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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 **MICHIGAN**.

A total of 102 individuals initiated the on-line survey, of which 102 self-identified as a CHW of whom 102 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 Michigan.
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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	06.68
Minimum Years Worked	1 month
Maximum Years Worked	28.00
TOTAL RESPONSE	99






CHW Age

	Response
Average Age in Years	44
Minimum Age in Years	22
Maximum Age in Years	66
TOTAL RESPONSE	83

CHW Gender

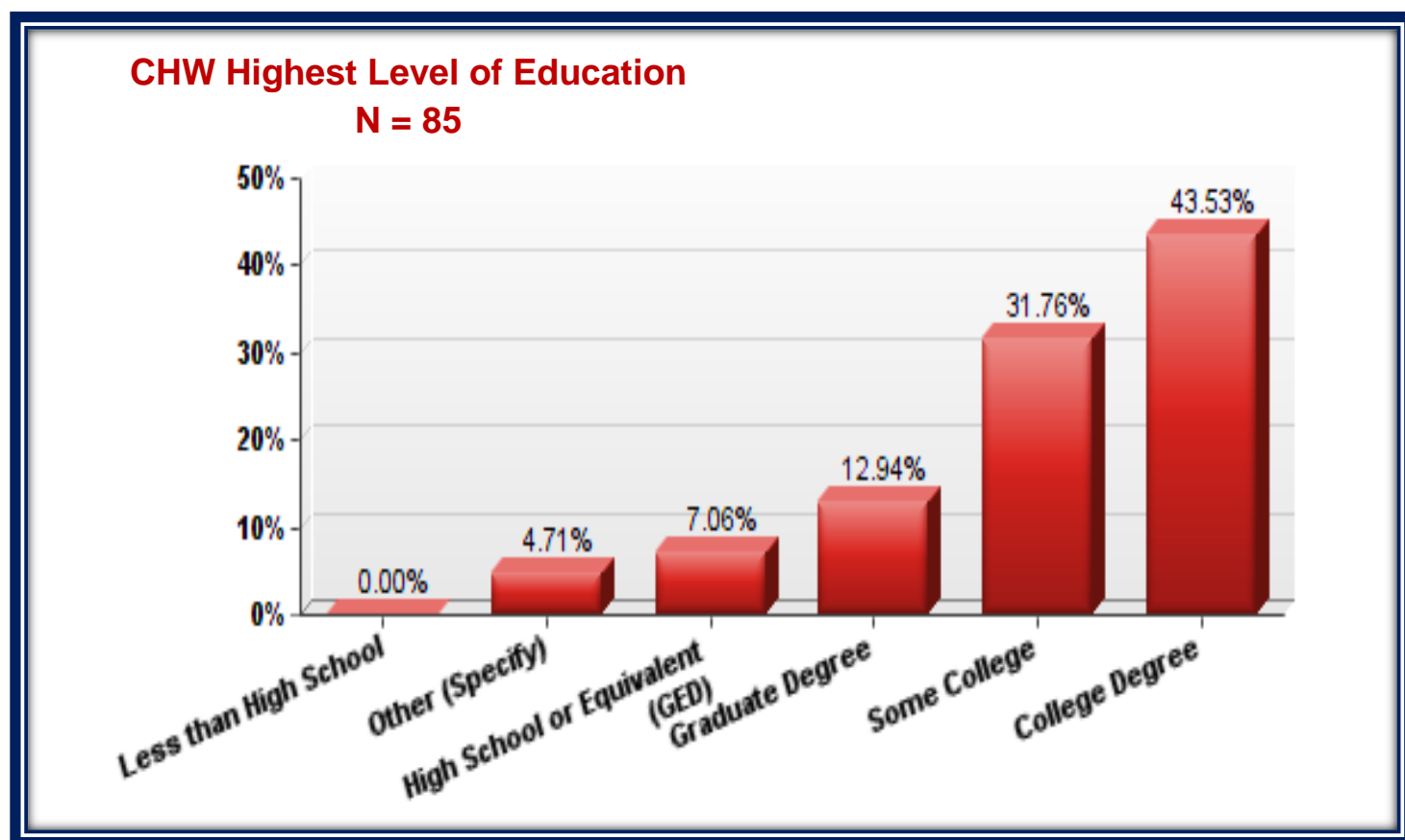
Answer		Response	%
Male		8	10%
Female		75	90%
TOTAL RESPONSE		83	

CHW Race and Ethnicity

Answer		Response	%
Asian / Pacific Islander		0	0%
American Indian / Alaska Native		1	1%
Other (Specify)		6	7%
Hispanic / Latino(a)		21	25%
Non Hispanic White		27	32%
Black / African American		31	36%
TOTAL RESPONSE		85	

CHW Highest Level of Education

Answer	Response	%
Less than High School	0	0%
High School or Equivalent (GED)	6	7%
Some College	27	32%
College Degree	37	44%
Graduate Degree	11	13%
Other (Specify)	4	5%
TOTAL RESPONSE	85	



Number of Hours CHW Worked or Volunteered in a Typical Week

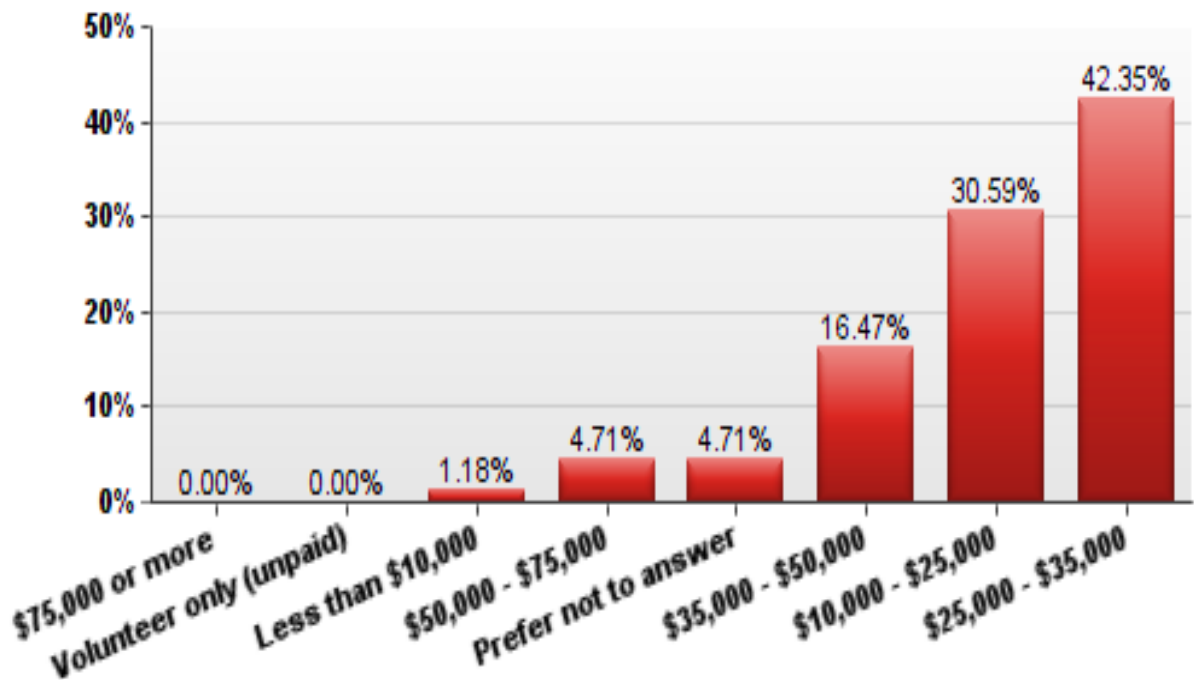
<i>Paid</i>		<i>Volunteer</i>	
Average Hours Worked	36	Average Hours Worked	12
Minimum Hours Worked	15	Minimum Hours Worked	01
Maximum Hours Worked	60	Maximum Hours Worked	30
TOTAL RESPONSE	83	TOTAL RESPONSE	38

CHW Individual Annual Income

Answer	Response	%
Less than \$10,000	1	1%
\$10,000 - \$25,000	26	31%
\$25,000 - \$35,000	36	42%
\$35,000 - \$50,000	14	16%
\$50,000 - \$75,000	4	5%
\$75,000 or more	0	0%
Volunteer only (unpaid)	0	0%
Prefer not to answer	4	5%
TOTAL RESPONSE		85

CHW Individual Annual Income

N = 85

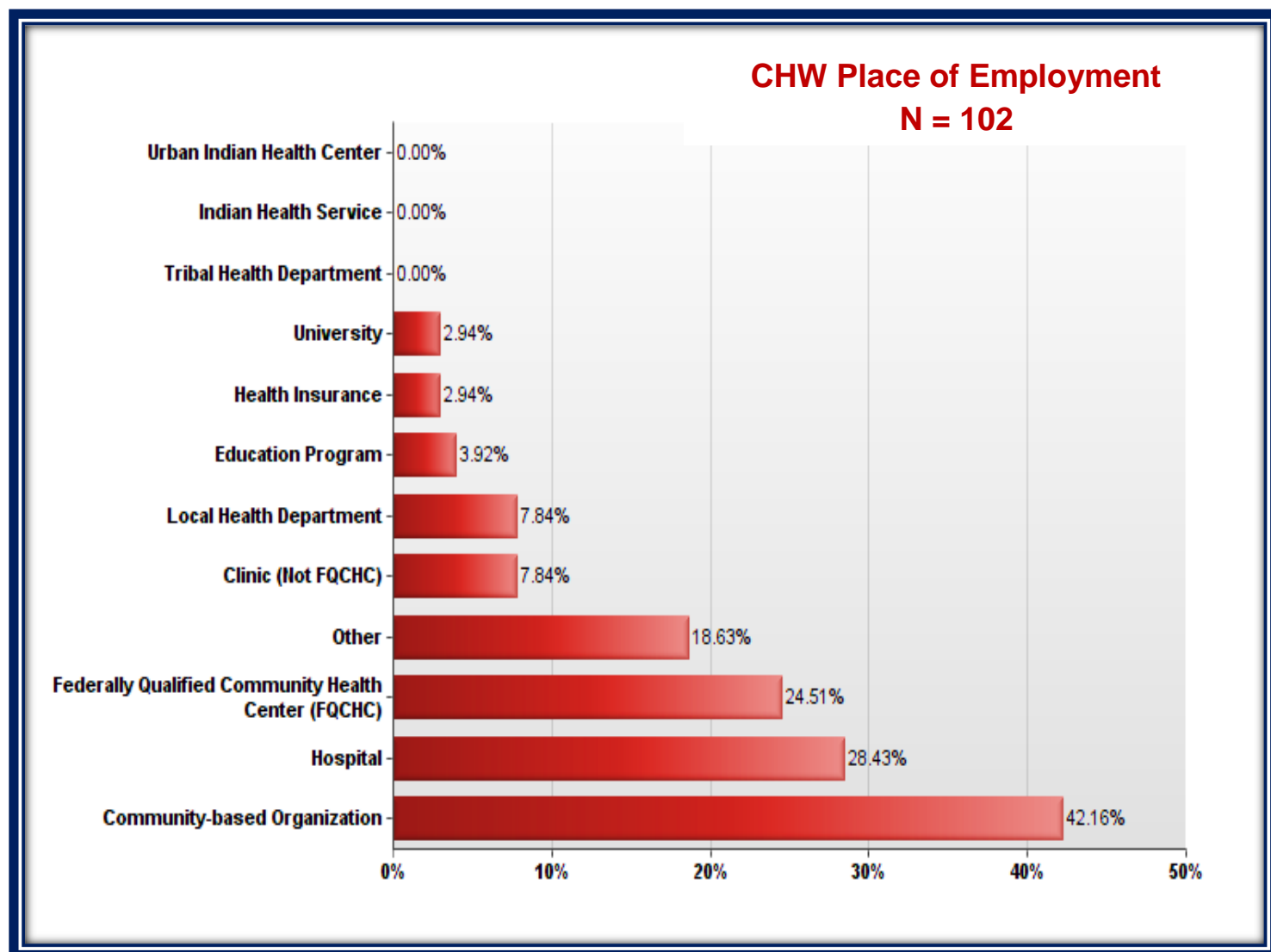


CHW with Employer-based Health Insurance

Answer	Response	%
Yes	70	84%
No	13	16%
TOTAL RESPONSE		83

CHW Place of Employment

Answer	Response	%
Urban Indian Health Center	0	0%
Indian Health Service	0	0%
Tribal Health Department	0	0%
University	3	3%
Health Insurance	3	3%
Education Program	4	4%
Local Health Department	8	8%
Clinic (Not FQCHC)	8	8%
Other	19	19%
Federally Qualified Community Health Center (FQCHC)	25	25%
Hospital	29	28%
Community-based Organization	43	42%
* 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		102



Where CHWs Work
SUMMARY – City Only

City	Response
Algonac	1
Ann Arbor	1
Detriot	26
Flint	1
Fraser	1
Grand Rapids	35
Greenville	1
Hart	1
Hazel Park	1
Holland	1
Inkster	2
Inkster and Taylor	1
Jackson	1
Lansing	6
Muskegon	13
Oscoda	3
Saginaw	5
Southfield	1
Sterling	1
TOTAL RESPONSE	102

Top Three Health Issues CHWs Work On

<i>Answer</i>	<i>Response</i>	<i>%</i>
Tuberculosis - TB	0	0%
Occupational Health	1	1%
Environmental Health	3	3%
Cancer (Screening and Treatment)	4	4%
Cardio Vascular Disease - CVD (Screening and Management)	4	4%
Injury Control	5	5%
Dental Health	5	5%
Elder Health	6	6%
HIV / AIDS	6	6%
Adolescent Health	7	7%
Sexual or Reproductive Health	9	9%
Asthma	17	18%
Alcohol / Substance / Tobacco Use	18	19%
Maternal and Child Health	24	25%
Prevention (Nutrition and/or Physical Activity)	24	25%
Chronic Disease Prevention	27	28%
Behavioral Health / Mental Health	34	35%
Accessing Health Services	38	39%
Diabetes (Screening and Self-management)	40	41%
TOTAL RESPONSE	97	

Primary Race or Ethnicity of Population Served by CHWs

<i>Answer</i>	<i>Response</i>	<i>%</i>
Asian / Pacific Islander	4	4%
American Indian / Alaska Native	6	6%
Other (Specify)	9	9%
Hispanic / Latino(a)	46	46%
Non-Hispanic White	52	51%
Black / African American	80	79%
TOTAL RESPONSE	101	

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	3 (3.5%)	3 (3.5%)	32 (37%)	49 (56%)	87

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

Answer	Response	%
Yes	16	18%
No	33	38%
I don't know	39	44%
TOTAL RESPONSE		88

Desired Aspects of a Community Health Worker Professional Association or Group

<i>Answer</i>	<i>Response</i>	<i>%</i>
Getting peer support from others.	49	58%
Opportunities to share information or learn about community events.	54	64%
Opportunities to gain leadership skills.	60	71%
Opportunities to work with other CHWs on issues that are important to the CHW profession.	62	74%
Opportunities to work with other CHWs on issues that are important to my community.	64	76%
Opportunities to network with other CHWs.	68	81%
Training or seminars.	71	85%
TOTAL RESPONSE		84

A CHW Member Of A CHW Professional Association or Group

<i>Answer</i>	<i>Response</i>	<i>%</i>
Yes	39	45%
No	48	55%
TOTAL RESPONSE		87

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>