings, CHWs serve their community by helping individuals access health care services, providing health and prevention education, and conducting basic health screening tests among other usual CHW services (Rural Health Information Hub, 2019). With the right skills training and resources, CHWs can effectively improve health outcomes in hard to reach minority, under-resourced, and rural communities, while simultaneously alleviating the burden of high healthcare costs (Rural Health Information Hub, 2019).

1.4 CHW Training and Recruitment

Community Health Worker training requirements vary across states and are not always reported in research studies (Viswanatha, et al., 2009; Andrews, Felton, Wewers, & Heath, 2004). Training can consist of increasing knowledge and skills of CHWs to be able to implement a health program or intervention (Viswanatha, et al., 2009). Often times, the training focuses on the particular health topic or a specific population and in familiarizing CHWs with available resources in the community (Aponte, Jackson, Wyka, & Ikechi, 2017; Brownstein et al., 2007).

The amount of time CHWs spend training also varies. One systematic review found training varied anywhere from 3 hours to 6 months and consisted of a variety of training strategies from lectures to supervised field experiences (Andrews et al., 2004; Spencer et al., 2011; Kim et al., 2016). Additional areas of training include cultural competence, recruitment, and retention process skills, intake assessment, protocol delivery, behavior skills, interpersonal skills, research skills, referral processes, technical health skills, and training on the Health Insurance Portability and Accountability Act (HIPAA) (Viswanatha, et al., 2009; Cherrington et al., 2008; Kim et al., 2016).

Strategies to recruit CHWs vary from using social networks in the community, tapping into existing community agencies, organizations, and using local community and clinic contacts (Andrews et al., 2004; Cherrington et al., 2008). Some programs recruit CHWs from the community in order to have individuals that reflect the participant's race/ethnicity and socioeconomic status (Brownstein et al., 2007; Cherrington et al., 2008). Other sources of recruitment include media, clinic ads, CHWs' referrals, and existing community health classes (Cherrington et al., 2008). The diverse recruitment strategies result in enlisting individuals with varying levels of experience. Some programs utilize CHWs with no prior health care experience, several use CHWs with some experience in the community, and others use CHWs with extensive knowledge of available resources in the community (Brownstein et al., 2007). A number of CHW programs assign CHWs to a community based on common traits such as residency in the community, ethnicity, and culture (Andrews et al., 2004; Spencer et al., 2011; Cherrington et al., 2008; Forst et al., 2004). Others enlist the help of CHWs without a direct connection to the community (Aponte et al., 2017). Recruiting individuals with varying levels of

education and experience creates a challenge for employers and training centers to provide a one-size-fits-all training without additional professional support.

According to the National Academy for State Health Policy (NASHP, 2019) forty-seven states and the District of Columbia had some type of CHW-related activity while three states (Tennessee, Alabama, Wyoming) did not currently have any CHW-related activity when the data was collected. Only eight of the forty-seven states had a state certification process, some were provided by a certification board, state association, or Board of nursing (NASHP, 2019). Three states had certificate programs, while seven states were either in the process of establishing a certification process or were in discussions to develop a certification program (NASHP, 2019). Due to the wide mixture in the type and amount of training provided to CHWs across the country, and the differences in certification processes, this research will only focused on CHW professional support in Texas–the first state to establish a statewide certification process, training requirements, and approved training centers.

1.5 CHW Certification and Renewal in Texas

After passing regulation in 1999, Texas formed a CHW Training and Certification Program through the Texas Department of State Health Services that began operations in 2001. The program oversees and regulates certification for training centers and CHWs. To obtain a CHW certification in Texas, an individual must meet the following minimum requirements: must reside in Texas, be at least 16 years old, and complete a certified competency-based training program or apply based on experience (TxDSHS, 2019a). The certification course is a 160-hour state certified curriculum provided by an approved training center and taught by a certified CHW instructor. Though there is not a standard curriculum but rather a standardized

framework where all certification training must incorporate eight core competencies: communication, interpersonal skills, service coordination, capacity building, advocacy, teaching, organizational skills, and knowledge base on specific health issues (TxDSHS, 2019a).

In the communication skills component of the certification training, CHW students learn about verbal and non-verbal communication; practice becoming and active listener; are able to identify barriers to communication; and how to collect, document, and provide appropriate health information to clients and health organizations (TxDSHS, 2019a). The interpersonal skills component educates students on how to appropriately interact with others to establish trusting relationships, as well as how to set boundaries to keep healthy relationships. Service coordination focuses on equipping CHW students with the tools to locate community resources, manage client referrals, and follow up to provide the proper social support. Capacity building skills builds on CHW's the ability to form collaborations and networks to address health needs or improve health services. CHW students also develop skills to advocate for a cause by using data to support concerns, partnering with advocacy groups, contacting local and state representatives, and staying informed on key policy issues. The teaching skills portion of the training works with students to develop their presentation skills while using different types of teaching aides depending on the type of learners they will be educating. How to schedule and manage educational session in the community while abiding by reporting and documentation guidelines is covered in organizational skills. Finally, CHW students learn how to identify and access reliable resources for health information to provide accurate teaching materials to their communities. This section also helps CHWs understand the role of social determinants of health in creating health disparities (TxDSHS, 2019a).

Individuals also have the option of obtaining certification based on previous work experience in community health (TxDSHS, 2019a). With this certification option, the applicant must be able to provide verification of at least 1,000 hours of community health work addressing the eight core CHW competencies. After completion of a state certified training CHWs receive state certification and are able to serve in a variety of roles in community organizations and healthcare facilities. CHW certification recognizes CHWs as health professionals with a diverse set of skills (TxDSHS, 2019a). One core purpose of going through the certification process is also to build community relationships that will increase employment opportunities with the prospect of higher wages. Nonetheless, this is not always the outcome for newly certified CHWs.

CHW instructors complete a more in-depth certified training covering the same eight core competencies. In addition, instructors must learn how to develop interactive lesson plans about a variety of relevant health topics and areas of interest to educate CHWs. Instructors also provide CHWs with the skills and resources to teach their community. Like CHWs, instructors have the option of gaining certification based on experience (TxDSHS, 2019a). The applicant must be able to prove they have provided a minimum of 1,000 hours of training to CHWs or other health professionals. Individuals who become certified CHW instructors must affiliate with an approved training center to be able to provide trainings to CHWs (TxDSHS, 2019a). This presents a challenge when instructors do not have existing relationships with other training centers, are unaware of the training centers in their area, or the training centers do not have paid opportunities for instructors. Since this is the only way instructors can work as CHW instructors, many are frequently left with a certification and no employment as a CHW

instructor. Training centers without funding to employ CHW instructors offer volunteer teaching opportunities; however, instructors must then find a source of income elsewhere.

To maintain the CHW and CHW instructor state certification, individuals must complete twenty hours of continuing education units (CEUs) every two years (TxDSHS, 2019a). For CHWs, at least ten, if not all, of the CEUs must be from DSHS approved training centers providing approved CHW CEUs (referred to as certified CEUs). The other ten CEUs (referred to as non-certified) could consist of educational trainings relevant to the eight core competencies. Conferences, workshops, verifiable self-study, or participation in any other professional development event can be used to renew. Similarly, CHW instructors must also participate in at least ten DSHS approved instructor CEUs provided by approved training centers (TxDSHS, 2019a). Instructors can count hours teaching CHWs towards their required CEUs; however, instructors can only apply five hours towards re-certification. Instructors earn one hour of credit for every two hours spent teaching. The other ten CEUs for instructors can also be earned by participating in professional development events (TxDSHS, 2019a). Both renewal processes allow five CEUs for certification in another Texas license or certification to be used towards CHW or CHW instructor renewal.

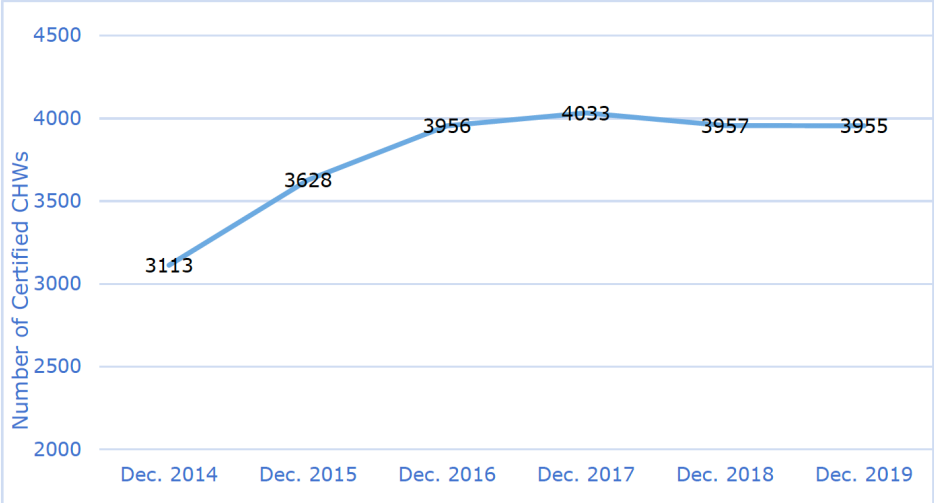
Though there is no cost associated with the certification or the renewal application, there is a cost to attend a certification program. The cost can range anywhere from five hundred dollars for CHW certification to one thousand dollars or more for instructor certification. If training centers have funding available from grants they may offer certification classes for free. Employers who wish to implement a CHW program or intervention typically pay for the certification class. Otherwise, individuals pay for certification courses out of pocket.

Another cost incurred by CHWs comes from participating in CEU trainings. While grants and employers can pay for participation in professional development events as well, there is no research to indicate whether this is a common practice. Attending CEU trainings or conferences can vary significantly in cost depending on the number of CEUs, the conference, and potential travel. CHWs also need to consider taking time off from work to attend CEUs or conferences, especially if the CHW needs to use personal time to attend. Aside from the cost of attending CEUs, instructors struggle to find available instructor approved CEUs and teaching opportunities, making maintaining certification difficult.

Every year the Promotor(a) or Community Health Worker Training and Certification Advisory Committee submits a report on the composition and progress of CHWs and CHW instructors in Texas to the Health and Human Services Commission Executive Commissioner (TxDSHS, 2019b). According to the 2019 Annual Report, the total number of certified CHWs decreased by less than 1%, while the number of instructors saw an increase (TxDSHS, 2020). There were 898 newly certified CHWs in 2019, a slight decrease in new certifications compared to the previous year (Figure 1). Meanwhile, 55 new instructors received certification in 2019, which was an increase from the number of instructors certified in 2018 (TxDSHS, 2020). In total, 982 CHWs failed to renew their certification along with 56 instructors (TxDSHS, 2020). Renewal rates for both CHWs and CHW instructors have experience a decrease since 2016 when at least 50% of CHWs renewed their certification (Figure 2). The 2019 renewal rate was 33% compared to 37% in 2018 (TxDSHS, 20220). Of note, the number of continuing education trainings available in 2019 including in person and distance learning training consisted of 290 opportunities of approved CHW continuing education training to apply towards recertification,

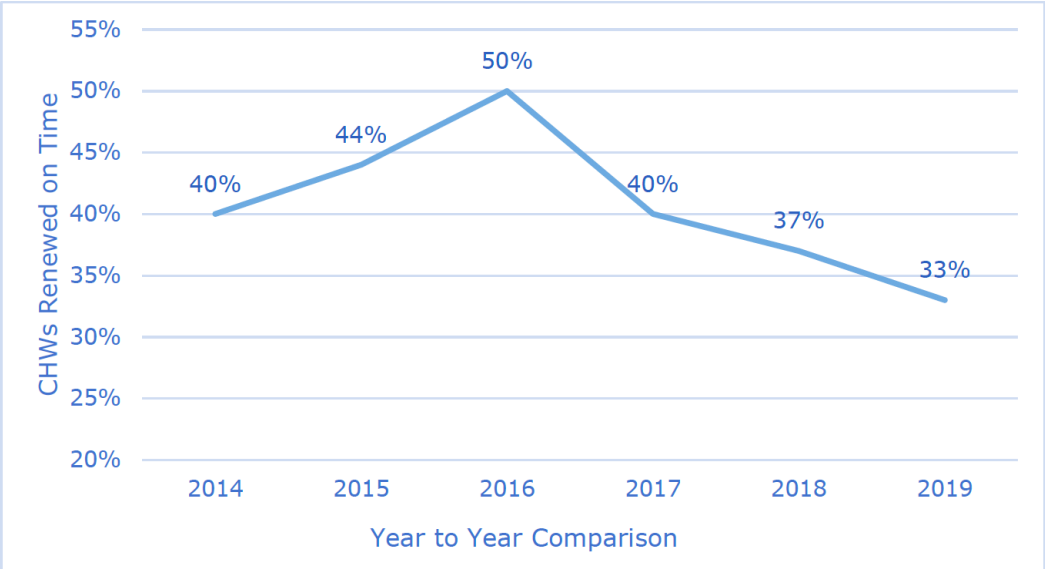
whereas only 51 trainings were offered for instructors to receive continuing education (TxDSHS, 2020).

Figure 1. Number of Certified CHWs, 2013-2019



Source: Texas Department of State Health Services, Promotor(a) or Community Health Worker Training and Certification Advisory Committee. (2020). 2019 Annual Report. Retrieved from https://www.dshs.texas.gov/Legislative/Reports-2020.aspx

Figure 2. CHW Renewal Rates, 2013-2019



Source: Texas Department of State Health Services, Promotor(a) or Community Health Worker Training and Certification Advisory Committee. (2020). 2019 Annual Report. Retrieved from https://www.dshs.texas.gov/Legislative/Reports-2020.aspx

1.6 Professional Support for CHWs

There is scarce data available on the reasons CHWs and instructors fail to renew their certification. However, one can speculate that this may be attributed to a number of barriers such as cost, availability, access to computer/internet, transportation, language, time, childcare, etc. Ironically, these are also the barriers CHWs are trained to overcome for their clients. A survey asking CHWs about the value in CHW certification identified a lack of employment opportunities as one reason why CHWs did not find value in certification (DSHS, 2017). CHWs provide support and advocate for their community, but CHWs need the same, if not, more support to be effective in their roles. A number of organizations exist at the national, state, and local levels to provide support and guidance to CHWs, instructors, and stakeholders.

Nationally, the American Public Health Association's (APHA) Community Health Worker Section formed to promote the incorporation of CHWs into the healthcare system to represent the needs of their communities (American Public Health Association [APHA], 2019). The section provides opportunities for CHWs to become involved at the national level in areas such advocating for CHWs, joining an online CHW community, writing articles for the newsletter, and helping review abstracts submitted for the annual conference. APHA provides online training resources for CHWs, best practices in CHW education, as well as opportunities for mentorship and collaboration with other CHWs across the country. If interested in serving on a leadership position, CHWs can join one of a number of section committees (APHA, 2019). Most noticeably, APHA provides policy support for the development and legitimization of the CHW workforce by adopting policies detailing the roles of CHWs in public health as well as outlining workforce recommendations, and policies establishing an official definition for CHWs (APHA, 2019). Most

recently, the National Association of Community Health Workers was established to unite and strengthen CHW's in their efforts to promote health equity (National Association of Community Health Workers [NACHW], 2019). The national association has three types of membership: individuals currently working as CHWs, CHW students, retirees, inactive CHWs; allies such as public health professionals and researchers who support CHWs; and other CHW networks organized to serve the needs of CHWs (NACHW, 2019). Since the association officially launched in April 2019, no information is currently available about how NACHW is actively supporting CHWs or effectively implementing its vision.

In Texas, the Promotor(a)/CHW Training and Certification Advisory Committee is comprised of certified CHWs, public members, a faculty member in a higher education institution, and CHW employers or representative from a community organization (DSHS, 2019a). The committee is tasked with advising DSHS and the Health and Human Services Commission (HHSC) on matters regarding implementation of the training and regulation of CHWs. In addition, the committee informs the health department on funding and sustainability. The Texas Association of Promotores/CHWs (TAPCHW) launched officially in the fall of 2019. The mission of the statewide association is to support and create more opportunities for the CHW profession across the state by advocating for the profession; providing education to CHWs and stakeholders on the work of CHWs; sharing employment opportunities; empowering CHWs; and influencing state and local policy (Texas Association of Promotores/CHWs [TAPCHW], 2019). Like NACHW, the state association of CHWs is currently focused on establishing its membership and cannot provide performance assessment. The Texas Public Health Association

also has a CHW section; however, there is no available information about the section or its support of the CHW workforce.

Finally, approved CHW training centers support the CHW workforce by providing the state certification course and/or offering state certified continuing education for both CHWs and instructors (DSHS, 2019a). Organizations serving as state certified CHW training centers include academic institutions, Federally Qualified Health Centers (FQHCs), CHW associations, community organizations, and Area Health Education Centers (AHECs) (DSHS, 2019b). Texas has 39 approved training centers, of which twenty-eight provide both certification and continuing education for CHWs, ten offer continuing education only, and five provide both certification and continuing education for CHW instructors (DSHS, 2019b). Half of the training centers (20) state they "may provide" or currently provide a Spanish course. Though some training centers have the ability to offer low cost or free training, this is not always the case. Training centers are not always conveniently located in communities with the greatest need for CHWs, such as rural areas. To address this barrier, some training centers provide trainings offsite or through distance learning. This solution, however, creates new barriers for individuals without access to internet or a computer and those who do not have the necessary computer skills to participate in a web-based class.

At the end of 2019, Texas had 3,955 certified CHWs across 144 counties, and 282 CHW instructors across 45 counties (DSHS, 2019b). With such a large number of CHWs, local CHW networks are vital in providing professional support. Presently, eleven CHW associations/networks/coalitions represent the needs of the almost 4,000 certified CHWs in Texas. Their structure ranges from informal networks to formal 501(c)3 nonprofit associations.

One association is also a state approved CHW training center. Even though the major regions of Texas are represented by a CHW organization (Panhandle, West, East, North, Central, and South Texas), some cities like San Antonio and Brownsville host more than one organization. The organizations identify as an association, network, or a coalition. In general, the missions of the eleven CHW organizations focus on creating a supportive environment that unites CHWs and instructors, offers educational opportunities, promotes the role of CHWs, and addresses health concerns of the community (DSHS, 2019a). According to the information provided to DSHS (2010a), approximately 2,000 CHWs are members of one of the eleven CHW associations, leaving half of Texas CHWs without a network of support. Unfortunately, there is no research or database on local CHW organizations, creating a barrier to evaluating and learning from each organization's successes and challenges in supporting the CHW profession.

1.7 CHW Organization Surveys

Organizations have, however, conducted needs assessments to determine whether a CHW association is necessary and if so, what services should it provide to its members. In 2017, before its formation, NACHW conducted a survey to gather information about local, state, and regional CHW organizations. The survey collected information on organizational characteristics, membership, governance, and programming (Wilkinson, Cenzon, & Sutkowi, 2018). In addition to collecting information about other organizations, the survey asked respondents if were interested in the establishment of a national CHW organization. The results showed there was significant interest among the participants for a national CHW association (Wilkinson et al., 2018). Findings from the survey informed the development of the national association.

In Texas, discussions of a statewide association occured for years. Most recently, in 2015-2016, surveys disseminated to all the approved training centers and local CHW organization gauged interest and support of a statewide organization. Over half of respondents stated they were interested in participating a statewide association. Participants also expressed a need for state level advocacy to address CHW needs such as Medicaid reimbursement, standardized trainings, compensation, and proper CHW supervision (Texas Association of Promotores/Community Health Workers [TAPCHW], 2019). The survey found a key motivator for participating in a statewide association was to form a united presence for Texas CHWs and create a supportive environment where other CHW organizations and training programs can exchange ideas, resources, and strategies for success (TAPCHW, 2019).

Locally, an example of a regional association gathering data to inform the development of an association is the Dallas/Fort Worth CHW Association. Not including instructors, the Dallas/Fort Worth (DFW) region has one of the largest concentrations of CHWs (approximately 500) in Texas (DSHS, 2019b). Yet, before the DFW-CHW Association, there was no network of CHWs in the area to provide professional support to CHWs and instructors. In the same manner, the association gathered information from local CHWs, instructors, and partners to learn about their professional needs and expectations from the association, and to identify how to structure the membership meetings (Dallas-Fort Worth Community Health Worker Association [DFW-CHW Association], 2015). The results identified education, outreach, networking, and employment as the most important services CHWs need from a local association. Of the CHW partner organizations that completed the survey, not all employed

CHWs but all were interested in affiliating in some way with the association (DFW-CHW Association, 2015).

1.8 Need for research

While the overall number of certified CHWs in Texas has remained steady over the years, the data shows an increase in the percentage of CHWs and instructors who are not renewing their state certification (TxDSHS, 2020). Numerous factors can contribute to the failure to recertify, including a lack of education opportunities, knowledge about trainings, cost, access, language, and other social factors. While there is existing support from national, state, and local CHW organizations, there is a greater need for social and professional CHW support. Local CHW associations are in a unique position to play a significant role in the professional development of the CHW profession. CHW organizations can meet the distinct needs of CHWs in their communities to address the high turnover rates. Maintaining a skilled CHW workforce is fundamental to their role of addressing the health needs of individuals in their community. Currently, Texas CHW organizations do not have oversight by a larger certifying body that can hold them accountable for meeting the needs of members. Whether CHW organizations have outlined performance measures, conducted organizational assessments, or implemented improvement plans to make sure the organization is meeting the needs of CHWs and CHW instructors is unknown. There is a clear need to assess the organizational performance of CHW organizations to determine whether the organization needs to modify its goals and activities to ensure the needs of its members are met. Currently no literature on organizational performance or professional support of CHW organizations exists; hence, this research conducted an interdisciplinary review of the literature to identify key performance measures of

organizational effectiveness and determine how members of CHW organizations define organizational performance. First, the research identified the characteristics of effective nonprofit professional associations and then applied the findings to assess existing CHW associations. Finally, this research proposes a model for CHW organizations to effectively support its local CHW workforce.

CHAPTER TWO

LITERATURE REVIEW

A significant amount of Community Health Worker (CHW) related literature has focused on CHW program development, training, program effectiveness, and outcomes of CHW programs; however, little research has been conducted on strategies to provide continuing professional support to the existing CHW and CHW instructor workforce. This section reviews existing literature to understand how professional associations can support the CHW workforce, and the impact of that support on their continuing engagement with their professional organization. Due to the lack of available literature on CHW associations, this research draws from different fields to define the purpose and function of professional associations and to understand the importance of member satisfaction for perceived organizational performance. In addition, it reviews characteristics of effective associations, how effectiveness is measured, contributing factors, and challenges facing professional organizations. Finally, this section discusses the need for CHW-specific professional association research to support the CHW workforce.

2.1 Purpose and Function of Professional Associations

Professional associations are established for the purpose of uniting individuals within a profession to support the needs of its individual members, the profession, and the larger society (Pemberton, 1994; Merton, 1958; Greenwood, Suddaby, & Hinings, 2002). Membership in a professional association is considered a fundamental element of professionalism and necessary for occupational development, however membership is based on qualifications and is

typically voluntary (Friedman & Phillips, 2004; Markova, Ford, Dickson, & Bohn, 2013; Oh & Ki, 2019; Escoffery, Kenzig, & Hyden, 2015). Merton (1958) argues the degree to which membership in a professional association is voluntary depends on the disadvantages of not joining. If the individual does not perceive the disadvantages to be severe enough, then the option to join is small compared to if the individual believes there are great disadvantages to their professional development from not becoming a member.

Supporting the needs of the larger society includes developing and protecting the relationships the profession has with the communities it serves and its partnerships with allied professions and organizations (Pemberton, 1994; Merton 1958). The role of the association is to validate the scope of practice of the profession against critics while attempting to form working relationships with neighboring professions (Merton, 1958). Professional associations have a strong influence in the progress of any profession (Pemberton, 1994; Ki & Wang, 2016). Together, members of an association work to address professional needs by improving the social status, recognition, scope of practice, and identifying its relation to other fields (Pemberton, 1994; Ki & Wang, 2016). Defining the field and its scope of practice is considered the most important function of a professional association, accompanied by the enforcement of ethical and performance standards (Pemberton, 1994; Hagar, 2014; Merton, 1958; Weenink, Kool, Hesselink, Bartels, & Westert, 2017). Meeting professional standards helps establish the credibility and status of the field. In the health care field, professional associations are usually tasked with promoting health practices and standards rather than developing or enforcing them (Hagar, 2014). Associations also have the responsibility of shaping and anticipating the future direction of the profession (Merton, 1958).

The most noticeable function of a professional association is to support the individual interests of its members. Individual interests refer to the need for education, information, and resources, as well as addressing compensation concerns of individuals in the profession (Pemberton, 1994; Gazley, 2014). This function of a professional association is carried out in the form of benefits offered to organization members. Membership benefits most often include continuing education, professional development, and technical assistance presented through various avenues such as professional publications, newsletters, conferences, or seminars (Walston & Khaliq, 2012; Markova et al., 2013; Gazley, 2014; Escoffery et al., 2015). Assessments on professional performance may also be offered by associations to help individuals identify areas for improvement (Weenink et al., 2017). Opportunities for leadership development and career advancement are available to members committed to the association by serving on leadership committees (Merton, 1958; Ki & Wang, 2016; Escoffery et al., 2015). A key activity of professional associations is providing members with opportunities to network with other professionals in the same field (Raj, Fast & Fisher, 2017; Ki & Wang, 2016; Walston & Khaliq, 2012). Developing large professional networks through professional associations allows members to have greater access to contacts, support, and information necessary for career advancement and satisfaction (Raj et al., 2017; Ki & Wang, 2016; Ansmann et al., 2014). Professional associations also serve as catalysts for change by advocating for the economic prosperity of the profession, an environment conducive to successful practice, and address other professional concerns in the policy arena (Merton, 1958; Walston & Khaliq, 2012; Gazley, 2014). Lastly, the universal function of professional associations is to create an environment

that provides social and moral support for its members and empowers them to effectively perform their professional duties (Ki & Wang, 2016; Merton, 1958; Hagar, 2014).

The availability of personal benefits offered to members plays a role in the decision to renew and donate to professional associations (Ki & Wang, 2016). Individuals actively seek the benefits of paid membership expecting to grow professionally (Markova et al., 2013). Gazley (2014) found members of professional associations value training and professional development the most. By improving the knowledge and competence of the individual, the association also improves the value of the individual practitioner to the profession and the field (Pemberton, 1994). In addition to knowledge and skills acquired, members also gain a sense of belonging and develop their professional identity (Ki & Wang, 2016; Markova et al., 2013). Professional identity is composed of the relationships, skills, and roles of an individual that determine who they become professionally (Raj et al. 2017). Members engage in associations when they can identify with its purpose (Knoke & Prensky, 1984; Hagar, 2014). Oh & Ki (2019) describe two ways in which members support the association: volunteering their time to accomplish the goals of the association and monetary donations to fund association activities. When a professional association effectively carries out its functions, the association can expect to see an increased interest in the field and in association membership (Pemberton, 1994).

2.2 Characteristics of effective associations

Professional associations, like other nonprofit organizations, are accountable by the stakeholders they serve including the donors, partners, members, the profession, and their communities (Balser & McClusky, 2005; Oh & Ki, 2016). Characteristics of an effective organization depend on the stakeholder's expectations. Sponsors may perceive an organization

as effective if the organization produces substantial revenue, whereas a member of the organization would consider an organization effective based on the benefits they receive. Pemberton (1994) characterizes associations by whether their focus is on the needs of its members or the success of the association as an organization (Pemberton, 1994). If the focus is on satisfying the needs of the members, the members will take care of making sure the organization continues to succeed. If, on the other hand, the association activities focus on the financial and visible success of the organization, the needs of the members will be neglected, which in turn means the association will lose membership and even struggle to survive. Boards of professional associations must make an effort to keep the primary focus on the needs of its members and set the needs of the association aside. Though a divided focus between the needs of the members and the visible success of an organization seems ideal, a perfect balance can be difficult to achieve (Pemberton, 1994).

Effective associations have members who actively engage and participate in association activities. Individuals are motivated to participate in their organizations through public and private incentives (Knoke, 1998). Public incentives are recreational activities and the opportunity to have an impact on their communities, while private incentives include gaining occupational advantages and increasing access to information (Hagar, 2014; Knoke, 1998). Though both public and private incentives encourage commitment to the association, Knoke (1988) identifies public incentives as a stronger motivator. Organizational success is also characterized by factors within (voluntaristic) and outside (deterministic) of the organization (Wollebaek, 2009). The organization's age, size, density, and environmental changes are deterministic and cannot be controlled by the organization. Factors within the organization's

control are voluntaristic and consist of organizational structure; function and composition of the board; and how the organization resolves conflicts (Wollebaek, 2009). Both voluntaristic and deterministic factors are needed for organizational success.

2.3 Measures of effective organizations

There is a known relationship between board effectiveness and organizational performance; however, research has found nonprofit associations are typically led by volunteer boards that often fall short in meeting expectations of their roles in governing the organization (Gazley, 2014; Herman & Renz, 1999). Nevertheless, boards of effective organizations more frequently adopt recommended board practices compared to their less effective counterparts (Herman & Renz, 2000; Jackson & Holland, 1998).

Herman & Renz (1999) suggest an organization's responsiveness to the needs and expectations of stakeholders is an appropriate indicator of effectiveness, but since meeting stakeholder demands determines resources available to nonprofit organizations, Balser & McClusky (2005) argue monitoring stakeholder's relationship and expectations is necessary to maintain transparency and accountability. Other researchers suggest responsiveness should not be the only measure used in assessing nonprofit organization effectiveness, and should also consider the organization's goals, resources, and reputation (Herman & Renz, 2004; Balser & McClusky, 2005).

The most frequently used measure of organizational performance is the extent to which an organization has reached its goals, most commonly meeting member's needs, gaining legitimacy, and influencing policy (Herman & Renz, 1999; Knoke & Prensky, 1984). This approach can be taken if the organization has specific, measurable, attainable, relevant, and

time-bound (SMART) goals. For professional associations that depend on membership fees as their primary source of revenue, the focal measure of performance for the association is the size of the organization based on membership acquisition and retention (Herman & Renz, 1999; Oh & Ki, 2016; Gruen, Summers, & Acito, 2000; Ki & Wang, 2016). The member's organizational identification, satisfaction, and length of membership are all highly correlated to donation amounts, retention rates, and membership recommendation to peers (Ki & Wang, 2016; Markova et al., 2013). Growth of the organization is also considered an indicator of how effectively the organization is responding to the needs of its community (Herman & Renz, 1999). Consequently, associations place emphasis on promoting and delivering personal and professional benefits (Ki & Wang, 2016).

Measuring organizational performance can be difficult as nonprofit organizations frequently have ambiguous goals that can be difficult to assess (Herman & Renz, 1999; Knoke & Prensky, 1984). While all organizations pursue effectiveness, measuring effectiveness can be challenging since organizations are structured differently and come with their own unique set of characteristics and challenges (Willems, Boenigk, & Jeger, 2014; Hunter, 2002). In addition, the type of support and benefits offered to members of professional associations differ across professions due to the differences in personal autonomy and characteristics of each profession (Weenink et al., 2017).

2.4 Membership Satisfaction

This study focused on membership satisfaction to gain a better understanding of organizational performance. Organizational theorists have proposed a relationship between satisfaction and organizational performance. Researchers argue that individuals who are

satisfied and happy work together towards meeting organizational goals and to increase organization effectiveness (Ostroff, 1992).

The literature highlights the importance of supporting the individual interests of its membership as a key and universal function of a professional association (Pemberton, 1994; Gazley, 2014; Ki & Wang, 2016; Merton, 1958; Hagar, 2014). Knoke (1988) identifies satisfaction with public incentives, such as recreational activities and community involvement, as strong motivators to encourage membership commitment to the association. When members are committed and engaged in an association, they provide their support to help reach the goals of the association (Oh & Ki, 2019). Hence, a main characteristic of an effective organization is a membership base actively engaged in the organization (Ki & Wang, 2016). Member engagement, however, has often been considered one of the greatest challenges of professional associations, including recruiting and motivating individuals to commit their time to the organization (Wang & Ki, 2017). Addressing this challenge and identifying ways to overcome it has been a top goal for membership associations (Wang & Ki, 2017).

In a study examining the effects of members' need fulfillment and organizational support on attitude and member engagement in a professional association, Wang & Ki (2017) found that individuals who felt their needs were being met and felt supported by the organization were more likely to actively participate in the association and to make a donation. Similarly, Ostroff (1992) argues that organizational effectiveness is, in part, a function of individual behaviors, which are influenced by individual satisfaction and attitudes toward the organization. Membership satisfaction, specifically, is not used as a direct measure of organizational performance; however, membership satisfaction influences individual attitude

which plays into other performance measures commonly used such as membership acquisition and retention, membership engagement, and meeting organizational goals (Herman & Renz, 1999; Ki & Wang, 2016; Markova et al., 2013; Ostroff, 1992). Therefore, understanding member satisfaction and attitudes can help determine the individual's behavioral intention in the organization, which can then help achieve organizational effectiveness (Ostroff, 1992).

2.5 Organizational Theories

A number of theories assess the functionality of organizations and often more than one theory is used to frame an organizational assessment. Given the multifaceted nature of organizations, especially voluntary nonprofit professional organizations, multiple theories are used to address the different components (Miller-Millesen, 2003).

The theories used to assess the board's role in an organization, include: agency theory, resource dependency theory, institutional theory, stewardship theory, stakeholder theory, and democratic ideology (Miller-Millesen, 2003; Cumberland et al., 2015; Wollebaek, 2009; Gazley, 2014; Knoke & Prensky, 1984). Agency theory is used to assess the board's role in monitoring the executive director's actions and power over the organization; resource dependency theory addresses the board's role in securing external relational and human capital resources to support the organization's goals; and stewardship theory speaks to the board's responsibility to properly manage those attained resources (Cumberland et al., 2015; Miller-Millesen, 2003). Stakeholder theory describes the board's role in assuring the needs of the various organizational stakeholders are met by giving them a voice in the decision making process (Cumberland et al., 2015). Similarly, adopting a democratic ideology underscores the importance of membership engagement in the decentralization of board power; institutional

theory is used to understand governance practices by analyzing the organizational norms, rules, and processes adopted by the board (Knoke & Prensky, 1984; Miller-Millesen, 2003; Gazley, 2014; Greenwood, Suddaby, & Hinings, 2002)

The effect of the environment on the functions and effectiveness of the organizations is considered in the literature through the lens of contingency theory and organizational ecology. Environmental stability affects formalization while a complex environment affects the centralization of an organization (Hunter, 2002). Therefore, in order for an organization to be effective, its structure must match their environment while also adapting to environmental changes (Hunter, 2002). Wollebeak (2009) uses an organizational ecology perspective as the dominant deterministic theory for organizational success. Through this perspective, characteristics of the organization such as size and age, and environmental factors such as changes in economy and regulations, determine effectiveness (Wollebeak, 2009). The ecological approach also emphasizes the need for organizations to adapt to their environment in order to succeed. Adjusting to environmental demands can lead to the formation of inter-organizational networks to provide the necessary support and resources (Knoke & Presnky, 1984).

The network approach is the most often used theoretical framework for organizations and touches on matters regarding resource dependence in inter-organizational networks (Knoke & Prensky, 1984). Nonprofit voluntary associations tend to depend on other organizations for resources without always returning the same value in services. While sometimes the uneven exchange of goods or services is not a concern, this can end relationships between unsatisfied organizations. According to exchange theory, each party

assesses the value of the relationship and will withdraw if the benefits are imbalanced (Knoke & Prensky, 1984). Network theory proposes that organizations can address this issue by diversifying their inter-organizational networks. An extensive network of “weak ties” can be much more beneficial to an organization than having only a couple of strong relationships (Ansmann et al., 2014).

On an intrapersonal level, social network theory also addresses an individual’s motivation to engage in an organization in order to build their professional network (Ansmann et al., 2014). Raj et al. (2017) use the Identity Based Motivation (IBM) model to argue the extent to which an individual views professional networking as identity-congruent is a stronger determinant of their willingness to participate in the organization for networking, than the material and professional benefits of networking. Relatedly, the social identity theory views membership in an organization as a way for individuals with similar interests and values to come together for support and empowerment (Ki & Wang, 2016; Markova et al., 2013). Other theories focus on how an organization’s benefits influence an individual’s motivation to join, renew membership, or recommend the organization. The customer decision theory suggests an individual’s decision is determined by the value the person places on the benefits and costs of obtaining a service, or in this case becoming a member of the organization (Ki & Wang, 2016). Similarly, the theory of planned behavior identifies intention as a predictor of behavior (Glanz et al., 2008). Satisfaction with perceived personal and professional benefits influences behavioral intention, which subsequently predicts whether the individual will join, renew, or recommend the organization (Ki & Wang, 2016). Utility theory also considers how the perceived value of benefits affects a person’s intention to renew and recommend the organization (Ki &

Wang, 2016). The discrepancy theory proposes members prefer to renew membership when the organization meets their expectations (Ki & Wang, 2016). Additionally, Knoke & Presnky (1984) use incentive theory of motivation to identify three types of benefits provided by organizations that influence an individual's behavior to join and commit to the organization. The authors find utilitarian, normative, and affective incentives can encourage membership (Knoke & Prensky, 1984). Table 1 lists each theory mentioned along with the characteristic(s) of organizational effectiveness addressed based on the professional organization literature.

In an assessment of whether existing organization theories could be used to analyze voluntary associations, Knoke & Prensky (1984) determined theories need to be modified to address the distinct needs and characteristics of voluntary associations. Much of the literature on organizational performance uses large, well-established organizations or associations with a large membership base; however, voluntary associations typically focus on local chapters and are not strictly regulated (Knoke & Prensky, 1984). Though existing organizational theories do have concepts applicable to voluntary associations, the authors strongly recommend addressing the relevance of the assumptions to voluntary associations for each theory (Knoke & Prensky, 1984). Similarly, Kaplan (2001) notes that although the performance measurement systems used for large for-profit organizations cannot be applied to nonprofits, the same framework used to develop the measurement system can be adapted to associations and nonprofit organizations.

This study applied the Theory of Reasoned Action (TRA) and Social Identity Theory to understand member satisfaction and attitude towards an organization. The Theory of Reasoned Action focuses on individual motivation and assumes intention is the most direct predictor of

behavior (Montano & Kasprzyk, 2008). This theory explains how attitude plays a role in motivating an individual's intention to perform the behavior of engaging in a CHW organization. In addition, according to the Social Identity Theory, individuals with similar interests are drawn to each other and often become members of the same professional association (Ki & Wang, 2016). The insights gathered from the TRA and Social Identity Theory were used to develop a new framework for assessing CHW satisfaction and to inform CHW organizations on how to best serve members to encourage continued engagement in the organization for the benefit of the organization.

Table 1. Theories used in assessing organizational performance

Theory	Characteristics of Effective Organizations				
	Offers valuable member benefits	Governance structure/ practices in place	Focus on member engagement	Relationships with community/ profession	Considers environmental factors
Agency Theory		X			
Contingency Theory					X
Customer Decision Theory	X				
Democratic Ideology		X	X		
Discrepancy Theory	X				
Exchange Theory	X			X	
Identity Based Motivation Model			X	X	
Incentive Theory	X				
Institutional Theory		X			
Network Approach				X	
Organizational Ecology				X	X
Resource Dependency Theory		X		X	
Social Identity Theory			X	X	
Social Network Theory			X		
Stakeholder Theory		X	X	X	
Stewardship Theory		X			
Theory of Planned Behavior	X		X	X	
Utility Theory	X				

2.6 Organizational assessments

There is a wealth of tools available to assess organizations to determine strengths and weaknesses and provide a guide for improvement (Survive and Thrive Global Development Alliance, 2016; Informing Change, 2017). Most assessments focus on organizational capacity, which includes stakeholder responsiveness but do not necessarily consider the member's perspective of the organization. Organizational capacity refers to the "capabilities, knowledge, and resources that organizations need to be effective" (CNCS, 2017). The main functions of organizational assessment tools are to encourage reflections about an organization's future, and to identify concerns and areas for improvement to increase organizational capacity in order to achieve effectiveness (Informing Change, 2017; Corporation for National and Community Service [CNCS], 2017).

This study used a tool developed by the International Federation of Gynecology and Obstetrics (FIGO) in collaboration with the Society of Obstetricians and Gynecologists of Canada (SOGC) to assess the capacity building of health professional associations specifically (Survive and Thrive Global Development Alliance, 2016). The focus of this user-friendly assessment tool on health professional associations that are either conducting their first organizational assessment or would like to focus on specific organizational areas made it ideal for the purpose of this study (Andrews et al., 2013). CHW professional organizations are not complex and do not usually have the financial or human resources to conduct a lengthy, complex assessment. In addition, the preventive services provided as professionals by CHWs are more aligned with health paraprofessionals.

2.7 Research questions

Professional organizations for CHWs, as many voluntary associations, vary across every aspect of organizational structure and function. When considering organizational performance, it's important to note nonprofit and voluntary professional associations are very different than organizations such as businesses, firms, or other service providing industry (Herman & Renz, 1999; Knoke & Presnky, 1984). Similarly, not all organizations are non-profit nor are all professional associations non-profit. These distinctions prevent the generalizability of measurement strategies found in the literature (Herman & Renz, 1999). Governing practices also vary by industry and environmental influences (Gazley, 2014). This literature review considered organizational effectiveness and association performance measures from various professional fields. As Knoke & Prensky (1984) expressed, assessing the structural components of voluntary associations using organization theory that places an emphasis on formal bureaucracies can be problematic. Instead, the focus of voluntary associations is to serve as a means to support member's political and socio-emotional values, neither of which requires complex processes (Knoke & Prensky, 1984). Similarly, CHW organizations are formed to support the unique needs of CHWs and CHW instructors.

Like numerous nonprofit organizations, those serving Community Health Workers (CHWs) are voluntary and vary in organizational structure, function, and governing practices. Therefore, measurement strategies found in the literature cannot be loosely applied to CHW organizations. Currently, there is no research on organizational performance of CHW organizations. This study sought to identify which factors influence CHW satisfaction and engagement in local CHW organizations. In addition, this research explored how CHW

organizations measure and respond to member perceptions of the organization's performance, and whether member perception has an impact on the CHW organization. To guide this research, a framework (Figure 3) that uses member satisfaction as a key factor of perceived organizational performance was used to understand these relationships.

2.8 Theoretical Framework

This study used a behaviorist approach to assess the factors that contribute to CHW engagement in local CHW organizations and whether membership satisfaction and engagement leads to organizational performance. Understanding what motivates individuals to participate and the expectations CHWs have from the association can provide strategies to improve organizational performance. The theoretical framework uses the Theory of Reasoned Action and Social Identity understand how member satisfaction can influence an individual's behavior to engage in the association and lead to perceived effectiveness.

2.8.1 Behavioralism

The Hawthorne studies by Elton Mayo and Fritz Roethlisberger introduced the notion of social interactions and job satisfaction as motivators for organizational productivity (Pershing & Austin, 2014). Deviating from the classical rationalist viewpoints, behavioralists adopt a normative perspective to explain what motivates individuals to make certain decisions. Douglas McGregor and Abraham Maslow, two key behavioral theorists, suggested some basic assumptions of behavior and motivation, including:

- "People will be self-directed to meet their work objectives if they are committed to them.

- People will be committed to their objectives if rewards are in place that address higher needs such as self-fulfillment.
- People are universally motivated by the same basic needs.
- People are continually motivated by one need or another. Satisfying one need only results in the individual trying to satisfy other needs" (Pershing & Austin, 2014, pg. 123).

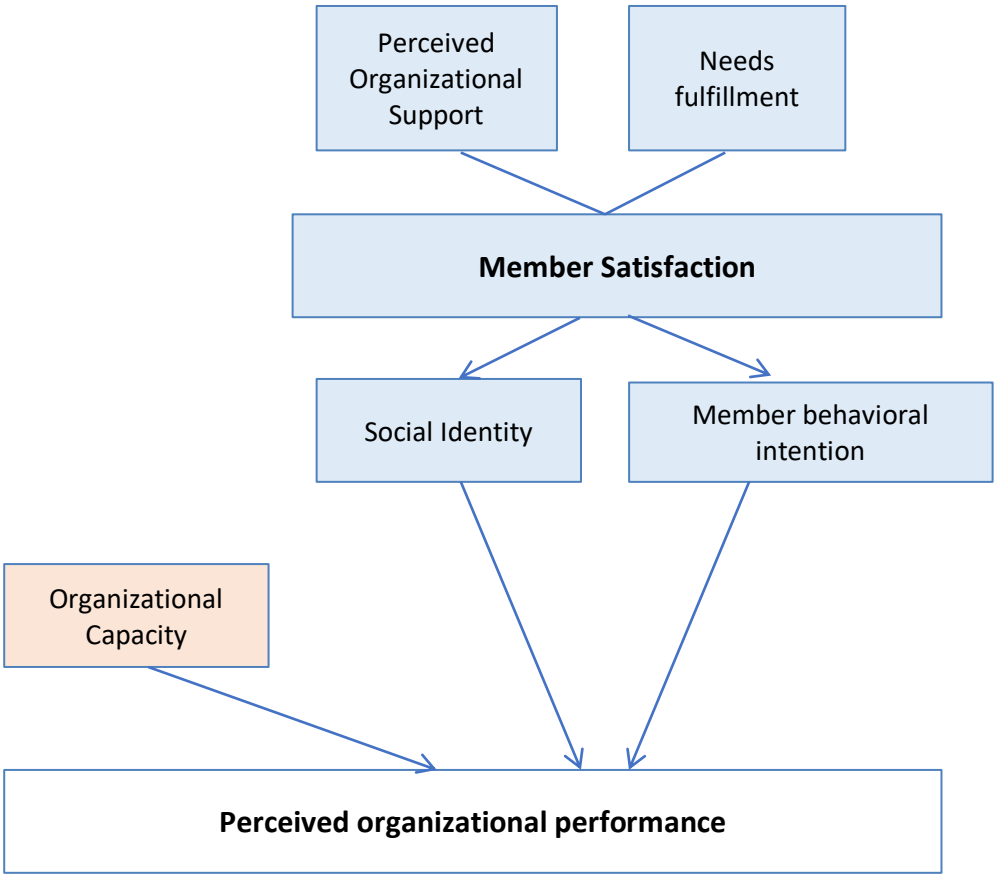
Chester Bernard emphasizes the importance of persuasion by means of four specific incentives to increase individual participation in the organization: material benefits, including financial compensation; personal opportunities; a conducive environment; and other intangible benefits such as pride in their abilities and skills (Pershing & Austin, 2014). A behaviorist approach underlines the importance of motivation and need to individual behavior; therefore, any strategies used to improve organizational performance must consider these incentives. In addition, there are notable features of public sector organizations that may influence how motivational strategies will impact individuals in the organization. For example, public sector organizations are more likely to disagree on measures of effectiveness; they consider equity as more important than efficiency; their organizational processes are more transparent; and the organization may be more responsive to stakeholder needs while maintaining a vague financial bottom line (Pershing & Austin, 2014). These features of public organizations highlight the complexity of strategies to improve effectiveness.

2.8.2 Proposed framework

A model proposed by Wang & Ki (2017) to explore the impact of need fulfillment and organizational support on a member's attitude toward the professional association and member engagement found that perception of need fulfillment and organizational support had

a positive influence on their attitude, and on their level of engagement in the association. This study used a similar framework to understand how member satisfaction shapes attitude toward the CHW organization and social identity to influence member behavior (Figure 3).

Figure 3. Proposed framework to assess CHW organizational performance



The Theory of Reasoned Action emphasizes the importance of attitude regarding a behavior and social norms to determine an individual's behavioral intention (Montano & Kasprzyk, 2008). According to TRA, an individual's attitude determines behavioral intention. By understanding the relationship of member satisfaction with attitude towards the organization, one can explain and predict an individual's decision to engage in their local CHW organization.

Membership satisfaction. For the purpose of this study, member satisfaction was measured by members' need fulfillment and perceived organizational support (POS). POS describes whether individuals feel like their organization values and cares about them (Eisenberger et al., 1986; Wang & Ki, 2017). In this case, the CHW organization can show support through advocacy for professional or personal advancement. When an organization takes measures to show support for members, members feel valued and are more likely have their needs for approval and social identity met (Wang & Ki, 2017). In addition, POS strengthens an individual's desire to commit to the organization and engage in activities to benefit the organization (Eisenberger et al., 1986**;** Wang & Ki, 2017). In the same manner, when individuals who share the same values and goals come together in a group, they are empowered to work to fulfill their professional and/or personal needs (McMillan & Chavis, 1986; Wang & Ki, 2017). Individuals who feel their needs are fulfilled through the organization are motivated to join or renew their membership (Wang & Ki, 2017).

Behavioral Intention. In the TRA model, attitude is determined by an individual's behavioral beliefs and their evaluations of behavioral outcomes (Montano & Kasprzyk, 2008). If the individual believes the behavior will have favorable outcomes (e.g. fulfilling their needs, gaining a supportive environment), they will have a positive attitude about the behavior and take action. Similarly, if he/she believes the results of performing the behavior will be unfavorable (e.g. failing to meet their needs, lack of support from the organization), they will have a negative attitude and not carry out the behavior. The individual must be informed of the possible outcomes from performing the behavior in order to form their behavioral beliefs, and then they must assess the value of those potential outcomes to determine their attitude

towards the behavior and whether they intend to take action. Therefore, in the proposed model, attitude towards the organization is determined by the member's behavioral intention. According to TRA, the most important predictor of a behavior, behavioral intention, provides an indication of the likelihood the individual is to perform the behavior (Glanz et al., 2008). Based on the TRA model and previous literature, this study defined behavioral intention as intention to engage in a CHW organization, renew membership, join a CHW organization, and/or recommend the organization to their peers (Glanz et al., 2008; Ki & Wang, 2016). Ajzen (2002) emphasizes that the more favorable the attitude towards a behavior, the stronger the intention to perform the behavior.

Social Identity. The organization also has a part in developing and supporting a person's social identity by creating opportunities to contribute to the success of the organization and serve their community (Ki & Wang, 2016). Individuals gravitate towards social groups with whom they share similar interests, therefore engaging in organizations if they can identify with the organization's activities, purpose, and goals (Hooper, 1976; Knoke & Prensky, 1984; Hagar, 2014; Ki & Wang, 2016). When an individual identifies with a group, they are motivated to engage in behaviors in support of the group, such as becoming a member (Hooper, 1976). Through membership in an organization, individuals and their peers share their attitudes about the profession and have an opportunity to contribute to the success of the organization (Ki & Wang, 2016). Members who develop their social identity through affiliation with an association are more likely to be satisfied, and therefore have the intention to renew membership or recommending the organization to others (Knoke & Prensky, 1984; Hagar, 2014; Ki & Wang, 2016).

In exploring how social identity can predict behavior, Hooper (1976) developed a single instrument to measure social identities of individuals, much like measuring attitude. Using this procedure, researchers are able to explore the relationship between social identities and other social behavioral variables, such as group support (Hooper, 1976). Using a Likert scale, participants were asked the importance of thinking about themselves as a CHW/CHW instructor, as well as a member of a CHW organization. These questions, along with the demographic questions that cover other areas of personal identity, helped identify which individuals are more likely to engage in and support the organization (Hooper, 1976; Nandi & Platt, 2017).

Organizational capacity. Researchers agree that even though individual behaviors influenced by member satisfaction and attitudes toward the organization are a component of organizational performance, a comprehensive performance assessment also includes structural components of the organization, such as the board composition, organizational structure, and stakeholder responsiveness (Ostroff 1992; Herman & Renz, 2004; Balser & McClusky, 2005). The purpose of conducting an organizational capacity assessment is to assess the organization's ability to efficiently use its resources to reach their goals (Society of Obstetricians and Gynaecologists of Canada [SOGC], 2009). An assessment identifies the strengths and areas for improvement of an organization in an attempt to help the organization strengthen their organizational capacity (Survive and Thrive Global Development Alliance, 2016; Informing Change, 2017). This research conducted a brief organizational capacity assessment to understand whether certain organizational characteristics play a role in the perceived organizational performance; however, the focus of the present study was on member

satisfaction as a key measure of perceived organizational performance. A thorough organizational capacity assessment was recommended to provide a more comprehensive assessment of an organization's structure; unfortunately, this undertaking was outside of the scope of the primary research questions.

CHAPTER THREE

METHODOLOGY

This study aimed to understand member satisfaction as a measure of CHW organizational performance. The primary question focused on identifying the factors that motivate CHWs to participate in local CHW organizations, provided in the form of member benefits. By isolating these motivating factors, CHW organizations can assess member satisfaction and determine whether the organization is providing sufficient support to the CHW workforce. In addition, this study sought to understand how CHW professional organizations measure effectiveness and explore if certain organizational characteristics, as outlined in the literature, are more related to perceived performance of the organizations. To answer these questions, this research used a mixed-methods approach to analyze the data collected from participants. Using mixed method maximized the likelihood of addressing multiple factors and producing a strong research study (Morgan, 1998). Quantitative methods served as the principal tool while the qualitative portion of the research study complemented the quantitative data to provide a further understanding about an individual's motivation to participate in a CHW organization (Creswell & Poth, 2018; Morgan, 1998).

3.1 Sample Population and Recruitment

The CHW program office at the Texas Department of Health Services (DSHS) maintains a database with contact information of all the certified CHWs/CHWIs in the state and used email as the primary source of communication to send information about resources, trainings, and events. Disseminating the survey to all Texas certified CHWs and instructors required support

from DSHS. The CHW program office was contacted to explain the purpose of the study and how the study can provide guidance for CHW organizations to further support the CHW workforce, as well as identify how DSHS and CHW organization can work together to encourage CHW recertification. To recruit organizational leaders, all eleven of the local CHW organizations were contacted by phone and email to explain the purpose of the study and to describe how the study can help support the organization's goals by working together to identify potential strengths and areas for improvement. As an additional incentive to participate, the CHW organizations and the CHW Program Office at DSHS were offered a summary of the final results. Organizations were asked to select one representative from the leadership team to complete the assessment on behalf of the organization, preferably the chair or president of the organization. The responses were anonymous, and the names of the organization were not asked to encourage participants to provide accurate information. UTA Institutional Review Board approval was obtained before commencing fieldwork.

3.2 Data Collection

At the end of 2019, Texas had a total of 4,237 certified CHWs and CHW instructors (TxDSHS, 2020). Given the large number of CHWs and instructors, the lack of data available on CHW organizations, and the time required to assess all CHW organization members across the state, this study used web-based surveys for data collection. This quantitative method allowed the study to reach the greatest number of participants. Since only participants who are certified CHWs and CHW instructors received the survey, the nonprobability sampling technique of convenience was used to gather data from individuals who were available and volunteered their time to respond to the survey (Creswell, 2012). The dependent variables of greatest

interest were: member satisfaction with organization's member benefits; and member perception of organizational performance defined as the extent to which the individual believes the organization is effective. Key independent variables considered in this research include organizational support, social identity, behavioral intention, and needs fulfillment. Operational definitions of variables explain and measure the variable and were constructed by the researcher if one applied to the research area was not already available (Creswell, 2012). Two surveys were administered using QuestionPro to collect data. One survey was distributed to all certified Texas CHWs and CHW instructors with help from DSHS, and the second survey was distributed to CHW organization leaders. Leaders were defined as any individual who holds a leadership or decision-making role or serves on the governing board of the CHW organization.

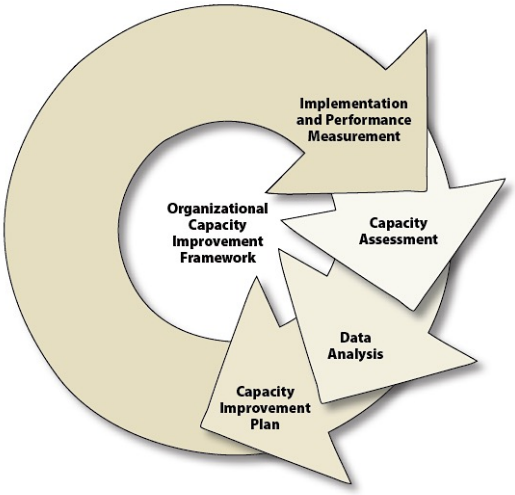
The survey tool administered to CHWs and instructors was used to help understand the reasons why they do or do not participate in a local CHW organization and the level of satisfaction with the organizations. Since there is not a current CHW organization satisfaction survey available, one was developed based on the literature (Appendix A and B). The survey used information gathered from needs assessments conducted by CHW associations in which CHWs identify services they would like to receive from associations, such as opportunities for education, advocacy, outreach, networking, and employment, as well as other resources (DFW-CHW Association, 2015; Wilkinson et al., 2018; TAPCHW, 2019). The literature also identifies the member benefits most commonly offered by professional organizations to be continuing education, and opportunities for professional development through conferences, seminars, and publications (Walston & Khaliq, 2012; Markova et al., 2013; Gazley, 2014; Escoffery et al., 2015). In addition, the "Guide to Member Surveys" was used to assist in the development of

the survey questions focused on member satisfaction with the organization (Seibert, 2016). Written permission to adapt these questions was obtained from the creator of the guide, Dr. Larry Seibert, on May 6th, 2020. To test the validity of the survey, an expert in the field reviewed the survey, and then the efficacy and clarity of the questions was tested with an individual not in the field (Ki & Wang, 2016). The questionnaire was revised based on the feedback.

The organizational leader survey (Appendix C) included questions from the Organizational Capacity Assessment tool developed by the Society of Obstetricians and Gynecologists of Canada (SOGC) to support the health professional member associations of the International Federation of Gynecology and Obstetrics (FIGO) (Andrews et al., 2013). Written permission to use and adapt the organizational capacity assessment was obtained from the manager of the SOGC Partnership Program on April 27th, 2020. Capacity building refers to the ability of the health professional organization to strengthen their impact on their members and community in a manner that is efficient and sustainable (SOGC, 2009). Together, FIGO and SOGC produced the FIGO LOGIC Toolkit containing resources and tools for health professional associations, including the organizational capacity assessment. The assessment was created specifically for health professional associations who are either conducting their first organizational assessment or for organizations that want to focus on certain areas of capacity building (Andrews et al., 2013). The toolkit was based on SOGC's Organization Capacity Improvement Framework which outlines the four phases for one full cycle of the capacity building process: capacity assessment, data analysis, improvement strategy development, and monitoring and assessment of the strategy (SOGC, 2009) (Figure 4). This framework also

identifies five core dimensions necessary for sustainable professional organizations: culture, operational capacity, performance, external relations, and functions (SOGC, 2009).

Figure 4. The OCIF Framework



Source: The Society of Obstetricians and Gynecologists of Canada (SOGC). (2009). *Strengthening Organization Capacity of Professional Health Associations* (ISBN 978-1-897116-45-6). http://figo-toolkit.org/wp-content/uploads/2012/08/OrgCapBookletEn.pdf

The surveys were self-administered via an online survey tool that individuals accessed from their own devices. This method allowed participants to remain anonymous and encourage them to answer honestly. During the collection of online surveys, participants were asked to provide non-identifiable information only, and they were not asked to name CHW organizations. Respondents were asked to provide their name to be entered into the raffle by using a separate embedded survey that cannot be linked to individual survey responses. The survey was administered in both English and Spanish to CHW/CHW instructors to make sure individuals whose primary language is Spanish could fully participate. Organization leaders received the survey in English only since organization leaders are likely able to communicate well in English in order to communicate with all members and the state CHW Program Office.

The survey began by providing participants information about the research study and asking for consent to participate and use the information provided. Once participants entered the survey, the first question asked was for consent to participating in the study and using the data for this and future studies. If the participant answered “agree”, the survey continued to the study questions; however, if the participant did not provide consent, the survey ended. The survey went on to ask basic demographic questions, including age, gender, race, occupation, income, and education level. In addition, participants were asked if they were a CHW or CHW instructor to better understand their needs, and their county to assess for geographical differences. The online survey asked if the participant was a member of a local CHW organization. For those belonging to a local association, the survey continued with questions organized using the proposed framework (Figure 3). The survey questions sought to understand the factors motivating individuals to engage in their CHW organization; satisfaction with each factor; and how much each factor plays a role in their decisions. Questions also attempted to learn the level of engagement in the CHW organization by asking individual the frequency of participation in organization events, meetings, trainings, etc. hosted by the organization. Lastly, the survey asked participants for additional feedback and recommendations to increase member satisfaction. For individuals who responded they were not currently members of a local CHW organization, the survey asked questions about why they had not joined an organization and what would motivate them to join one in the future.

In a similar manner, the organizational leaders survey began by providing information about the research study and asking for consent to participate. Once participants entered the survey, the first question asked if he or she consented to participating in the study and using

the data for this and future studies. If the participant answered “agree”, the survey continued to the study questions; however, if the participant did not provide consent, the survey ended. Once the participant consented, the survey began by asking basic questions about organizational characteristics, then went on to questions focused on identifying if and how CHW organizations measure effectiveness using questions from SOGC’s Organizational Capacity Assessment (OCA). Since the maturity, size, structure, and function of the local CHW organizations vary, this study used the most relevant questions from each of the five sections of the OCA (culture, operational capacity, performance, external relations, and functions). Selecting and modifying questions to ensure participants are familiar with the language improves the accuracy of the results (Informing Change, 2017). Responses to this portion of the organization leader survey provided additional information on perceived organizational effectiveness.

Based on the preliminary quantitative results, individual semi-structured interviews were conducted to provide additional context. Following up with qualitative methods can provide further explanations and assist in the interpretation of unclear quantitative results, such as potential outliers (Morgan, 1998). After completing the quantitative surveys, participants were asked to provide their contact information if they were interested in participating in an individual online or phone interview. Due to the COVID-19 pandemic and for the safety of researchers and research participants, in-person interviews were discouraged; therefore, this research study did not consist of any in-person interviews or other direct contact with research participants. Interviews were conducted for CHWs/CHW instructors only and not CHW organization leaders since the focus of this study was on member satisfaction instead of

organizational capacity. In qualitative studies such as this one, sampling was purposeful, meaning participants were intentionally selected based on the information they could potentially provide (Creswell, 2012). This study's goal was to interview 4 types of participants: members of CHW organizations, non-members of CHW organizations, certified CHWs, and certified CHW Instructors. Individuals interested in participating in an individual interview were divided into 8 identified Health Service Regions (HSR) by first using their zip code to identify their county of residence, then assigning them the state's designated HSR (TxDSHS, 2020b). Once participants were divided by HSRs, 1-2 individuals from each HSR were selected and contacted to schedule an interview. This process was repeated until 10 interviews were scheduled with at least one individual from each HSR. Using this method ensured geographic diversity among the interview participants. Regions known to have larger concentrations of CHWs, such as HSR 6/5S and HSR 2/3. This qualitative method also allowed for interview participants to respond to open-ended questions without any restriction or limits to their responses (Creswell, 2012). The interviews provided additional understanding about the influence of contextual characteristics on participant's experiences with a CHW organization, as well as personal experiences with local organizations (Creswell, 2012; Creswell & Poth, 2018). Interviews also allowed the interviewer to have more control over the information being produced by asking specific probing questions to direct the discussion in a particular direction (Creswell 2012).

An interview protocol was developed in English and Spanish to make sure each interview was conducted in a similar manner, to help maintain focus during the interview, and to reduce researcher biases and preconceptions. If the researcher failed to follow the standard

procedure, bias could potentially be introduced and the data collected from the respondent would not be useful for analysis (Creswell, 2012). The protocol included open-ended questions to complement the questions and responses from the survey (Appendix D and E). Interviews were conducted in English and Spanish through phone call or video call using Zoom based on the participant's preference and access to Internet and video capabilities. Using individual interviews as opposed to focus group interviews allowed participants to comfortably share their experiences and thoughts about CHW organizations (Creswell, 2012). Phone interviews provided a cost efficient and quick way to gather data from participants in various locations, though the lack of direct contact between interviewer and interviewee could have caused miscommunication in fully understanding interviewee's perspective (Bickman, et al., 2009; Creswell, 2012). Since on average individuals are willing to spend up to 20 minutes on a phone interview, the researcher was considerate of the time while also trying to gather as much data as the respondent was willing to share (Bickman et al., 2009). Spanish interviews were conducted by the researcher, who is a native Spanish speaker, to increase the likelihood respondents engaged more freely in productive dialogue and so that the interviewer could effectively probe or clarify responses (Bickman et al., 2009).

Prior to the start of the interview, participants were briefly informed of the purpose of the interviews, their rights as participants in the research study, the risks of participating in the interview, and provided reassurance that responses would remain confidential and no one in their organization would know who participated in individual interviews (Bickman, et al., 2009). Since interview participants had already completed the online survey, a detailed explanation of the project was not necessary. The phone and online interviews began with the researcher

reading a verbal version of the consent form and answering any questions the participant had. The researcher asked the participant if he/she agreed to participate in the recorded interview and allow the use of the data collected for this and future studies. If the participant agreed, the interviewer asked the respondent to repeat their consent as the recording began as well as documented their assent through field notes (the date/time the consent discussion took place). The respondents were offered an emailed or mailed copy of the consent form.

During the interviews, participants were asked not to use any names or descriptions of individuals in their responses to protect the privacy of everyone involved. Respondents were given a numeric code to protect their anonymity. The researcher maintained a codebook with the respondent's assigned code to ensure the names of participants don't appear in any future research documents. Participants were asked to provide additional information on member benefits or other factors that influence their behavior to join a CHW organization, their level of satisfaction with the CHW organization, and other factors that contribute to their level of engagement in the organization. The interviews were recorded using digital voice recorders. The digital audio files were transcribed using the NVivo transcription software. The interview transcriptions were reviewed for completeness then checked for accuracy and to ensure no sensitive or classified information was inadvertently given. Corrections to the transcript were made where necessary. The audio files containing interviews and the transcripts will be destroyed after the completion of the study. In addition, the researcher gathered field notes throughout the interview process to maintain a record of observations and descriptions of relevant interactions (Montgomery & Bailey, 2007; Creswell, 2012).

3.3 Data Analysis

After survey data collection, the data was prepared and organized for analysis by determining the type of score to use, scoring the data, and inputting the data into the statistical analysis program (Creswell, 2012). When scoring the data, a numeric value was assigned to each response category for every question on the survey (Creswell, 2012). To facilitate the scoring process, the variables and the assigned code were entered into a codebook along with their definition. Data collected from the web-based surveys was analyzed using the statistical analysis software, SPSS. After the data was entered into SPSS, the data was assessed for errors and missing data. Errors could occur if respondents selected incorrect responses or if scores are entered incorrectly during the scoring process (Creswell, 2012). Due to the large number of responses, data cleaning was conducted within SPSS. For missing data resulting to participants' failure to answer a question, the decision was made on whether to eliminate participants based on the amount of data that was missing. The decision to eliminate incomplete data depended on the total number of complete survey responses to prevent significantly reducing the sample size and statistical significance (Creswell, 2012).

Descriptive statistics were generated to summarize characteristics of the survey participants. A factor analysis was used to reduce multiple indicators in the data into key variables used in the framework. Correlation analysis was conducted to determine the relationship between the variables in the framework, specifically, the relationship between independent variables, member satisfaction, and perceived organizational performance. To quantify the relationship between the dependent and independent variables, an ordinal logistic regression analysis was performed. An ordinal logistic regression allowed for multiple variables

to be tested against one dependent variable. Results provided insights into the strength of the relationship between different variables and perceived organizational performance, and the relationship between different variables and member satisfaction. A path analysis was also conducted using the structural equation modeling software, AMOS, to further examine the casual relationships between factors of organizational performance identified in the proposed framework (Figure 3) (Salkind, 2016).

A grounded theory approach was used in the analysis of the qualitative data to generate an explanation for the interactions between individuals and a CHW organization (Creswell & Poth, 2018). This inductive reasoning and theorizing process involves simultaneously collecting and analyzing data to discover big picture ideas or themes (Creswell, 2012). Qualitative analysis is an iterative method that seeks to gather the most relevant information to fill in the gaps in the data (Creswell, 2012).

The data collected during the individual interviews was transcribed, coded, and analyzed using the qualitative analysis software, NVivo. Though NVivo does not complete the qualitative analysis, the software does simplify "the process of storing, analyzing, sorting, and representing or visualizing the data" (Creswell, 2012, pp. 264). Once the audio files were transcribed using NVivo, the transcripts were coded using pre-defined codes based on the questions and theoretical framework. Code names, definitions, and examples are included in the codebook. The codes were narrowed down to the overarching themes with the most supporting data and that address the research questions (Creswell, 2012). If new ideas emerged during the coding process they were added to the codebook and included in the results. For the Spanish interviews, the Spanish transcripts were coded by the researcher who is a native Spanish

speaker and is fluent in both English and Spanish. In addition, memoing was used to maintain a record of developing ideas about the interconnections between codes and emerging themes (Montgomery & Bailey, 2007). Data collected from the interviews provided additional context to the survey responses and helped better understand the factors that motivate individuals to renew or recommend membership to a CHW organization. All electronic files are stored in a password-protected computer.

CHAPTER 4

RESULTS

The present study used both quantitative and qualitative procedures to explore the relationships between the variables of interest including, member satisfaction, organizational support, behavioral intention, and perceived organizational performance. The statistical methods utilized to analyze the data were: descriptive statistics, factor analysis, correlation testing, a path analysis, and an ordinal regression. In addition, individual interviews were conducted and analyzed using a grounded theory approach. This section describes the results from the quantitative and qualitative analyses.

4.1 Quantitative Data Analysis

4.1.1 Descriptive Statistics of CHW Survey

The data collection survey was emailed to approximately 4,237 certified Community Health Workers and Community Health Worker Instructors with the help of the Texas Department of State Health Services CHW Program Office. A total of 430 individuals initiated the survey, however, 355 were considered complete by the data collection tool, QuestionPro, resulting in a completion rate of 83%. Upon further review of the data deemed as complete and incomplete, 8 surveys were deleted and 6 were added to the final data set for a total of 353 individual responses. The deleted surveys had over 75% of the survey data missing and would not have provided any additional significant information. The surveys identified as incomplete were at least 60% complete, were considered to have valuable information, and were added to the final data set. The sample size of N=353 was enough to achieve statistically significant

results based on a +/- 5% margin of error, a 95% confidence interval, and an estimated standard deviation of .5 (Bickman et al., 2009).

Over half of survey participants (64%) identified as Latino or Hispanic, while 18% identified as African American, and 12.9% as Caucasian (Table 2). The majority of participants (66.8%) ranged between 31 to 55 years old, while 26% were older than 56 years of age. Females responded at a much higher rate than males, making up 87.5% of the total survey participants. When asked how they describe their CHW certification status, 78.5% of participants identified as a certified CHW/Promotor(a), 18.1% identified as a certified CHW/Promotor(a) Instructor, 6.8% self-identified as a CHW/Promotor(a), and 7% had an expired certification (Table 3). In addition, approximately half of participants (52.9%) had only been a CHW/Promotor(a) for 5 years or less, while one third (33.1%) had 5-10 years of experience as a CHW/Promotor(a). Approximately 90% of survey respondents expressed they will likely renew their state certification as either a CHW or CHW Instructor.

While 70% of participants stated they were employed full time, only 63.4% said they worked as a CHW/Promotor(a) in the last year (Table 4). Close to half of respondents (45.5%) also spent time as CHW/Promotor(a) volunteers over the last year. Though most employed CHWs (58.8%) were not affected by the COVID-19 pandemic, 45.7% of CHW volunteers were not able to continue serving in their role. In addition, 19.9% of employed CHWs and 30.2% of volunteer CHWs experience a reduction in hours; and 11.3% of CHW employees were furloughed with unpaid leave. Finally, approximately half of all survey respondents (48.4%) identified themselves as a current member of a CHW organization.

Of the individuals who are not members of a CHW organization, only 31.4% stated they were aware of a local CHW organization, while 61.6% did not know whether there was a CHW organization in their region (Table 5). However, of the non-member participants, 20.3% had previously been a member of a CHW organization. Further, 72% indicated they were interested in joining a CHW organization in the future. CHW continuing education was identified as the top motivation for joining a local CHW organization by 70.9% of non-member respondents followed by employment opportunities (62.6%), networking opportunities (61%), community outreach programs (59.9%), conferences (52.7%), leadership opportunities (45.1%), scholarships (41.8%), and advocacy (41.2%) (Table 6). Other motivators included participation in volunteer opportunities (35.7%), member meetings (32.4%), presence on online platforms (31.9%), while mentorship opportunities were only considered as motivation to join by 28% of participants. Not being aware of the presence of a local organization was considered the greatest barrier for not joining a CHW organization (53.8%), followed by the times and dates of meetings (34.6%), location and distance to the meetings (20.9%), cost of membership (20.3%), lack of interest in joining (11%), lack of employment (10.4%), and only 3.8% considered transportation as a barrier to joining a local CHW organization.

Table 2. Survey Demographics

Race/Ethnicity	Frequency	Percent
Caucasian	45	12.9
African American	63	18.0
Latino or Hispanic	224	64.0
Asian	11	3.1
Native American	2	.6
Other	5	1.4
Did not answer	3	
Total	353	100
Age	**Frequency**	**Percent**
18-30 years old	23	6.6
31-45 years old	108	31.1
46-55 years old	124	35.7
56 years old or above	90	25.9
Prefer not to answer	2	.6
Did not answer	6	
Total	353	100.0
Gender	**Frequency**	**Percent**
Female	305	87.6
Male	37	10.6
Transgender	2	0.6
Prefer not to answer	4	1.1
Did not answer	5	
Total	353	100.0

Table 3. CHW Information

CHW Status		Percent
Certified CHW/ Promotor(a)	278	78.5
Certified CHW/Promotor(a) Instructor	64	18.1
Self-identify as a CHW/Promotor(a)	24	6.8
Expired CHW/Promotor(a) or Instructor certification	25	7
Time as a CHW/Promotor(a)		
Less than 2 years	80	22.9
2-5 Years	105	30
5-10 Years	116	33.1
11-15 Years	29	8.3
16-20 Years	12	3.4
21-25 Years	2	.6
More than 25 years	6	1.7
Likely to renew certification		
1 – Definitely not	5	1.5
2	5	1.5
3 - Possibly	25	7.3
4	17	5.0
5 - Definitely	291	84.8
Did not answer	10	
Member of CHW Organization		
Yes	171	48.4
No	182	51.6
Total	353	100

Table 4. Employment Status

Current Employment Status	Org Members	Non-members	Total	Percent
Employed Full-Time	120	126	246	70.1
Employed Part-time	20	20	40	11.4
Currently seeking opportunities for employment	20	26	46	13.1
Not currently seeking opportunities for employment	4	5	9	2.6
Retired	4	4	8	2.3
Student	1	0	1	.3
Disabled	0	1	1	.3

Worked as a CHW/Promotor(a) in the last year		Percent	COVID Impact on CHW Employment		
Yes	223	63.4	Laid off-no longer employed	25	11.3
No	129	36.6	Furloughed-temporary unpaid leave	5	11.3
Did not answer	1		Reduced hours	44	19.9
			Not affected	130	58.8
			Increased hours	17	7.7

Volunteered as a CHW/ Promotor(a) in the last year		Percent	COVID Impact on Volunteering		
Yes	161	45.6	Unable to continue	74	45.7
No	190	53.8	Reduced volunteer hours	49	30.2
Total	351		Not affected	30	18.5
Did not answer	2		Increased Volunteer hours	9	5.6

N=353

Table 5. Non-member Information

Local CHW Organization		Percent
Yes, there is a local CHW org	58	31.9%
No, there is not a local CHW organization	13	7.1%
Don't know	114	62.6%
Previous Member of CHW Organization		**Percent**
Yes	37	20.3%
No	143	78.6%
Future interest in joining a CHW organization		**Percent**
Yes	131	72.0%
No	6	3.3%

N=182

Table 6. Motivators and Barriers

Motivation		Percent	Barriers		Percent
Networking Opp	111	61.0%	Unaware of the local CHW org	98	53.8%
CHW CEs	129	70.9%	Times/Dates of meetings	63	34.6%
Mentorship	51	28.0%	Locations/Distance to the meetings	38	20.9%
Online Platform	58	31.9%	Cost of Membership	37	20.3%
Member Meetings	59	32.4%	Lack of Employment	19	10.4%
Leadership Opp	82	45.1%	Childcare	16	8.8%
Scholarships/funding	76	41.8%	Not interested in joining	20	11.0%
Advocacy opp	75	41.2%	Transportation	7	3.8%
Volunteer Opp	65	35.7%	Other	21	11.5%
Community Outreach Program	109	59.9%			
Employment Opp	114	62.6%			
CHWI Ces	43	23.6%			
Conferences	96	52.7%			

4.1.2 Factor Analyses of Framework Constructs

To identify potential relationships in the proposed framework (Figure 3), the researcher determined whether the survey items accurately measured key constructs in the framework, including perceived organizational support, behavioral intention, and perceived organizational performance. A principal component factor analysis was used to extract the maximum variance and predict each of the three new factors. Results from the PCFA can be found in Table 7.

The perceived organizational support construct consisted of three indicators: the overall quality of professional and personal support provided to members by the CHW organization, as well as whether the individual felt like the organization valued and cared for them. The factor analysis extracted one factor explaining 77.86% of the total variance across the three indicators. According to Hair et al. (2012), 60% is the minimum acceptable explained variance in factor analysis. Two survey questions measured behavioral intention: how likely the individual was to renew their membership to the CHW organization; and how likely the individual was to

recommend the local CHW organization. The factor analysis extracted one factor explaining 80.29% of the total variance across the two indicators. The third key construct, perceived organizational performance, was also composed of two survey questions asking participants to rate the organization's effectiveness and performance. This analysis also extracted one factor explaining 83.32% of the total variance across the two indicators. A Cronbach's reliability alpha was calculated to determine the internal consistency of the new variables. The results are presented in Table 7. The test produced alphas ranging from .755 to .858, which fell within the level of acceptability range of 0.70 to 0.95 (Tavakol & Dennick, 2011). The three new variables were used to complete the correlation analysis, ordinal logistic regressions and the path analysis.

Table 7. PCFA & Cronbach's Alpha

Construct	Variables	N	Cronbach's Alpha based on standardized items	Extraction Sums of Squared Loadings	
				Total	% of Variance
POS	Overall quality of prof support from org Overall quality of personal support from org Organization values and cares for me	125	0.858	2.336	77.856
POP	Consider the organization effective Perceived organizational performance	137	0.800	1.606	80.294
Behavioral Intention	Likelihood to renew organization membership Likelihood to recommend CHW organization	142	0.755	1.666	83.319

4.1.3 Correlations of Framework Constructs

Correlations between key variables in the proposed framework were assessed to provide inferences about the relationships between the variables (Table 8). Perceived organizational support had a strong, positive correlation with needs fulfillment (r=.736), satisfaction with member benefits (r=.756), and perceived organizational performance (r=.844),

all which were statistically significant (p<.001). Perceived organizational performance was strongly and positively correlated with needs fulfillment (r=.867) and satisfaction with member benefits (r=.837) and was significant at the p < 0.01 level. Needs fulfillment also had a strong, positive, and significant correlation with member satisfaction (r =.807, p<.001). Perceived organizational support had a moderate, positive correlation with behavioral intention (r=.671), trust in organization (r=.584), identity as a CHW (r=.334), and identity as an organizational member (.442), all were also statistically significant (p < .001). Behavioral intention had a moderate, positive correlation with perceived organizational performance (r=.511), needs fulfillment (r=.486), satisfaction with member benefits (r=.438), trust in organization (r=.441), and identity as a CHW/CHW instructor (r=.357) and identity as an organization member (r=.548), all were statistically significant (p < .001). Perceived organizational performance was moderately and positively correlated with trust in the organization (r=.599), and identity as a CHW organization member (r.374), and both were statistically significant (p< .001). There was a moderate, positive correlation between needs fulfillment and trust in the organization (r=.601), which was also statistically significant (p <.001). Identifying as an organization member was moderately and significantly correlated to all other constructs. All other correlations were both weak and statistically significant, or positive but not statistically significant. The likelihood to renew certification was positively and significantly correlated to behavioral intention (r=.227), identity as a CHW or instructor (r=.259), and identity as a CHW organization member (r=.186), however, these correlations were weak.

Table 8. Framework Variable Correlations

	Behavioral intention	POP	Needs fulfillment	Member satisfaction	Identify as a CHW org member	Likely to renew certification	Trust in leadership team
POS	.671**	.844**	.736**	.756**	.442**	0.123	.584**
Behavioral Intention		.511**	.486**	.438**	.548**	.227**	.441**
POP			.867**	.837**	.374**	0.080	.599**
Needs fulfillment				.807**	.342**	0.122	.601**
Member satisfaction					.313**	0.089	.575**
Identify as a CHW or Instructor					.605**	.259**	.207*
Self-identify as a CHW org. member						.186*	.201*
Likely to renew certification							0.077

** Correlation is significant at the 0.01 level (2-tailed)
* Correlation is significant at the 0.05 level (2-tailed)

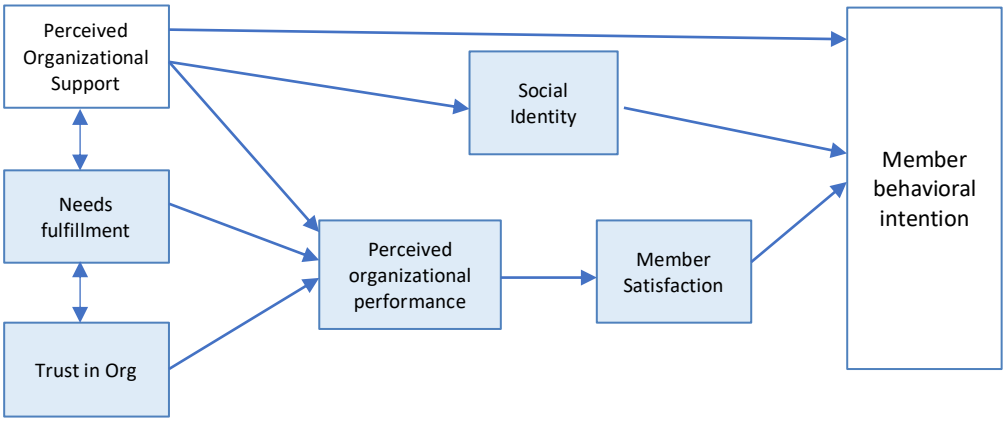
4.1.4 Path Analysis of Proposed Framework

A path analysis statistical technique was used to explore the casual relationships within the constructs of the proposed framework. Based on the results from the correlation analysis and using the variables derived from the factor analysis, the proposed path diagram was replicated on the statistical software AMOS. The initially proposed framework did not produce a good model fit. Therefore, different iterations of the model were attempted based on the data output and path coefficients calculated by AMOS. The final revised framework (Figure 5) produced a good model fit based on a root mean square error of approximation (RMSEA) of 0.000 and a comparative fit index (CFI) of 1.00 (Bentler, 1990). Acceptable CFI values are those greater than .90, while preferred values for RMSEA range from 0 to 0.05, but may be acceptable

up to 0.08 (Awang, 2015). These values indicate the revised framework is a good measurement model (Awang, 2015). The revised framework proposes the following relationships:

1. Perceived organizational support, needs fulfillment, and trust in the organization influence perceived organizational performance.
2. Perceived organizational support directly influences behavioral intention and identification as an organization member.
3. Perceived organizational performance influences member satisfaction.
4. Member satisfaction influences an individual's behavioral intention.
5. Self-identification as an organization member influences behavioral intention.

Figure 5.Revised Path Diagram



4.1.5 Ordinal Regression

Each of the proposed relationships was tested with an ordinal regression to predict the relationship between the dependent variables of interest (member satisfaction and member behavioral intention), and the independent variables. The results of the ordinal regression computed by AMOS confirm the strong relationship between perceived organizational support

and identifying as an organization member, perceived organizational support, and behavioral intention (Table 9). The results showed a positive and significant relationship between most of the constructs ($p < 0.001$), but resulted in a negative regression coefficient between member satisfaction and behavioral intention. The negative coefficient is likely due to multi-collinearity (Lin, 2008). If independent variables are correlated to each other, which Table 8 shows they are, it can be difficult to change one variable without changing the other (Lin, 2008; Mundfrom et al., 2018). While the presence of multi-collinearity may cause problems in explaining which independent variable has the most significant relationship with the dependent variable, it does not impact the model's ability to make predictions about the relationships; therefore, it is not necessary to eliminate or reduce the multi-collinearity (Mundfrom et al., 2018). According to the Chi-square results, the ordinal regression results produced a good model fit (Chi-square =8.766, $p>.05$). In addition, the literature supports these relationships; therefore, the model was not modified further.

Table 9. Standardized Regression Weights

	Estimate	S.E
Perceived org support -> Perceived org performance	.458**	.049
Needs fulfillment -> Perceived org support	.515**	.047
Trust -> Perceived org support	.040	.582
Perceived org support -> Member satisfaction	.924**	.053
Perceived org support -> Identity as org member	.452**	.076
Member satisfaction -> Behavioral intention	-.109	.091
Identity as org member -> Behavioral intention	.324**	.061
Perceived org support -> Behavioral intention	.667**	.095

**p<.05, Chi2 =8.766 , df =9 , p = .459, CFI=1.0, RMSEA=.000, CI= [.000,.085]
RMSEA = root mean square error approximation
CFI = comparative fit index

4.2 Qualitative Data Analysis

4.2.1 Participant Demographics

Due to COVID-19 safety concerns, all interviews were conducted through phone or Zoom. Interview participants were read the consent form and were asked to provide a statement of consent that was included in the recordings. At least one individual from each of the 8 DSHS Health Service Region was interviewed to provide a geographic representation of CHWs across the state. A total of 10 individuals participated in interviews; 6 interviews were conducted in Spanish, and 4 were conducted in English. Table 10 presents the demographic characteristics of the interview participants. The majority of the interviewees were female (n=9) and between the ages of 31-55 years old. Most participants identified themselves as Latino or Hispanic, 2 identified as Caucasian, and 1 as Native American. Of the 10 participants, 8 were current DSHS certified CHWs, and 2 had an expired certification. Most of the participants (n=8) had between 2-10 years of experience as CHWs; however, only 6 had worked as CHWs in the last year, while the other 4 had spent time volunteering as CHWs during the previous year.

4.2.2 Summary of Findings

Content analysis of the interview transcriptions revealed five main themes for members and nonmembers: member benefits, organizational support, attitudes, social identity, and organizational effectiveness. The definition of each theme can be found in Table 11. In addition, conversations with non-member interviewees brought to light unexpected areas for organizational improvement within each main theme that are discussed further in the discussion section.

Table 10. Interview Participant Demographics

Race or Ethnicity		Age		Gender	
Caucasian	2	18-30 years old	1	Female	9
African-American	0	31-45 years old	3	Male	1
Latino or Hispanic	7	46-55 years old	4		
Asian	0	56 years old or above	1		
Native American	1	Did not answer	1		
Native Hawaiian or Pacific Islander	0				
CHW Status		**Time as CHW**		**Member of CHW Org**	
DSHS Certified CHW/Promotora	8	Less than 2 years	1	Yes	2
DSHS Certified CHW/Promotora instructor	0	2-5 years	6	No	8
Expired CHW/Instructor Certification	2	5-10 years	3		
Employment Status			**Yes**	**No**	
Employed full time	3	Worked as CHW	6	4	
Employed part time	2	Volunteered as CHW	4	6	
Currently seeking opportunities for employment	5	*N=10*			

Table 11. Key theme definitions

Theme	Definition
Member benefits	Any statement related to benefits the organization provides to its members
Organizational support	Any statement related to additional support provided by the organization to its members, not including traditional member benefits.
Attitudes	Any statement related to the individual's attitude towards the organization based on their experience.
Social Identity	Any statement related to the individual's interaction with other CHWs or CHW instructors
Organizational effectiveness/performance	Any statement related to the individual's perspective on characteristics of an effective CHW organization.

Member benefits

The services offered by organizations in the form of member benefits are often the main reason individuals decide to join a professional organization (Hunter, 2002; Ki & Wang, 2016). The member benefits of CHW organizations identified as most valuable for both member and non-member interview participants were educational trainings, both online and in-person, as well as employment opportunities or employment resources. Though these were consistently shared by most interviewees as a need, some also expressed a concern with the current implementation of these benefits. The cost, timing, and availability of current educational trainings was identified as an area to expand opportunities. One participant believed organizations should offer free educational opportunities: "they get help to be able to sustain themselves as organizations, but when they provide classes to complete for CHWs, they charge. They ask for a donation but its pretty much charging."

In addition, the scarcity of employment resources for CHWs was a key concern. When asked for a motivation to join a CHW organization, one participant expressed, "the hope of employment". Another participant shared, "You go to a conference or anything like that, you're able to get 10 or 20 within just a few days." In considering whether to join a CHW organization, CHWs also expressed the importance of learning about other community resources to better serve the needs of their clients, as well as networking opportunities to share ideas with other CHWs. One CHW stated, "I would say more just knowing about other organizations and what you're seeing so you can help out more of the community."

Organizational support

When discussing they type of organizational support individuals receive from CHW organizations or the type of support CHWs would like to see from a CHW organization, participants emphasized the importance of having an additional support system composed of fellow CHWs and allies who can advocate for them, as well as provide guidance and encouragement. A CHW suggested any professional support would be beneficial to help them be better in their roles, she gave the example, “say we're struggling with a patient or anything that we're needing help with this kind of come together and try to see what we can do to help everybody out”. Participants also believed creating a supportive environment should “start with feeling comfortable and being able to show up and share your ideas.” the desire for a supportive and open environment where CHWs are encouraged to share their ideas and challenges with colleagues.

The lack of employment resources was also addressed in the discussions regarding organizational support. Participants believed CHW organizations could play a role in advocating for more CHW jobs, providing resources for employment, as well as advocating fair wages. Several CHWs expressed their disappointment in the lack of guidance after completion of the CHW certification course but felt CHW organizations would be able to provide the needed support to newly certified CHWs. One participant shared,

> In my case, I took the course, I graduated, and then I was lost. I didn’t know what to do, where to go, where to work, none of that. So I think it would be great to have a group so you can learn about everything, have events, trainings, all of those things.

For CHWs who are employed, the organization could provide ongoing support and resources to be effective in their jobs, including language education for individuals whose primary language is not English, as well as training on computer skills. Participants shared they felt like the support available to them disappeared after certification, “once we've gotten the jobs to not be alone in the field”.

Finally, interviewees shared the belief that CHW organization could play a key role in supporting CHWs in their mental and emotional health. CHWs serve vulnerable communities that are often facing difficult circumstances.

> This is extremely stressful and especially if they have a family member who's sick or if they're not working or if they're having financial difficulties or even as a community health worker, people could be having issues that no one knows.

Over time, the cumulative effect of encounters with individuals who are ill or struggling in other ways, can take a toll on the mental and emotional well-being of CHWs. Providing mental health support in the form of resources and education is another way the organization can serve their members.

Social identity

Interaction and engagement with other CHWs and instructors were an important part of the individual’s professional growth. However, it was noted that unless an individual works alongside other CHWs, it was difficult to find opportunities to network with other CHWs. One interviewee stated, “it’s important but unless you work with them, it is difficult to find time to build relationships with other CHWs”. Participants who had become friends with other CHW

students during their certification course were still in touch with their classmates after the training ended. Engaging with other CHWs gave individuals a sense of belonging and understanding they would not be able to find elsewhere. When asked about the importance of interacting with other CHWs, one CHW shared that the "simple fact of knowing you have others who understand your work" is important. Another participant shared that being part of a network or organization of CHWs would be beneficial because gives you an identity, it helps you feel more proud and it also motivates you." Thus, building relationships with other CHWs was crucial for participants to grow in their profession.

Attitudes

Overall, the attitudes of interview participants were shaped by their experiences with an organization, members from the organization, or the organization's leadership team. When participants had a negative experience with the organization or a representative of the organization, they were likely to have a negative perception of the organization in general. One individual who a negative experience with an organizational leader shared, "there are some representatives of the organizations that are very smug with CHWs […] they don't treat the person who has their certification well. And that's not right as an organization […] it has happened to me." These negative experiences can affect whether an individual continues participating in the organization, for example another participant stated, "I know that there have been other community health workers that they don't feel comfortable and they haven't come because of that". On the other hand, those who knew someone who was a member of an organization and shared positive feedback were more likely to have a positive attitude towards

the organization and have an interest in also becoming a member. A CHW shared, “because they've had a positive experience, so it makes me want to be a part of one as well.”

Organizational effectiveness/performance

Since most of the interview participants were not members of an organization, the feedback on organizational effectiveness centered on what they perceived to be characteristics of an effective organization. One individual believed CHW organizations could be tasked with identifying existing and newly certified CHWs to be able to create a strong network that works together and shares resources. One CHW suggested,

> So that we don’t have to wait for a friend, but instead the association would take care of identifying how many more people were certified and immediately connect them so they have the same information and the same resources as everyone else.

Participants stated that an effective organization would be consistent in their leadership and activities. One individual shared a previous experience,

> I think in the past, historically, when I've seen organizations have a lot of issues is when you have a meeting and then ‘we're gonna meet in a month’, but nobody ever set that up or follows that up . And so you have an inconsistency…

In addition, the CHWs believed an effective organization would foster a supportive environment that encouraged CHWs to express their ideas and share their concerns without repercussions or judgement. An organization that actively shares a wide variety of resources with their members was also considered a characteristic of an effective organization. One individual expressed, “you would also want a good mix of different organizations in the

community to participate so that you're not just you're not just getting all a one-sided perspective".

Unexpected findings

There was an overwhelming need for support expressed by the interview participants. Individuals were very interested in having more opportunities for educational trainings, employment resources, community resources, and to network with other CHWs and CHW advocates. Unfortunately, individuals also clearly faced obstacles in accessing these opportunities. The obstacle was not that there was no support system available, the problem was the lack of communication and collaborations between the existing support systems. Participants voiced their disappointment and confusion after completing the CHW certification course without any resources to help the CHWs find professional support and resources. The CHWs strongly suggested CHW organizations collaborate with other CHW support systems, such as training centers and the CHW Program Office to provide a sense of continuity for certified CHWs.

4.2.3 Descriptive Statistics of CHW Organizations

There are currently 11 CHW organizations listed on the Texas DSHS website, of which 6 participated in the CHW organization leader survey. Each organization was asked to identify one leader, preferably chair of the board, to complete the survey. All the leaders who completed the survey identified themselves as certified CHW instructors, and 3 also identified as a CHW. The length of time the individual had served in their leadership role ranged from

between 2-5 years to more than 15 years. The leadership of the participating organizations also varied in composition: 1 organization was composed of all CHWs and/or CHW instructors; 4 had more CHWs and CHW instructors than allies; and 1 had more allies than CHWs/CHW instructors serving on the leadership board. None of the participating CHW organizations provide compensation to their leadership board. Only 2 CHW organizations stated they host online meetings while 4 do not currently host meetings online. Of note, all CHW organizations provided some type of pandemic relief support to members.

Organization leaders were asked to rate the quality of member benefits offered by the organization, the quality of professional support provided to its members, and to rate the organization's performance. The ratings were based on a scale from 1 to 5, where 1 = very poor and 5 = excellent. Leaders were also asked whether they considered the CHW organization as effective. The results are presented in Table 12. Overall, most organization leaders rated their organization performing between "fair" and "excellent". Due to the small sample size of CHW organizations, further statistical testing would not have produced significant results; therefore, no further analyses were conducted; however, survey feedback informed data collected from CHW participants and can inform the development of future CHW organizational leader studies.

Table 12. CHW Organization Leader Responses

CHW Organization Leader Questions			
Certified CHW/ Promotor(a)	3		
CHW/ Promotor(a) Ally	0		
Certified CHW/ Promotor(a) Instructor	6		
Other	0		
Time in Leadership Role		**Board meeting frequency**	
2-5 years	2	Monthly	3
5-10 years	3	Quarterly	2
More than 15 years	1	Annually	1
Board composition		**Frequency of in person meetings**	
All CHWs and/or CHWIs	1	Monthly	3
More CHWs and CHWIs than allies	4	Quarterly	2
More allies than CHWs/CHWIs	1	Other	1

	Very Poor 1	2	Fair 3	4	Excellent 5
Member benefits	1	0	2	1	2
Quality of professional support	0	1	1	3	1
Organizational performance	0	0	3	2	1
	Strongly Disagree 1	**2**	**Neutral 3**	**4**	**Strongly Agree 5**
Consider the organization effective	0	0	0	5	1

N=6

CHAPTER FIVE

DISCUSSION AND CONCLUSION

This study explored how member satisfaction with a Community Health Worker organization influenced indicators of organizational performance. While this study began by proposing the use of member satisfaction as an indicator of perceived organizational performance, this research exposed a different relationship between perceived organizational support, member satisfaction, and behavioral intention. Nevertheless, the constructs proposed in the original framework remained as essential factors of member's behavior towards the organization, which is a key component of organizational performance. The identification of these main factors is crucial for improving the support available to the CHW workforce. This study also produced the first dataset consisting of information gathered about CHW member satisfaction and participation in professional organizations. But what may be the most noteworthy finding was the positive relationship between social identity and certification renewal, as well as the relationship between behavioral intention and certification renewal. These findings indicate participation in local CHW organizations can have an impact on certification renewal rates.

Participants of the present study accurately reflect the demographics of the CHW workforce. Currently, Hispanics make up 65% of all CHWs; Black CHWs make up 21%; and 10% identify as White of the total CHW workforce (TxDSHS, 2020). Similarly, Hispanics made up the majority of the study participants (64%), followed by African American/Black (18%), and Caucasian (13%) participants. Women also made up the majority of the study participants

(87.6%), which reflects the number of females in the CHW workforce 89% (TxDSHS, 2020). According to the information provided to DSHS (2010a), approximately 2,000 CHWs are members of one of the eleven CHW associations. Correspondingly, about half of study participants reported being a member of a local CHW organization thus suggesting the study population represents the CHW population fairly well, and the results of this study likely reflect the overall sentiment regarding CHW organizations among CHWs and CHW instructors.

5.1 A framework for improving organizational performance

The first research question asked about the organizational factors that influence member satisfaction and engagement in a local CHW organization. The final framework identified the most important determinant of an individual's behavior as how CHW's perceived the quality of professional and personal support provided by the organization. When the individual felt that the organization valued and cared for them both professionally and personally, they were more likely to trust in the organization and feel like it was meeting their professional needs. The likelihood that an individual renews their membership to the organization or recommends the organization to a colleague increased if the person's perceived organizational support also increased. This coincides with the argument in the literature that as professional organizational support strengthens, the desire to commit to the organization also grows (Eisenberger et al., 1986; Wang & Ki, 2017). The literature also highlights the role an organization plays in developing an individual's professional or social identity. Members are often more actively engaged in an organization when they can identify with its purpose (Knoke & Prensky, 1984; Hagar, 2014). According to the results of the study, as professional organizational support increases, so does the value an individual places on identifying as a

member of that organization. When individuals feel valued and supported, they will also have their needs for approval and social identity met (Wang & Ki, 2017). Identifying as an organization member was a strong predictor of behavior towards an organization. Members who develop their social identity through affiliation with an organization are more likely to have the intention to renew membership or recommend the organization to others (Knoke & Prensky, 1984; Hagar, 2014; Ki & Wang, 2016). Professional organizational support also had a strong relationship with perceived organizational performance.

The original framework suggested using perceived organizational performance as an indicator of actual organizational performance that was influenced by behavioral intention, social identity, and member satisfaction; however, results from the study pointed to a different relationship. The results exposed a relationship from perceived organizational performance to member satisfaction. Perceived organizational performance was influenced by trust in the organization, perceived organizational support, and needs fulfilment. Therefore, members who perceived the organization to be effective based on perceived organizational support, trust in the organization, and needs fulfillment were more likely to be satisfied with the organization. This finding supports the literature regarding the importance of understanding the effect of perceived performance on an individual's approval and behavior towards the organization (Glanz, Rimer, & Viswanath, 2008). In addition, the literature proposes that trust in an organization is reinforced by an organizational culture that shapes member's performance in the organization (Meng & Berger, 2019; Schein, 2010). Therefore, an organizational culture that promotes shared values among members and leaders, results in a trusting relationship and influences member satisfaction and member behavior in the organization (Meng & Berger,

2019). This expanded field of variables that impacts relationship with members of organizations is important for organizations to explore as the research suggests it has greater impact on member engagement.

Member satisfaction was directly influenced by perceived organizational performance. If the organization member perceived the organization to be performing well based on their membership experience, the individual will be satisfied with their membership. Subsequently, the model highlights the influence of member satisfaction on behavioral intention. According to the literature, member satisfaction is related to membership retention and referral rates (Ki & Wang, 2016; Markova et al., 2013). This model uses behavioral intention to refer to a member's intent to renew their membership or refer the organization, therefore member satisfaction is a predictor of behavioral intention. The final model presents behavioral intention to commit the organization as a primary indicator of organizational performance. For professional associations that depend on membership fees as their primary source of revenue, much like CHW organizations, behavioral intention to commit to the organization is evident through the size of the organization based on membership acquisition and retention (Herman & Renz, 1999; Oh & Ki, 2016; Gruen, Summers, & Acito, 2000; Ki & Wang, 2016). Thus, this study argues for the use of behavioral intention as a measure of actual organizational performance of CHW organizations.

5.2 Non-members of CHW Organizations

There were three types of study participants: members of CHW organizations; individuals who knew about a local CHW organization, but were not members; and individuals who did not know if there was a local CHW organization. While this study primarily focuses on

organizational members by highlighting CHW organizational components necessary for CHW member satisfaction, it also brought to light the needs of non-member CHWs.

According to the results of non-member participants, 31.9% of individuals knew about a local CHW organization, but had not become a member. More surprisingly, 62.6% of participants did not know if there was a local CHW organization to serve their needs. Based on the CHW organizations listed on the DSHS website, there is at least one CHW organization in each of the 8 Health Service Regions, with some regions having up to 3 registered organizations to serve their areas. Still, most of the non-member participants were not aware of local CHW organizations. Lack of awareness of a local organization was also considered to be the biggest barrier for not joining. On the other hand, the greatest motivators to join a CHW organization identified in the survey coincide with the interview participant's emphasis on the importance of networking, educational opportunities, and employment resources. Also, important to note is that at least one fifth of the non-members had previously been a member of a CHW organization, but had let their membership lapse. This raises the question of why these individuals decided not to renew their membership, and what could have motivated them to remain active members. Further research in this area is needed. Nonetheless, the majority of participants expressed an interest in joining a CHW organization in the future. This sentiment was echoed in the interviews, during which individuals expressed their desire for a support system and to connect with CHW leaders that can provide resources, encouragement, and advocate for their needs.

5.3 CHW Organizational Capacity and Outreach

The second research question sought to explore how CHW organizations measure and respond to member perceptions of the organization's effectiveness and what impact member perception has on the CHW organization. Only six of the 11 CHW organizations completed the assessment. While the participants of the CHW organization survey provided some insight into this question, this study was unable to produce significant results based on the small sample size. Consequently, the second research question was not answered; however, the brief organizational capacity assessments completed by the 6 CHW organizations provided some suggestions for future areas of study. Of the CHW organizations that participated, 5 organizations indicated they assessed member's satisfaction with organization activities and used the feedback to make improvements. Along the same lines, most of the organizations also identified some type of measurement system to determine the extent to which organizational goals are met; however, some were not consistently applied. These responses denote a lack of consistency across the organizations in assessing performance and setting quality improvement strategies.

The CHW surveys and interviews brought to light unanticipated areas for organizational improvement, including the need for increased marketing and collaborative efforts. It was evident promotional material shared by CHW organizations had not reached the hands of the majority of non-member participants since they were unaware of the presence of a local CHW organization. In one instance, an individual knew of CHWs who were involved with an organization, but were unsure whether the organization was specifically considered a CHW organization. Information about organizations can usually be accessed via a website, a social

media platform, or from the DSHS website. However, we see from the organizational assessment, that two of the participating organizations did not have a website or didn't know, while two indicated the website was inconsistently updated. When asked if the association effectively communicated benefits to its members and the larger CHW community, two indicated either they did not know or they did not, and two other organizations stated that this capacity was inconsistently or poorly applied. These responses suggest the need for CHW organizations to revisit their marketing and outreach strategies to ensure that at a minimum, the name, purpose, and location of CHW organizations reach the greatest amount of CHWs in their respective area.

To support outreach efforts, this study suggests that there is a great need for improved collaborative efforts with other organization that promote the training and work of CHWs. Interviewees expressed their disappointment at the lack of support available to newly certified CHWs and suggested that information about opportunities to join CHW organizations would have been appreciated during their certification training. This suggestion presents an opportunity for CHW training centers and CHW organizations can collaborate. By incorporating information about local CHW organizations into the advocacy competency of the CHW certification training, CHWs will feel more supported and be better informed about resources available to them. Providing individuals in a CHW certification class with the resources to stay connected with other CHWs and advocates will help prevent newly certified CHW from feeling alone and without a support system after the completion of the course.

Additionally, partnerships with CHW training centers, community organizations, CHW employers, and the DSHS Community Health Worker Program Office can increase the reach of

CHW organizations to other non-member CHWs. Members of CHW organizations learned about their professional organizations largely through informal methods: nearly 38% stated that their main source of knowledge about the organization was other CHWs, followed by announcements from CHW training centers (14.6%), and employer announcements (12.8%). Interestingly, only 10.5% of organization members identified DSHS announcements as their main source of information about a CHW organization. One interviewee stated the announcements from DSHS were largely focused on continuing education announcements and had never seen a DSHS announcement promoting a CHW organization. The organizational assessment did not ask about the methods used to recruit new members, so it is not known whether there is an existing relationship between the CHW Program office at DSHS and CHW organizations. However, it is clear there is an opportunity for collaboration between DSHS and CHW organizations, especially since DSHS has the ability to reach all the certified CHWs and instructors across the state.

Another finding from conversations with CHW organization leaders was several organizations across Texas are not currently listed on the DSHS website. Though the local community may be aware of the presence of these CHW organizations, the larger CHW community needs to know about these organizations. Sharing information about these organizations can spur collaborations with other CHW organizations serving the same area to ensure all CHWs in the region are engaged with a professional support system. This research did not attempt to identify or contact the other CHW organizations. Questions about the structural components of CHW organizations necessary to support the professional

development of CHWs need to be explored further with input from all the CHW organizations in Texas, including those not currently registered with DSHS.

A more in-depth organizational capacity assessment should be conducted to understand how the structural components of the organization impact the organization's performance. Given the small number of CHW organizations, a case study approach may be more suitable and could provide a better understanding about how the structure of each CHW organization impacts organizational performance.

5.4 Research Significance

This research helps to fill the gap of available research on professional support for CHWs and CHW instructors. CHWs are proven as effective community-based resources in reducing healthcare utilization and costs. CHWs are particularly focused on prevention measures in vulnerable populations who often experience a higher rate of chronic illness (Jack et al., 2016; Viswanathan et al., 2010; Kim et al., 2016). While advocating for the continued integration of CHWs into healthcare teams remains vitally important, the need to advocate for ongoing professional support for the CHW workforce is dually important. Study participants who were not members of an organization expressed their desire for a supportive network of CHW colleagues that can provide mental and emotional support, that shares knowledge and allows them to learn together, and is built on shared experiences. Additionally, these findings provide evidence of the need for continued advocacy efforts to legitimize the work of CHWs, and to increase the resources and support available to them. This study identified the importance of organizational support in motivating CHWs to remain engaged in their professional development through membership in a local CHW organization.

The results of this study propose the following operational definition of CHW organizational performance to assist organizations meet the needs of their CHW members: a high performing CHW organization focuses on providing organizational support, fulfilling the professional needs, and gaining the trust of its members in order to improve members' social identity and perception of organizational performance which increases member satisfaction.

The current CHW literature primarily focuses on the effectiveness of CHWs in improving health outcomes in vulnerable communities; however, this study draws attention to the importance of addressing the professional, social, emotional, and mental needs of the CHW. To further explore the impact of available support systems, the CHW literature can borrow from the organization and administration literature to gain a better understanding of structural components that improve member satisfaction and organizational performance.

This is the first CHW data set of its kind. The Texas CHW Program Office maintains a dataset with information about CHW and instructor certifications, but no data is currently available about CHW participation in professional organizations. In addition, this study identified a positive relationship between social identity and certification renewal, as well as a relationship between behavioral intention and certification renewal. These results suggest CHW participation in a local organization can have an impact on certification renewal rates and continued professionalization.

The study also contributes to the organizational effectiveness literature by revealing the potential impact of collaborations on the success of voluntary professional organizations. Voluntary organizations often depend primarily on revenue from membership fees, thus requiring growth in membership retention and acquisition for the survival of the organization.

The limited resources and capacity available to voluntary professional organizations can severely limit marketing and outreach efforts. Collaboration with other organizations can increase the number of opportunities for the organization to grow its membership, provide the needed support, continued professional development of its members, and impact its overall performance. Finally, the results add to the organizational research focused on non-members. While other research compares the impact of members and non-members of an organization on the individual's professional and personal life, this study specifically focuses on components of organizational performance from the non-member perspective (Juul, 1996; Lawver & Lee, 1990; Rickenbach et al., 2006; Williamson, 2001).

5.5 Study Implications

Discussions during the participant interviews emphasized the importance of obtaining feedback from certified CHWs. Individuals expressed their gratitude in the purpose of this study and for taking concern for how CHWs feel, what they need, and how to support the field. Another participant shared it seemed like most of the attention was given to providing CHWs with tools to serve their community, but were not particularly focused on their needs. The CHWs interviewed for this study freely shared their thoughts and suggestions with the hope that this research would be used to improve the support CHWs receive.

> "Pues yo nada más te quiero dar las gracias […] Yo la verdad este veo muchos correos del estado y este fue uno de los cuales me llamó mucho la atención porque vi que era precisamente un indicio de preocupación acerca de cómo nos sentimos, de qué necesitamos o qué nos pueden dar para que esto pueda ser todavía mejor."

Well, I just want to thank you […] I really see many emails from the state and this was one of that caught my attention because I saw that it was precisely an indication of concern about how we feel, what we need or what can they give us so that this can be even better. Translated by researcher.

"Gracias a ti, particularmente porque tuviste esta elección, verdad, volteaste a vernos y esto pues para nosotros en algún momento dado va a ser beneficioso de alguna forma. entonces muchas gracias por voltear a vernos, por preocuparte por las trabajadoras de la salud, que a veces este pues que no que no nos hagan mucho caso, pero no hay tanto enfoque hacia nosotras. Y creo que este trabajo de la comunidad es sumamente importante porque nosotros atraemos a la gente para que se atienda, para que se concientice."

Thanks to you, particularly because you had this choice, right, you turned to see us and this well for us at some point this is going to be beneficial in some way. So thank you very much for turning to see us, for worrying about the health workers, that sometimes, well, it's not that they do not pay much attention to us, but there is not much focus on us. And I believe that this community work is extremely important because we convince people to take care of themselves, to raise their awareness. Translated by researcher.

The results of this study have several implications for future CHW research, CHW organizations, and CHW allies. This research suggests that improving the support available to CHWs and instructors could be one of the solutions to the decline in CHWs, as well as the decrease in certification renewal rates. Nonetheless, this is only one study of 353 individuals. Additional research needs to explore the reasons the CHW workforce is experiencing these downward trends.

There is a strong interest in formal support systems to address the needs and concerns of CHWs. This interest is seen in the needs assessments conducted at the national, state, and local levels by existing CHW organizations. During the initial contact with the organizations, respondents shared that there are other CHW organizations or networks across the state that were not listed on the DSHS website, further making it difficult for CHWs to identify a local support system. It then becomes necessary to understand why some organizations choose not to list the organization on the DSHS website, and whether this decision impacts the CHWs in their area, as well as the effects on organizational performance.

Another area for research involves the organizational structure of formal support systems for CHW organizations in large states like Texas to meet the needs of CHWs and instructors. Perhaps this question could be addressed by increasing the recognition of all the existing CHW networks across Texas and focusing on making sure those organizations have the tools necessary to assess and meet the needs of their local CHWs. Developing comparisons with CHW organization structures created in other states with large CHW populations may also provide insights into strategies for supporting these organizations, their development and growth.

The creation of a standard CHW umbrella structure to assure the needs of CHW organizations across Texas may help ensure that the needs of members shared in this research are met. This study suggests the establishment of a platform that brings together all Texas CHW organizations in a collaborative structure to share best practices for increased organizational performance. The recently formed Texas Association of Promotores/CHWs could potentially take the lead in creating a collaborative space for all CHW organizations. In order for a platform like this to be effective in improving the way CHW organizations serve its members, it would require the active participation of all local CHW organizations.

The results of the present study have implications for future collaborative efforts to support the CHW workforce. Participants of this study expressed their disappointment in the lack of support available to CHWs after completing a certification course, and the lack of awareness of available CHW organizations. This presents an opportunity for CHW allies (individuals or organizations who support the CHW workforce but are not certified as CHWs/Promotores or CHW/Promotor(a) instructors), such as employers, training centers, the CHW Program Office, and other CHW advocates to collaborate with CHW organizations to provide a continuous support system. By providing support along the professional career of a CHW or instructor, the likelihood of the individual feeling disconnected and discouraged to continue as a CHW will lessen.

Finally, the results of this study also have implications for policy considerations. During the interviews, participants expressed the need for mental and emotional support. CHWs often work with vulnerable populations, both in a clinical and community setting, that are disproportionately impacted by health and social issues. These interactions can take a toll on

the mental and emotional health of any individual, especially if they are not given the opportunity to debrief and express their emotions. Mental health issues can lead to depression, exhaustion, anxiety, health concerns, and may affect an individual's relationship with friends and family (MentalHealth.gov, 2020). By developing stronger networks of CHW organizations, and engaging more actively in a collaborative approach to marketing opportunities for meeting the needs of members, CHWs can engage in strategies that support their mental health including connecting with others, staying active, helping others, developing coping skills, and seeking professional help (MentalHealth.gov, 2020). These suggestions can be implemented by CHW organizations through its member activities, educational trainings, and provision of resources. It is important that CHW organizations advocate for both the health of the individual and the CHW field.

5.6 Ethical Considerations & Limitations

To ensure participants were treated ethically, the University of Texas at Arlington's Institutional Review Board (IRB) criteria for human subjects was used. The board approved the research project, including the interview protocols and consent forms. Names of research participants were converted to numbers to protect their identities, and interview recordings and transcripts will be destroyed at the completion of the research project.

Limitations of the research include the possibility for distrust in giving truthful information in both the survey and during the interview. To mitigate this limitation, survey and interview participants were assigned a numeric code and were never asked to provide their name unless they agreed to be contacted to participate in the individual interview. Participants were reassured at the completion of the survey that their responses would remain confidential.

Similarly, during the interview participants were asked to refrain from using any names of people or organizations.

A small interview sample size was also a limitation since it did not truly represent the CHW workforce, yet the goal was to more fully understand the views of participants as presented from survey data. Individuals interested in participating in an interview were divided by HSRs, then at least one individual was selected from each HSR to provide a better geographic representation of the CHW workforce. In regions with larger concentrations of CHWs, two individuals were interviewed. Though attempts were made to have an equal number of members and non-members interviewed, the final interviewees consisted of more non-members. Since the focus on the framework was on organization members, having more non-member interviewees provided a better insight into why those individuals had not joined a CHW organization.

Finally, while a comprehensive assessment consisting of an organizational capacity assessment is recommended to truly determine organizational performance, this was not within the scope of the project. Instead interviews with organizations leaders, along with archival and web-based information was gathered but given the small CHW organizations sample size precluded meaningful analysis. In addition, since individual member data was not directly connected to a particular organization, it was not possible to determine which organizational characteristics were associated with member satisfaction or behavioral intention. In order for this to have taken place, individuals would have had to provide the name of the local CHW organization, which could have impacted the reliability of their responses.

5.7 Conclusion

The goal of this study was to identify how to improve the support available to CHWs through the services offered by CHW organizations. In order to improve the professional support for CHWs, the field needs to first understand what is currently available and the attitude of CHWs towards those services. This study used a mixed methods approach to examine two questions: 1) what organizational factors influence member satisfaction and engagement in local CHW organizations? 2) How do CHW organizations measure and respond to member perceptions of the organization's performance. What impact does member perception have on the CHW organization?

As an interdisciplinary study, this work borrowed from literature in public administration and behavioral science to examine organizational performance and effectiveness. The literature suggests that members' satisfaction with the organization's benefits and support can encourage members to renew their membership in the organization, recommend the organization, and engage in its professional activities. This research used feedback from Community Health Workers (CHWs) and CHW instructors to understand the organizational factors that influence member satisfaction and engagement in local CHW organizations which were: perceived organizational support, needs fulfillment, trust in the organization, perceived organizational performance, social identity, and member satisfaction.

Behavioral intention to engage in the organization is proposed as an indicator of organizational performance for CHW organizations. This finding is supported by the literature that describes member retention and acquisition as the primary measure of organizational effectiveness for voluntary professional organizations (Herman & Renz, 1999; Oh & Ki, 2016;

Gruen, Summers, & Acito, 2000; Ki & Wang, 2016). Thus, this study proposes the following operational definition of CHW organizational performance: a high performing CHW organization focuses on providing organizational support, fulfilling the professional needs, and gaining the trust of its members in order to improve member's social identity and perception of organizational performance which increases member satisfaction. While there is work to be done in legitimizing the CHW profession and fully integrating CHWs into healthcare teams and public health efforts, this study hopes to provide an insight into the next step in improving professional support for certified CHWs.

APPENDIX A

English CHW Survey Questions

SECTION 1. This section asks questions to learn more about you and your work as a CHW. Please check the to the answer that best describes you.

1. What is your race or ethnicity?
   - ☐ Caucasian
   - ☐ African- American
   - ☐ Latino or Hispanic
   - ☐ Asian
   - ☐ Native American
   - ☐ Native Hawaiian or Pacific Islander
   - ☐ Other-Please list: _____

2. What is your age?
   - ☐ 18 – 30 years old
   - ☐ 31 – 45 years old
   - ☐ 46 – 55 years old
   - ☐ 56 years old or above
   - ☐ Prefer not to answer

3. What gender do you identify as?
   - ☐ Female
   - ☐ Male
   - ☐ Transgender
   - ☐ Gender Variant
   - ☐ Prefer not to answer

4. What is the highest level of education you have completed?
   - ☐ No formal education
   - ☐ Elementary/grade school
   - ☐ Some high school
   - ☐ High school diploma
   - ☐ Technical training
   - ☐ Some college
   - ☐ Associate degree
   - ☐ Bachelors degree
   - ☐ Graduate degree

5. In 2019, what was your total household income?
   - ☐ Less than $25,000
   - ☐ $25,000 to $34,999
   - ☐ $35,000 to $49,000
   - ☐ $50,000 to $74,999
   - ☐ Above $75,000

6. What county do you live in? _____

7. What is your primary language spoken at home? _____

   What is your primary language spoken at work? _____

8. How do you describe yourself? *(Select all that apply)*
   - ☐ DSHS certified CHW/Promotor(a)
   - ☐ DSHS certified CHW/Promotor(a) Instructor
   - ☐ Self-identify as a CHW/Promotor(a)
   - ☐ Expired CHW/Promotor(a) or CHW/Promotor(a) Instructor certification

9. How long have you been a CHW/Promotor(a) or CHW/Promotor(a) Instructor?
   - ☐ Less than 2 years
   - ☐ 2-5 years
   - ☐ 5-10 years
   - ☐ 11-15 years
   - ☐ 16-20 years
   - ☐ 21-25 years
   - ☐ More than 25 years

10. How important to you is it to think of yourself as a CHW and/or CHW instructor?

1	2	3	4	5
Not at all important		Neither important nor unimportant		Very important

11. What best describes your current employment status?
    - ☐ Employed full time
    - ☐ Employed part-time
    - ☐ Currently seeking opportunities for employment
    - ☐ Not currently seeking opportunities for employment
    - ☐ Retired
    - ☐ Student
    - ☐ Disabled

12. In the past year, have you worked as a CHW/Promotor(a) or CHW/Promotor(a) instructor?
    - ☐ Yes
    - ☐ No

    If yes, how was your employment affected by the COVID-19 pandemic?
    - ☐ Laid off – no longer employed
    - ☐ Furloughed – temporary unpaid leave

- ☐ Reduced hours
- ☐ Not affected
- ☐ Increased hours

13. In the past year, did you **volunteer** as a CHW/Promotor(a) or CHW/Promotor(a) instructor?
    - ☐ Yes
    - ☐ No

    How was your volunteer work affected by the COVID-19 pandemic?
    - ☐ Unable to continue volunteering
    - ☐ Reduced volunteer hours
    - ☐ Not affected
    - ☐ Increased volunteer hours

14. How likely are you to renew your CHW or CHW instructor certification?

1	2	3	4	5
Definitely Not		Possibly		Definitely

    - ☐ Don't know – Please explain why [text box]

15. Are you **currently** a member of a local CHW organization?
    - ☐ Yes ***Continue to Section 2***
    - ☐ No ***Continue to Section 3***

SECTION 2. This section asks questions about your affiliation with a local CHW organization.

16. How long have you been a member of your local CHW organization?
    - ☐ Less than 2 years
    - ☐ 2-5 years
    - ☐ 5-10 years
    - ☐ 11-15 years
    - ☐ 16-20 years
    - ☐ 21-25 years
    - ☐ More than 25 years

17. How did you learn about your local CHW organization?
    - ☐ Social media
    - ☐ DSHS announcement
    - ☐ Employer announcement
    - ☐ Training center announcement
    - ☐ CHW recommendation/ word of mouth

☐ Other: _____

18. How important to you is it to think of yourself as a member of a CHW organization?

1	2	3	4	5
Not at all important		Neither important nor unimportant		Very important

19. Indicate whether each of the following reasons is a major factor, a minor factor, or no factor in your decision to belong to a CHW organization.

	Major Factor	**Minor Factor**	**No Factor**
To network with others and build professional relationships			
To stay current on information about the profession			
To have access to member benefits			
To attend the organization's events			
To have access to free professional development/ continuing education			
For the prestige of being a member			
To advance/support the profession			
To advance/support the organization			
To be involved with the organization			
To volunteer/give back to the profession			
To participate in committees and gain leadership experience			
To serve in the organization's governance			
Employer requirement			
Employer reimburses membership dues			
Supervisor/mentor suggested joining			
Other CHWs/CHW instructors suggested joining			

20. Does your local CHW organization have a membership fee?

☐ Yes
☐ No

If yes, how would you rate the CHW organization's membership fee?

☐ Low
☐ Somewhat low
☐ Just right
☐ Somewhat high
☐ High

MEMBER BENEFITS

21. Please rate the overall quality of each of the following member benefits.

	Not offered	Very Poor	Poor	Fair	Good	Excellent	Don't use
CHW CEs							
CHW instructor CEs							
Volunteer opportunities							
Employment opportunities/ resources							
Networking opportunities							
Conferences							
Member meetings							
Scholarships/funding opportunities							
Leadership opportunities							
Mentorship							
Advocacy opportunities							
Online platforms (Facebook, LinkedIn, Website, Emails, etc.)							
Community outreach projects							
Other: _____							

22. How would you rate the **overall** quality of the CHW organization's member benefits?

1	2	3	4	5
Very Poor		Fair		Excellent

☐ Don't know

23. How often do you participate in the following activities sponsored by the CHW organization?

	Never	Seldom	Sometimes	Often	Always
CHW CEs					
CHW instructor CEs					
Volunteer opportunities					
Employment opportunities/ resources					
Networking opportunities					
Conferences					
Member meetings					
Scholarships/funding opportunities					
Leadership opportunities					
Mentorship					
Advocacy opportunities					
Online platforms (Facebook, LinkedIn, Website, Emails, etc.)					

Community outreach projects					
Other: _____					

24. How likely are you to renew your membership to the CHW organization?

1	2	3	4	5
Definitely Not		Possibly		Definitely

☐ Don't know – Please explain why [text box]

25. If another CHW or CHW instructor were to ask your advice on joining a CHW organization, how likely are you to recommend your local CHW organization?

1	2	3	4	5
Definitely Not		Possibly		Definitely

☐ Don't know– Please explain why [text box]

PROFESSIONAL SUPPORT

26. How would you rate the overall quality of **professional** support you receive from the CHW organization?

1	2	3	4	5
Very Poor		Fair		Excellent

☐ Don't know– Please explain why [text box]

27. How would you rate the overall quality of **personal** support you receive from the CHW organization?

1	2	3	4	5
Very Poor		Fair		Excellent

☐ Don't know– Please explain why [text box]

28. If you contact the CHW organization with a question, how likely are you to receive a response within one week?

1	2	3	4	5
Definitely Not		Possibly		Definitely

☐ Don't know– Please explain why [text box]

29. How often does the CHW organization communicate with you?
    - ☐ Never
    - ☐ Seldom (*1-5 times per year*)
    - ☐ Sometimes (*once every couple of months*)
    - ☐ Often (*once per month*)
    - ☐ Very often (*more once per month*)

TRUST

Please rate the following statements based on your experience with your local CHW organization.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
30. I trust the association's leadership team to be fair and act with integrity when making decisions for the organization.					
31. I believe the association's leadership team is fully competent to lead the organization.					
32. The leadership team believes that the members of the association can be trusted.					

CONCERNS

33. Have you experienced any problems with the CHW organization during the past year?
    - ☐ Yes
    - ☐ No

    If yes, what was the nature of your problem? _____

    Did you report the problem to anyone at the CHW organization?
    - ☐ Yes
    - ☐ No

    Was the problem resolved?
    - ☐ Yes
    - ☐ No

34. What additional support would you like to see from the CHW organization?
    TEXT BOX

Please rate the following statements based on your experience with your local CHW organization.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
35. Overall, I am satisfied with the benefits I receive from my local CHW organization.					
36. CHW organizations values and cares for me as a member of the organization.					
37. The CHW organization meets my professional needs.					
38. Overall, I would consider the CHW organization as effective.					

39. Compared to other CHW organizations, how would you rate your local CHW organization's performance:

1	2	3	4	5
Very Poor		Fair		Excellent

CONTINUE TO SECTION 4.

SECTION 3. This section asks questions about why you have not joined a local CHW organization.

40. Do you know if there is a local CHW organization in your area?
    - ☐ Yes, there is a local CHW organization in my area
    - ☐ No there is not a local CHW organization in my area
    - ☐ Don't know

41. Have you previously been a member of a CHW organization?
    - ☐ Yes
    - ☐ No

    If yes, please explain why you did not renew your membership
    TEXT BOX

42. Have you previously attended an event hosted by the local CHW organization?
    - ☐ Yes
    - ☐ No
    - ☐ Don't Know

43. Have you previously attended an event hosted by another CHW organization (not including the local CHW organization)?
    - ☐ Yes
    - ☐ No

- ☐ Don't Know

44. Compared to other CHW organizations, how would you rate the local CHW organization's performance:

1	2	3	4	5
Very Poor		Fair		Excellent

- ☐ Don't Know
- ☐ There is not a local CHW organization in my area

45. Which of the following would motivate you to join a local CHW organization? *(Select all that apply)*
    - ☐ CHW CEs
    - ☐ CHW instructor CEs
    - ☐ Volunteer opportunities
    - ☐ Employment opportunities/ resources
    - ☐ Networking opportunities
    - ☐ Conferences
    - ☐ Member meetings
    - ☐ Scholarships/funding opportunities
    - ☐ Leadership opportunities
    - ☐ Mentorship
    - ☐ Advocacy opportunities
    - ☐ Online platforms (Facebook, LinkedIn, Website, Emails, etc.)
    - ☐ Community outreach projects
    - ☐ Other: _____

46. Which of the following are keeping you from joining your local organization? *(Select all that apply)*
    - ☐ Transportation to meetings or events
    - ☐ Times/dates for meetings or events
    - ☐ Location/distance to meetings or events
    - ☐ Childcare
    - ☐ Cost of becoming a member
    - ☐ Lack of support from my employer
    - ☐ Unaware of a local CHW organization in my area.
    - ☐ Not interested in joining a CHW organization at this time
    - ☐ Other: _____

47. Would you be interested in joining a local CHW organization in the future?
    - ☐ Yes

- ☐ No
- ☐ Undecided

If no, why not?
[Text Box]

CONTINUE TO SECTION 4.

SECTION 4

If you would be willing to participate in a follow up interview for a chance to win an additional $50 gift card, please provide your contact information. Only a limited number of follow up interviews will be conducted.

Name _____

Email _____

Phone Number _____

Zip Code _____

SECTION 5

Would you like to be entered into a raffle for a $50 gift card for completing this survey?

- ☐ Yes – redirect to a new survey
- ☐ No – End of Survey

THANK YOU FOR YOUR TIME!

APPENDIX B

Spanish CHW Survey Questions

SECCIÓN 1. Esta sección hace preguntas para aprender más sobre usted y su trabajo como Promotor(a)/CHW. Por favor, marque la respuesta que mejor lo describa.

1. ¿Cuál es su raza u origen étnico?
   - ☐ Caucásico
   - ☐ Afroamericano
   - ☐ Latino o hispano
   - ☐ Asiático
   - ☐ Los nativos americanos
   - ☐ Nativo de Hawái o de las Islas del Pacifico
   - ☐ Otro: _____

2. ¿Qué edad tiene?
   - ☐ 18 – 30 años de edad
   - ☐ 31 – 45 años de edad
   - ☐ 46 – 55 años de edad
   - ☐ 56 años o mas
   - ☐ Prefiero no contestar

3. ¿Con cual genero se identifica?
   - ☐ Mujer
   - ☐ Hombre
   - ☐ Transgenero
   - ☐ Variante de genero
   - ☐ Prefiero no contestar

4. ¿Cuál es el nivel de educación mas alto que ha completado?
   - ☐ No tengo educación formal
   - ☐ Escuela primaria
   - ☐ Algo de escuela secundaria
   - ☐ Diploma de escuela secundaria
   - ☐ Entrenamiento técnico
   - ☐ Algo de universidad
   - ☐ Grado de asociado
   - ☐ Licenciatura/Bachillerato
   - ☐ Titulo de posgrado

5. En 2019 ¿cuál fue el ingreso total de su hogar?
   - ☐ Menos de $25,000
   - ☐ De $25,000 a $34,999
   - ☐ De $35,000 a $49,000
   - ☐ De $50,000 a $74,999
   - ☐ Mas de $75,000

6. ¿En que condado vives? _____
7. ¿Cuál es su principal idioma hablado en casa? _____
8. ¿Cual es su idioma principal en el trabajo? _____

9. ¿Cómo se describe a si mismo? (*Seleccione todos los que correspondan*)
   - ☐ Certificado por DSHS como Promotor(a)/CHW
   - ☐ Certificado por DSHS como Instructor de Promotor(a)/CHW
   - ☐ Auto identifica como Promotor(a)/CHW
   - ☐ Certificación de Promotor(a)/CHW o Instructor vencida

10. ¿Cuánto tiempo has sido Promotor(a)/CHW o Instructor de Promotor(a)/CHW?
    - ☐ Menos de 2 años
    - ☐ 2-5 años
    - ☐ 5-10 años
    - ☐ 11-15 años
    - ☐ 16-20 años
    - ☐ 21-25 años
    - ☐ Mas de 25 años

11. ¿Qué tan importante es para ti pensar en ti mismo como un Promotor(a)/CHW o Instructor de Promotor(a)/CHW?

1	2	3	4	5
No tan importante		Ni importante ni sin importancia		Muy importante

12. ¿Que es lo que mejor describe su situación laboral actual?
    - ☐ Empleado a tiempo completo
    - ☐ Empleado a tiempo parcial
    - ☐ Actualmente buscando oportunidades de empleo
    - ☐ Actualmente no buscando oportunidades de empleo
    - ☐ Retirado
    - ☐ Estudiante
    - ☐ Discapacitado

13. En el ultimo año, ¿ha trabajado como Promotor(a)/CHW o Instructor de Promotor(a)/CHW?
    - ☐ Si
    - ☐ No

    Si contesto "si", ¿cómo se vio afectado su empleo por la pandemia de COVID-19?
    - ☐ Despedido(a) – ya no trabaja
    - ☐ Despedido(a) temporal sin pago
    - ☐ Horas reducidas
    - ☐ No fue afectado
    - ☐ Aumento de horas

14. En el ultimo año ¿fue voluntario como Promotor(a)/CHW o Instructor de Promotor(a)/CHW?
    - ☐ Si
    - ☐ No

Si contesto “si”, ¿cómo se vio afectado su trabajo voluntario por la pandemia de COVID-19?

- ☐ Incapaz de continuar como voluntario
- ☐ Horas de voluntariado reducidas
- ☐ No fue afectado
- ☐ Aumento de las horas de voluntariado

15. ¿Qué probabilidad hay de que renueva su certificación de Promotor(a)/CHW o Instructor de Promotor(a)/CHW?

1	2	3	4	5
Definitivamente No		Posiblemente		Definitivamente

- ☐ No lo se – Por favor, explique por que

16. ¿Es usted actualmente miembro de una organización local de Promotores(as)/CHWs?
    - ☐ Si ***Continuar con la Sección 2***
    - ☐ No ***Continuar con la Sección 3***

SECCION 2. Esta sección hace pregunta sobre su afiliación a una organización local de Promotores(as)/CHW.

17. ¿Cuánto tiempo ha sido miembro de su organización local de Promotores(as)/CHWs?
    - ☐ Menos de 2 años
    - ☐ 2-5 años
    - ☐ 5-10 años
    - ☐ 11-15 años
    - ☐ 16-20 años
    - ☐ 21-25 años
    - ☐ Mas de 25 años

18. ¿Cómo se entero de la organización local de Promotores(as)/CHWs?
    - ☐ Las redes sociales
    - ☐ Anuncio de DSHS
    - ☐ Anuncio del empleador
    - ☐ Anuncio de un centro de entrenamiento
    - ☐ Recomendación do otro Promotor(a)
    - ☐ Otro método: _____

19. ¿Qué tan importante es para ti pensar en ti mismo como miembro de una organización de promotores(as)/CHWs?

1	2	3	4	5
No tan importante		Ni importante ni sin importancia		Muy importante

20. Indique si cada de las siguientes razones es un factor importante, un factor menor, o si no es un factor en su decisión de pertenecer a una organización de Promotores(as)/CHWs.

	Factor Importante	**Factor Menor**	**No es factor**
Para establecer redes de contactos y formar relaciones profesionales.			
Para estar al tanto con la información sobre la profesión			
Para tener acceso a los beneficios de los miembros.			
Para asistir a los eventos de la organización			
Para tener acceso al desarrollo profesional gratuito/e			
Por el prestigio de ser miembro.			
Para avanzar/apoyar la profesión			
Para avanzar/ apoyar la organización			
Para estar involucrado con la organización			
Para participar como voluntario y ayudar a la profesión			
Para participar en comités y obtener experiencia de liderazgo			
Para participar en la gobernancia de la organización			
Requisito del empleador			
El empleador reembolsa las cuotas de los miembros			
El supervisor/mentor lo sugirieron			
Otros Promotores(as)/CHWs o Instructores lo sugirieron			

21. ¿Su organización local de Promotores(as)/CHWs tiene una cuota de membresía?
    - ☐ Si
    - ☐ No

    Si contesto "si", ¿cómo calificaría la cuota de membresía de la organización de Promotoras(es)/CHWs?
    - ☐ Baja
    - ☐ Algo baja
    - ☐ No muy baja ni muy alta
    - ☐ Algo alta
    - ☐ Alta

BENEFICIOS PARA LOS MIEMBROS

22. Por favor, califique la calidad general de cada uno de los siguientes beneficios de los miembros.

	No se ofrece	**Muy baja**	**Baja**	**Regular**	**Buena**	**Excelente**	**No lo usa**
Educación continua para							

Promotores(as)/CHWs							
Educación continua para Instructores de Promotores(as)/CHWs							
Oportunidades de voluntariado							
Oportunidades de trabajo/ recursos							
Oportunidades de establecimiento de contactos							
Conferencias							
Reuniones de miembros							
Becas/ oportunidades de financiación							
Oportunidades de liderazgo							
Mentores							
Oportunidades de abogacía							
Redes sociales (Facebook, LinkedIn, pagina web, correo electrónico, etc.)							
Proyectos de alcance comunitario							
Otro: _____							

23. ¿Cómo calificaría la calidad general de los beneficios de los miembros de la organización de Promotores(as)/CHWs?

1	2	3	4	5
Muy baja		Regular		Excelente

24. Con que frecuencia participa en las siguientes actividades patrocinadas por la organización de Promotores(as)/CHWs?

	Nunca	**Rara vez**	**A veces**	**A menudo**	**Siempre**
Educación continua para Promotores(as)/CHWs					
Educación continua para Instructores de Promotores(as)/CHWs					
Oportunidades de voluntariado					
Oportunidades de trabajo/ recursos					
Oportunidades de establecimiento de contactos					
Conferencias					
Reuniones de miembros					
Becas/ oportunidades de financiación					
Oportunidades de liderazgo					
Mentores					
Oportunidades de abogacía					
Redes sociales (Facebook, LinkedIn, pagina					

web, correo electrónico, etc.)					
Proyectos de alcance comunitario					
Otro: _____					

25. Que probabilidad hay de que renueve su membresía en la organización de Promotores(as)/CHWs?

1	2	3	4	5
Definitivamente No		Posiblemente		Definitivamente

☐ No lo se. Por favor, explique por que

26. Si otro Promotor(a) o Instructor de Promotor(a) le pidiera su consejo para unirse a una organización de Promotores(as)/CHWs, ¿qué probabilidad hay de que le recomiende su organización local?

1	2	3	4	5
Definitivamente No		Posiblemente		Definitivamente

☐ No lo se. Por favor, explique por que

APOYO PROFESIONAL

27. ¿Cómo calificaría la calidad general del **apoyo profesional** que recibe de la organización de Promotores(as)/CHWs?

1	2	3	4	5
Muy baja		Regular		Excelente

☐ No lo se. Por favor, explique por que

28. ¿Cómo calificaría la calidad general del apoyo personal que recibe de la organización de Promotores(as)/CHWs?

1	2	3	4	5
Muy baja		Regular		Excelente

☐ No lo se. Por favor, explique por que

29. Si se pone en contacto con la organización de Promotores(as)/CHWs con una pregunta, ¿qué probabilidad tiene de recibir una respuesta en el plazo de una semana?

1	2	3	4	5
Definitivamente No		Posiblemente		Definitivamente

☐ No lo se. Por favor, explique por que

30. ¿Con que frecuencia se comunica la organización de Promotores(as)/CHWs con usted?
    ☐ Nunca

- ☐ Rara vez (1-5 veces al año)
- ☐ A veces (una vez cada dos meses)
- ☐ A menudo (una vez al mes)
- ☐ Muy a menudo (mas de una vez al mes)

CONFIANZA

Por favor, califique las siguientes declaraciones en base a su experiencia con la organización local de Promotores(as)/CHWs.

	Totalmente en desacuerdo	En desacuerdo	Neutral	De acuerdo	Totalmente de acuerdo
31. Confió en que el equipo de liderazgo de la asociación sea justo y actué con integridad al tomar decisiones para la organización.					
32. Creo que el equipo de liderazgo de la asociación es totalmente competente para dirigir la organización.					
33. El equipo de liderazgo cree que se puede confiar en los miembros de la asociación.					

PREOCUPACIONES

34. ¿Ha experimentado algún problema con la organización de Promotores(as)/CHWs durante el ultimo año?
    - ☐ Si
    - ☐ No

    Si contesto "si", ¿cuál fue la naturaleza de su problema? _____

    ¿Reporto el problema a alguien de la organización?
    - ☐ Si
    - ☐ No

    ¿Se resolvió el problema?
    - ☐ Si
    - ☐ No

35. ¿Qué apoyo adicional le gustaría recibir de la organización de Promotores(as)/CHWs?

Por favor califique las siguientes declaraciones en base a su experiencia con la organización de Promotores/CHWs.

	Totalmente en desacuerdo	En desacuerdo	Neutral	De acuerdo	Totalmente de acuerdo

36. En general, estoy satisfecho(a) con los beneficios que recibo de mi organización.
37. La organización me valora y se preocupa por mi como miembro de la organización..
38. La organización satisface mis necesidades profesionales.
39. En general, consideraría la organización como efectiva.

40. Comparado con otras organizaciones de Promotores(as)/CHWs, ¿cómo calificaría el desempeño de su organización local?

1	2	3	4	5
Muy baja		Regular		Excelente

CONTINUAR CON LA SECCION 4

SECCION 3. Esta sección hace preguntas acerca de porque no se ha unido a una organización local de Promotores(as)/CHWs.

41. ¿Sabe si hay una organización local de Promotores(as)/CHWs en su área?
    - ☐ Si hay una organización local de Promotores(as)/CHWs en mi área
    - ☐ No, no hay una organización local de Promotores(as)/CHWs en mi área
    - ☐ No lo se

42. ¿Ha sido anteriormente miembro de una organización de Promotores(as)/CHWs?
    - ☐ Si
    - ☐ No

    Si contesto "si", por favor explique por que no renovó su membresía.

43. ¿Ha asistido anteriormente a un evento organizado por la organización local de Promotores(as)/CHWs?
    - ☐ Si
    - ☐ No
    - ☐ No lo se

44. ¿Ha asistido anteriormente a un evento organizado por otra organización de Promotores(as)/CHWs (sin incluir la organización local)?
    - ☐ Si
    - ☐ No
    - ☐ No lo se

45. Comparado con otras organizaciones de Promotores(as)/CHWs, ¿Cómo calificaría el desempeño de la organización local?

1	2	3	4	5
Muy baja		Regular		Excelente

- ☐ No lo se
- ☐ No hay una organización local en mi área

46. ¿Cuál de los siguientes puntos le motivaría a unirse a una organización local de Promotores(as)/CHWs? *(Seleccione todos los que correspondan)*
- ☐ Educación continua para Promotores(as)/CHWs
- ☐ Educación continua para Instructores de Promotores(as)/CHWs
- ☐ Oportunidades de voluntariado
- ☐ Oportunidades de trabajo/ recursos
- ☐ Oportunidades de establecimiento de contactos
- ☐ Conferencias
- ☐ Reuniones de miembros
- ☐ Becas/ oportunidades de financiación
- ☐ Oportunidades de liderazgo
- ☐ Mentores
- ☐ Oportunidades de abogacía
- ☐ Redes sociales (Facebook, LinkedIn, pagina web, correo electrónico, etc.)
- ☐ Proyectos de alcance comunitario
- ☐ Otro: _____

47. ¿Cuál de los siguientes factores le impide unirse a su organización local? *(Seleccione todos los que correspondan)*
- ☐ Transporte a reuniones o eventos
- ☐ Horas/fechas de las reuniones o eventos
- ☐ Ubicación/distancia a las reuniones o eventos
- ☐ Cuidado de niños
- ☐ El costo de hacerse miembro
- ☐ La falta de apoyo de mi empleador
- ☐ No se si hay una organización local de Promotores(as)/CHWs en mi área
- ☐ No estoy interesado(a) en unirme a una organización de Promotores(as)/CHWs en este momento
- ☐ Otra razón: _____

48. ¿Estaría interesado(a) en unirse a una organización local de Promotores(as)/CHWs en el futuro?
- ☐ Si
- ☐ No
- ☐ Indeciso

Si no, ¿porque no?

CONTINUAR EN LA SECCION 4

SECCION 4

Si esta dispuesto(a) a participar en una entrevista de seguimiento y tener la oportunidad de ganar una tarjeta de regalo de $50 adicional, por favor, proporcione su información de contacto. Solo se llevara a cabo un numero limitado de entrevistas.

Nombre_____

Correo electrónico: _____

Numero de teléfono: _____

Código postal _____-

SECCION 5

¿Le gustaría participar en un sorteo de una tarjeta de regalo de $50 por completar esta encuesta?

- ☐ Si – re direccionar a una nueva encuesta
- ☐ No – final de la encuesta

¡GRACIAS POR SU TIEMPO!

APPENDIX C

CHW Organization Leader Survey Questions

SECTION 1. This section asks questions to learn more about you and your leadership role in the CHW organization.

1. How do you describe yourself? *(Select all that apply)*
   - ☐ DSHS certified CHW/Promotor(a)
   - ☐ CHW/Promotor(a) Instructor
   - ☐ CHW/Promotor(a) Ally
     We define an ally as an individual who support the CHW workforce but are not certified as CHWs/Promotores or CHW/Promotor(a) instructors.
   - ☐ Other _____

2. What is your current leadership role in the CHW organization?

3. How long have you served in your current leadership role?
   - ☐ Less than 2 years
   - ☐ 2-5 years
   - ☐ 5-10 years
   - ☐ 10 – 15 years
   - ☐ More than 15 years

4. Does the Board of Directors provide compensation to Board members?
   - ☐ Yes
   - ☐ No

   If yes, who receives compensation? *Select all that apply*
   - ☐ Executive Director
   - ☐ President/Chair
   - ☐ Less than half of the Board members
   - ☐ More than half of the Board members
   - ☐ All of the Board members

5. What is the composition of the governing Board? *We define allies as individuals who support the CHW workforce but are not certified as CHWs/Promotores or CHW/Promotor(a) instructors.*
   - ☐ All CHWs/Promotores and/or CHW/Promotor(a) instructors
   - ☐ More CHWs/Promotores and CHW/Promotor (a) instructors than allies
   - ☐ Equal amounts of CHW/Promotores/Instructors and Allies
   - ☐ More allies than CHWs/Promotores and CHW/Promotor (a) instructors
   - ☐ All allies
   - ☐ N/A

6. How often does the Board/Executive typically meet in a year?
   - ☐ Monthly (12 times)
   - ☐ Every 2 months (6 times)
   - ☐ Quarterly (4 times)
   - ☐ Bi-annually (2 times)
   - ☐ Annually (1 time)
   - ☐ Other: _____

7. How often does the CHW organization hold **in-person** member meetings?
   - ☐ Monthly (12 times)
   - ☐ Every 2 months (6 times)
   - ☐ Quarterly (4 times)
   - ☐ Bi-annually (2 times)
   - ☐ Annually (1 time)
   - ☐ Other: _____

8. Does the CHW organization hold **online** member meetings via web or phone calls?
   - ☐ Yes
   - ☐ No

   If so, how often?
   - ☐ Monthly (12 times)
   - ☐ Every 2 months (6 times)
   - ☐ Quarterly (4 times)
   - ☐ Bi-annually (2 times)
   - ☐ Annually (1 time)
   - ☐ As needed
   - ☐ Other: _____

9. Was the CHW organization able to provide support to its members during the COVID-19 pandemic?
   - ☐ Yes
   - ☐ No

   If so, what type of support did you provide? _____

SECTION 2. This section asks questions regarding the culture of the association of the CHW organization.

For the following sections, you will be asked to rate different areas of your organization.

Please note:

- Although your organization may focus more on one particular area than on others, ALL questions should be rated, even if it is rated "0" for no capacity.
- You can use the space provided to justify or support your rating.
- Questions refer to the organization as a whole and not the performance of an individual.

Please use the following rating scale:

0 = None – New capacity to develop OR Not Applicable
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
U = Unknown – It is unknown if capacity is applied

Vision & Mission	**0**	**1**	**2**	**3**	**4**	**U**	**Comments**
10. Does the association have a clearly documented vision and mission statement?							
11. Is the vision understood by all members, giving a sense of purpose and direction to the association?							
12. Is the mission understood by all members, giving a sense of purpose and direction to the association?							
13. Do association members support the mission statement?							
14. Are the goals and actions of the association consistent with the mission statement?							
15. Are the vision and mission reviewed on a regular basis (i.e. is there a formal process to review the vision and mission)?							
Additional Comments:							
Values (e.g. professionalism, justice, equity excellence, etc.)							
16. Are the association's values defined and promoted (e.g. in a document)?							

17. Does the association specifically value the equal participation of men and women in the organization (e.g. in positions of influence within the association such as: President, member(s) of the Executive Committee/Board of Directors, Executive Director)?							
18. Do most members of the association identify with the organization's values?							
19. Do association actions (i.e. projects, programs, statements, etc.) reflect its culture and values?							
20. Is there a positive attitude towards change within the association?							
Additional Comments:							
Rewards/Incentives (e.g. member benefits, honorarium, awards, etc.)							
21. Are the policies, rewards/incentives and compensation adequate for attracting, keeping and motivating members?							
22. Are the policies, rewards/incentives and compensation adequate for attracting, keeping and motivating volunteers?							
23. Are the policies, rewards/incentives adequate for attracting and motivating staff (if the association has any)?							
24. Are people within the association treated fairly and in the same way, regardless of gender, language, geography, qualifications, rank, or position?							
25. Are people outside the association treated fairly and in the same way, regardless of gender, language, geography, qualifications, rank or position?							
Additional Comments:							

SECTION 3. This section asks questions regarding the operational capacity of the association of the CHW organization.

Governance	**0**	**1**	**2**	**3**	**4**	**U**	**Comments**
26. Is the association's Board and/or Executive Committee governed by a constitution and rules and bylaws? Are these governing documents still relevant?							
27. Does the association have a Board and/or Executive Committee that provides overall direction and sets priorities?							
28. Are the Board and/or Executive Committee's roles and responsibilities clearly defined and understood?							
29. Does the Board and/or Executive Committee meet on a regular basis, complete their responsibilities and properly document all their decisions?							
30. Are the Board and/or Executive Committee members adequately prepared and capable of fulfilling their governance responsibilities?							
31. Is the balance of men and women on the Board and/or Executive Committee representative of the membership, and the profession in general?							
32. Does the Board and/or the Executive Committee support gender equity within the organization and its programs?							
33. Are the Board and/or Executive Committee members representative of your community, city, or region?							
34. Does the Board and/or Executive Committee have members from outside the association (i.e. other stakeholders) including the public?							
35. Does the Board and/or Executive Committee have good credibility in the professional and healthcare community and among							

stakeholders?							
Additional Comments:							
Leadership and Management - *If organization does not have an Executive Director, please make a note in the "Comments" section*							
36. Does the association have an Executive Director responsible for the organization's daily operations and leadership?							
37. Are the roles and responsibilities of the Executive Director and/or staff clearly defined and understood?							
38. Is the Executive Director an official member of the Board and/or Executive Committee (e.g. does he/she attend all meetings, ensure that the agenda/minutes are prepared, have a vote, etc.)?							
39. Is there a productive working relationship between the Board and/or Executive Committee and the Executive Director and/or staff?							
40. Do members support the association's Executive Director and/or staff?							
41. Are there enough active Board and/or Executive Committee members, committees, and staff for implementing the association's strategy and improving performance?							
42. Does the association have a defined structure with clear lines of authority and accountability for Board/Executive Committee, Executive Director, volunteers, staff?							
43. Does the association's structure have the capacity to absorb and manage new projects?							
44. Does the association have adequate and effective administrative policies and procedures in place to support its work?							

45. Is the Executive Director and/or staff able to identify problems, make decisions, and take appropriate actions within their responsibilities without interference?							
46. Does the association develop realistic and detailed work plans, aligned with the strategic planning process, to manage the association?							
Additional Comments:							
Human Resources							
47. Does the association have a transparent and competitive process to **recruit staff** with the skills needed to fulfill its needs?							
48. Does the association have a transparent and competitive process to **recruit volunteers** with the skills needed to fulfill its needs?							
49. Does the association have administrative/support staff?							
50. Does the association have staff or volunteers with accounting/ financial management skills (i.e. accountant, financial officer, etc.)?							
51. Do job descriptions and employment contracts exist for staff and are they clear and up to date?							
52. Are salaries and benefits clearly outlined and competitive?							
53. Is there adequate **staff**, in number and qualifications, to meet the organization's needs?							
54. Is there adequate volunteers, in number and qualifications, to meet the organization's needs?							
55. Does the association have information kits, policy manuals, etc. for its members, volunteers, and staff?							
56. Do performance reviews for staff							

take place at regular intervals?							
57. Do staff employed by the association have the appropriate qualifications and experience for the jobs they do?							
58. Does the association have policies and processes that specifically support gender equity?							
59. Is staff morale good, in general?							
Additional Comments:							
Communication							
60. Does the Board and/or Executive Committee communicate with the members on a regular basis on issues of importance?							
61. Does the association have a communication plan that supports its strategy, goals, and objectives?							
62. Does the association communicate and promote gender equity both internally and externally?							
63. Are the mission, vision, and strategic directions communicated effectively by the association to all members and external stakeholders?							
64. Does the association have a website? Is it updated on a regular basis?							
65. Does the association have a newsletter (paper or electronic version)? Is it published on a regular basis?							
66. Does the association communicate its unique role and position within the sector to external stakeholders?							
Additional Comments:							

SECTION 4. This section asks questions regarding the performance of the CHW organization.

Effectiveness	**0**	**1**	**2**	**3**	**4**	**U**	**Comments**
67. How effective is the association in carrying out its mission and implementing its strategies?							
68. How well does the association implement its programs/projects							
69. Does the association work in a way that assures quality products or services (e.g. developing a training program to the state's standards)							
70. Is there a measurement system in place (e.g. quantitative and qualitative indicators) to capture the extent to which goals and objectives are realized?							
71. Does the association demonstrate an ability to carry out its activities and accomplish its tasks in a reasonable time and at a reasonable cost?							
72. Do beneficiaries (e.g. participants of CE activities, etc.) of the association's programs deem them to be satisfactory?							
73. Does the association evaluate the quality and impact of its activities and make improvement adjustments on a regular basis?							
74. Does the association evaluate member's satisfaction with its activities and make improvement adjustments on a regular basis based on member feedback?							
75. Is the association effective in communicating to its membership and to stakeholders?							
Additional Comments:							
Efficiency							
76. Is performance assessed in relation to financial plans and budgets?							
77. Does the association use its human, financial, and physical resources efficiently?							

78. Does the association deliver its programs/projects/activities within its budget?							
Relevance							
79. Does the association provide products/services (e.g. CE, access to professional information, technical resources, protocols and guidelines, etc.) that respond to its member and stakeholder's needs?							
80. Are members and stakeholders surveyed on a regular basis to obtain their perceptions of the association?							
81. Is the association willing and able to adapt to changes driven by its members and stakeholders (i.e. is it responsive to those it serves)?							
82. Does the association promote itself with the local, city, or state government, and other stakeholders?							
83. Does the association monitor its reputation with members?							
84. Does the association encourage innovation?							
Additional Comments:							

SECTION 5. This section asks questions regarding the external relations of the CHW organization and how the association is perceived.

Legal & Political Framework	**0**	**1**	**2**	**3**	**4**	**U**	**Comments**
85. Is the association legally recognized (e.g. as a 501c3) by the government?							
Ownership and Participation							
86. Is there a strong sense of ownership and pride by members, volunteers and staff of the association?							
87. Is the association perceived as being under independent control and governed by its Board/Executive Committee and members							

88. Do major stakeholders perceive the association as a local and/or state asset and support it?							
89. Is the association perceived as legitimate and trustworthy by CHWs, CHW instructors, and CHW allies?							
90. Is the association perceived as being open and transparent in all its operations?							
Additional Comments:							

SECTION 6. This section asks questions regarding the functions of the CHW organization.

Membership Services	**0**	**1**	**2**	**3**	**4**	**U**	**Comments**
91. Do individual members have an opportunity to review and contribute to the mission, vision, and strategic directions?							
92. Are members actively involved through the structures and activities of the association (e.g. committees, activities, general meetings, etc.)?							
93. Does the association have a structured process to collect membership profile data, including membership fees?							
94. Does the association recognize and have multiple categories reflecting the diversity of individual membership (e.g. active members, life members, affiliate members, associate members, etc.)?							
95. Are membership benefits (and obligations) actively communicated to members and the CHW community?							
96. Is membership in the association stable or changing (e.g. increase/decrease, M/F ration)?							
Additional Comments							
Advancing Professional Practice							
97. Does the association publicly recognize excellence in							

professional practice (e.g. practice, education, research, leadership, and policy)?							
98. Are there activities in place to encourage and support positive, quality practice environments for CHWs/CHW instructors?							
99. Does the association undertake initiatives to improve salary, fee for services and benefit programs for practitioners?							
100. Does the association meet regularly with other professional associations for the purpose of sharing best practices, engaging in mutual learning opportunities and developing collaborations?							
Additional Comments:							

101. How would you rate the **overall quality** of the CHW organization's member benefits?

1	2	3	4	5
Very Poor		Fair		Excellent

102. How would you rate the **overall quality** of the CHW organization's professional support for its members?

1	2	3	4	5
Very Poor		Fair		Excellent

103. Compared to other CHW organizations, how would you rate your local CHW organization's performance:

1	2	3	4	5
Very Poor		Fair		Excellent

104. Rate the following statement: Overall, I would consider the CHW organization as effective.

1	2	3	4	5
Strongly Disagree		Neutral		Strongly Agree

THANK YOU FOR YOUR TIME!

APPENDIX D

English CHW Interview Guide

CHW & CHW Instructor Interview Guide – Online

The reason you are being interviewed is you completed the online survey and expressed an interest in sharing more about your experiences with CHW organizations as either a member or nonmember. We are going to discuss CHW organizations, member benefits, and your participation with the organization.

There are a couple of rules we will follow to make sure you feel comfortable sharing and so that all information remains confidential:

- *Please do not say any names when you speak about another person or organization so that the names are not recorded.*
- *There are no right or wrong answers. I am interested in learning about your experiences and ideas.*

Remember, everything we say here is confidential. You do not need to tell anyone what we talked about if you don't feel comfortable. No one will know it is you speaking and you will not be identified on the recording or in anything written about what you say today.

Do you have any questions before we start?

Okay, great. We'll get started.

First I want to know if you are currently a member of the local CHW organization.

[If yes, continue to Section 1]

[If no, continue to Section 2)

SECTION 1: Interview Questions for Organization Members

Member Benefits

1. Why did you originally decide to join a CHW organization?
   PROBE: Which of those reasons was most important to you?
   PROBE: Which of those reasons was least important to you?

2. What are some of the member benefits you receive from the organization?
   PROBE: Which of those benefits do you use more often?
   PROBE: Which of those benefits do you use least often?

Organizational Support

3. How does the organization support you professionally and/or personally?
   PROBE: How did the organization support you during the pandemic or other emergency?

4. What is the level of interaction between you and the leadership of the organization?
   PROBE: How often do they communicate with you?
   PROBE: How do they communicate with you?

5. Have you experienced any problems with the CHW organization?
   PROBE: If so, what was the nature of the problem?
   PROBE: Do you think the problem was resolved appropriately?

Social Identity

6. How important is it to you to interact with other CHWs, CHW instructors?
   PROBE: How does your relationship with other members or leaders of the organization influence your decision to participate in the organization?

Behaviors

7. How often do you attend events sponsored by the organizations?
   PROBE: Which events do you like to attend most?
   PROBE: Which events do you attend the least often?

8. How likely are you to renew your membership? Why?
   PROBE: Is there anything that would keep you from renewing?

Attitude

9. Overall, what has been your experience with the CHW organization?
10. Compared to other CHW organizations, how does your local CHW organization perform? Please explain

Thank you for sharing your ideas.
Is there anything else you would like to tell me about your experience as a member of a CHW organization that we have not discussed or anything else you would like to see offered by a CHW organization?
Again, thank you very much for your time to help us today!

SECTION 2: Non-Member Interview Questions

1. Do you know if there is a local CHW organization in your area?
    a. If no, what do you think about forming a local organization?
    b. If yes, what has kept you from becoming a member of the local CHW organization?
    PROBE: Which of those reasons is most important to you?

2. Have you had any interaction or participated in any events by a CHW organization?

Member Benefits

3. What member benefits do you think a local CHW organization should offer members?
    PROBE: Which of those benefits are most important to you?
    PROBE: Which of those benefits are least important to you?

Organizational Support

4. How can a local CHW organization support its members professionally and/or personally?
    PROBE: Which of those is most important to you?
    PROBE: Which of those is least important to you?
    PROBE: How can the organization support its members during an emergency such as the COVID-19 pandemic?

Social Identity

5. How important is it to you to interact with other CHWs or CHW instructors?
    PROBE: How often do you interact with other CHWs or CHW instructors?

6. Do you know individuals who are members of a local CHW organization?
    PROBE: What are some things they share with you about the organization?
    PROBE: How does their experience influence your decision not to join?

Behaviors

7. What would motivate you to join a local CHW organization?

8. How likely are you to join a CHW organization in the next 6 months?

Attitude

9. From your perspective, what does an effective CHW organization look like?

Thank you for sharing your ideas.

Is there anything else you would like to tell me about CHW organizations or why you have not joined that we have not discussed?

Again, thank you very much for your time to help us today!

APPENDIX E

Spanish CHW Interview Guide

Guía de Entrevista

La razón por la que se le esta entrevistando es porque usted completo la encuesta en línea y expreso su interés en compartir mas acerca de sus experiencias con las organizaciones de CHW, ya sea como miembro o porque no es miembro. Vamos a tener una discusión sobre las organizaciones de Promotores(as)/CHWs, los beneficios de los miembros y su participación con la organización.

Hay unas reglas que seguiremos para asegurarnos de que se sienta cómodo compartiendo y para que toda la información permanezca confidencial:

- *Por favor, no mencione ningún nombre cuando hable de otra persona u organización para que no se registren los nombres.*
- *No hay respuestas correctas o incorrectas. Estoy interesado en conocer sus experiencias e ideas.*

Recuerde, todo lo que decimos aquí es confidencial. No necesita decirle a nadie de lo que hablamos si no te sientes cómodo. Nadie sabrá que eres tu quien habla y usted no será identificado en la grabación o en nada escrito sobre lo que diga hoy.

¿Tiene alguna pregunta antes de que empecemos?

Bien, gracias. Empezaremos.

Primero quiero saber si actualmente es miembro de una organización local de Promotores(as)/CHWs?

[Si contesta que si, continúe con la Sección 1]

[Si contesta que no, continúe con la Sección 2

SECCION 1: Preguntas de entrevista para miembros de la organización

Beneficios para los miembros

1. ¿Por qué decidió originalmente unirse a una organización de Promotores(as)/CHWs?
   SONDAR: ¿Cuál de esas razones es la mas importante para usted?
   SONDAR: ¿cuál de esas razones es la menos importante para usted?

2. ¿Cuáles son algunos de los beneficios que recibe de la organización?
   SONDAR: ¿Cuál de esos beneficios utiliza mas frecuente?
   SONDAR: ¿Cuál de esos beneficios utiliza menos frecuente?

Apoyo de la organización

3. Como le apoya la organización profesionalmente y/o personalmente?
   SONDAR: ¿Cómo le ha apoyado la organización durante la pandemia u otra emergencia?

4. ¿Cuál es el nivel de interacción entre usted y el equipo de liderazgo de la organización?
   SONDAR: ¿Con que frecuencia se comunican con usted?
   SODNAR: ¿Cómo se comunican con usted?

5. ¿Ha experimentado algún problema con la organización de Promotores(as)/CHWs?
   SONDAR: Si es así, ¿cuál fue la naturaleza del problema?
   SONDAR: ¿cree que el problema fue resuelto apropiadamente?

Identidad social

6. ¿Qué tan importante es para ti interactuar con otros Promotores(as)/CHWs?
   SONDAR: ¿Cómo influye su relación con otros miembros o lideres de la organización en su decisión de participar en la organización?

Comportamientos

7. ¿Con que frecuencia asiste a los eventos patrocinados por las organizaciones?
   SONDAR: ¿A que eventos le gusta asistir mas?
   SONDAR: ¿A que eventos asiste con menos frecuencia?

8. ¿Qué probabilidades hay de que renueve su membresía? ¿Por qué?
   SONDAR: ¿Hay algo que le impida renovar?

Actitud

9. En general, ¿cuál ha sido su experiencia con la organización de Promotores(as)/CHWs?
10. En comparación con otras organizaciones de Promotores(as)/CHWs, ¿cómo se desempeña su organización local? Por favor, explique

Gracias por compartir sus ideas

¿Hay algo mas que quiera decirme sobre su experiencia como miembro de una organización de Promotores(as)/CHWs que no hayamos discutido o cualquier otra cosa que le gustaría ver ofrecida por una organización de Promotores(as)/CHWs?

Otra vez, muchas gracias por su tiempo para ayudarnos hoy.

SECCION 2: Preguntas de entrevista para personas que no son miembros de una organización

1. ¿Sabe si hay una organización local de Promotores(as)/CHWs en su área?
    a. Si no, ¿qué opina sobre la formación de una organización local?
    b. Si es así, ¿qué le ha impedido convertirse en miembro de la organización local?
    SONDAR: ¿Cuál de esas razones es la mas importante para usted?

2. ¿Ha tenido alguna interacción o participado en algún evento de la organización de Promotores(as)/CHWs?

Beneficios para los miembros

3. ¿Qué beneficios para los miembros cree que una organización local de Promotores(as)/CHWs debería ofrecer a los miembros?
    SONDAR: ¿Cuál de esos beneficios es mas importante para usted?
    SONDAR: ¿Cuál de esos beneficios es menos importante para usted?

Apoyo organizativo

4. Como puede una organización local de Promotores(as)/CHWs apoyar a sus miembros profesionalmente y/o personalmente?
    SONDAR: ¿Cuál de ellos es el mas importante para usted?
    SONDAR: ¿Cuál de ellos es el menos importante para ti?
    SONDAR: ¿Cómo puede la organización apoyar a sus miembros durante una emergencia como la pandemia COVID-19?

Identidad social

5. ¿Qué tan importante es para ti interactuar con otros Promotores(as)/CHWs o instructores de Promotores(as)/CHWs?
    SONDAR: ¿Con que frecuencia interactúas con otros Promotores(as)/CHWs o instructores de Promotores(as)/CHWs?

6. ¿Conoces a individuos que son miembros de una organización local de Promotores(as)/CHWs?
    SONDAR: ¿Cuáles son algunas de las cosas de las cosas que comparten con usted sobre la organización?
    SONDAR: ¿Cómo influye su experiencia en tu decisión de no unirse a la organización?

Comportamientos

7. ¿Qué te motivaría a unirte a una organización local de Promotores(as)/CHWs?

8. ¿Qué probabilidad hay de que te unas a una organización de Promotores(as)/CHWs en los próximos 6 meses?

Actitud

9. Desde su perspectiva, ¿qué consideraría una organización de Promotores(as)/CHWs efectiva?

Gracias por compartir sus ideas.
¿Hay algo mas que quiera decirme sobre las organizaciones de Promotores(as)/CHWs o por que no se ha unido a ella que no hayamos discutido?

Otra vez, muchas gracias por su tiempo para ayudarnos hoy.

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BIOGRAPHICAL INFORMATION

Denise A. Hernandez received her PhD from the College of Architecture, Planning, and Public Affairs (CAPPA) in Public and Urban Administration at the University of Texas at Arlington (UTA). She earned her Master of Public Health with a concentration in Health Promotion and Community Health Sciences from the Texas A&M School of Public Health, and a Bachelor of Science in Allied Health from Texas A&M University. During her time at UTA, Denise was awarded the Jerry Mebus Public Service Scholarship and was inducted into the Pi Alpha Alpha international honor society for Public Affairs and Administration. Her research focuses on the incorporation of Community Health Workers (CHWs) to bridge the gap between the patient and health care system, as well as CHW workforce development. Her passion for addressing the needs of under-resourced communities has led her to focus on the impact of CHWs in vulnerable populations. As such, Denise is a founding member of the DFW Community Health Worker Association for which she currently serves as the as the President on the Board of Directors. She has also worked as a CHW instructor and CHW ally for nine years. Upon graduation, Denise plans to continue her career in higher education and hopes to keep working to strengthen the support for the CHW workforce through research and policy.