

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 **MARYLAND**.

A total of 33 individuals initiated the on-line survey, of which 33 self-identified as a CHW of whom 33 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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National Community Health Worker Advocacy Survey: 2014 Preliminary Data Report for Maryland. 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 <u>COPH-azprc@email.arizona.edu</u>

# **CHW Demographics**

### Years Worked as a CHW

	Response
Average Years Worked	06.50
Minimum Years Worked	6 months
Maximum Years Worked	19.00
TOTAL RESPONSE	31

# CHW Age

	Response
Average Age in Years	50
Minimum Age in Years	23
Maximum Age in Years	69
TOTAL RESPONSE	24

### **CHW Gender**

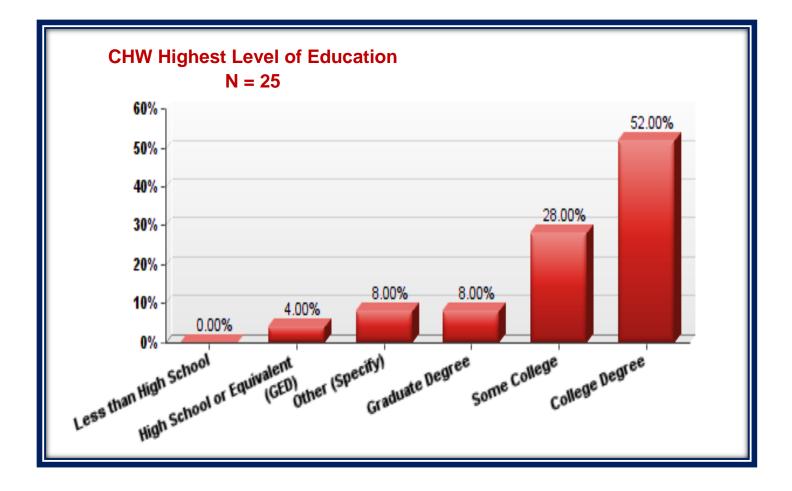
Answer	Response	%
Male	2	8%
Female	24 9	92%
TOTAL RESPONSE		26

# **CHW Race and Ethnicity**

Answer	Response	%
Asian / Pacific Islander	0	0%
American Indian / Alaska Native	0	0%
Other (Specify)	3	12%
Hispanic / Latino(a)	3	12%
Black / African American	7	28%
Non Hispanic White	14	56%
TOTAL RESPONSE		25

### **CHW Highest Level of Education**

Answer	Response	%
Less than High School	0	0%
High School or Equivalent (GED)	1	4%
Some College	7	28%
College Degree	13	52%
Graduate Degree	2	8%
Other (Specify)	2	8%
TOTAL RESPONSE		25

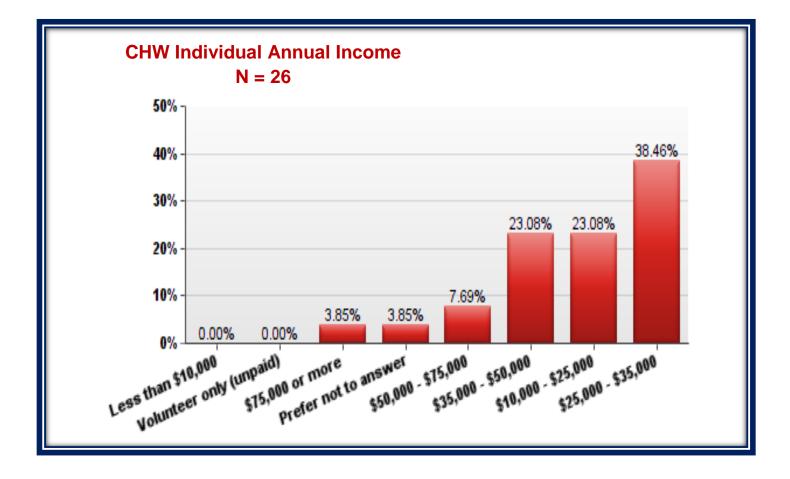


### Number of Hours CHW Worked or Volunteered in a Typical Week

Paid	Volunteer		
Average Hours Worked	38	Average Hours Worked	09
Minimum Hours Worked	30	Minimum Hours Worked	01
Maximum Hours Worked	45	Maximum Hours Worked	20
TOTAL RESPONSE	26	TOTAL RESPONSE	12

# **CHW Individual Annual Income**

Answer	Response	%
Less than \$10,000	0	0%
\$10,000 - \$25,000	6	23%
\$25,000 - \$35,000	10	38%
\$35,000 - \$50,000	6	23%
\$50,000 - \$75,000	2	8%
\$75,000 or more	1	4%
Volunteer only (unpaid)	0	0%
Prefer not to answer	1	4%
TOTAL RESPONSE		26



### CHW with Employer-based Health Insurance

Answer	Response	%
Yes	20	77%
No	6	23%
TOTAL RESPONSE		26

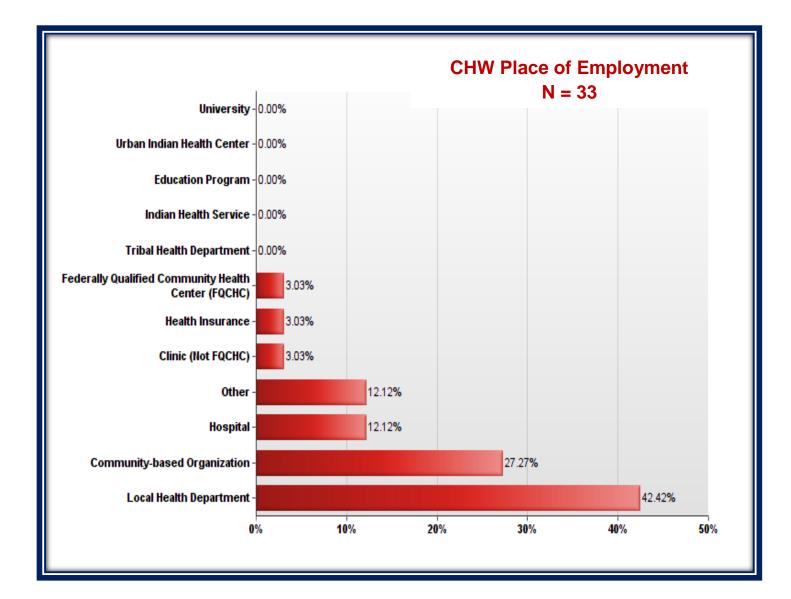
### **CHW Place of Employment**

Answer	Response	%
University	0	0%
Urban Indian Health Center	0	0%
Education Program	0	0%
Indian Health Service	0	0%
Tribal Health Department	0	0%
Federally Qualified Community Health Center (FQCHC)	1	3%
Health Insurance	1	3%
Clinic (Not FQCHC)	1	3%
Other	4	12%
Hospital	4	12%
Community-based Organization	9	27%
Local Health Department	14	42%
* CHWs could select more than one place of employment.		

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CHWs often selected a primary place of employment listed above and marked Other to specify Where CHWs Work

TOTAL RESPONSE



## Where CHWs Work SUMMARY – City Only

City	Response
Baltimore	7
Barstow	1
Cambridge	2
Cumberland	6
Easton	1
Frederick	2
Havre De Grace	1
Largo	2
Oakland	3
Pasadena	1
Prince Frederick	1
Prince Georges County	1
Salisbury	1
Washington	1
Washington, DC	1
Westminster	1
TOTAL RESPONSE	33

### Top Three Health Issues CHWs Work On

Answer	Response	%
Maternal and Child Health	0	0%
Occupational Health	0	0%
Adolescent Health	0	0%
Tuberculosis - TB	0	0%
Injury Control	0	0%
Asthma	0	0%
Cardio Vascular Disease - CVD (Screening and Management)	1	3%
Dental Health	2	6%
Sexual or Reproductive Health	2	6%
Behavioral Health / Mental Health	3	9%
Elder Health	4	13%
Environmental Health	4	13%
HIV / AIDS	5	16%
Diabetes (Screening and Self-management)	5	16%
Prevention (Nutrition and/or Physical Activity)	6	19%
Alcohol / Substance / Tobacco Use	9	28%
Chronic Disease Prevention	9	28%
Accessing Health Services	10	31%
Cancer (Screening and Treatment)	17	53%
TOTAL RESPONSE		32

# Primary Race or Ethnicity of Population Served by CHWs

Answer	Response	%
Other (Specify)	1	3%
American Indian / Alaska Native	2	6%
Asian / Pacific Islander	4	13%
Hispanic / Latino(a)	13	41%
Black / African American	17	53%
Non-Hispanic White	21	66%
TOTAL RESPONSE		32

# **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	1 (4%)	0 (0%)	10 (37%)	16 (59%)	27

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

Answer	Response	%
Yes	4	15%
No	11	41%
I don't know	12	44%
TOTAL RESPONSE		27

### Desired Aspects of a Community Health Worker Professional Association or Group

Answer	Response	%
Opportunities to gain leadership skills.	16	62%
Opportunities to work with other CHWs on issues that are important to the CHW profession.	17	65%
Getting peer support from others.	18	69%
Opportunities to network with other CHWs.	19	73%
Training or seminars.	22	85%
Opportunities to work with other CHWs on issues that are important to my community.	22	85%
Opportunities to share information or learn about community events.	22	85%
TOTAL RESPONSE		26

# A CHW Member Of A CHW Professional Association or Group

Answer	Response	%
Yes	10	37%
No	17	63%
TOTAL RESPONSE		27

# 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, <u>Issue 2</u>, pp 119-123 <u>http://link.springer.com/article/10.1007/s10935-013-0335-y</u>

### 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%20Gu ia%20Curricular.pdf

### NCHAWS National, Regional and State Reports

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