2020

STATEWIDE COMMUNITY HEALTH WORKER EMPLOYER SURVEY RESULTS

TEXAS Health and Human Services

Texas Department of State Health Services

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Introduction

Promotores de Salud or Community Health Workers (CHWs) are non-medical public health workers that work in a variety of healthcare settings and provide direct health education, support, and community-clinical linkages to patients. The role, training, funding, and job scope of CHWs varies greatly across worksites and employers.

To understand variations in CHW employment, the Texas Department of State Health Services (DSHS) Promotor(a) or Community Health Worker Training and Certification Program (CHW Program) conducted the 2020 CHW Statewide Employer Survey. The survey contained 11 sections. The purpose of the survey was to answer the following questions:

- What types of organizations currently employ CHWs?
- What are the CHWs' job duties and responsibilities?
- How are CHWs compensated?
- What are the professional development needs of CHWs?

Methods

The DSHS CHW Program worked with the Chronic Disease Epidemiology Branch (CDE) to create the survey. The survey was programmed using Qualtrics and contained 51 questions, including 8 open-ended questions (Appendix A). The survey was only available in English.

The list of CHW employers was generated by the CHW Program by accessing a database of employers through an online licensing system. A link to the survey was emailed to 841 CHW employers across Texas. The survey was open from February 10, 2020 to March 26, 2020.

During the survey collection period, 313 people started the survey. Of these, 65 respondents were not eligible to take the survey as they were not a CHW supervisor or manager, CHW employer, or CHW program coordinator or director. Of the 243 respondents who indicated that they met the survey eligibility requirements, 182 respondents completed the survey. Sixty-six eligible respondents were excluded from the analysis because they did not complete questions past Section 1.

The response rate of all survey recipients (n=841) was 22 percent. The response rate of eligible respondents only (n=776) was 23 percent.

Of the 182 responses included in the analysis, some respondents did not provide answers to every question. It was possible that some respondents were from the same organization.

Results from the survey were analyzed by CDE program evaluators. Quantitative questions were analyzed using Microsoft Excel and SPSS. Qualitative questions were coded using Microsoft Excel and Microsoft Word.

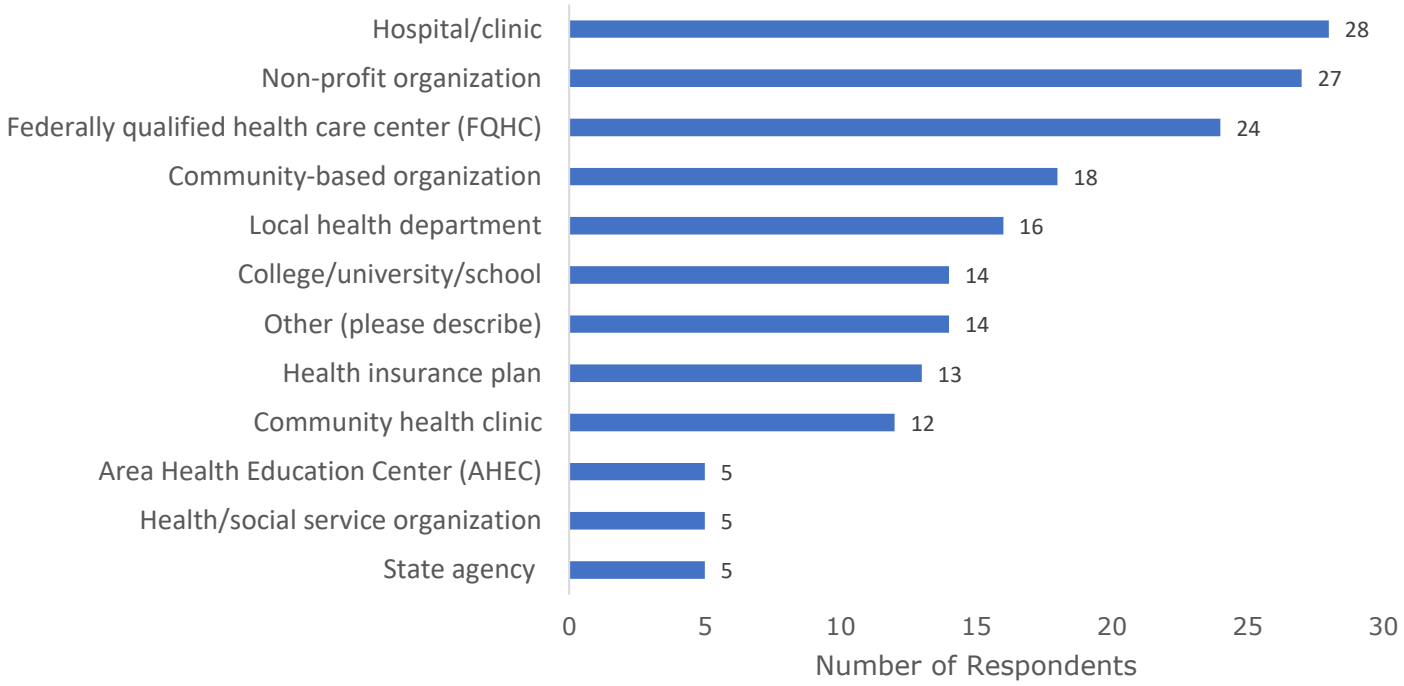
Results

Section 1: Your Type of Organization and Location

The first section of the survey asked for details about the respondent's organization. First, respondents were asked to report the zip code of their organization's main office. Among 178 responses, there were 108 unique zip codes reported. The most common zip code was 75702 (n=6). This zip code is in Tyler - a semi-rural city in East Texas.

As seen in Figure 1, most respondents described their organizations as hospitals/clinics (n=28), non-profit organizations (n=27), or federally qualified health center (FQHC) (n=24). Respondents also described their organizations as community-based organizations (n=18), local health departments (n=16), and colleges/universities/ schools (n=14). Of the 14 respondents who selected "Other," two respondents described their organizations as Managed Care Organizations and emergency services.

Figure 1. Which of the following best describes your organization? (n=181)



Section 2: Employment of CHWs

Respondents were asked to provide the year that their CHW program was established. The oldest program represented was started in 1983, and the newest was started in 2020. The most programs (n=13) were established in 2014.

Respondents were asked how CHWs participated in their organization. Respondents could select as many responses as applied. Figure 2 shows that over 75 percent (n=150) of respondents directly employed CHWs. About 12 percent (n=23) of respondents contracted

their CHWs externally. Of those who responded "Other," eight indicated that their CHWs were current employees who offered CHW services in addition to their job.

Figure 2. How do CHWs participate in your organization? (n=182)

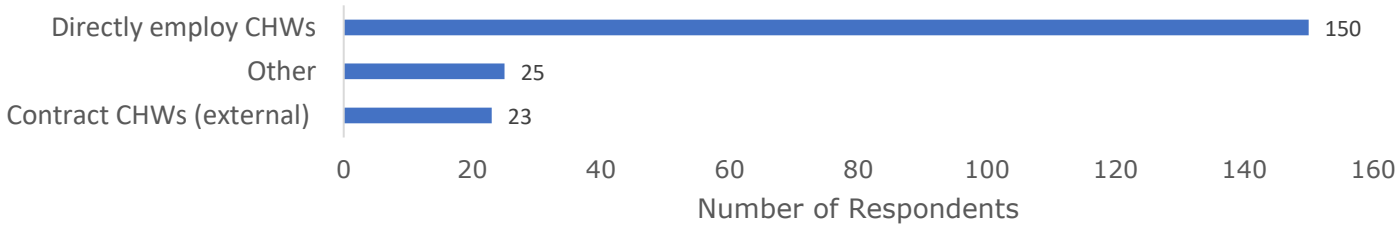
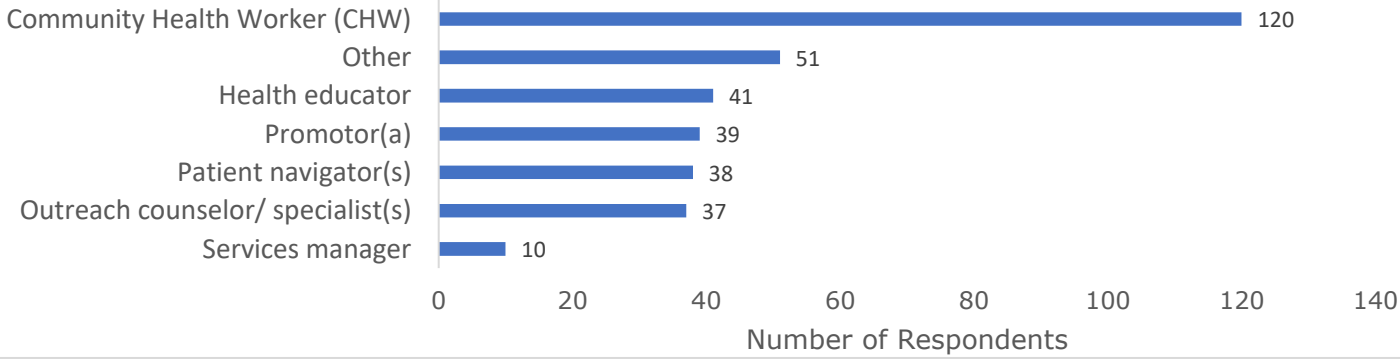


Table 1 shows information about the number of CHWs that the respondents' organizations employed. While the average number of CHWs employed by each organization was 15, the most frequently reported response was 2 CHWs. The largest number of CHWs employed by an organization was 550, and the fewest was 1.

Table 1. How many CHWs does your organization employ or contract with? (n=165)	
Metric	Number of CHWs
Mean	15
Median	6
Mode	2
Range: Highest	550
Range: Lowest	1

Respondents were asked to indicate the different job titles their organizations used to refer to these employees. They could select as many responses as applied. Figure 3 shows that a majority of respondents (n=120) referred to these employees as Community Health Workers (CHWs). Fewer respondents referred to these employees as health educators (n=41) and promotores (n=39). Those who selected "Other" listed 48 unique job titles for referring to these employees, including: Community Health Advocate; Prevention Specialist; Outreach Worker; Care Coordinator; Case Manager; and, Community Health Service Representative.

Figure 3. What is the title(s) for your organization's CHW position(s)? (n=181)



Twenty-two percent (n=40) of respondents indicated that their organization had multiple levels of CHW positions. The respondents who reported having multiple levels of CHWs, were asked to elaborate on the structure of their program. Thirty respondents elaborated on their structure. Over half of respondents (n=16) had two levels of CHW positions, and about one-third had three levels of CHW positions.

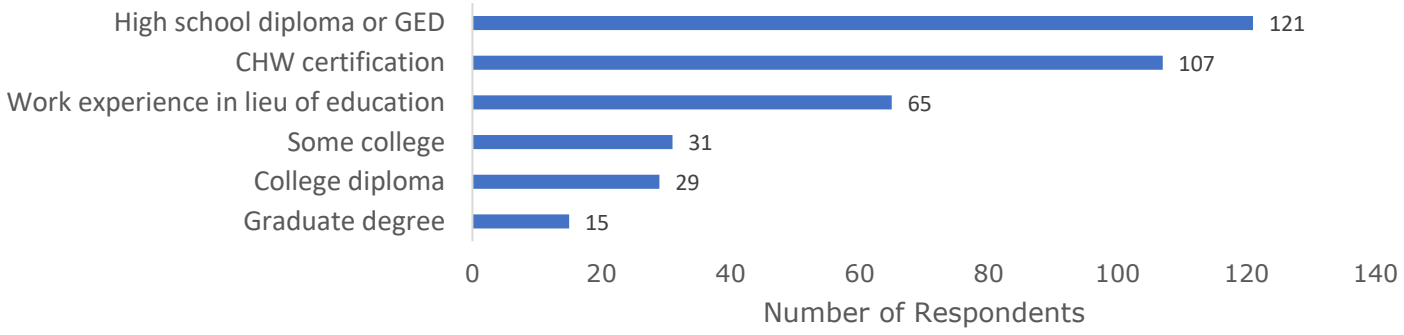
Of 181 respondents, 75 percent (n=136) required their CHWs to be certified by DSHS. An additional 10 percent (n=18) of respondents were not sure if their CHWs were required to be certified.

Respondents were asked if their CHWs were part of a multi-disciplinary health care team. For this survey, a multi-disciplinary health care team was defined as a group of health care professionals from multiple disciplines working with a lead provider, typically a physician, nurse, or social worker, etc. Of 180 respondents, 69 percent (n=124) said that their CHWs were part of a multi-disciplinary team. An additional 5 percent (n=10) of respondents were not sure if their CHWs were part of such a team.

Section 3: Educational and Experience Requirements

In Section 3 of the survey, respondents were asked to provide information about their CHWs' educational and experience requirements. First, respondents were asked about their educational requirements for CHWs. Respondents could select as many responses as applied. Of 171 respondents, the majority (n=121) required their CHWs to have at least a high school diploma or GED (Figure 4). Two-thirds of respondents (n=107) required their CHWs to be certified by DSHS. About 40 percent (n=65) of respondents said that their CHWs could also have work experience in lieu of their standard education requirements.

Figure 4. What are your organization's educational requirements for CHWs? Select all that apply. (n=171)



Next, respondents were asked to elaborate on the experience CHWs were required to have to work in different settings: clinical work settings, community-based work settings, and other settings. Fifty-three respondents described the experience requirements CHWs needed to work in clinical settings. Of 53 respondents, 9 said that CHWs needed a DSHS CHW Certification, and 7 said that their CHWs needed previous experience working in clinical

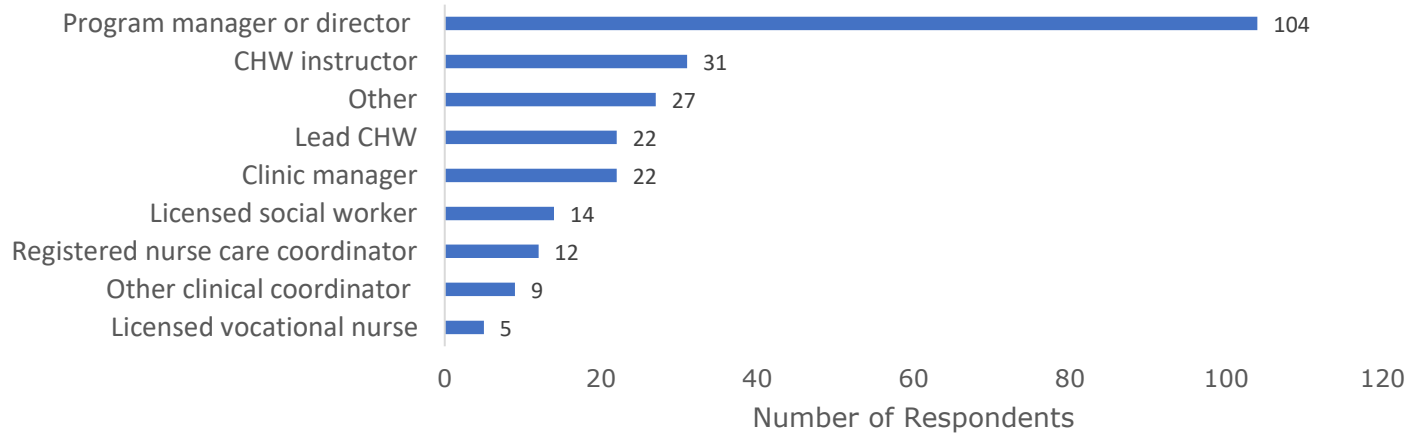
settings. Nine respondents also listed specific years of work experience required to work in clinical settings. These time requirements ranged from six months to five years. Other requirements listed included knowledge of general healthcare practices and health education (n=5), knowledge of diabetes (n=4), and experience with the target population (n=3).

Respondents then listed the experience requirements for CHWs to work in community-based work settings. A total of 76 respondents answered this question. Of these, 18 respondents said that CHWs were required to have previous community outreach experience or work experience with the target population. Another 14 respondents listed general previous experience as a requirement. Nine respondents said that CHWs were required to be DSHS-certified in order to work in community settings. Twenty-five respondents also listed specific years of work experience required to work in community settings. These time requirements ranged from six months to five years; most (n=14) said the CHW needed at least one year of experience to work in a community setting.

Section 4: CHW Supervision

Respondents were asked several questions about their CHWs' supervision. First, they were asked who supervised their CHWs. Respondents could select as many responses as applied. Of 164 responses, 63 percent (n=104) of respondents said that their CHWs were supervised by a program manager or director (Figure 5). In addition, 31 respondents said that their CHWs were supervised by a CHW instructor, and 22 respondents said that their CHWs were supervised by a Lead CHW. Of those who responded "Other," three respondents said that their CHWs were supervised by a clinical staff member.

Figure 5. Who supervises your organization's CHWs? (n=164)



Respondents were asked about the experience of the CHW supervisors at their organizations. Respondents could select as many responses as applied. Of the 164 respondents, over half of respondents (n=88) said CHW supervisors had experience working with CHWs. Fewer respondents (n=69) said CHW supervisors were CHWs themselves.

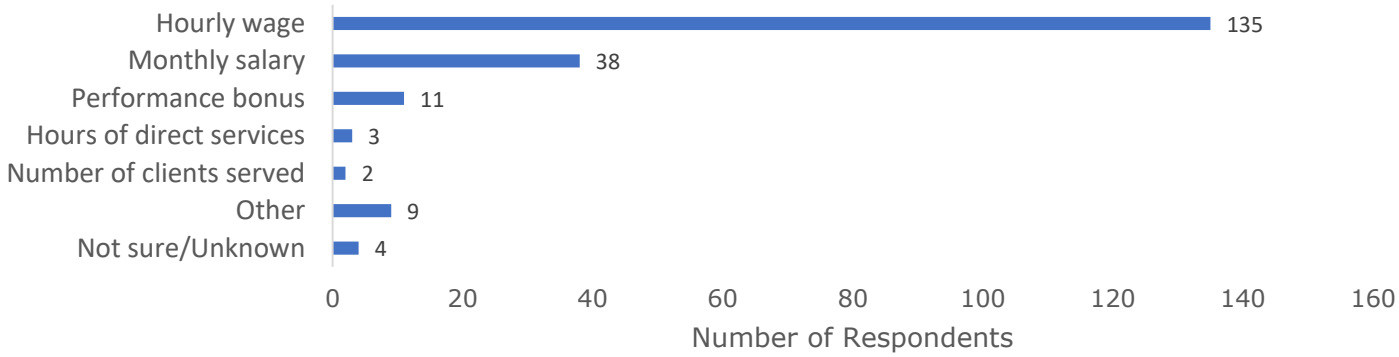
Respondents were asked about the types of supervision provided to their organization's CHWs. Respondents could select as many responses as applied. Of the 165 responses, three-quarters of respondents (n=123) said that their organization's CHWs received "informal feedback and guidance" and/or "performance-based reviews." Of those who responded "Other," two mentioned that they provided formal feedback and guidance. Other respondents mentioned providing instruction feedback and growth-mindset feedback.

Respondents were asked about the amount of weekly supervision (individual or group) provided to CHWs at their organization. Of the 164 respondents to this question, the majority of respondents (n=121) said that CHWs received at least five hours of weekly supervision. Eighteen percent (n=30) of respondents indicated that CHWs received less than five hours of weekly supervision, and eight percent (n=13) of respondents were unsure.

Section 5: Compensation and Benefits for CHWs

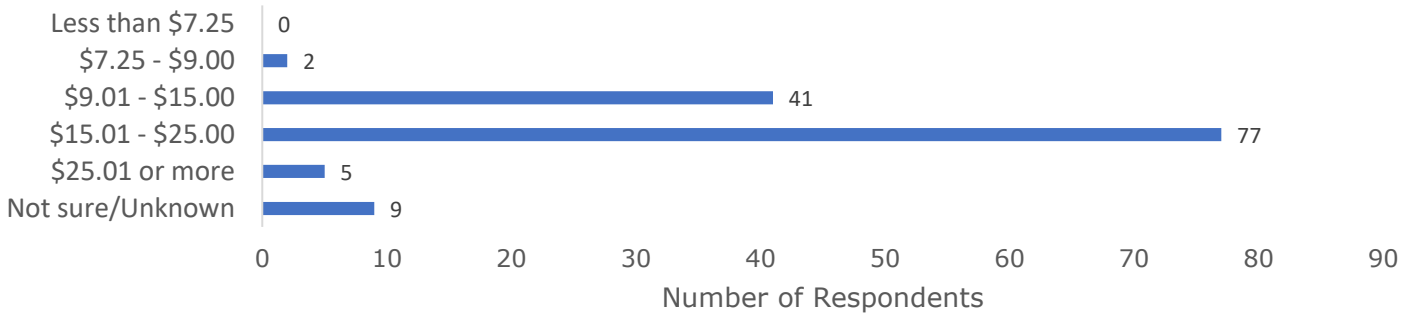
Respondents were asked about the compensation structure of CHWs at their organization. Respondents could select as many responses as applied. As seen in Figure 6, the majority of respondents (n=135) said their CHWs were paid an hourly wage; 23 percent (n=38) of respondents said their CHWs were paid a monthly salary. Three respondents said that their employees were compensated based on hours of direct service, meaning CHWs may make different amounts based on the service the CHW offered. Of those that selected "Other" (n=9), three respondents said that their organization's CHWs were uncompensated volunteers.

Figure 6. How are your organization's CHWs compensated? Select all that apply. (n=166)



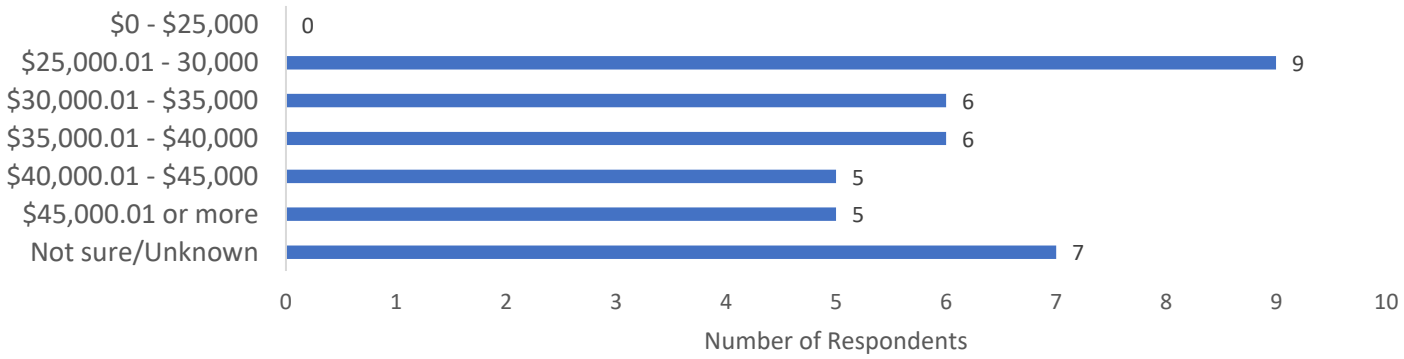
Respondents who indicated that their CHWs were paid hourly were asked about the salary range of the CHWs at their organization. All respondents indicated that their organization's CHWs were paid at or above the federal minimum wage of $7.25 per hour (Figure 7). More than half of respondents (n=77) stating CHWs were paid $15.01-$25.00 per hour.

Figure 7. What is the hourly salary range for CHWs? (n=134)



Respondents who indicated that their CHWs were paid monthly were asked about the annual salary range for full-time CHWs at their organization. Of the 38 respondents, 24 percent (n=9) stated full-time their organization's CHWs earned between $25,000.01 and $30,000 per year (Figure 8). An additional 18 percent (n=7) were not sure the annual salary of their CHWs.

Figure 8. What is the annual salary range for full-time CHWs? (n=38)



Respondents were asked about the benefits their organizations offered to CHWs. Respondents could select as many responses as applied. Of the 159 responses, the most common responses were mileage reimbursement (n=120), health insurance (n=119), and sick leave (n=113). Very few respondents said their organizations offered child care (n=2) and/or commuter subsidies (n=1) to CHWs. Those who responded "Other" mentioned other benefits they provided to CHWs, including bilingual pay, holiday pay, telework, and paid professional development.

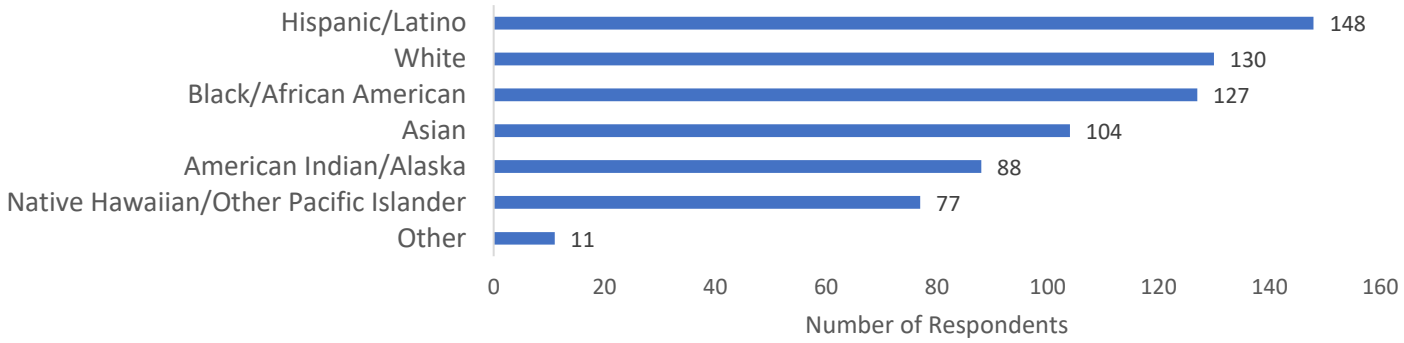
Section 6: Clients Served by CHWs

Respondents were asked about the type of geographic settings their CHWs primarily worked in. Of the 157 responses, 54 percent (n=85) said that their organization's CHWs worked in urban settings. Additionally, 33 percent (n=52) of respondents said that their organization's CHWs worked in rural areas; 13 percent (n=20) said their CHWs worked in suburban settings.

Respondents were asked about the age groups served by their organization's CHWs. Respondents could select all responses that applied. CHWs served individuals throughout the lifespan; most CHWs serving adults over 19 years old. About half (n=75) of respondents said their organization's CHWs served children ages 0-5 years old.

Respondents were asked about the race/ethnicity groups served by their organization's CHWs (Figure 9). Respondents could select all responses that applied. Of the 157 responses, most respondents stated their organization's CHWs served populations who are the Hispanic/Latino (n=148), white (n=130), and Black/African American (n=127). Of those who selected "Other," respondents stated that their CHWs worked with middle eastern populations.

Figure 9. Which race/ethnicity groups do your organization's CHWs serve? Select all that apply. (n=157)



Respondents were asked how many people their organization's CHWs reached each month (Table 2). While the average number of people reached by a responding organization was 531 people per month, the most frequent response was 150 people per month. The largest number of people reached by an organization's CHWs each month was 8,000 people, and the fewest was 0 people.

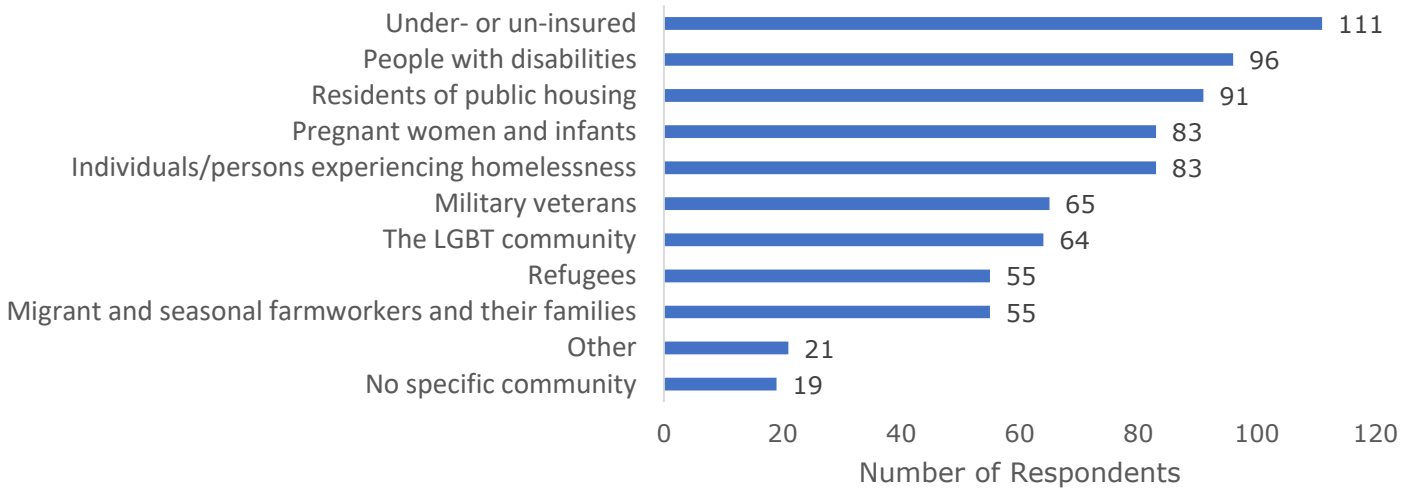
Table 2. Approximately how many people do your organization's CHWs reach each month? (n=131)

Metric	Number of People Reached
Mean	531
Median	168
Mode	150
Range: Highest	8,000
Range: Lowest	0

Next, respondents were asked about the social barriers faced by the populations their CHWs served. Respondents could select as many responses as applied. Of the 155 respondents, the most common responses included transportation (n=139), lack of health insurance (n=138), and connecting to health resources (n=136). Ten respondents selected "Other" and cited the following social barriers: childcare; access to specialist medical care; social support; "limited knowledge of health system"; "jobs that allow no time off for health-related issues"; gentrification; racism; immigration policy; daily needs like "utilities, phone, clothing"; and legal services.

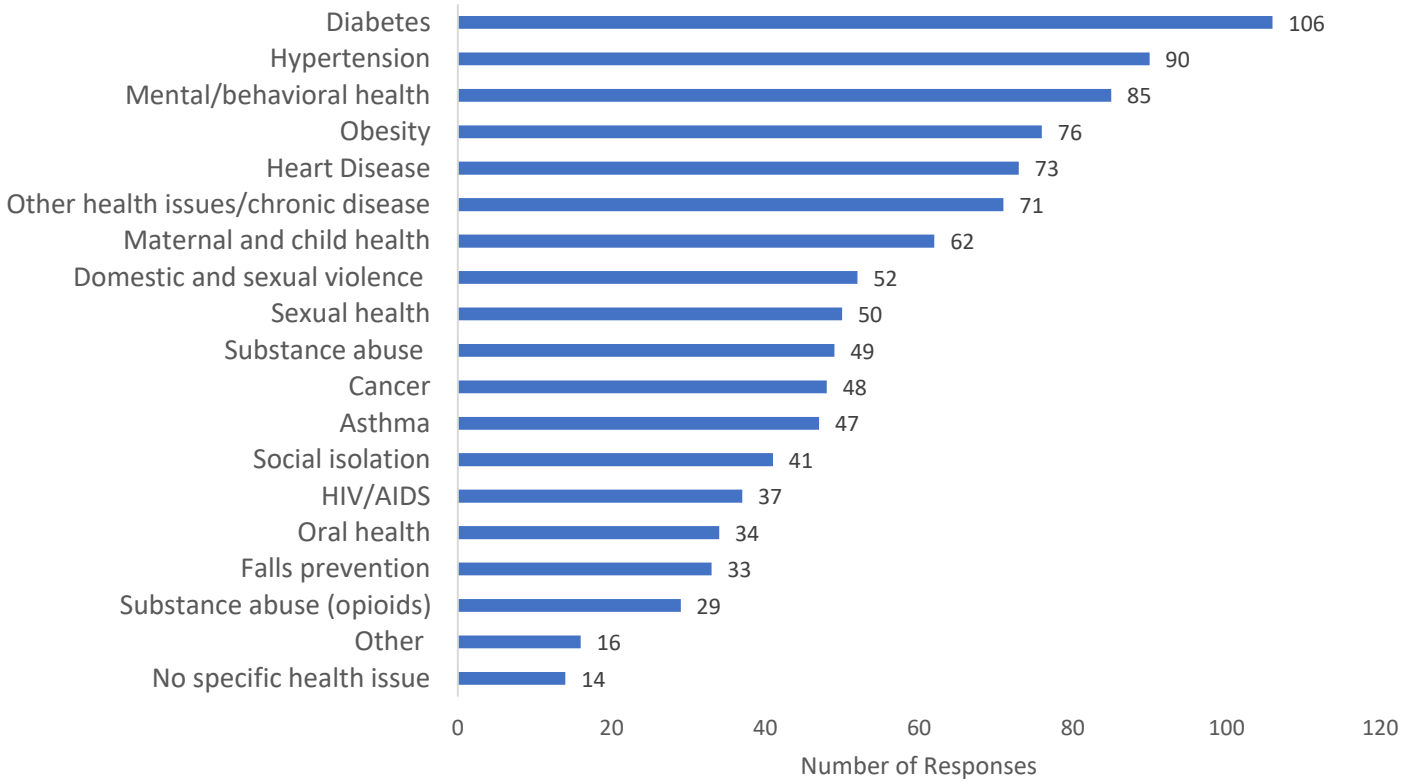
Respondents were asked about the specific communities their CHWs reached (Figure 10). Respondents could select all responses that applied. Of 154 responses, the most common responses were those “under- or un-insured” (n=111), “people with disabilities” (n=96), and “residents of public housing” (n=91). Twenty-one respondents selected “Other” and said that CHWs also reached school-aged youth, youth in foster care, seniors, low income individuals, individuals with substance use disorders, individuals with chronic conditions, and individuals with limited English proficiency.

Figure 10. What specific communities do your organization's CHWs reach? Select all that apply. (n=154)



Respondents were asked about the health issues faced by the populations their CHWs served (Figure 11). Respondents could select as many responses as applied. Of 156 respondents, the most common responses were diabetes (n=106), hypertension (n=90), and mental/behavioral health (n=85). Among those who selected “Other” (n=16), respondents reported health issues such as injury prevention, reproductive health, high cholesterol, smoking and tobacco use, child abuse/neglect, and Hepatitis A infections.

Figure 11. What are the main health issues of the populations addressed by your organization's CHWs? Select all that apply. (n=156)

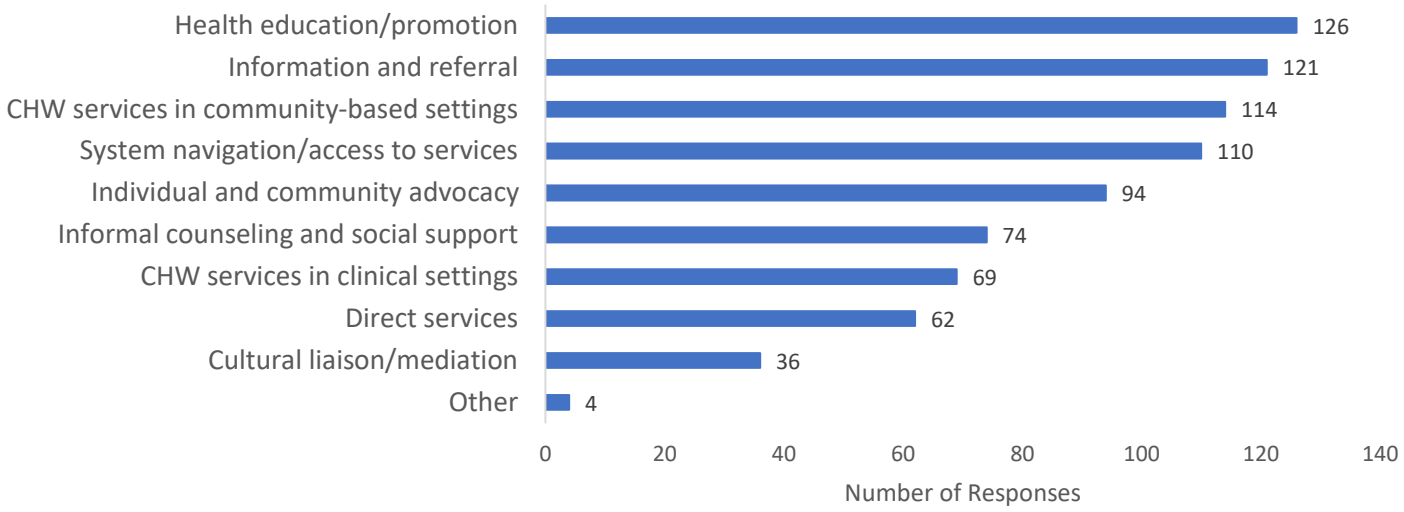


Section 7: Services Delivered by CHWs

Next, respondents were asked about the partnership types their organizations had in place. Respondents could select as many responses as applied. Of 144 respondents, nearly 75 percent of respondents said they had clinical partnerships (n=106) and/or non-clinical partnerships (n=105). Forty-three respondents reported having hybrid partnerships. Among those who reported "Other", responses included community resources/partnerships, non-profits, faith-based organizations/churches, food banks, and MCOs.

Respondents were asked about the types of services delivered by their organization's CHWs. Respondents could select as many responses as applied. As seen in Figure 12, the most common responses were health education/promotion (n=126), information and referral (n=121), and CHW services in community-based settings (n=114). Of the four respondents who selected "Other", responses included "provision of needs" and "health care benefits".

Figure 12. What types of services do your organization's CHWs deliver? Select all that apply. (n=147)

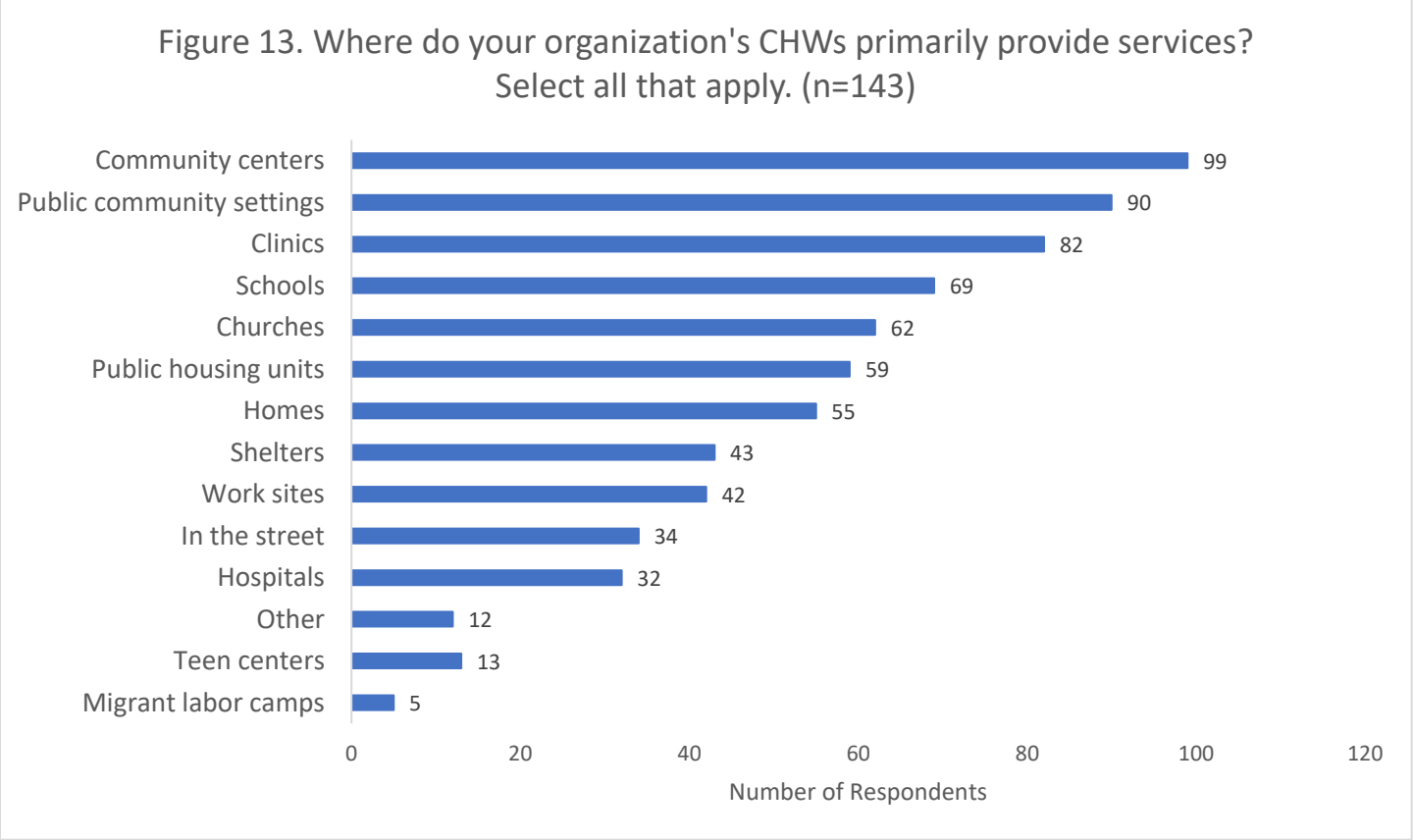


Respondents were asked to describe the ways CHWs were incorporated into nine specific activities. Table 3 displays the most common responses per activity. Among all types of activities, respondents reported that CHWs were most involved in making referrals, providing patient education, conducting screenings, and helping patients apply for public benefits such as the Supplemental Nutrition Assistance Program (SNAP) or Medicaid.

Table 3. How does your organization incorporate CHWs in the activities below?	
Activity	Most common responses
CHW services in clinical settings	Pre-visit planning; scheduling appointments; screening; discharge planning; referrals; health education; and home visits
CHW services in community-based settings	Providing health education; referrals; home visits; outreach such as screening events, health fairs, and health classes
Cultural liaison/mediation	Providing translation services; hosting cultural events; "[CHWs] share their feedback on perceptions and preferences of the community"
Direct services	Health education; screenings; assistance applying for benefit programs
Health education/promotion	CHWs conduct both one-on-one education/counseling, as well as group classes and outreach events; Primary topics reported include: chronic diseases, diabetes, prenatal care, infectious disease, cancer resource navigation, nutrition, smoking cessation, substance abuse.
Individual and community advocacy	Serving on councils/committees; helping individuals navigate systems or apply for benefits; and conducting outreach events/campaigns
Informal counseling and social support	CHWs provide counseling/social support primarily in one-on-one settings, such as during home visits or through virtual appointments Primary means of providing counseling/social support include: conducting case management, making referrals, motivational interviewing, and by partnering with licensed social workers

Information and referral	CHWs provide information/referrals in clinical settings, during home visits, at outreach events, or through virtual appointments Most common referrals reported were for specialists or community resources
System navigation/access to services	Provide navigation for health care systems, such as by helping people schedule appointments or physically navigate a clinical site; help with state and local public benefit applications [such as Women Infant Children (WIC), SNAP, Temporary Assistance for Needy Families (TANF), or Medical Access Program (MAP)].

Figure 13 displays where CHWs primarily provide services. Respondents could select as many responses as applied. The most common options selected were community centers (n=99), public community settings (n=90), and clinics (n=82). Twelve respondents chose "Other" and reported that CHWs in their organizations primarily provided services in places such as community events, colleges, or via telephone/virtual visits.

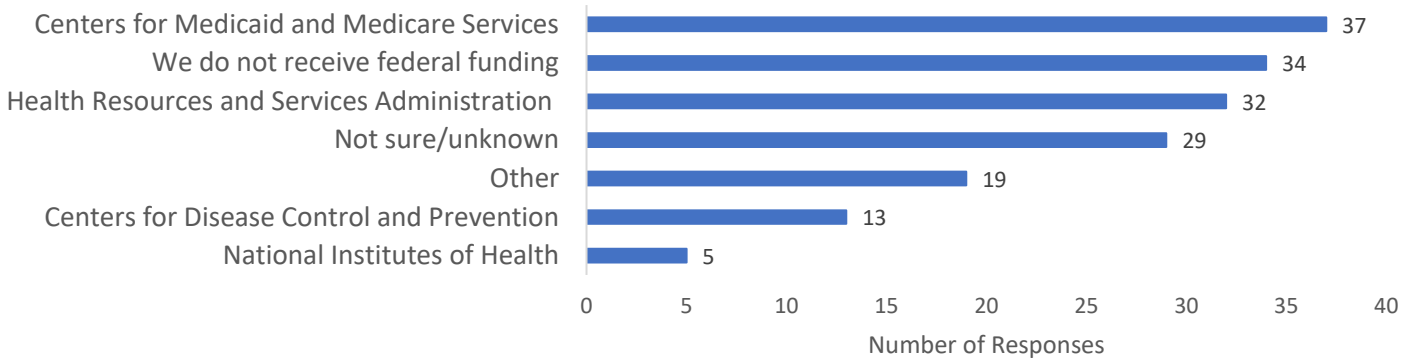


Next, respondents were asked about the types of documentation and reporting tools used by CHWs in their organizations. Respondents could select as many responses as applied. Of 139 respondents, the most reported options were "Health promotion and client education materials" (n=120) and "Process for tracking and documenting referrals" (n=91). Of the five respondents who selected "Other," they specified that their CHWs used software and sign-in sheets for documentation and reporting.

Section 8: Financing and Sustainability of CHW Services

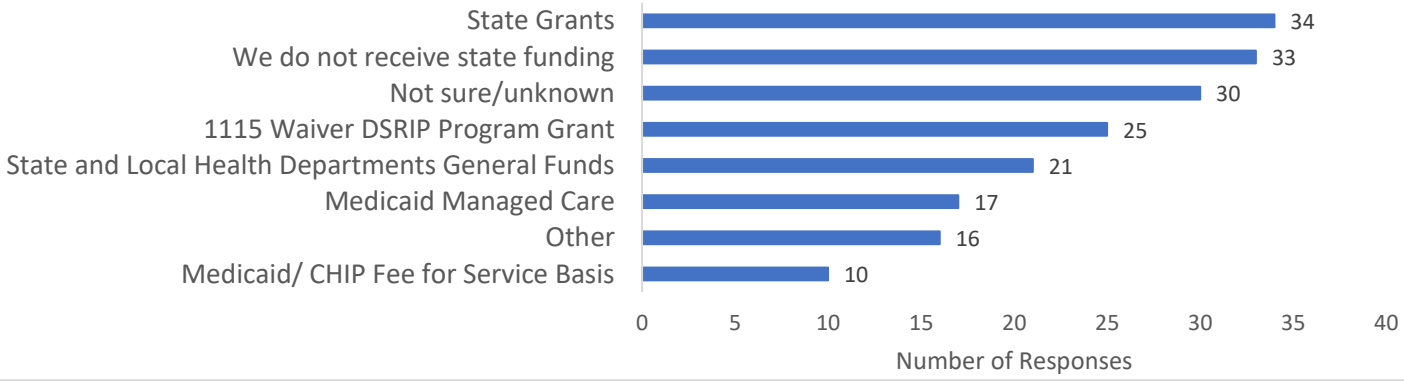
Section 8 explored the funding sources used for CHWs and CHW services. The first question of this section asked respondents to select all federal funding agencies from which their organizations received funding (Figure 14). Of the 137 respondents, 27 percent (n=37) of respondents stated that their organizations received funding from the Centers for Medicaid and Medicare Services. Additionally, 25 percent (n=34) did not receive any federal funding. Among those who selected "Other" (n=19), the most said Title X funding. Other answers given included Title V funding, Department of Housing and Urban Development (HUD), Substance Abuse and Mental Health Services Administration (SAMHSA).

Figure 14. Which federal funding agency(ies) do you receive funding from? Select all that apply. (n=137)



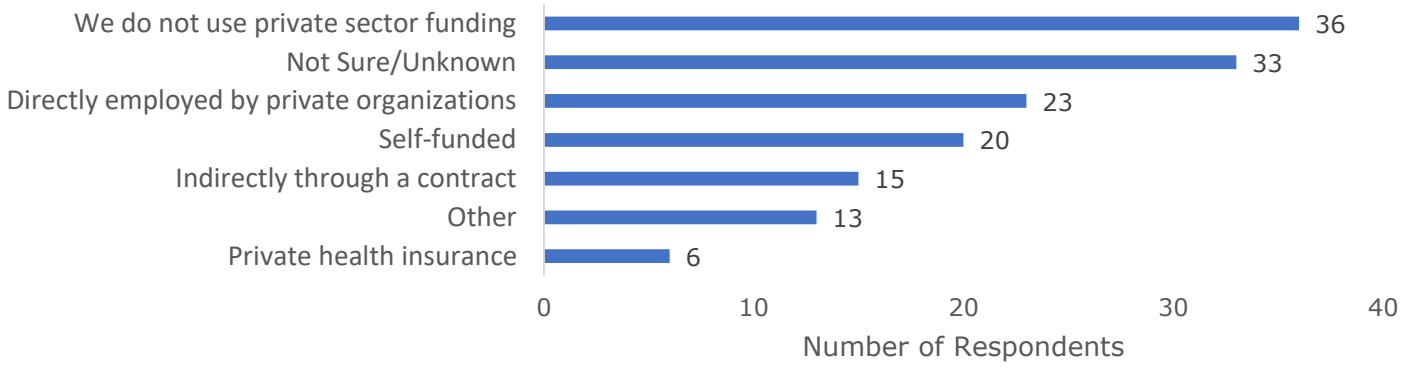
Next, respondents were asked about the types of state funding/payment method their organizations received to pay CHWs (Figure 15). Respondents could select as many responses as applied. Of the 138 respondents, 25 percent (n=34) said that their organizations received state grants. An additional 24 percent (n=33) of respondents said that their organizations did not receive any state funding. Of the 16 respondents who selected "Other," respondents said that they received funding from the Cancer Prevention and Research Institute of Texas (CPRIT), Texas A&M University, and other state grants.

Figure 15. What type(s) of state funding/payment method do you use to pay CHWs? Select all that apply. (n=138)



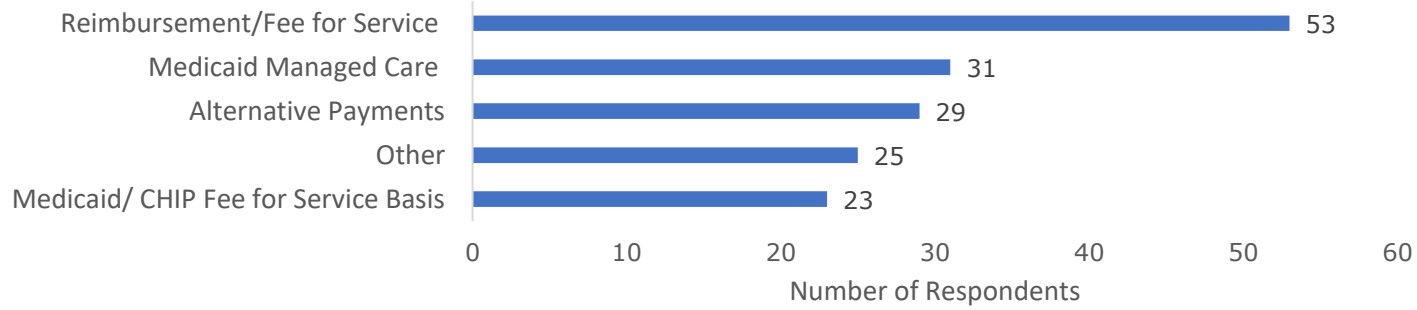
Respondents were asked about the types of private sector funding/payment methods their organizations used to pay for CHWs. Respondents could select as many responses as applied. Figure 16 shows that over half of respondents stated that their organizations either did not use any private sector funding to pay for CHWs (n=36) or they were not sure if they used private sector funding (n=33). Of those who selected "Other" (n=13), many said that their organizations used private foundation funding to pay for CHWs.

Figure 16. What type(s) of private sector funding/payment method do you use to pay CHWs? Select all that apply. (n=131)



Next, respondents were asked to select all payment/reimbursement method(s) they believed to be the most effective for supporting their organization's CHWs (Figure 17). Of the 105 respondents, half (n=53) said reimbursement/fee for service was the most effective. Twenty-five people selected "Other" and provided examples of payment methods. One respondent said, "Any stable funding source that does not run out in 2-3 years" would be effective.

Figure 17. In your opinion, which is the most effective payment/reimbursement method(s) to support your organization's CHWs? Select all that apply. (n=105)



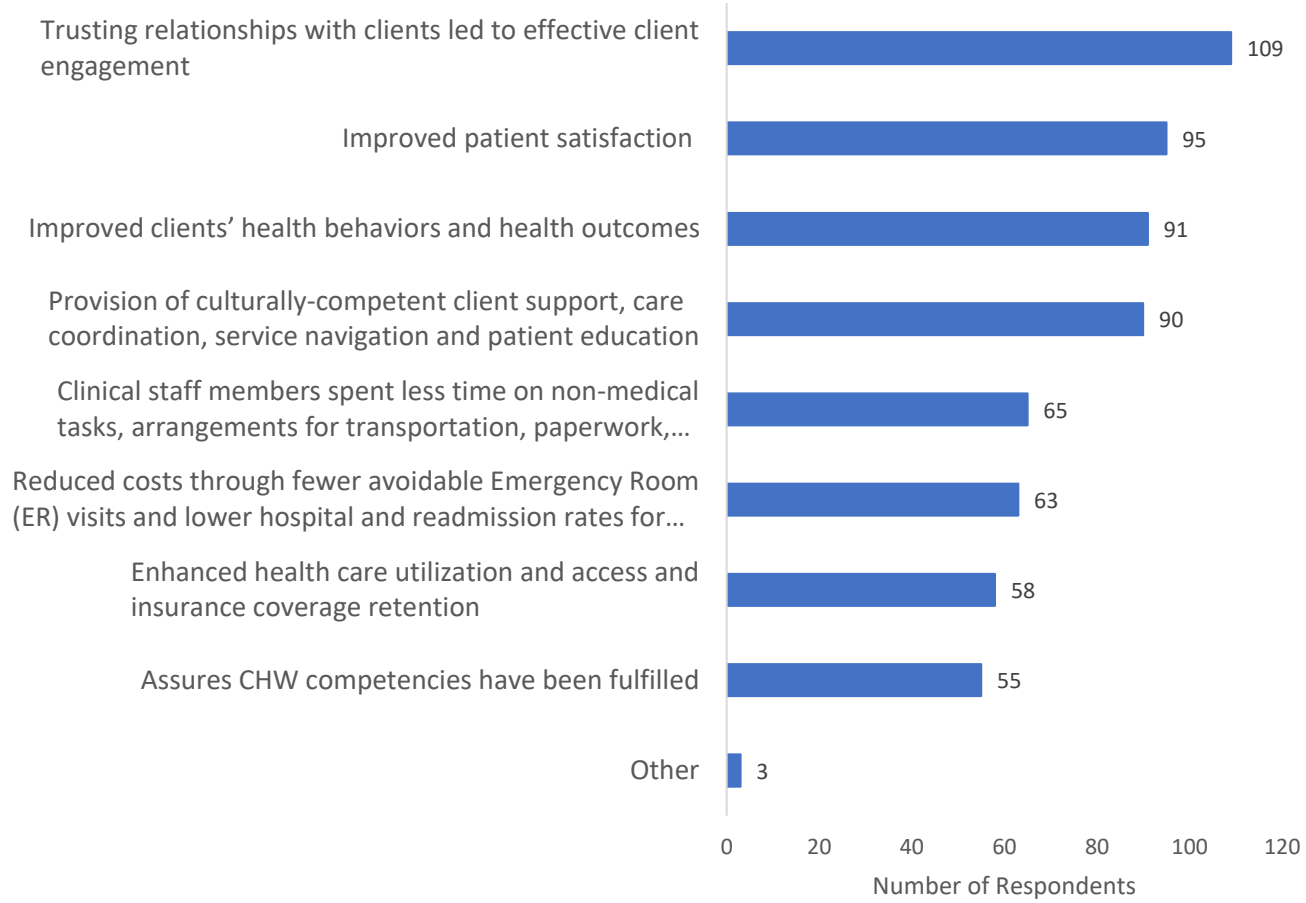
Section 9: Challenges and Benefits in Employing CHWs

In Section 9, respondents were asked about the challenge(s) they experienced in employing CHWs and sustaining CHW programs. Respondents could select as many responses as applied. Of 124 respondents, the most common challenge reported was having limited sustainable funding/reimbursement sources (n=73). The next most common challenges were "Limited

resources for training/professional development" and "Difficulty integrating CHWs as professionals in mainstream healthcare and social service systems" (both n=42). Eleven respondents selected "Other" and provided examples of challenges including: "lack of experience in Managed Care" among CHWs; lack of oral and written communication skills among CHWs; and, challenges with "evaluating performance [with] empirical information".

Respondents were asked about the benefits of employing CHWs in their organization. Respondents could select as many responses as applied. As seen in Figure 18, the top three responses were "Trusting relationships with clients led to effective client engagement" (n=109), "Improved patient satisfaction" (n=95), and "Improved clients' health behaviors and health outcomes" (n=91). Three respondents selected "Other" and shared "help people care about their sexual and reproductive health", "community trust" and "outreach activities" were benefits of employing CHWs.

Figure 18. Which of the following benefits have you had from employing CHWs? Select all that apply. (n=131)



Section 10: Evaluation of CHW Interventions

Respondents were asked to provide their process for evaluating CHW interventions at their organizations. This open-ended question was answered by 87 respondents. Four themes emerged from the responses. Themes from most to least common included the following:

1. Guidelines set by grant requirements (n=46);
2. Pre-scheduled quarterly or annual performance reviews based on job description and set metrics (n=17);
3. Client feedback surveys (n=14); and,
4. Patient health improvements through tracking biomarkers or other documentation (n=13).

Respondents were asked how they documented changes in health care cost, return on investment (ROI) of CHW services, and social return as a result of services delivered by CHWs. This open-ended question was answered by 73 respondents and 4 themes emerged. Themes from most to least common included the following:

1. Analytics and reports from annual review, CHW visits, Electronic Medical Records (EMRs) and program budgets (n=29);
2. Do not document/do not know if there is documentation (n=28);
3. Satisfaction surveys from clients (n=13); and,
4. Would like to have documentation in the future (n=6).

Section 11: CHW Training and Professional and Workforce Development

Section 11 of the survey covered CHW training and workforce development. First, respondents were asked to assess the training needs of their CHWs. This open-ended question was answered by 73 respondents and 5 themes emerged. Themes from most to least commonly stated included the following:

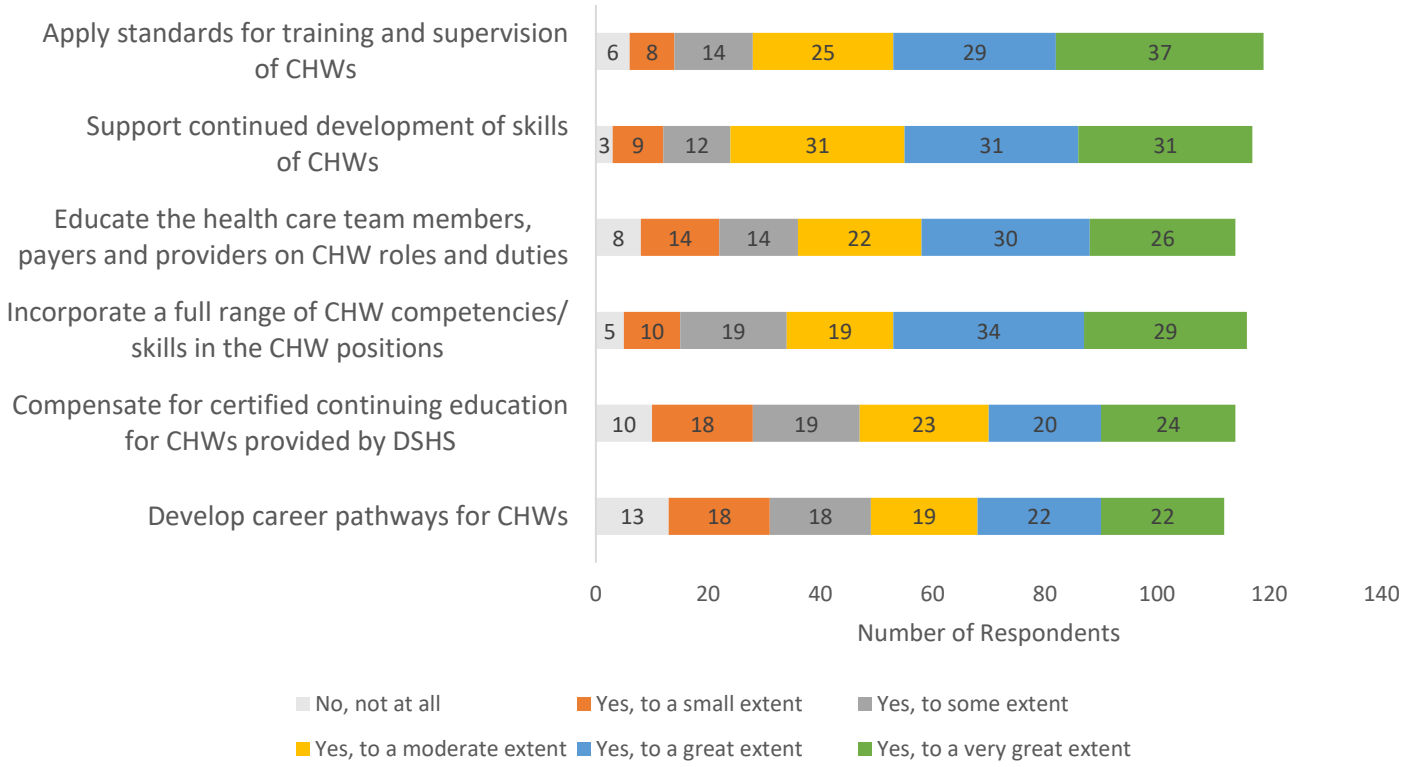
1. Guidelines upheld by CHW profession and project needs (n=28);
2. Meeting with the CHW and discussing training needs (n=19);
3. The CHW had continuing education needs to fulfill and it was their responsibility (n=13);
4. Observing the CHW with the community (n=10); and,
5. Qualities of the classes- access, cost, class topic (n=5).

Respondents were asked if their DSHS-certified CHWs completed specialized training other than the 160-hour CHW credentialing course. Of 121 respondents, 54 percent (n=66) said their CHWs had completed specialized training. These 66 respondents were then asked to specify the type of specialized training their DSHS-certified CHWs completed. This open-ended question was answered by 51 respondents. Four themes emerged from the responses. Themes from most to least commonly stated included the following:

1. Physical and mental health training (i.e. Chronic disease, motivational interviewing, reproductive health, harm reduction) (n=25);
2. CHW specific training and health national standards (n=14);
3. Reproductive Health (n=5); and
4. Child and infant nutrition and safety (n=4).

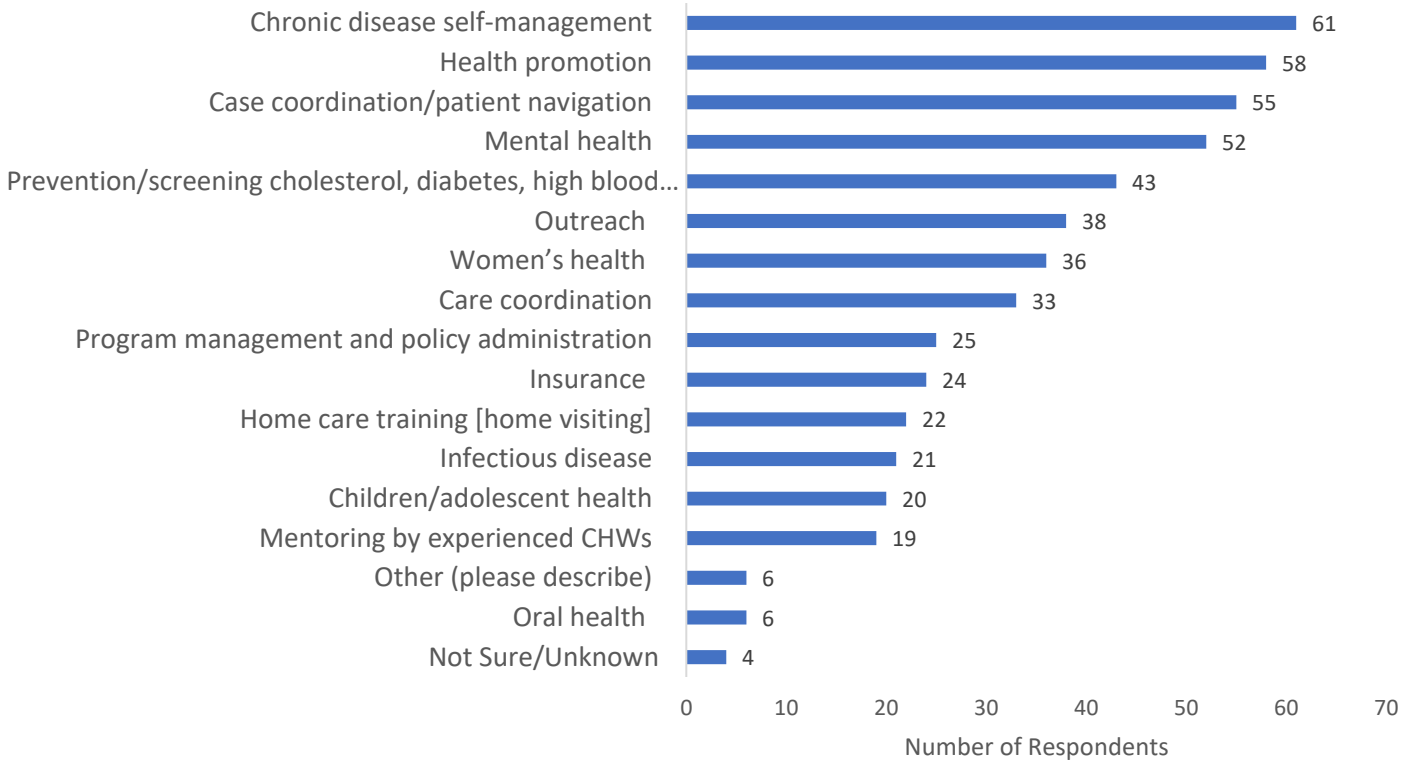
Respondents were asked about their organizations' capacity to implement various workforce development activities. For each workforce development activity, more than 25 percent of respondents selected either "Yes, to a great extent" or "Yes, to a very great extent" (Figure 19). The activities that respondents said they had the greatest capacity to implement included "Apply standards for training and supervision of CHWs" (n=64), "Support continued development of skills of CHWs" (n=61), and "Incorporate a full range of CHW competencies/skills in the CHW positions" (n=61). The activities with the least capacity to implement were "Compensate for attendance/travel to state and national CHW conferences and CHW Association membership" (n=35) and "Develop career pathways for CHWs" (n=43).

Figure 19. To what extent does your organization currently have the capacity to implement the following workforce development activities?



As seen in Figure 20, respondents were asked which general health training topics would be most beneficial for their organizations' CHWs. The most frequently selected topics included chronic disease self-management (n=61), health promotion (n=58), and case coordination/patient navigation (n=55). Six respondents chose "Other" and shared that their CHWs needed training on: "senior health," "injury prevention," and "substance abuse."

Figure 20. Which of the following general health training topics would be most beneficial for your organization's CHWs? Select up to 3 responses. (n= 123)



As seen in Table 4, respondents were asked about their CHW workforce development needs. Respondents could select as many responses as applied. Over half of respondents selected "Continued training to update CHWs on new skills, to reinforce initial training, and to ensure they are practicing skills learned" (n=67) and "Development of long-term financial mechanisms to fully support CHW strategies" (n=65). The least selected response was "CHW credentialing through completion of the 160-hour CHW course required by DSHS" (n=24). Two respondents selected "Other" and shared "local CHWI [Community Health Worker Instructor] training" and "credentialing at no cost" as developmental needs.

Table 4. What are your main CHW workforce development needs? Select all that apply. (n=119)	
Workforce Development Need	Number of Respondents
Continued training to update CHWs on new skills, to reinforce initial training, and to ensure they are practicing skills learned	68
Development of long-term financial mechanisms to fully support CHW strategies	66
Specialized continuing education for CHWs	63
Training on CHW role, and benefits to clients, the care team and organization	56
Training to equip supervisors with skills to effectively oversee and support CHW services	55
Development of organizational resources	42

Networking and membership in one of 12 local and regional CHW associations and coalitions across the state of Texas	40
Building workforce development collaborative with DSHS-certified training centers for CHWs	39
CHW credentialing through completion of the 160-hour CHW course required by DSHS	25
Other	5

Respondents were asked if they would be willing to expand CHW employment at their organization. Of 120 respondents, 65 percent (n=78) said they would be willing to expand CHW employment. Only 2 percent (n=3) said they would not be willing to expand CHW employment at their organization.

The survey concluded with asking respondents if they would like to share their experience with employing CHWs. This open-ended question was answered by 24 respondents. Four themes emerged from the responses. Themes from most to least commonly stated included:

1. Positive impact on organization and patients (n=11);
2. Currently need or waiting on funding (n=5);
3. Needs (i.e. training, understanding CHW role, credentialing) (n=4); and,
4. Has yet to implement program (n=3).

Conclusion

The DSHS Promotor(a) or Community Health Worker Training and Certification Program (CHW Program) and the Chronic Disease Epidemiology Branch (CDE) distributed the 2020 CHW Employer Survey to CHW employers throughout Texas. A total of 182 responses were included in this analysis. Nearly all respondents directly employ their CHWs; respondents most commonly employed two CHWs.

The organizations had a variety of experience and educational requirements for their CHWs depending on the role and setting where the CHWs were employed. At a minimum, most organizations required their CHWs to have a high school diploma. The majority of organizations require their CHWs to be certified by DSHS. Nearly all respondents reported that CHWs are part of a multi-disciplinary healthcare team."

Organizations had a variety of supervision structures for their CHWs. In many instances, the CHW supervisor was a CHW themselves. At most organizations, CHWs received informal feedback or performance-based reviews. The majority of organizations said their CHWs received weekly supervision.

Most respondents compensated their CHWs with an hourly wage. Of those who reported salaries, most said their CHWs made either $15.01-$25.00 per hour or $25,000.01-$30,000.00 per year. Most respondents said their organizations provided CHWs with mileage reimbursement, health insurance, sick and personal leave, and other benefits. Half of the organizations said reimbursement/fee for service was the most effective method for supporting their organization's CHWs.

Respondents reported that their organization's CHWs worked in urban, rural, and suburban areas, and served people of both genders and all ages. The CHWs worked predominately with people who were Hispanic/Latino, White, or Black/African American. The CHWs worked with a variety of communities, including with those who were under- or uninsured, people with disabilities, and residents of public housing.

Respondents estimated that their CHWs reached between 0-8,000 people per month with an average reach of 531 people per month. However, the most commonly reported number was 150 people reached per CHW per month. CHWs typically delivered health education/ promotion and provided information and referrals. CHWs tended to provide services in community centers, public community settings, and clinics.

Respondents experienced both challenges and benefits by employing CHWs. The most common challenges they faced were limited sustainable funding/reimbursement followed by limited resources for training. The most common benefit of employing CHWs was the trusting relationship with clients, which led to more effective client engagement.

Respondents indicated areas for growth and improvement within their CHW programs. Respondents reported on their capacity to implement a variety of workforce development activities, including applying standards for training and supervision of CHWs and supporting CHWs' continued skill development.

Respondents were interested in specialized continuing education for their CHWs and reported many health training topics that would be beneficial for their CHWs, such as chronic disease self-management, health promotion, and case coordination/ patient navigation. Additional CHW workforce development needs included continued training, development of longer-term financial mechanisms to support CHWs, and specialized continuing education for CHWs. Two-thirds of respondents were willing to expand CHW employment at their organization.

Appendix A: Survey Instrument

Online Survey on Employers of Community Health Workers (CHWs) in Texas
All regions

Who are the CHWs/Promotores?

"CHWs are trusted members of the community who have a close understanding of the ethnicity, language, socio-economic status, and life experiences of the community served. CHWs, also called promotores, help people gain access to needed services, increase health knowledge, and become self-sufficient through outreach, patient navigation and follow-up, community health education and information, informal counseling, social support, advocacy, and more."
The term "CHW'' is an umbrella term with a variety of job titles reflecting the diversity of the CHW profession: community health educator, health ambassador, eligibility specialist, patient navigator, etc.

Survey Instructions

The Department of State Health Services (DSHS) is conducting a survey of Community Health Worker employers. The purpose of this survey is to measure CHW employment, services provided, CHW supervision, and CHW training needs across Texas.

This survey will also help DSHS understand the financial sustainability of CHW health service delivery. The results of this survey will be used to inform future DSHS CHW programming and CHW employer support.

This survey is intended for employers of CHWs in paid positions, CHW supervisors or managers, or program coordinators or directors who are knowledgeable about CHWs. Please ensure that only one person from your organization completes this survey.

Participation in the survey is voluntary and anonymous. The survey will only take about 20 minutes to complete. You can skip any question you do not wish to answer.

Please complete this survey by March 16, 2020. Please e-mail **chw@dshs.texas.gov** or call 512-776-2208 if you if you have any questions about the survey.

Note: In this survey, "CHW/Promotor(a)" refers to the entire CHW workforce, including community health educator, health ambassador, eligibility specialist, patient navigator, etc. The term "CHW Employers" means organizations/agencies employing CHWs in paid positions.

Pre-Survey Screening Question

Q1. Do you identify yourself as a CHW supervisor or manager, employer of CHWs, or program coordinator or director?
Yes
No
Yes. *The survey participant will be prompted to complete the survey.*
No. *The survey will automatically end. Thank you for your time and your interest in the survey.*

SECTION 1: Your Type of Organization and Location

Q2. What is the zip code of your organization's main office?

Zip Code _____

Q3. Which of the following best describes your organization?

Area Health Education Center (AHEC)
CHW association or coalition
College/university/school
Community health clinic
Community-based organization
Faith-based organization
Federally qualified health care center (FQHC)
Health insurance plan
Health/social service organization
Hospital/clinic
Local health department
Non-profit organization
Patient centered medical home
State agency
Other (please describe) _____

SECTION 2: Employment of CHWs

Q4. When was your organization's CHW program created?

Year _____ *(XX validate for year)*
Not Sure/Unknown

Q5. How do CHWs participate in your organization? Select all that apply.

Directly employ CHWs
Contract CHWs (external)
Other (please describe) _____

Q6. How many CHWs does your organization employ or contract with?

_____
Not Sure/Unknown

Q7. What is the title(s) for your organization's CHW position(s)?

Community Health Worker (CHW)
Health educator
Outreach counselor/ specialist(s)
Patient navigator(s)
Promotor(a)
Services manager
Other (please describe) _____

Q8. Do you have multiple levels of CHW positions such as "CHW" and "Senior CHW" (entry - level, intermediate, and advanced skills level, etc.)?

Yes

No
Not Sure/Unknown

Q9. *(Display if "yes" is selected in Q8):* **Please describe the levels of CHW positions.**
Open textbox

Q10. Do you require CHWs to be certified by the Texas Department of State Health Services (DSHS)?
Yes
No
Not Sure/Unknown

Q11. Are your organization's CHWs part of a multi-disciplinary health care team, working with other health care professionals?
(Definition of a Multi-Disciplinary Health Care Team: a group of health care professionals from multiple disciplines working with a lead provider, typically a physician, nurse, or social worker, etc.)
Yes
No
Not Sure/Unknown

SECTION 3: Educational and Experience Requirements and Supervision of CHWs

Q12. What are your organization's educational requirements for CHWs? Select all that apply.
High school diploma or GED
Some college
College diploma
Graduate degree
CHW certification
Work experience in lieu of education

Q13. CHWs may work in different settings (e.g., community-based, clinical, other, etc.). There may be specific experience requirements for different settings. **What are the experience requirements for CHWs in each of the following settings?**
Clinical work setting _____
Community-based work setting _____
Other setting(s) _____

SECTION 4: CHW Supervision

Q14. Who supervises your organization's CHWs? Select all that apply.
CHW instructor
Clinic manager
Lead CHW
Licensed social worker
Licensed vocational nurse
Other clinical coordinator
Program manager or director
Registered nurse care coordinator
Other (please describe) _____

Q15. What type of CHW experience does the CHW supervisor(s) have? Select all that apply.

Supervisor is a CHW
Supervisor is a CHW Instructor
Supervisor has worked with CHWs
Supervisor has no experience with CHWs
Other (please describe) _____
Not sure/Unknown

Q16. What type(s) of supervision is provided to your organization's CHWs? Select all that apply.

Informal feedback and guidance
On the job coaching of CHW duties
Performance-based reviews
Other (please describe) _____
Not sure/ unknown

Q17. Do you provide at least five hours of weekly supervision (individual or group) to your organization's CHWs?

Yes
No
Not Sure/Unknown

SECTION 5: Compensation and Benefits for CHWs

Q18. How are your organization's CHWs compensated? Select all that apply.

Hourly wage
Monthly salary
Hours of direct service
Number of clients served
Performance bonus
Other (please describe) _____
Not sure/Unknown

Q19. *(Display if Q18 hourly wage is selected)* **What is the hourly salary range for CHWs?**

Less than $5.75
$5.75 - $9.00
$9.01 - $15.00
$15.01 - $25.00
$25.01 or more
Not Sure/Unknown

Q20. *(Display if Q18 monthly salary is selected)* **What is the annual salary range for full-time CHWs?**

$0 - $25,000
$25,000.01 - $30,000
$30,000.01 - $35,000
$35,000.01 0 $40,000

$40,000.01 - $45,000
$45,000, 01 or more
Not Sure/Unknown

Q21. Which of the following benefits do you offer to CHWs? Select all that apply.

Child care
Commuter subsidy
Educational leave
Flexible schedules for home visiting
Health insurance
Mileage reimbursement
Parking
Pension or retirement plan
Personal leave
Scholarships for completing DSHS-certified continuing education
Sick leave
Tuition assistance
Vacation accrual
Other (please describe) _____
Do not offer benefits (Answer choice is exclusive)

SECTION 6: Clients Served by CHWs

Q22. What type of geographic settings do your CHWs primarily work in?

Urban
Rural
Suburban

Q23. Which age groups do your organization's CHWs serve? Select all that apply.

0-5 years
6-18 years
19-25 years
26-64 years
65+

Q24. Which race/ethnicity groups do your organization's CHWs serve? Select all that apply.

American Indian/Alaska
Asian
Black/African American
Hispanic/Latino
Native Hawaiian/Other Pacific Islander
White
Other (please describe) _____

Q25. Which genders do your organization's CHWs serve? Select all that apply.

Boys (18 years old and younger)

Girls (18 years old and younger)
Men (19 years old and older)
Women (19 years old and older)
Other (please describe) _____

Q26. Approximately how many people do your organization's CHWs reach each month?
Open textbox

Q27. What specific communities do your organization's CHWs reach? Select all that apply.
Individuals/persons experiencing homelessness
Migrant and seasonal farmworkers and their families
Military veterans
People with disabilities
Pregnant women and infants
Refugees
Residents of public housing
The LGBT community
Under- or un-insured
Other (please describe) _____
No specific community *(answer is exclusive)*

Q28. What are the main health issues of the populations addressed by your organization's CHWs? Select all that apply.
Asthma
Cancer
Diabetes
Domestic and sexual violence
Falls prevention
Heart disease
HIV/AIDS
Hypertension
Maternal and child health
Mental/behavioral health
Obesity
Oral health
Other health issues/chronic disease
Sexual health
Social isolation
Substance abuse
Substance abuse (opioids)
No specific health issue (XX exclusive)
Other (please describe) _____

Q29. What are the social barriers of populations served by your organization's CHWs? Select all that apply.
Connecting to health resources
Food Insecurity
Homelessness

Housing
Lack of health insurance
Limited English skills
Transportation
Other (please describe) _____

SECTION 7: Services Delivered by CHWs

Q30. What types of partnerships does your organization have? Select all that apply.

Clinical partnerships
Non-clinical partnerships
Hybrid
Other (please describe) _____

Q31. What types of services do your organization's CHWs deliver? Select all that apply.

CHW Services in clinical settings
CHW services in community-based settings
Cultural liaison/mediation
Direct services
Health education/promotion
Individual and community advocacy
Informal counseling and social support
Information and referral
System navigation/access to services
Other (please describe) _____

Q32. How does your organization incorporate CHWs in the activities below? *(XX in text boxes for each option)*

CHW Services in clinical settings
CHW services in community-based settings
Cultural liaison/mediation
Direct services
Health education/promotion
Individual and community advocacy
Informal counseling and social support
Information and referral
System navigation/access to services
Other (please describe) _____

Q33. Where do your organization's CHWs primarily provide services? Select all that apply.

Churches
Clinics
Community centers
Homes
Hospitals
In the street
Migrant labor camps
Public community settings

Public housing units
Schools
Shelters
Teen centers
Work sites
Other (please describe) _____

Q34. What types of documentation and reporting tools do your organization's CHWs utilize? Select all that apply.

Care coordination protocols and forms
Client assessment tools
Enrollment protocols
Follow-up protocols and forms
Health promotion and client education materials
Process for tracking and documenting referrals
Tablet and Electronic Health Records (EHR) systems
Other (please describe) _____

SECTION 8: Financing and Sustainability of CHW Services

Q35. Which federal funding agency(ies) do you receive funding from? Select all that apply.

Centers for Disease Control and Prevention
Centers for Medicaid and Medicare Services
Health Resources and Services Administration
National Institutes of Health
Other (please describe) _____
We do not receive federal funding *(answer is exclusive)*
Not sure/ unknown

Q36. What type(s) of state funding/payment method do you use to pay CHWs? Select all that apply.

1115 Waiver DSRIP Program Grant
Medicaid Managed Care
Medicaid/ CHIP Fee for Service Basis
State and Local Health Departments General Funds
State Grants
Other (please describe) _____
We do not receive state funding *(answer is exclusive)*
Not sure/ unknown

Q37. What type(s) of private sector funding/payment method do you use to pay CHWs? Select all that apply.

Directly employed by private organizations such as health plans and hospitals
Indirectly through a contract with clinics or community-based organizations
Private health insurance
Self-funded
Other (please describe) _____
We do not use private sector funding *(Answer is exclusive)*
Not Sure/Unknown

Q38. In your opinion, which is the most effective payment/reimbursement method(s) to support your organization's CHWs? Select all that apply.

Alternative Payments (Pay for Performance, Shared Savings Plan, Bundled Payment, Global Payment, etc.)
Medicaid/ CHIP Fee for Service Basis (per member per month)
Medicaid Managed Care
Reimbursement/Fee for Service
Other (please describe) _____

SECTION 9: Challenges and Benefits in Employing CHWs

Q39. Which of the following challenges have you had in employing CHWs and sustaining CHW programs? Select all that apply.

Difficulty in integrating CHWs as professionals in mainstream health care and social service systems

Limited guidelines on incorporating CHW skills/attributes within positions with a more defined role

Limited organizational resources

Lack of recruitment and supervision standards for CHWs

Limited resources for training/professional development

Limited sustainable funding/reimbursement

Other (please describe) _____

Q40. Which of the following benefits have you had from employing CHWs? Select all that apply.

Assures CHW competencies have been fulfilled
Clinical staff members spent less time on non-medical tasks, arrangements for transportation, paperwork, community resources for patients, and unnecessary ER use
Enhanced health care utilization and access and insurance coverage retention
Improved clients' health behaviors and health outcomes
Improved patient satisfaction
Provision of culturally-competent client support, care coordination, service navigation and patient education
Reduced costs through fewer avoidable Emergency Room (ER) visits and lower hospital and readmission rates for patients with complex needs
Trusting relationships with clients led to effective client engagement
Other (please describe) _____

SECTION 10: Evaluation of CHW Interventions

Q41. What is your process for evaluating CHW interventions?

Open textbox

Q42. How do you document changes in health care costs, return on investment (ROI) of CHW services, and social return as a result of services delivered by CHWs?

Open textbox

SECTION 11: CHW Training and Professional and Workforce Development

Q43. To what extent does your organization currently have the capacity to implement the following workforce development activities?

	Yes, to a very great extent	Yes, to a great extent	Yes, to a moderate extent	Yes, to some extent	Yes, to a small extent	No, not at all
Apply standards for training and supervision of CHWs	❑	❑	❑	❑	❑	❑
Incorporate a full range of CHW competencies/skills in the CHW positions	❑	❑	❑	❑	❑	❑
Compensate for certified continuing education for CHWs provided by DSHS	❑	❑	❑	❑	❑	❑
Compensate for attendance/travel to state and national CHW conferences and CHW Association membership	❑	❑	❑	❑	❑	❑
Support continued development of skills of CHWs	❑	❑	❑	❑	❑	❑
Develop career pathways for CHWs	❑	❑	❑	❑	❑	❑
Educate the health care team members, payers and providers on CHW roles and duties	❑	❑	❑	❑	❑	❑
Other (please describe) _____						

Q44. Describe how you assess the training needs of your CHWs.

Open textbox

Q45. Did DSHS-certified CHWs employed by your organization complete any specialized training other than the 160-hour CHW credentialing course?

Yes
No
No DSHS-certified CHWs employed
Not Sure/Unknown

Q46. ONLY DISPLAY IF YES IS SELECTED FOR Q45. Specify the type of specialized training in the text box below:

_____

Q47. Which of the following general health training topics would be most beneficial for your organization's CHWs? Select up to 3 responses.

Care coordination
Case coordination/patient navigation
Children/adolescent health
Chronic disease self-management

Health promotion
Home care training [home visiting]
Infectious disease
Insurance
Mental health
Mentoring by experienced CHWs
Oral health
Outreach
Prevention/screening cholesterol, diabetes, high blood pressure
Program management and policy administration
Women's health
Other (please describe) _____
Not Sure/Unknown

Q48. What are your organization's main CHW workforce development needs? Select all that apply.

Building workforce development collaborative with DSHS-certified training centers for CHWs
CHW credentialing through completion of the 160-hour CHW course required by DSHS
Continued training to update CHWs on new skills, to reinforce initial training, and to ensure they are practicing skills learned
Development of long-term financial mechanisms to fully support CHW strategies
Development of organizational resources
Networking and membership in one of 12 local and regional CHW associations and coalitions across the state of Texas
Specialized continuing education for CHWs
Training on CHW role, and benefits to clients, the care team and organization
Training to equip supervisors with skills to effectively oversee and support CHW services
Other (please describe) _____

Q49. What is your preferred medium for future CHW trainings?

In-person training
Live online training
On-the-job-training by peer CHWs
Prerecorded online training
Other (please describe) _____

Q50. Would you be willing to expand CHW employment at your organization?

Yes
No
Not Sure/Unknown

Q51. What other information would you like to share about your organization's experience employing CHWs?

Open textbox

Thank you for completing the survey. These data will help us better address your needs as a CHW employer. If you would like to share you CHW employment success stories, please contact us at 512-776-2208, or by e-mail at **CHW@dshs.texas.gov**

General Informational Page

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Community Health Worker Program

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