

Mel and Enid Zuckerman College of Public Health

2014 NATIONAL COMMUNITY HEALTH WORKER ADVOCACY SURVEY

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

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 HRSA Region III.

A total of 100 individuals initiated the on-line survey, of which 100 self-identified as a CHW of whom 100 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.

This study was supported by Centers for Disease Control and Prevention (Grant U48DP001925) and should be cited as:

National Community Health Worker Advocacy Survey: 2014 Preliminary Data Report for HRSA Region III – (DE, DC, MD, PA, VA, WV)
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

States

Answer	Response	%	
Delaware	0	0%	
West Virginia	7	7%	
Pennsylvania	16	16%	
District of Columbia	20	20%	
Virginia	24	24%	
Maryland	33	33%	
TOTAL RESPONSE		1	100

Years Worked as a CHW

	Response
Average Years Worked	7
Minimum Years Worked	6 months
Maximum Years Worked	30
TOTAL RESPONSE	93

CHW Age

	Response
Average Age in Years	48
Minimum Age in Years	23
Maximum Age in Years	71
TOTAL RESPONSE	76

CHW Gender

Answer	Response %	
Male	10 12%	
Female	71 88%	
TOTAL RESPONSE		81

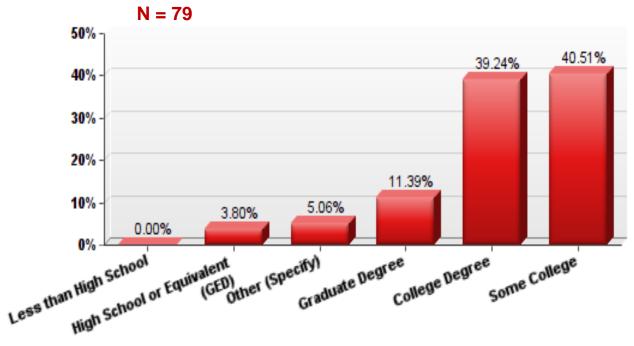
CHW Race and Ethnicity

Answer	Response	%
Asian / Pacific Islander	0	0%
American Indian / Alaska Native	0	0%
Other (Specify)	8	10%
Hispanic / Latino(a)	11	14%
Black / African American	29	38%
Non Hispanic White	32	42%
TOTAL RESPONSE		77

CHW Highest Level of Education

Answer	Response	%
Less than High School	0	0%
High School or Equivalent (GED)	3	4%
Some College	32	41%
College Degree	31	39%
Graduate Degree	9	11%
Other (Specify)	4	5%
TOTAL RESPONSE		79

CHW Highest Level of Education



Number of Hours CHW Worked or Volunteered in a Typical Week

Paid		Volunteer	
Average Hours Worked	37	Average Hours Worked	13
Minimum Hours Worked	7	Minimum Hours Worked	1
Maximum Hours Worked	50	Maximum Hours Worked	41
TOTAL RESPONSE	78	TOTAL RESPONSE	43

CHW Individual Annual Income

Answer	Response %	
Less than \$10,000	2 2%	
\$10,000 - \$25,000	18 22%	
\$25,000 - \$35,000	29 36%	
\$35,000 - \$50,000	12 15%	
\$50,000 - \$75,000	7 9%	
\$75,000 or more	2 2%	
Volunteer only (unpaid)	0 0%	
Prefer not to answer	11 14%	ı
TOTAL RESPONSE		81

CHW Individual Annual Income

N = 81



CHW with Employer-Based Health Insurance

Answer	Response	%
Yes	67	83%
No	14	17%
TOTAL RESPONSE		81

CHW Place of Employment

Answer	Response	%
Urban Indian Health Center	0	0%
Indian Health Service	0	0%
Tribal Health Department	0	0%
Education Program	1	1%
University	3	3%
Health Insurance	5	5%
Clinic (Not FQCHC)	11	11%
Other	12	12%
Federally Qualified Community Health Center (FQCHC)	13	13%
Hospital	18	18%
Community-based Organization	27	27%
Local Health Department	33	33%
* CHWs could select more than one place of employment.		
CHWs often selected a primary place of employment listed above where CHWs Work	and marked Other to spec	cify
TOTAL RESPONSE		100

CHW Place of Employment Urban Indian Health Center - 0.00% N = 100Indian Health Service - 0.00% Tribal Health Department - 0.00% **Education Program -**University -3.00% Health Insurance 5.00% 11.00% Clinic (Not FQCHC) -12.00% Other-Federally Qualified Community Health 13.00% Center (FQCHC) 18.00% Hospital -Community-based Organization -27.00% 33.00% **Local Health Department** -25% 0% 5% 10% 15% 20% 30% 35% 40%

Where CHWs Work SUMMARY – City Only

City	Response
Allentown	2
Baltimore	7
Barstow	1
Bluefield, WV	1
Bristol	1
Burlington	1
Cambridge	2
Charleston	3
Charlottesville	1
Christiansburg	1
Cumberland, Md	6
Easton	1
Floyd	1
Frederick	2
Fredericksburg	2
Galax	2
Harrisonburg	_ 1
Havre de Grace	1
Hazleton	1
Hillsville	1
Jonesville	1
Keyser	1
King & Queen, KIng William, Essex & Richmond County	1
Lancaster	1
Largo	2
Marion	
Montrose	1
Morgantown	1
Nassawadox	1
Newport News	1
Norfolk	2
Oakland	3
Pasadena	1
Petersburg	2
Philadelphia	12
Prince Frederick	1
Prince Georges County	1
Richmond	1
Salisbury	1
Washington, DC	21
Westminster	1
Wheeling	1
White Plains	1
Winchester	1
Wise	1
	·
TOTAL RESPONSE	99

Top Three Health Issues CHWs Work On

Answer		Response	%
Tuberculosis - TB		0	0%
Occupational Health	T	1	1%
Injury Control		3	3%
Asthma		4	4%
Dental Health		5	5%
Elder Health		6	6%
Environmental Health		7	7%
Cardio Vascular Disease - CVD (Screening and Management)		7	7%
Adolescent Health		9	9%
Sexual or Reproductive Health		18	19%
Diabetes (Screening and Self-management)		18	19%
Alcohol / Substance / Tobacco Use		19	20%
Behavioral Health / Mental Health		19	20%
HIV / AIDS		21	22%
Cancer (Screening and Treatment)		23	24%
Prevention (Nutrition and/or Physical Activity)		23	24%
Maternal and Child Health		24	25%
Accessing Health Services		25	26%
Chronic Disease Prevention		26	27%
TOTAL RESPONSE			96

Primary Race or Ethnicity of Population Served by CHWs

Answer	Response	%
Other (Specify)	5	5%
American Indian / Alaska Native	7	7%
Asian / Pacific Islander	7	7%
Hispanic / Latino(a)	46	48%
Non-Hispanic White	49	51%
Black / African American	59	61%
TOTAL RESPONSE		96

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	4 (5%)	1 (1%)	32 (39%)	45 (55%)	82

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

Answer	Response	%
Yes	12	14%
No	35	42%
I don't know	36	43%
TOTAL RESPONSE		83

Desired Aspects of a Community Health Worker Professional Association or Group

Answer	Response	%
Opportunities to gain leadership skills.	56	70%
Getting peer support from others.	59	74%
Opportunities to work with other CHWs on issues that are important to the CHW profession.	59	74%
Opportunities to share information or learn about community events.	65	81%
Opportunities to work with other CHWs on issues that are important to my community.	67	84%
Opportunities to network with other CHWs.	68	85%
Training or seminars.	72	90%
TOTAL RESPONSE		80

A CHW Member Of A CHW Professional Association or Group

Answer	Response	%
Yes	40	48%
No	43	52%
TOTAL RESPONSE		83

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.
- 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