

Indiana Community Health Worker Workforce Assessment Surveys

Assessment Funded by the Centers for Disease Control and Prevention

**Undertaken by Community Resources, LLC
under supervision of the Indiana Department of
State Health Services**

October 15, 2012

Assessing the Status of Community Health Workers (CHWs) and CHW Services in Indiana

ASSESSMENT PLANNING

- The **Indiana CHW Coalition** selected an assessment approach in Spring, 2012
- Collaborative survey planning and piloting in Summer, 2012

SURVEY METHODS

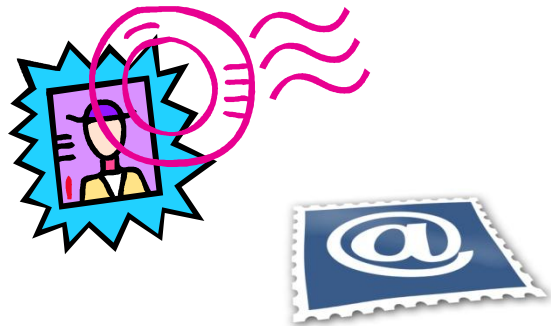
- Surveys invitation distributed directly to 400+ individuals identified by the Coalition. Original database had @ 55 % CHWs and 45 % employer / funders
- Survey invitations were sent:
 - with a live survey link **via email** (n= 286)
 - by **postal invite** for those without an identified email (n= 127)
 - initial invite included a **letter from the State's Commissioner of Health**
 - All were encouraged to widely share the link with fellow *Hoosiers*.

Other National and State CHW Studies Informing this Assessment Protocol

Notable assessments that included surveys influencing this survey:

- The **National Community Health Advisor Study** including the CHWs and CHW Supervisor Survey
- The **CHW National Workforce Study** including an Employer Survey
- **Massachusetts' CHW assessments** including a CHW and Employer Survey
- **National CHWs as Advocates Survey**
- **Florida CHW and Employer Surveys**
- **Texas HB 2610 Study** including an Employers Survey

CHW & Employer/Payer Survey Methods continued



Recipients received a Web Site Link to: <http://indiana.chwsurvey.com>

The site contained two distinct survey links for:

- 1) A Survey for CHW
- 2) A Survey for CHW Employer/Payer & Potential Employer/Payers

The Surveys were “live” (on line) for 3 full weeks in September, 2012

Invitations were repeated weekly via email & postal mail over the 3 weeks.

The web site & postal communication indicated:

- Survey copies were available in hard copy upon request
- The CHW survey was available in Spanish upon request
 - At one week a Spanish survey link was added to the site

Assessment Methods: Pros and Cons

- Survey is limited to **brief and short answer data**; more in depth data may require other forms of assessment
- Surveys “**snowball**” sampling method excellent for exploratory research but sampling frame is unknown
- **On-line** survey tends to draw more educated respondents with best access to technology, may disproportionally limit frontline CHWs’

The Surveys

Who Took the Indiana Surveys

CHW Survey

- Opened Survey Link: 393
- Eligible/Qualified: 313

CHW Employer/Payers Survey

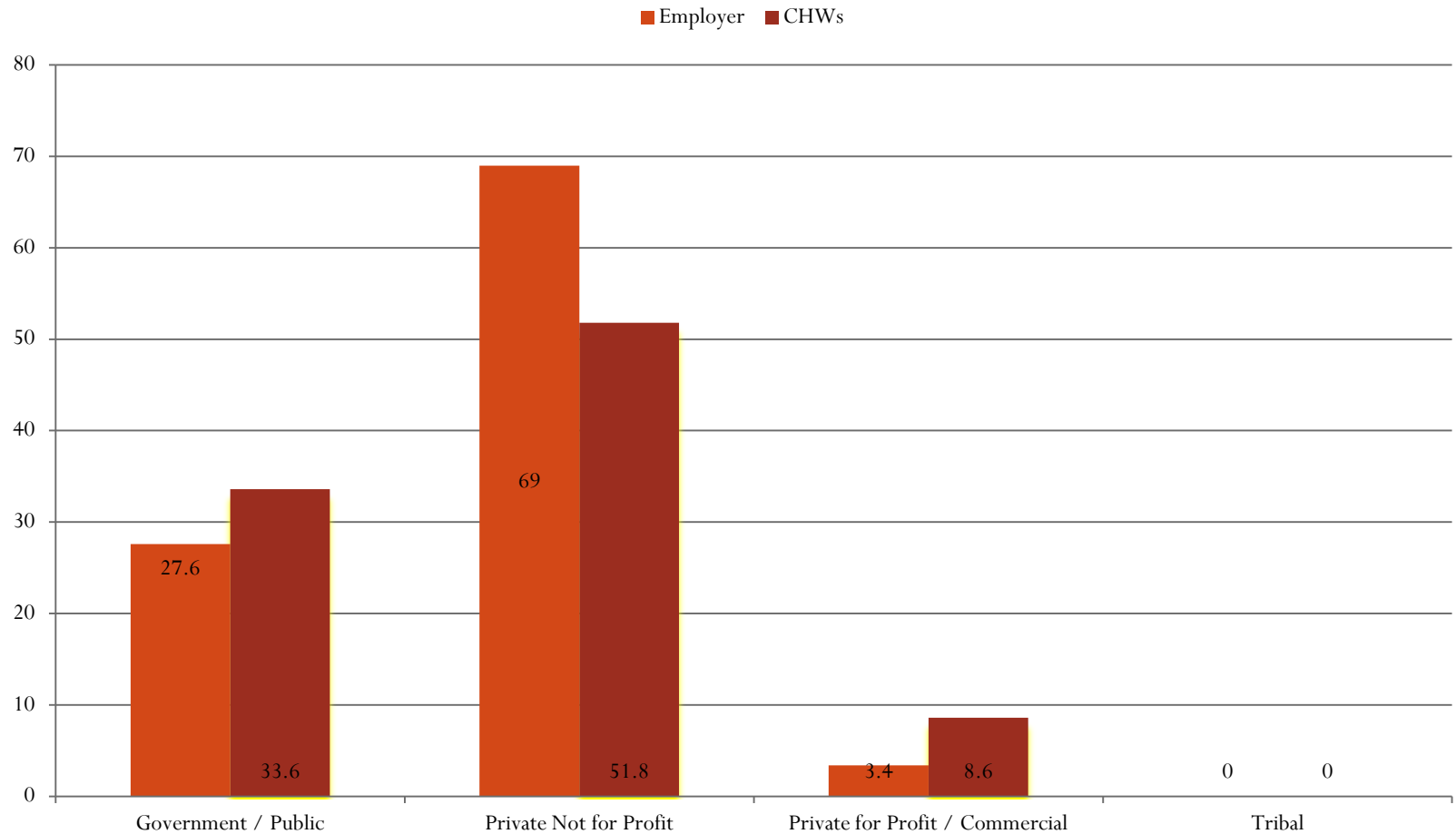
- Opened Survey Link: 82
- Eligible/Qualified: 73
- **Current CHW Employers/Payers:**
 - Total Respondents 49
 - Employers: 26 (68%); Supervisors 10 (26%); note: no “payers”
- **Potential CHW Employer/Payers:**
 - Total 24:
 - Employers: 11 (65%); Payers: 5 (29%)

* NOTE: throughout the presentation survey data are are rounded to the nearest hundred

Type of Organization

(Employers n= 29; CHWs n= 220)

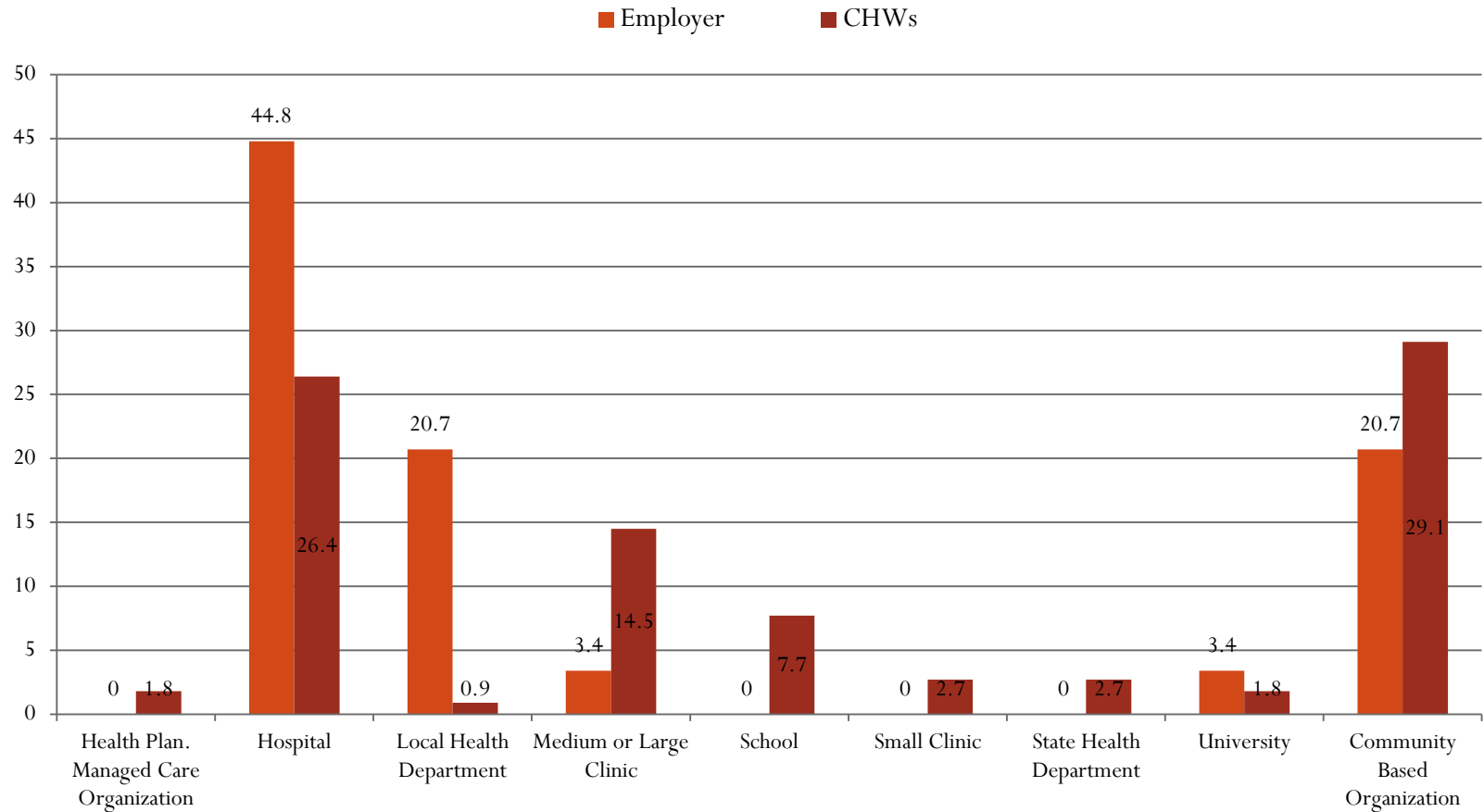
Data presented a % of respondents for comparison purposes



Organizational Setting

(Employer n= 29; CHW n= 220)

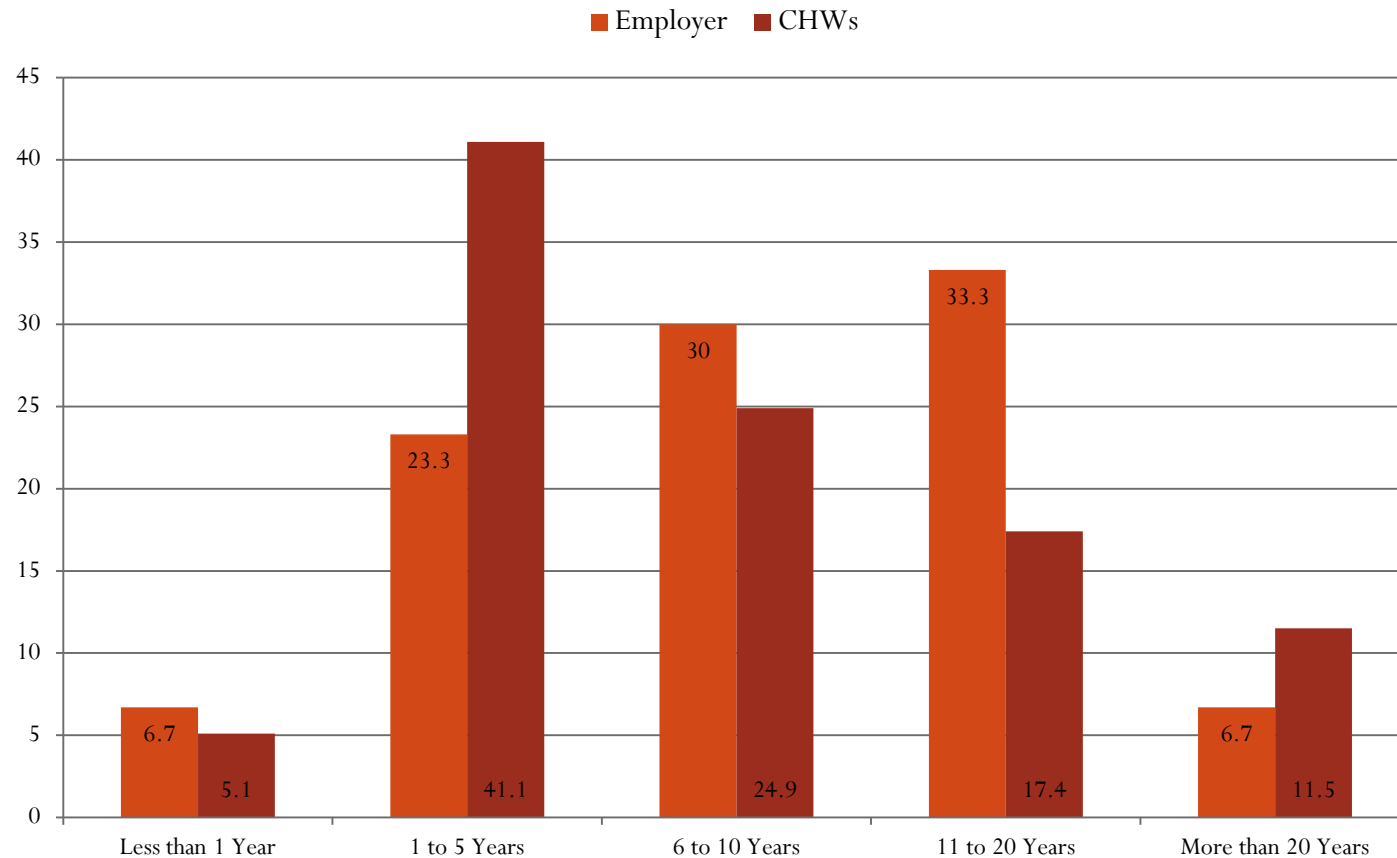
Data presented as a % of respondents for comparison purposes



Longevity of Work with/as a CHWs

(Employer n=30; CHWs n=253)

Data presented in % of respondents for comparison purposes



What's in a name? (CHWs n= 184; Employer n= 26)

Is it best to be under one umbrella?



CHWs report :

- 19% :CHW
- 12% : Community Health Educator
- 6.5% : Outreach Worker
- 5.4% : *Community Health Representative*
- 3.8% : Certified Recovery Specialist, Patient Navigator, or Peer Educator
- 42% or 112 selected “other”; these included:
 - 12% or 28 had Coordinator in their title
 - 8% or 18 had Nurse in their title

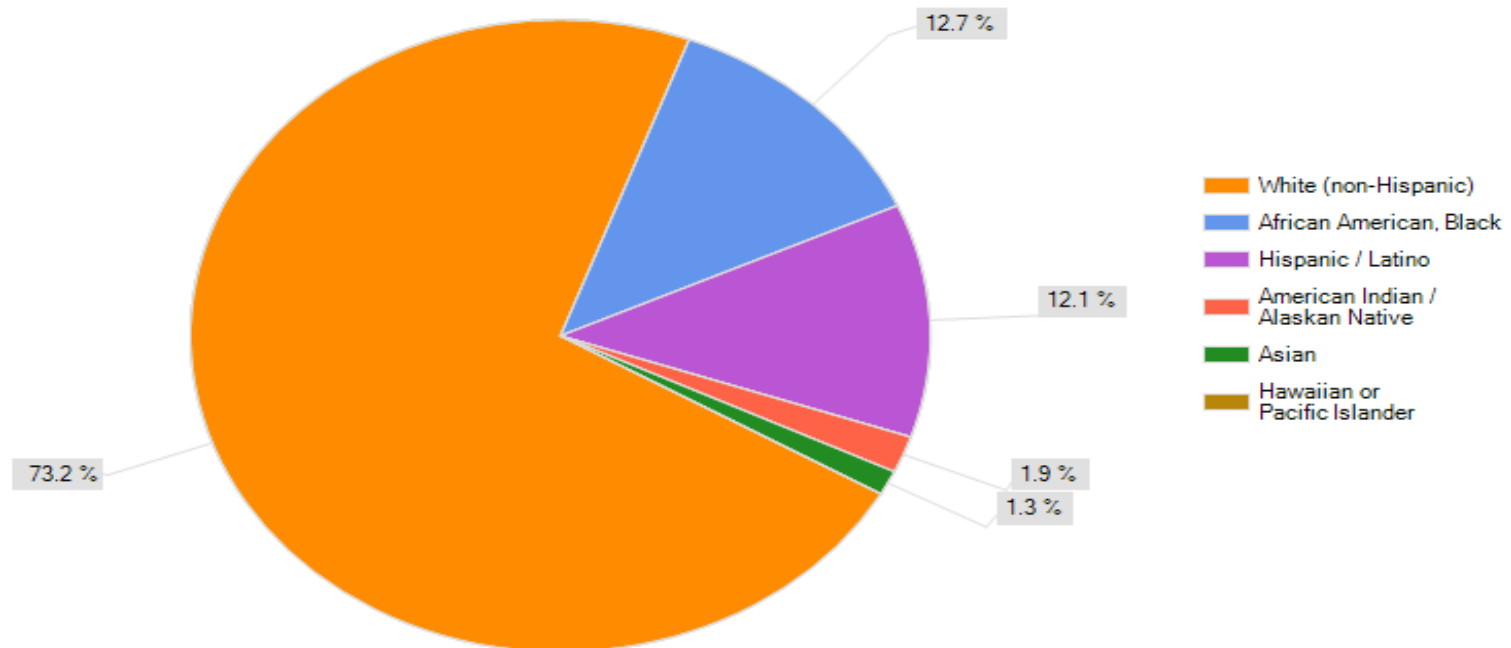
Employers report:

- 46%: CHW
- 3:8%: Community Health Educator; Certified Recovery Specialist; Patient Navigator; *Promotor(a)*
- 39% selected “other” ; these included 3 “Health Access Workers” and 12 other titles

Findings

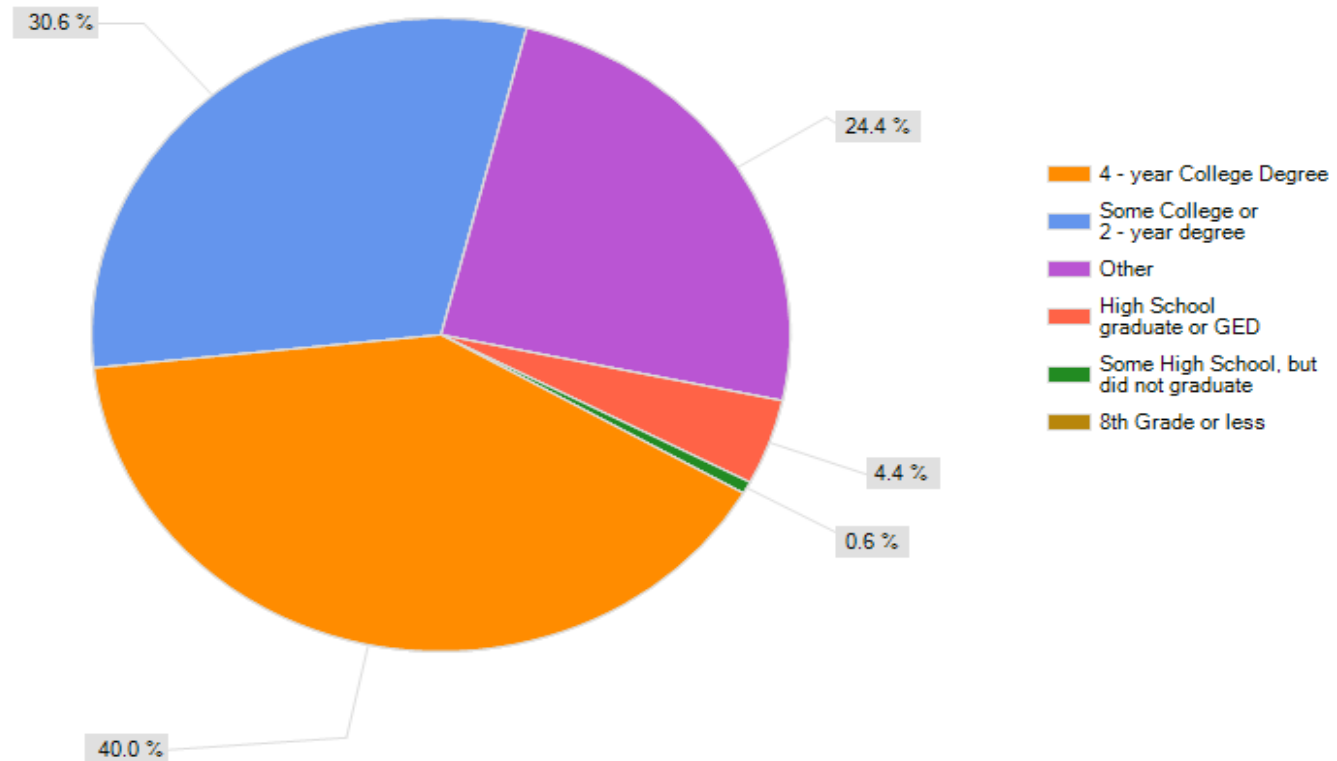
Race & Ethnicity of CHWs as Reported by CHWs (n= 157)

What is your race/ethnicity? Check ALL that apply.

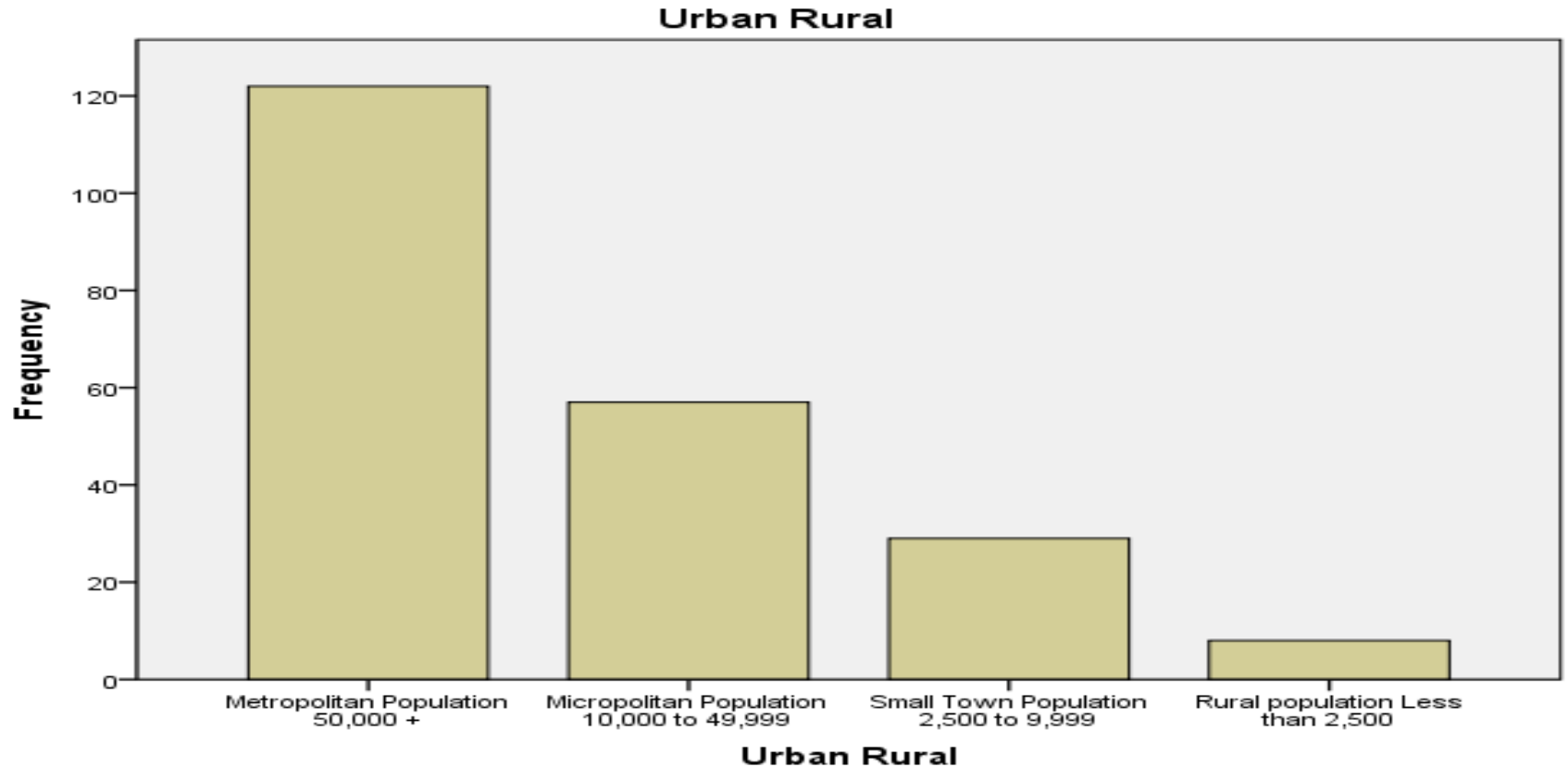


Education Levels of CHWs as Reported by CHWs (n=158*)

C 1.5 What is the highest level of education you have completed?



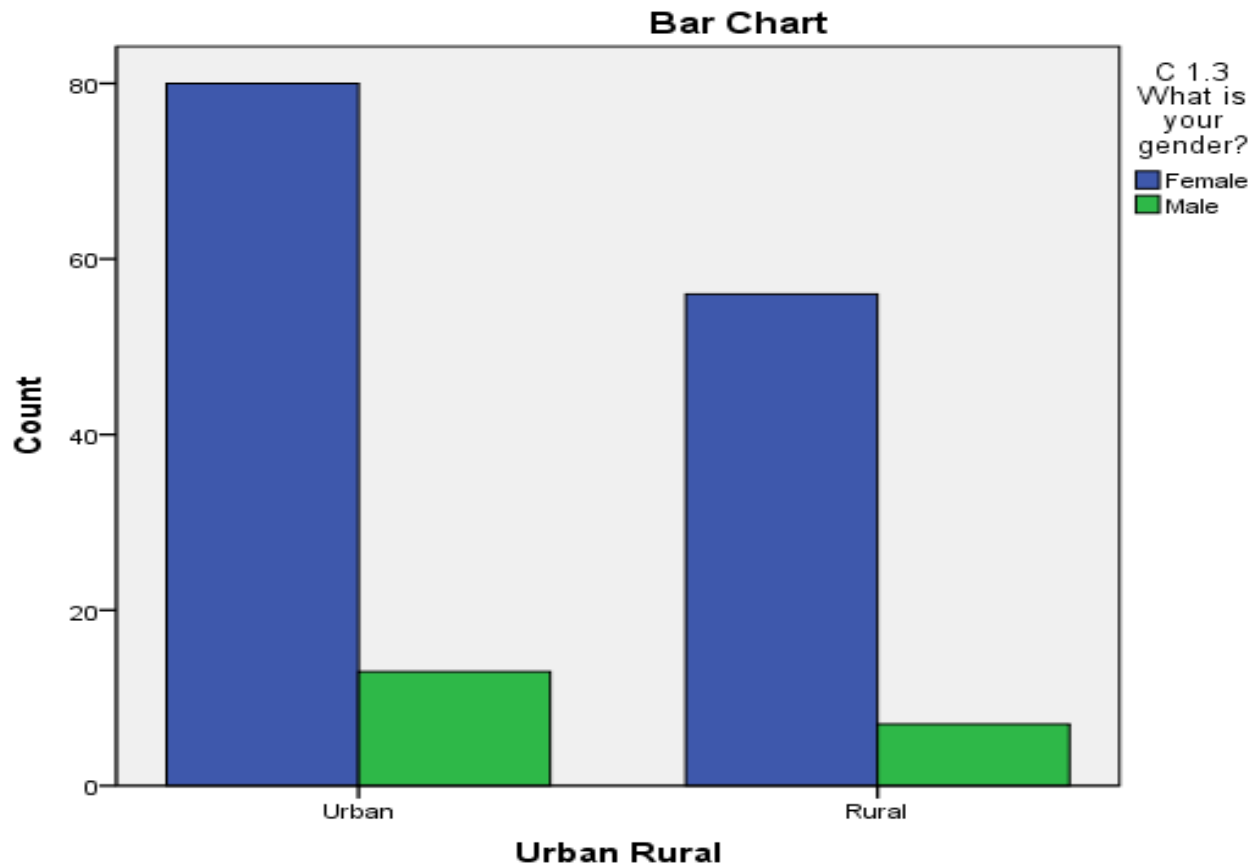
Rural - Urban Distribution of CHWs as Reported by CHWs (n= 216)



Rural & Urban is defined utilizing numeric values of listed city population size using categories adapted from the US Bureau of the Census.

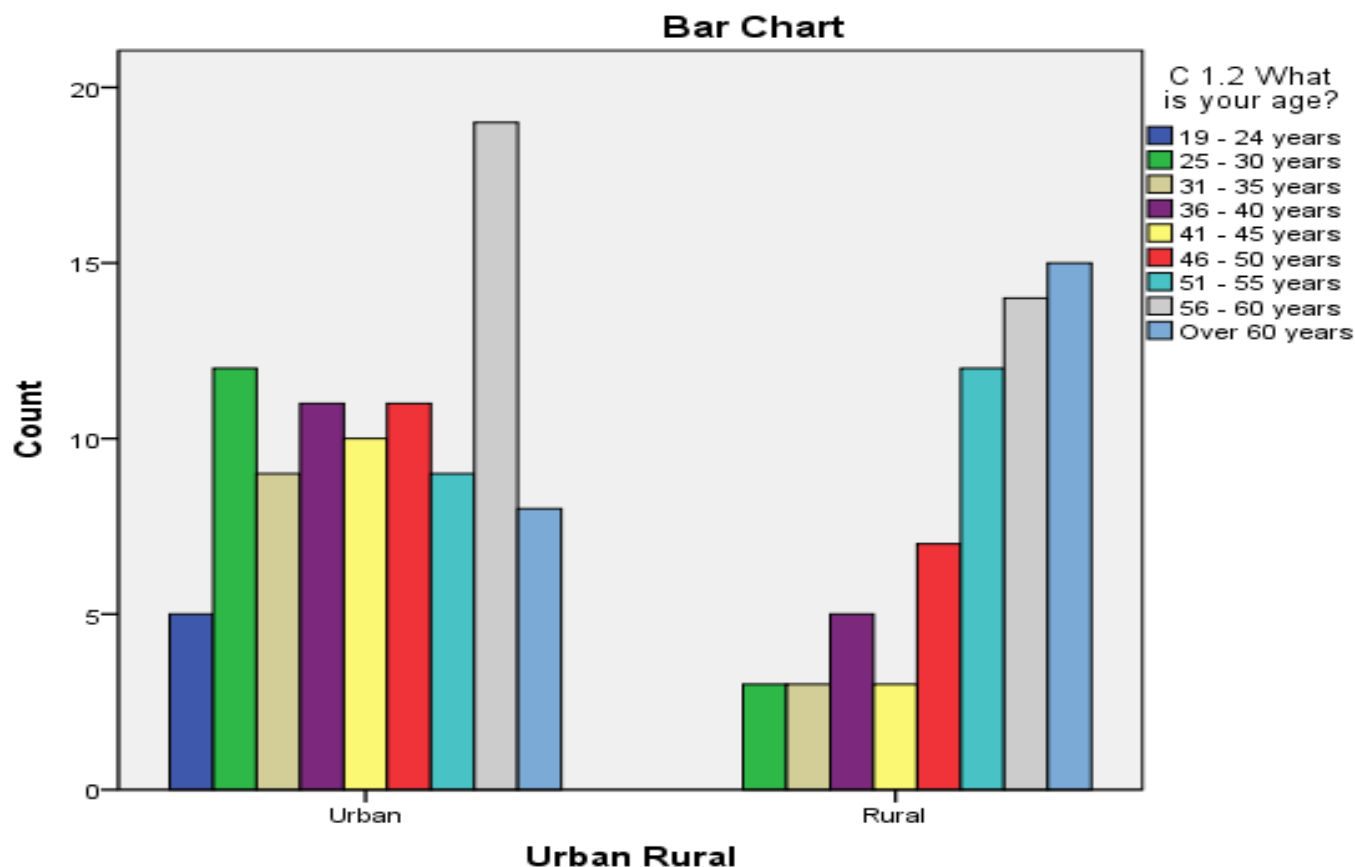
Rural - Urban Status by Sex of CHWs as Reported by CHWs

(Cross Sex n= 158*; R-U n= 220)

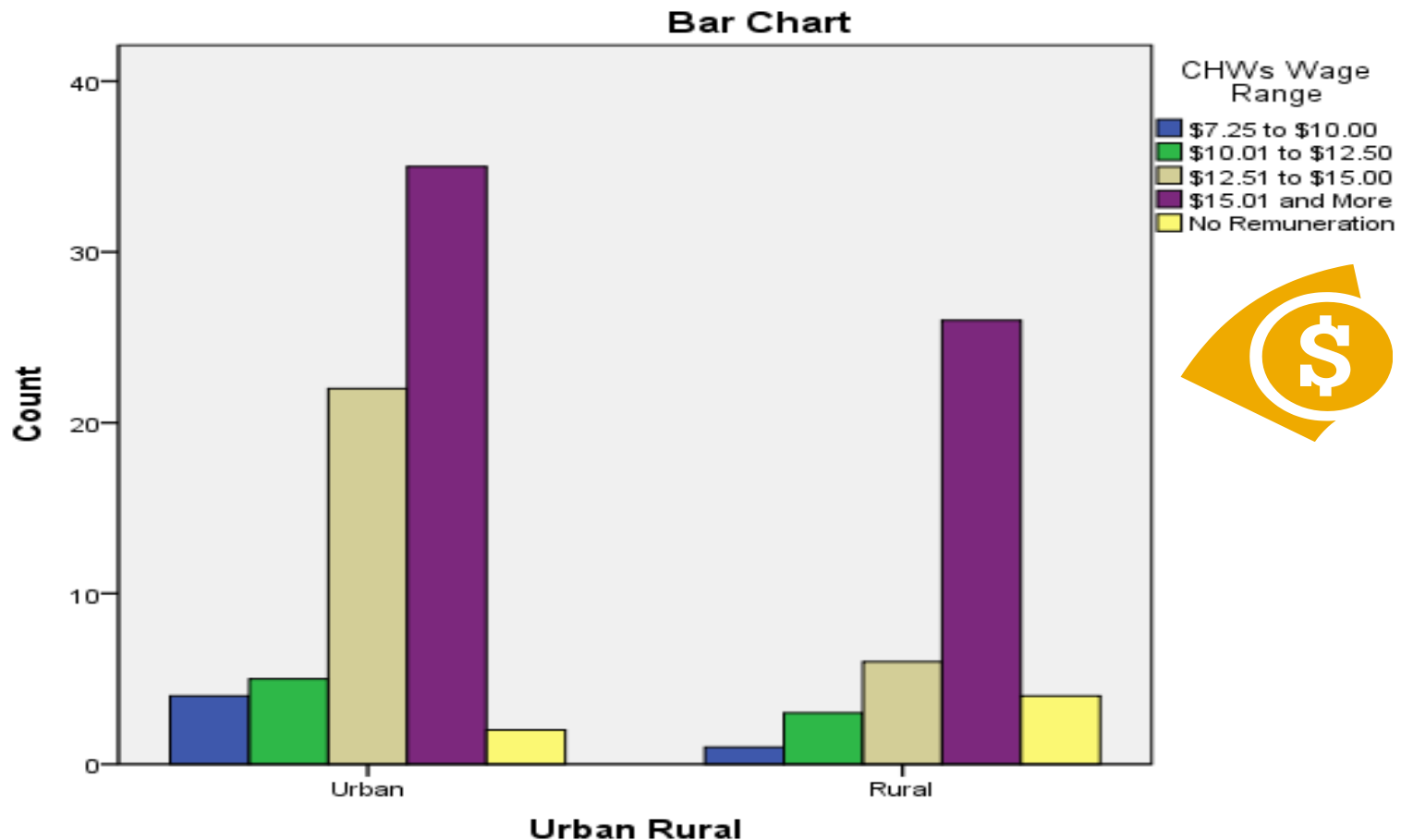


Rural - Urban Status by Age of CHWs as Reported by CHWs

(Cross Age n= 156; R/U n=220**)

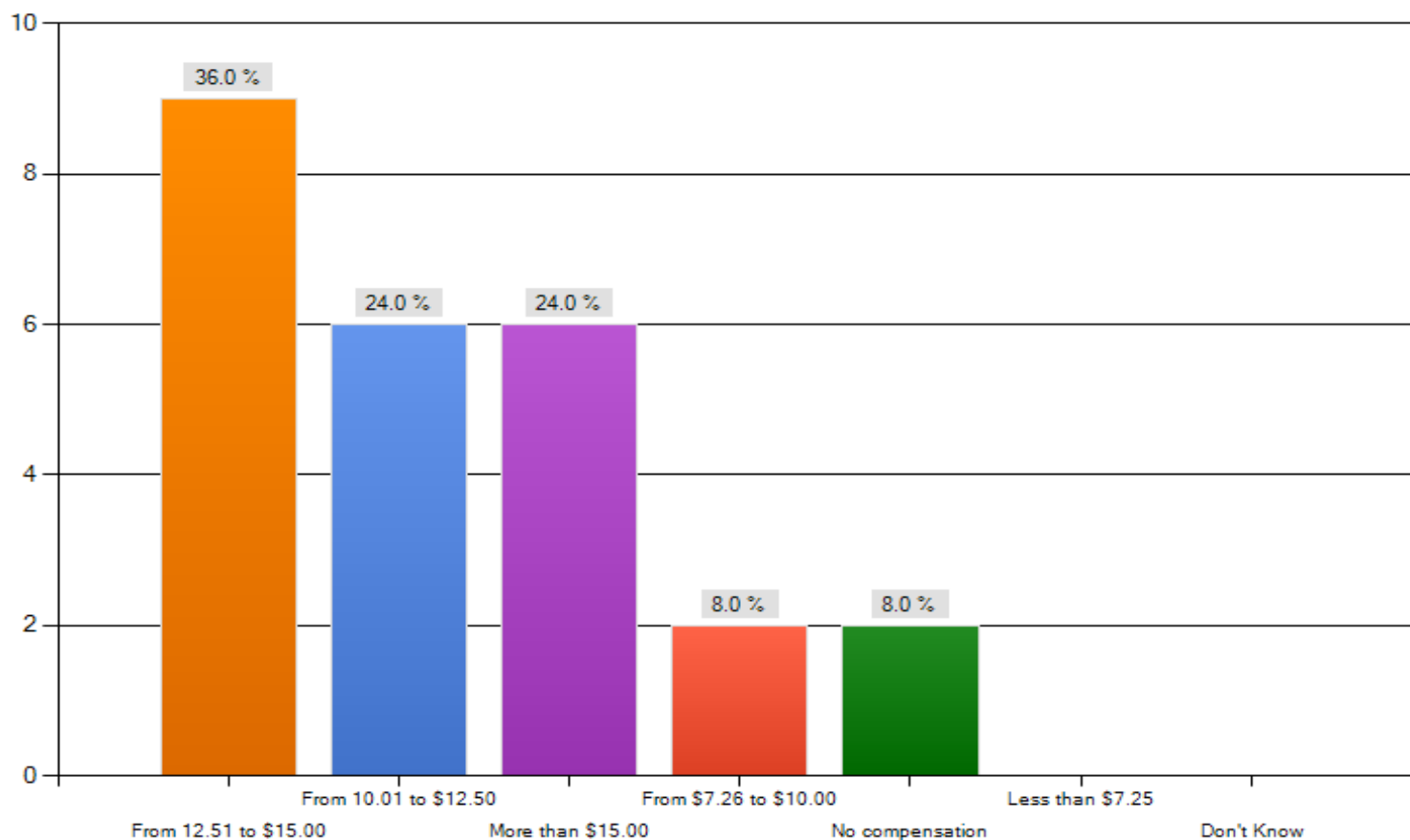


Rural - Urban CHW Wages as Reported by CHWs (Cross: Wages n= 108*; R-U n= 220)



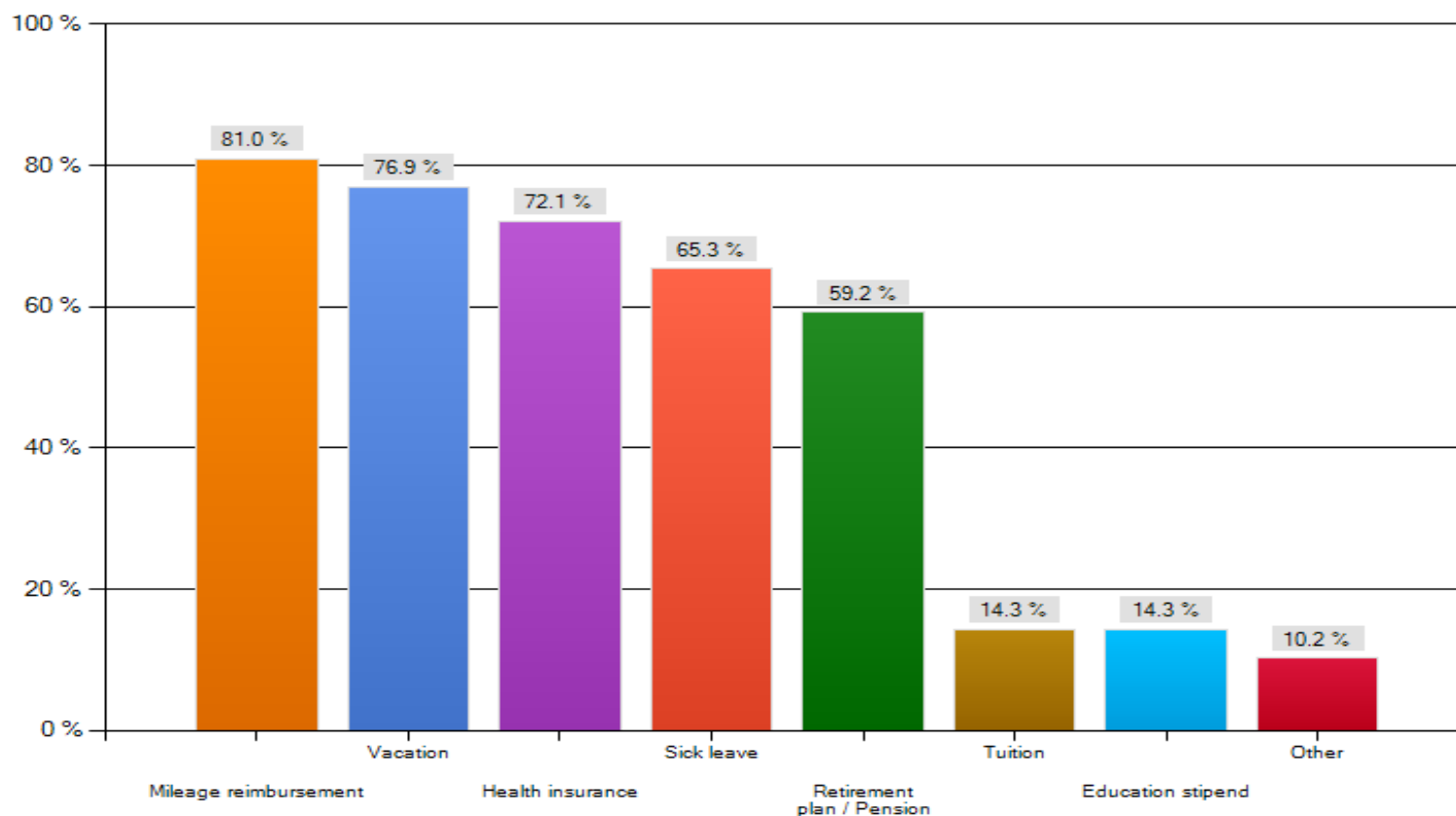
CHW Wages Paid as Reported by Employers (n=25 - employing more than 200 CHWs)

E 6.1 What is the hourly-wage range your Organization, or Organizations you fund, pays to CHWs? Choose ONE



CHW Workplace Benefits as Reported by CHWs

Benefits received by CHWs (C 7.3, n = 147)



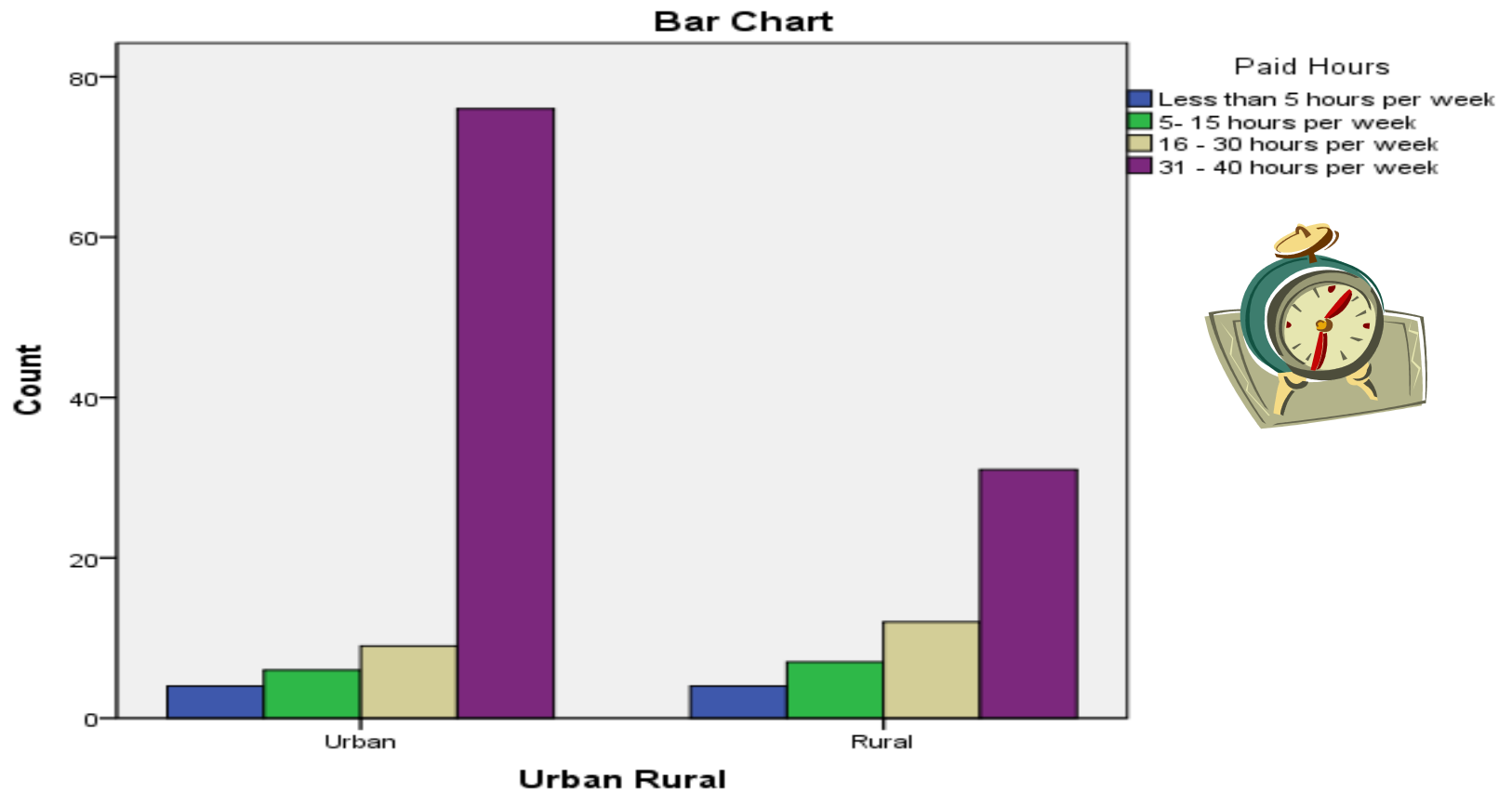
Rural-Urban Distribution of Paid & Volunteer CHWs as Reported by CHW

- Of 216 CHWs indicating paid or volunteer status:
 - 179 or just over 82% were urban
 - 37 or 17% were rural (less than 50,000)
 - 15 or 9% indicated they are Volunteers
 - Of these 15 CHW Volunteers:
 - 4 or 27% were urban
 - 11 or 73% were rural

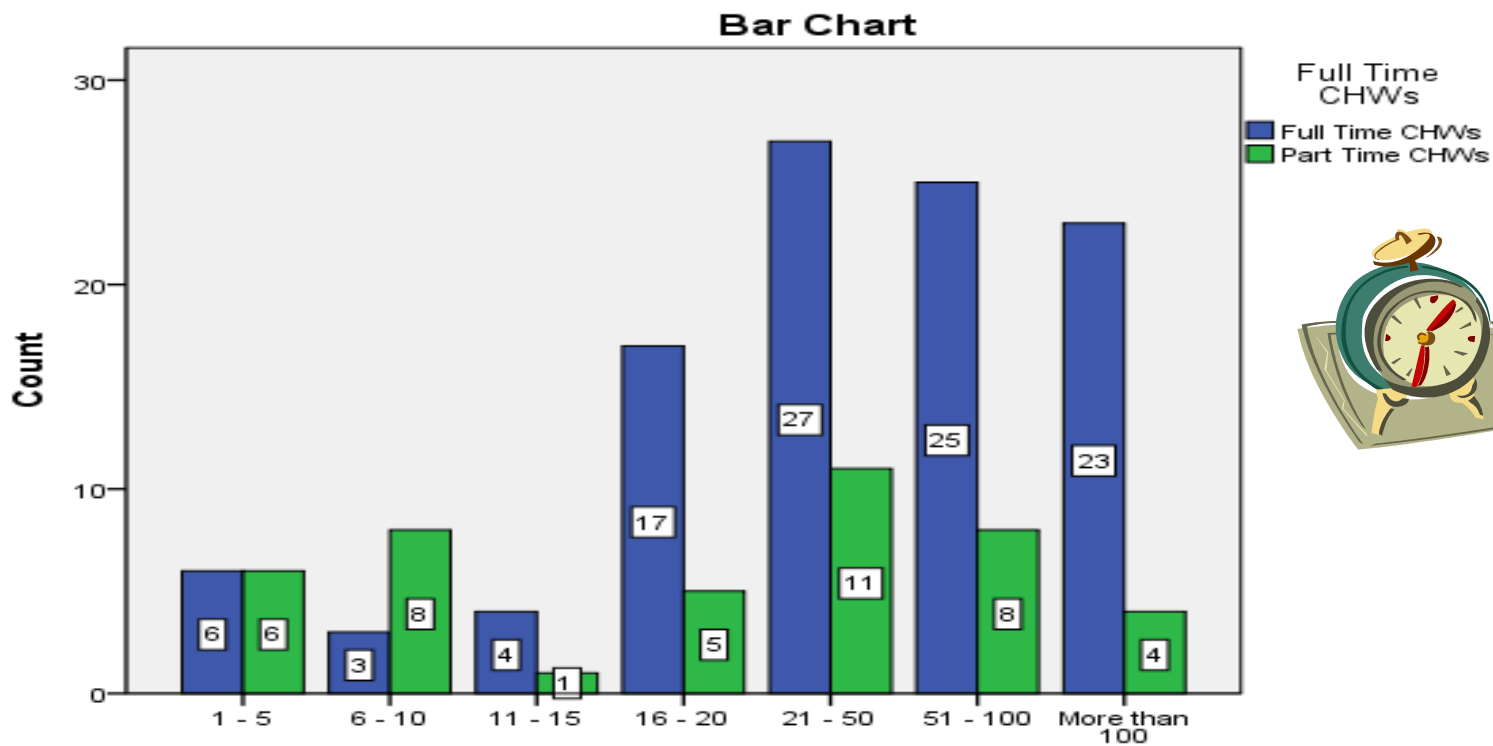


Rural-Urban Status of Organization

by % FTE as Reported by CHWs (FTE n= 166**; R-U n=220)



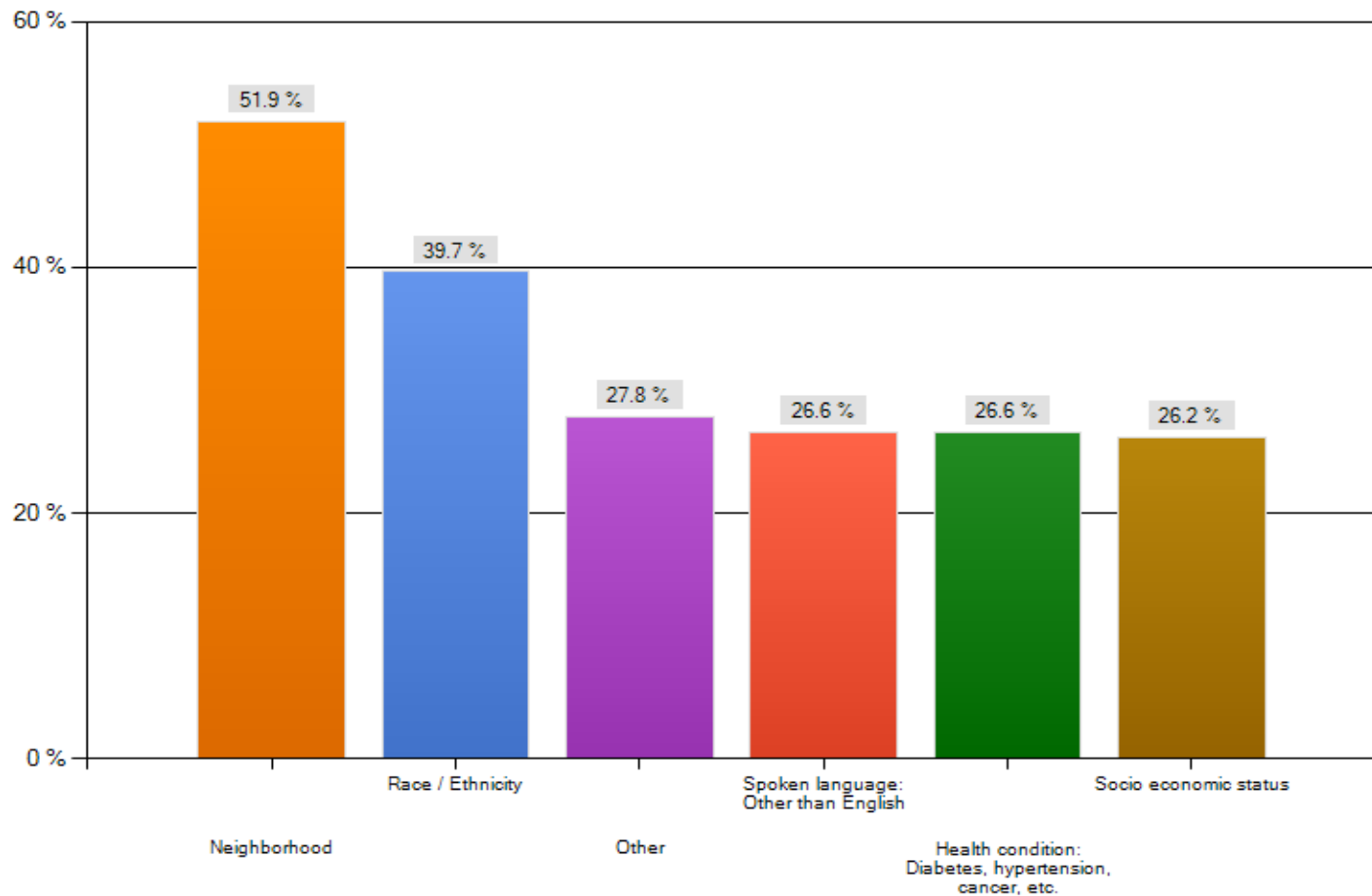
Number Served by
Full and Part Time (30 hrs. or less) CHW Status
as Reported by CHWs (Cross: FTE n=166; #Served n=185)



C 4.7 On average, how many individuals/families did you serve LAST month? (count a "family" as one) Choose ONE

Relationship to Community Served- as Reported by CHWs

How you relate to the individuals and families you serve. (C 1.2, n=237)



Factors Influencing Decision to Serve as a CHW as Reported by CHWs (n=204)

Most frequently rated as “highly important”:

- Ability to help the community (91 %)
- Job quality (79 %)
- Autonomy (66%)
- Flexible Schedule (58%)
- Career growth as CHW (45%)



Training and Capacity Building for CHWs - on and off the job

- Almost half of CHWs reported receiving CHWs training on the job (n=178) and a similar number indicated employers paid for training (n=134)
- 33 said they got academic credit for education as a CHW
- 27 said they received a wage increase as a result of training

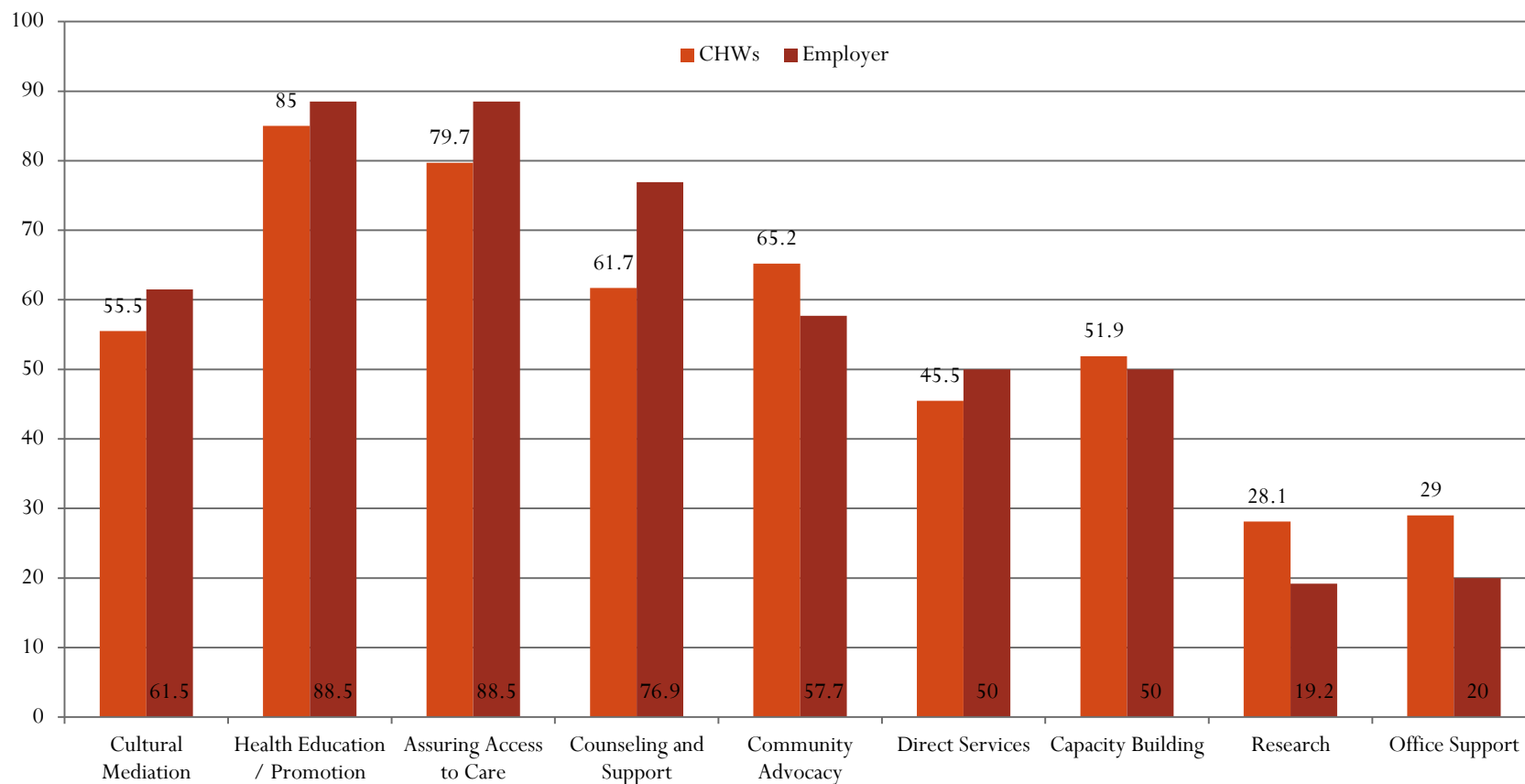


CHW Core Competencies & Issues Addressed

Core Roles: as viewed by CHWs & Employer/Payers

(CHWs =188 Employer n=26)

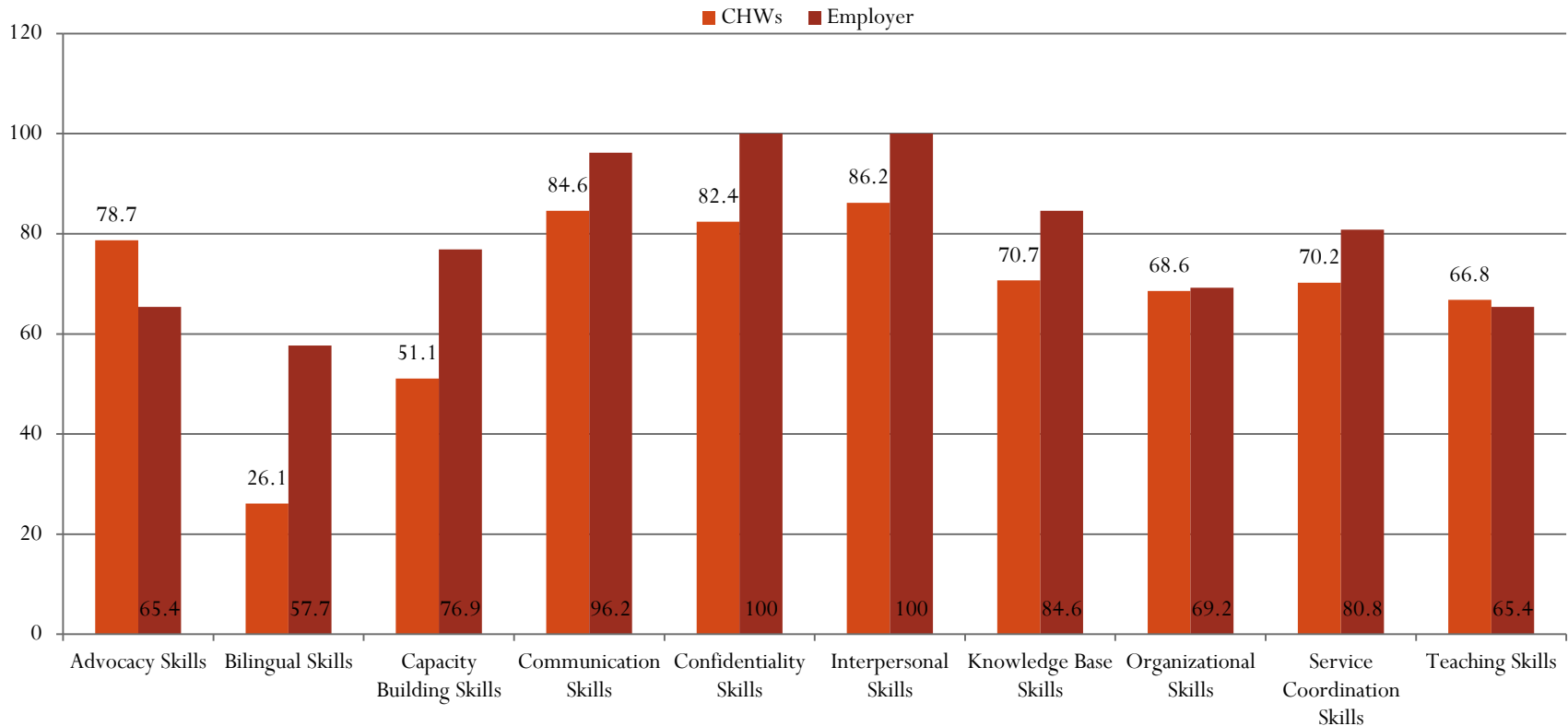
Data presented in % of respondents for comparison purposes



Core Skills: as viewed by CHWs & Employer/Payers

(CHWs =188 Employer n=26)

Data presented in % of respondents for comparison purposes



Health Issues Addressed by CHWs

(CHWs n=186; Employers n=26)

81% of CHWs/84% of employers reported that CHWs work on defined health issues

Top 5 issues as reported by CHWs:

- Diabetes (44%)
- Nutrition (39%)
- Tobacco control (37%)
- Mental health (31%)
- High Blood Pressure (30%)

15% of CHWs/16% of employers reported CHWs do not work on targeted health or social issues but respond as needed

Top 5 issues reported by Employer/Payers:

- Pregnancy & PNC (54%)
- Diabetes (42%)
- Nutrition (42%)
- Breastfeeding (39%)
- Infant Health (35%)

Most pressing needs of those served as identified by CHWs and Employers

(CHWs n= 204 : Employers n= 25)

1) Health Information

(CHW 77/Employer 88%)

2) Disease Management (66/76%)

3) Social Support (58/72%)

4 & 5)

- Transportation (CHWs 47/47%)
- Employment (CHWs 54/Employers 53%)



How & Where do CHWs Deliver Services

FORMATS: (CHWs n=190; Employers n= 26)

- One to one 87% (employers 100%)
- Telephone 68% (81%)
- Community meetings or forums 52% (62%)
- Group class 45% (69%)
- Texting 17%(34%)

VENUES (CHWs n 186; Employers n= 26)

- Community Based Organization: 44% (employers 58%)
- Clinics 43%;
- Community center 40.3%;
- Homes 38%
- Hospital 38%
- Schools 34%;
- Worksites 33%; and
- Churches 30%.

9% offered other locations including Pow-Wows, out in the community, and in the streets. Employers added migrant camps.

New Areas for Expansion: as Viewed by CHWs & Employer/Payers

(CHWs n= 90; Employers n: 4)

Top 5 topics identified by CHWs:

- Maternal & Women's Health
- Obesity
- Mental Health (including children's MH)
- Domestic Violence
- Prenatal Care

Top 5 topics identified by Employer/Payers:

- Financial Literacy
- Physical Activity
- Nutrition
- Mental Health
- More Whole Health
- Chronic Disease Prevention

99 Success Stories as reported by CHWs

“Cloud” view: most common terms from 99 respondents:

A1C Able Appreciate Blood Pressure Clinic

Community County-wide Education Fair

Families GED Health Housing Individuals

Life Living Local Mental Illness Mother Normal

Organizations Patients Program Receive

Smoke Free Air Support Group Taught Visits

Exitos-Success Stories

Changing Lives:

- *Una mujer había perdido 4 bebés en México por la diabetes type 1. Ella vino a USA con la esperanza de obtener mejores cuidados y así tener un hijo(a). Ella fue referida a nosotros los CHW junto con las enfermeras de salud pública y logramos el embarazo de ella hasta las 33 semanas. **Su bebé nació saludable.** Ella fue un reto para nosotros y una gran victoria para nuestra cliente.*

Patient Advocacy:

- Recently helped a **senior client** receive mail order medications (**asthma**). Was having difficulty and our agency acted as her representative and was able to speak on her behalf. **She received medication within a few days afterwards.** It was a great impact and now the client seeks our services for assistance with other important/private matters

Successes continue...

A Hard Act to Follow:

- Found **free counseling** for an employee who had **sexual abuse issues and limited financial resources**, set her up with **diabetic education**, got her started on **medicine for her hypertension**, working also on **smoking cessation**

Community Advocacy:

- Worked with community leaders to **educate elected officials on the importance and health aspects of smoke free air**. Smoke free air law passed effective July 1, 2012

CHW Services Growth and Development

Supervision of CHW Services as Reported by Employers (n=18)

- Of Employers providing data on their supervisory role with CHWs
 - 7 were 80% or more FTE
 - 5 were 10% or less FTE

Another hard act:



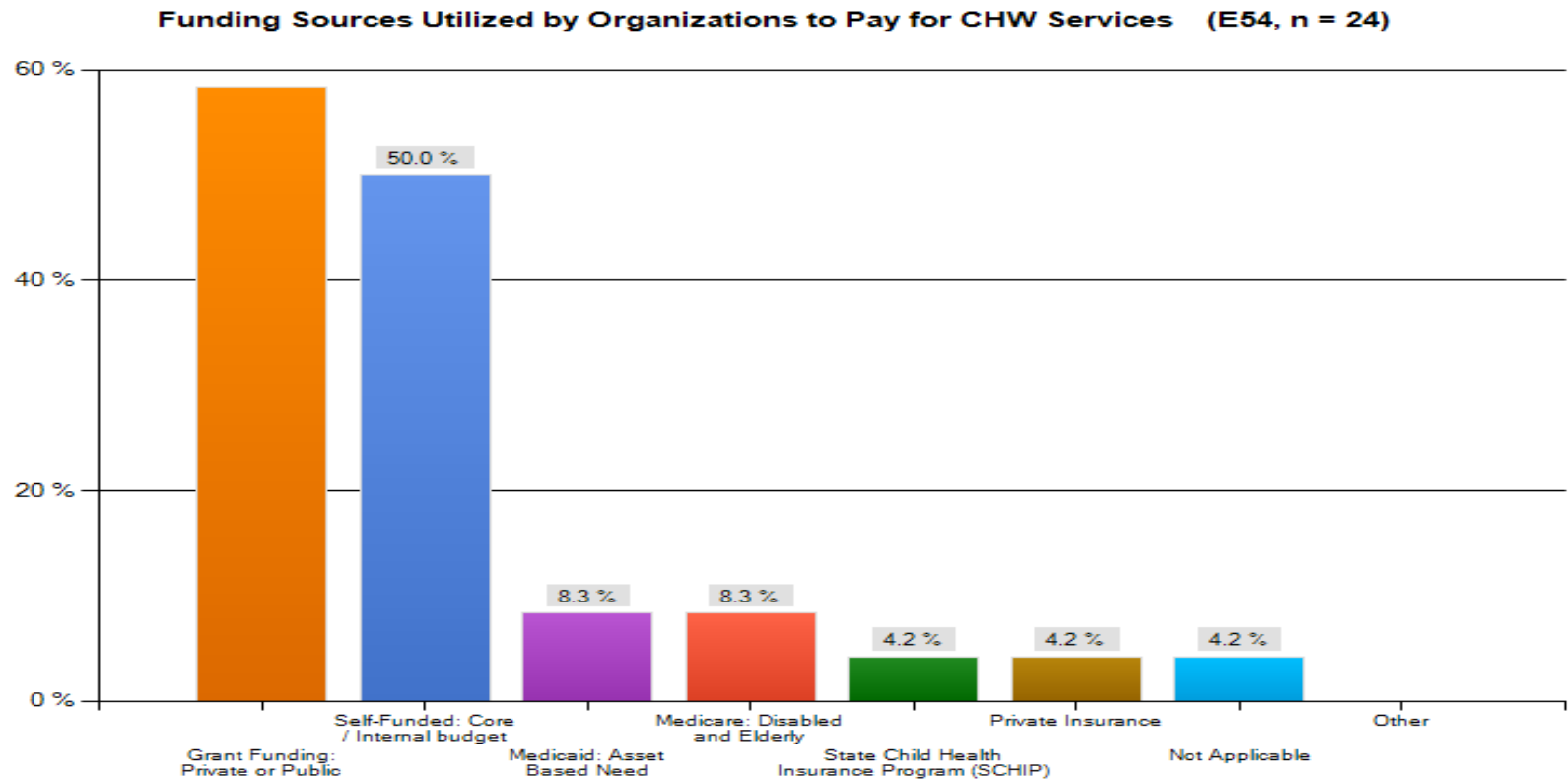
CHWs Roles in Creating Patient –Centered Medical Homes

- Just under 20% of current CHW Employers are engaged in becoming a PCMH but a full one-third reported they anticipate a role for CHWs in PCMHs
- One Employer shared that they envisioned **many** ways CHWs may contribute to PCMHs; they are looking to a CHWs to:

“...help ensure care coordination; help identify and build relationships with potential referral resources; assist with health benefits enrollment ...; assist with health education efforts - both individuals, groups and communities; help identify parts of our Service Area that are particularly needy; increases individual and community awareness of services provided by a FQHC; assist consumers with accessing medications from pharmaceuticals companies; assist patients with navigating the healthcare and social services systems; help identify funding sources related to Outreach activities”

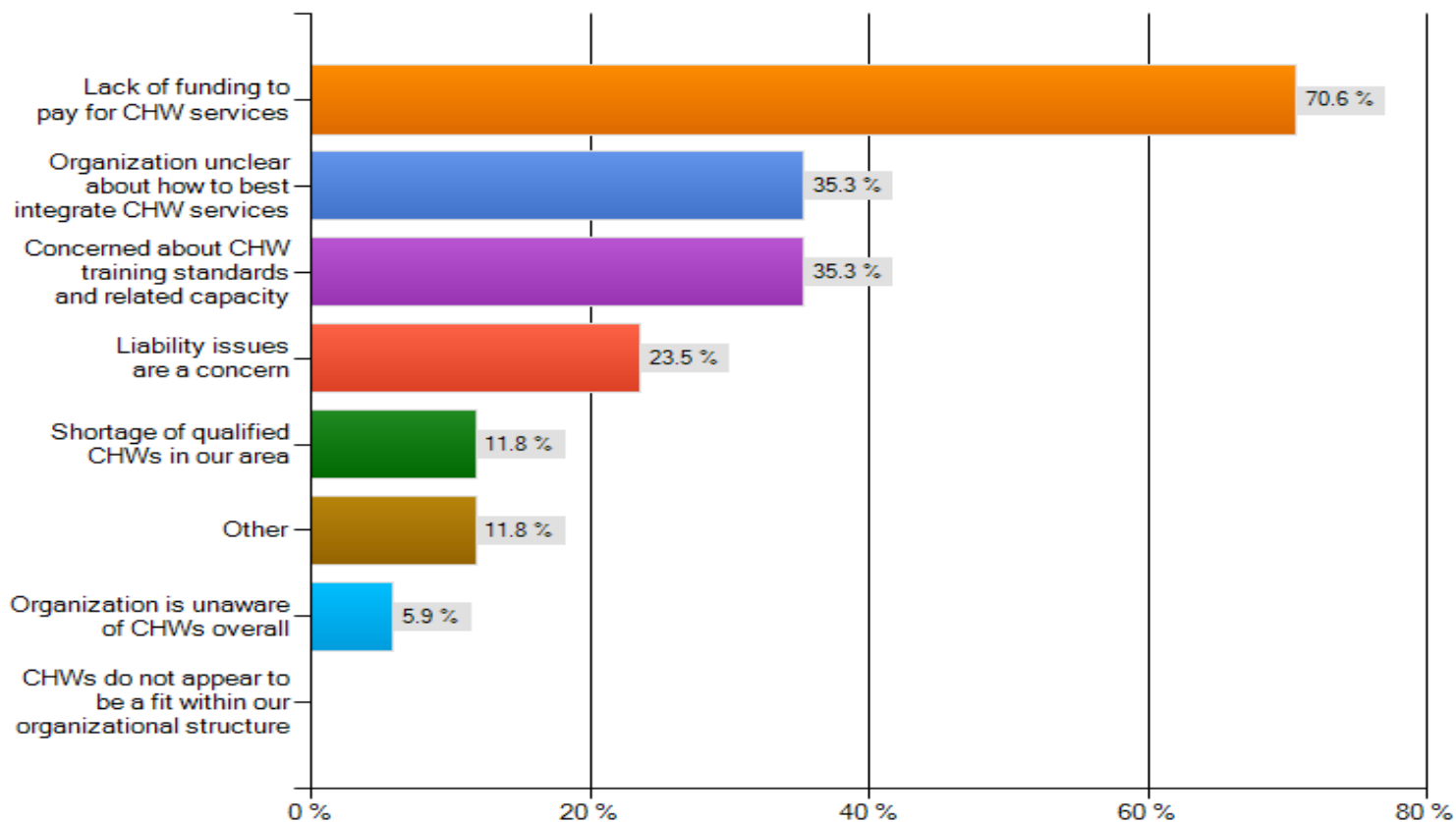
Supporting CHW Services as Reported by Employer/Payers (n= 25)

- 36% rated CHW positions are “highly secure”
- 52% rated CHW positions as “moderately secure”
- 12% rated positions as “not very secure”



Reasons for NOT hiring CHWs as Reported by Potential CHW Employers/Payers

Reasons Why Organizations of Potential-employers Do Not Hire CHWs (P6, n = 17)



Credentialing Support

CHWs n= 154; Employers=26

As reported by CHWs: 74% Support ; 3% No; and 24 % Unsure

Comments included:

- I believe certification is a MUST
- I think it is vital to mental health recovery to have CHW's and (to) have certification
- Not sure what it is and or the scope of it
- I don't feel its any benefit as most of us already have college degrees and a non educational "certification" certainly won't add more value...
- Will it add "busy work" or value?
- Yes, if it means more money for CCHW

As reported by Employer/Payers: 90% Support; 5% No; and 5% Unsure

The one comment noted:

- SINCE ENGLISH IS NOT THE FIRST LANGUAGE, SOME OF THE WRITTEN MATERIALS IN THE CHW CURRICULUM WERE OVERWHELMING TO OUR WORKERS

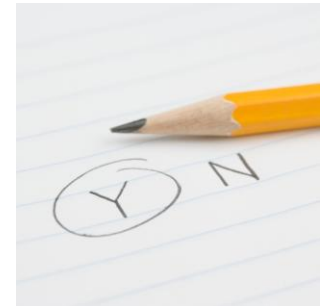
Next Steps

Spanish & Other Language CHW Survey Plans

El cuestionario de Promotores(as) está disponible en Español.

The CHW survey instrument is available in Spanish.

The Spanish language survey can be taken on-line or arrangements
can be made with the State to
fill in a hard copy.



Exploration is underway to encourage Indiana's Burmese CHWs to
take the survey perhaps through assisted data entry or translation
of the instrument.

Promoting Comprehensive Change to Support the Development of CHWs & CHW Services

The Health Affairs 2010 Platform:

Key action areas:

- Sustainable financing for CHWs
- Coordinated workforce development resources—including training and career development
- Occupational regulations such as standards for training and certification
- Guidelines for common measures of research and evaluation

Citation: Rosenthal EL, Brownstein JN, Rush CH, Hirsch GR, Willaert AM, Scott JR, Holderby LR, Fox DJ. Community Health Workers: Part of the Solution. Health Affairs, July 2010, Vol. 29, No. 7, pp. 1338-1342

Visibility of CHWs is Key to Promoting CHWs Practice and Policy

El Paso, Texas Bill Board



The billboard features a teal background on the left and a purple background on the right. On the teal side, there is a circular logo for El Paso Community College (EPCC) with a stylized 'E' and 'C' and the text 'EL PASO COMMUNITY COLLEGE'. To the right of the logo, the text 'EPCC HIRE ME!' is written in large, bold, white letters. Below this, in smaller white text, it says 'I am a Community Health worker.' followed by 'Health Clinics • Hospitals' and 'Physician Offices' in yellow text. On the purple side, there is a portrait of a smiling woman with dark hair, identified as Sylvia Diaz. Below her name, which is on a yellow background, is a black banner with the phone number '831-4454' and the text 'Community Health Worker Program' in white.

**EPCC
HIRE ME!**

I am a Community Health worker.
**Health Clinics • Hospitals
Physician Offices**

SYLVIA DIAZ

831-4454 • Community Health Worker Program

Decisions

- Different choices = different outcomes

REGISTRY?



CERTIFICATION?



SCOPE OF PRACTICE?



Strengthening CHW Services Means Building CHW Leadership

- One may leads at first, but soon the leaders can walk behind



Gracias por pensar en nosotros

Thank you for thinking of us.

- *Gracias por pensar en nosotros. **Trabajamos duro para ver a nuestra comunidad saludable y feliz.** Los casos importantes en donde hemos logrado éxito deberían ser nombrados y agradecidos. **Son muchos los casos de éxito en nuestro trabajo.** Son ignorados la mayoría de las veces. O el mérito se lo llevan solo las enfermeras. **Somos un equipo indispensable en la salud de los clientes de nuestra comunidad.***

Gracias. Thank You.

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Mesa Public Health Associates, LLC for CR, LLC - 2012

