



Mel and Enid Zuckerman
College of Public Health

ARIZONA PREVENTION
RESEARCH CENTER

2014 NATIONAL COMMUNITY HEALTH WORKER ADVOCACY SURVEY

A project of the
University of Arizona,
Arizona Prevention Research Center

The 2014 National Community Health Worker Advocacy Survey (NCHWAS) is the largest on-line survey of Community Health Workers (CHW) conducted to date. NCHWAS represents the voices of approximately 1,767 CHWs from 45 United States and 4 US territories. Data gathered through NCHWAS is intended to be 'open source' and used for CHW workforce development and sustainability.

The NCHWAS aims to describe (1) the state of CHWs as a professional field and (2) the impact of CHW community advocacy on community engagement to address health disparities. Although Community Health Workers or CHWs go by a variety of titles including, *Promotora de Salud*, Community Health Representatives, Community Health Aides, Peer Educators, and Patient Navigators to name just a few, we use the term Community Health Worker or CHWs as the umbrella term to describe the workforce.

CHW workforce data collected by NCHWAS includes; gender, race/ethnicity, education, salary, experience, work environment, training, and health and social areas of focus, professional affiliation and leadership, engagement in Affordable Care Act outreach and enrollment, CHWs advocacy efforts and impact on the social determinants of health and CHWs -led initiatives to sustain and advance the CHW workforce.

The anonymous, on-line survey was distributed to CHWs through local, state, and national CHW professional associations, programs, and allies during the months of February and May of 2014 and was available in English, Spanish and Korean languages. Data reported here are not intended for publication in academic journals.

This report represents preliminary data for **ARIZONA**.

A total of 152 individuals initiated the on-line survey, of which 152 self-identified as a CHW of whom 152 had not taken the survey in the previous 12 months and were eligible to complete the survey. All reports include data for CHWs who initiated the survey and may or may not have completed the entire survey thus the number of participants fluctuates by question as responses were not required for every question.

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Mel & Enid Zuckerman College of Public Health, Arizona Prevention Research Center,
University of Arizona, Tucson, Arizona.

If you have questions please contact us at the COPH-azprc@email.arizona.edu

CHW Demographics

Years Worked as a CHW

	Response
Average Years Worked	08.41
Minimum Years Worked	3 months
Maximum Years Worked	33.00
TOTAL RESPONSE	147

CHW Age

	Response
Average Age in Years	44
Minimum Age in Years	20
Maximum Age in Years	71
TOTAL RESPONSE	127

CHW Gender

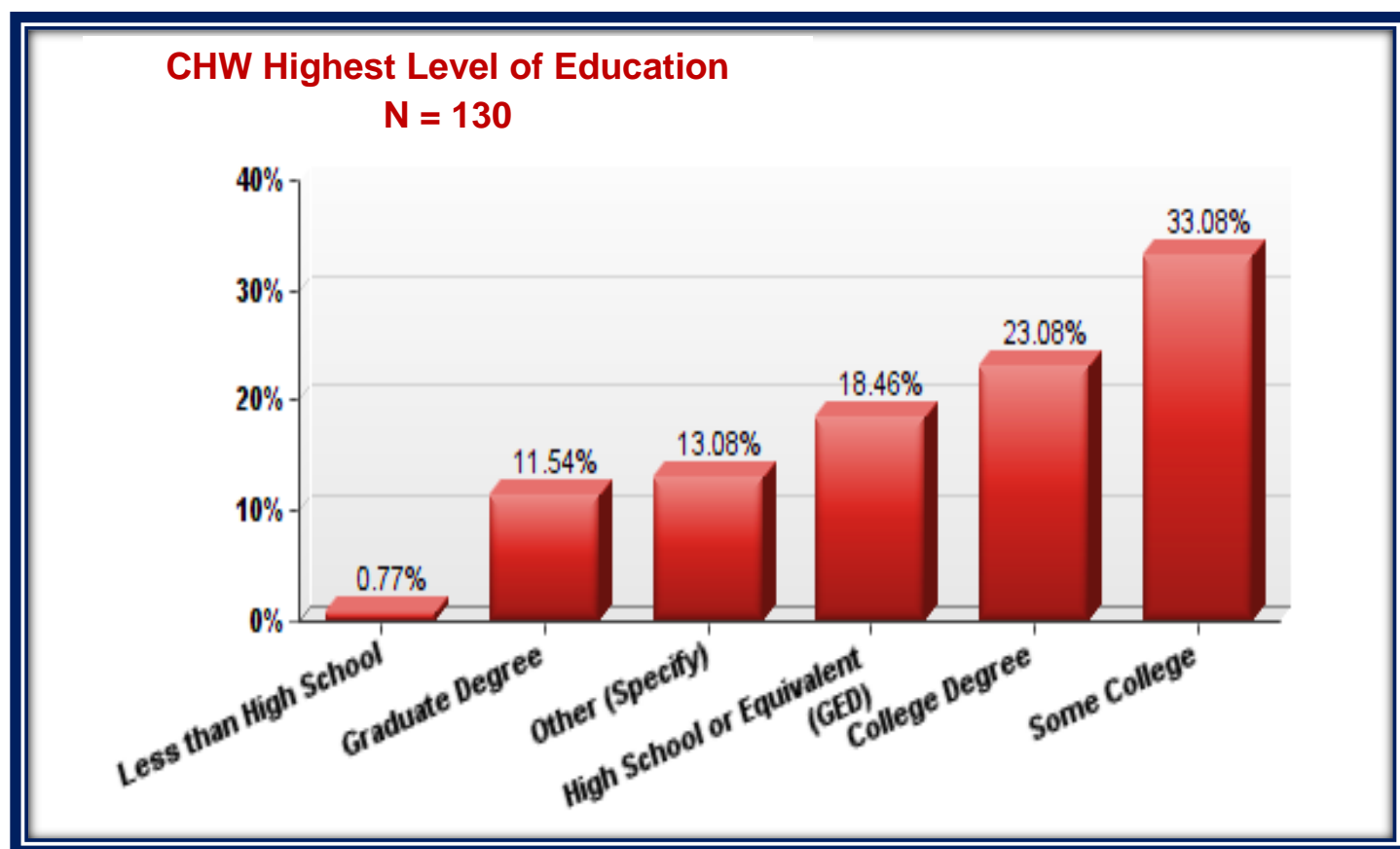
Answer	Response	%
Male	6	5%
Female	125	95%
TOTAL RESPONSE	131	

CHW Race and Ethnicity

Answer	Response	%
Asian / Pacific Islander	1	1%
Other (Specify)	1	1%
Black / African American	4	3%
Non-Hispanic White	9	7%
American Indian / Alaska Native	38	29%
Hispanic / Latino(a)	81	62%
TOTAL RESPONSE	130	

CHW Highest Level of Education

<i>Answer</i>	<i>Response</i>	<i>%</i>
Less than High School	1	1%
High School or Equivalent (GED)	24	18%
Some College	43	33%
College Degree	30	23%
Graduate Degree	15	12%
Other	17	13%
TOTAL RESPONSE	130	

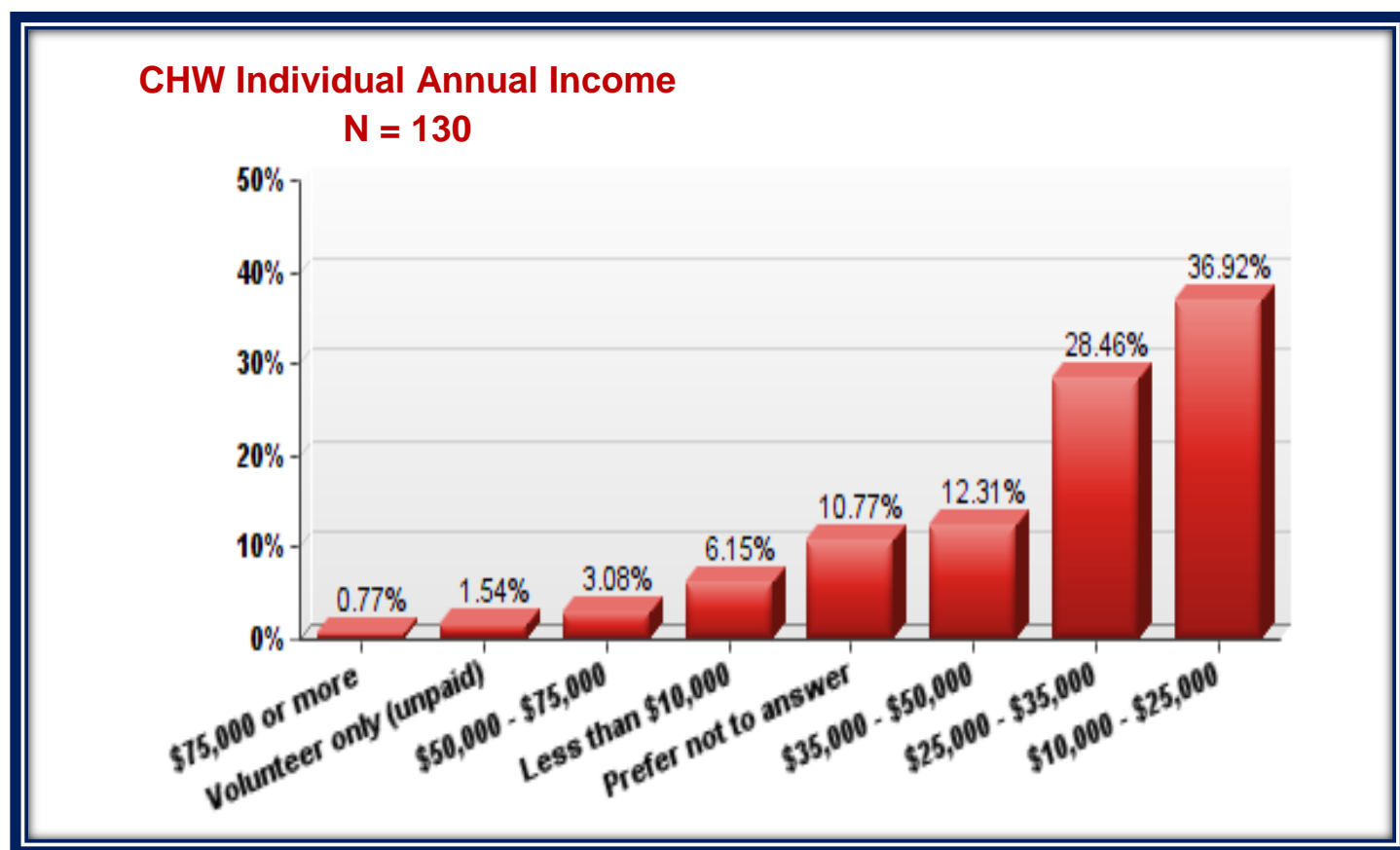


Number of Hours CHW Worked or Volunteered in a Typical Week

<i>Paid</i>		<i>Volunteer</i>	
Average Hours Worked	37.64	Average Hours Worked	08.60
Minimum Hours Worked	02.00	Minimum Hours Worked	01.00
Maximum Hours Worked	80.00	Maximum Hours Worked	30.00
TOTAL RESPONSE	124	TOTAL RESPONSE	53

CHW Individual Annual Income

Answer	Response	%
Less than \$10,000	8	6%
\$10,000 - \$25,000	48	37%
\$25,000 - \$35,000	37	28%
\$35,000 - \$50,000	16	12%
\$50,000 - \$75,000	4	3%
\$75,000 or more	1	1%
Volunteer only (unpaid)	2	2%
Prefer not to answer	14	11%
TOTAL RESPONSE		130

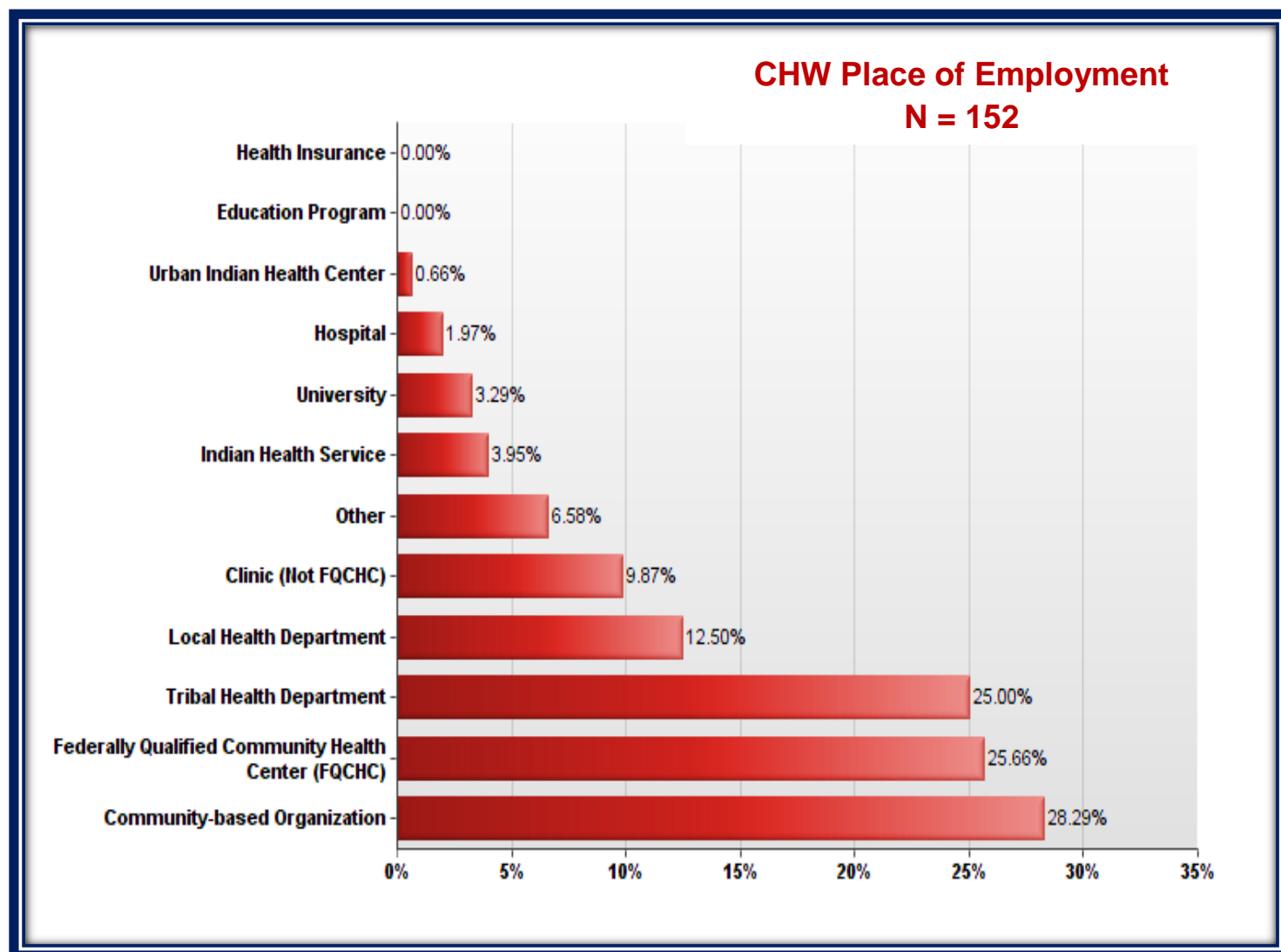


CHW with Employer-based Health Insurance

Answer	Response	%
Yes	114	88%
No	15	12%
TOTAL RESPONSE		129

CHW Place of Employment

Answer	Response	%
Health Insurance	0	0%
Education Program	0	0%
Urban Indian Health Center	1	1%
Hospital	3	2%
University	5	3%
Indian Health Service	6	4%
Other * (Text Specific Not Listed Here)	10	7%
Clinic (Not FQCHC)	15	10%
Local Health Department	19	13%
Tribal Health Department	38	25%
Federally Qualified Community Health Center (FQCHC)	39	26%
Community-based Organization	43	28%
* CHWs could select more than one place of employment. CHWs often selected a primary place of employment listed above and marked Other to specify Where CHWs Work		
TOTAL RESPONSE		152



Where CHWs Work
SUMMARY – City Only

<i>City</i>	<i>Response</i>
Flagstaff	3
Kingman	2
Maricopa	1
Nogales	13
Phoenix	22
Prescott	3
Prescott Valley	1
San Luis	17
Scottsdale	2
Somerton	16
Springerville	2
Tempe	1
Tucson	14
Tribal Nations	43
Wellton	2
Yuma	8
TOTAL RESPONSE	150

Top Three Health Issues CHWs Work On

<i>Answer</i>	<i>Response</i>	<i>%</i>
Occupational Health	3	2%
Tuberculosis - TB	4	3%
Dental Health	6	4%
Asthma	9	6%
HIV / AIDS	10	7%
Adolescent Health	14	9%
Injury Control	14	9%
Cancer (Screening and Treatment)	15	10%
Environmental Health	18	12%
Sexual or Reproductive Health	20	14%
Cardio Vascular Disease - CVD (Screening and Management)	26	18%
Behavioral Health / Mental Health	26	18%
Accessing Health Services	28	19%
Elder Health	34	23%
Alcohol / Substance / Tobacco Use	37	25%
Maternal and Child Health	46	31%
Diabetes (Screening and Self-management)	58	39%
Chronic Disease Prevention	64	43%
Prevention (Nutrition and/or Physical Activity)	73	49%
TOTAL RESPONSE	148	

Primary Race or Ethnicity of Population Served by CHWs

Answer	Response	%
Other	4	3%
Asian / Pacific Islander	5	3%
Black / African American	16	11%
Non-Hispanic White	30	20%
American Indian / Alaska Native	58	39%
Hispanic / Latino(a)	101	68%
TOTAL RESPONSE		149

CHW Professional Development

Level of Agreement with the *American Public Health Association* definition of a Community Health Worker

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy text.

Question	Strongly Disagree	Disagree	Agree	Strongly Agree	Total Responses
Level of agreement	7 (5%)	1 (0.77%)	58 (45%)	64 (49%)	130

CHW Perceptions on Opportunities for Better Pay in Current Place of Employment

Answer	Response	%
Yes	37	28%
No	40	30%
I don't know	57	43%
TOTAL RESPONSE		134

Desired Aspects of a Community Health Worker Professional Association or Group

<i>Answer</i>	<i>Response</i>	<i>%</i>
Getting peer support from others.	85	65%
Opportunities to work with other CHWs on issues that are important to the CHW profession.	93	71%
Opportunities to gain leadership skills.	99	76%
Opportunities to share information or learn about community events.	99	76%
Opportunities to network with other CHWs.	100	76%
Opportunities to work with other CHWs on issues that are important to my community.	103	79%
Training or seminars.	120	92%
TOTAL RESPONSE		131

A CHW Member Of A CHW Professional Association or Group

<i>Answer</i>	<i>Response</i>	<i>%</i>
Yes	52	39%
No	81	61%
TOTAL RESPONSE		133

CHW Community Advocacy Readings and Resources

Publications

- **Establishing a Professional Profile of Community Health Workers: results from a national study of roles, activities, and training.** Ingram M, Reinschmidt K, Schachter KA, Davidson CL, Sabo S, De Zapien JG, Carvajal SC. *Journal of Community Health* 2012;37(2):529-37. doi:10.1007/s10900-001-9475-2. PubMed PMID: 21964912.
<http://link.springer.com/article/10.1007/s10900-011-9475-2/fulltext.html>
- **Predictors and a Framework for Fostering Community Advocacy as a Community Health Worker Core Function to Eliminate Health Disparities.** Sabo S, Ingram M, Reinschmidt K, Schachter K, Jacobs L, Guernsey de Zapien J, Robinson L, Carvajal C. *American Journal of Public Health* 2013; 103(7):e67-e73. doi: 10.2105/AJPH.2012.301108. Epub 2013;15(2):427-36. PubMed: PMID: 23678904.
<http://ajph.publicatons.org/doi/abs/10.2105?AJPH>
- **Developing an Action Learning Community Advocacy/Leadership Training Program for Community Health Workers and Their Agencies to Reduce Health Disparities in Arizona Border Communities.** Schachter K, Ingram M, Jacobs L, Guernsey de Zapien J, Hafter H, Carvajal S. *Journal of Health Disparities Research and Practice, Volume 7(2)Spring 2014, 34-49.*
<http://link.springer.com/article/10.1007/s10935-013-0335-y>
- **A community health worker intervention to address the social determinants of health through policy change** Ingram M, Schachter K, Sabo, S Reinschmidt K, Gomez S, Guernsey de Zapien J, Carvajal SC.. *Journal of Primary Prevention*. April 2014, Volume 35, Issue 2, pp 119-123. <http://link.springer.com/article/10.1007/s10935-013-0335-y>

CHW Advocacy and Leadership Curriculum

Acción Para La Salud (Action for Health)

The Acción Para La Salud core research project aims to determine the effectiveness of integrating community advocacy into community health worker (CHW) outreach and education activities in increasing community-driven policy change related to chronic disease prevention.

English Version

<http://azprc.arizona.edu/sites/azprc.arizona.edu/files/Accion-Para-La-Salud-English.pdf>

Spanish Version

<http://azprc.arizona.edu/sites/azprc.arizona.edu/files/Accion%20Para%20la%20Salud%20Guia%20Curricular.pdf>

NCHAWS National, Regional and State Reports

- Reports : <http://azprc.arizona.edu/resources/reports>