



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 **NEW MEXICO**.

A total of 66 individuals initiated the on-line survey, of which 66 self-identified as a CHW of whom 66 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 New Mexico.
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	10
Minimum Years Worked	6 months
Maximum Years Worked	33
TOTAL RESPONSE	64

CHW Age

	Response
Average Age in Years	46
Minimum Age in Years	22
Maximum Age in Years	70
TOTAL RESPONSE	49

CHW Gender

Answer	Response	%
Male	2	4%
Female	49	96%
TOTAL RESPONSE	51	

CHW Race and Ethnicity

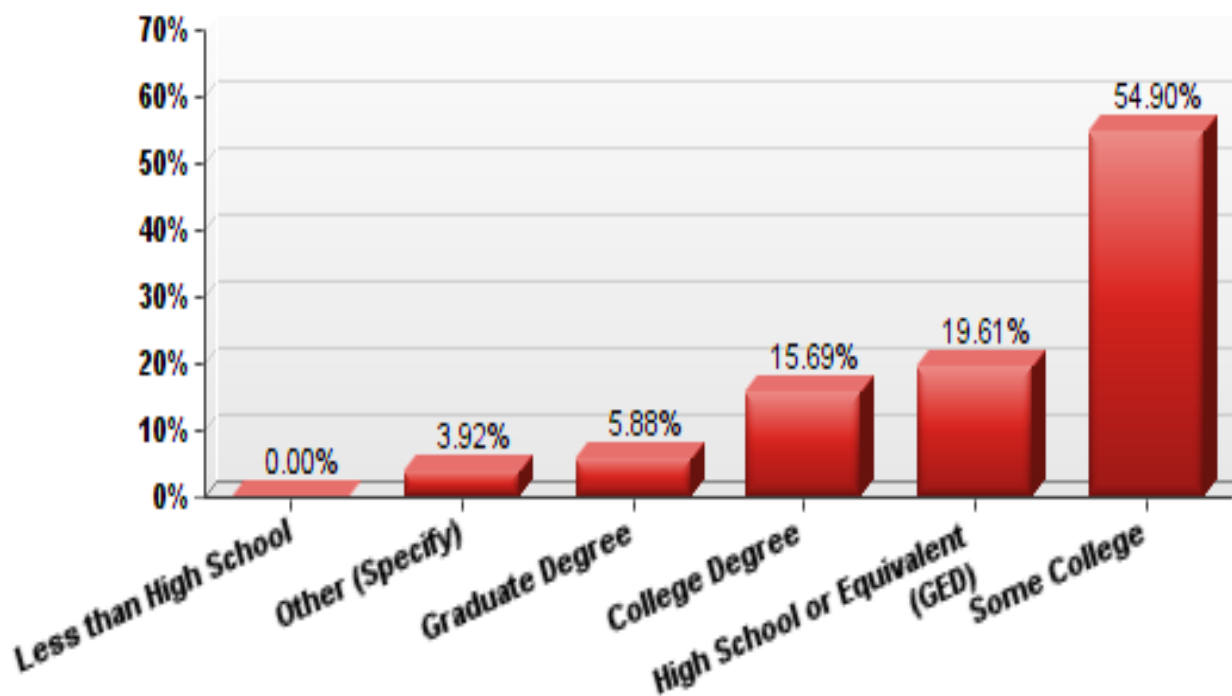
Answer	Response	%
Black / African American	0	0%
Asian / Pacific Islander	0	0%
Non Hispanic White	4	8%
Other (Specify)	4	8%
Hispanic / Latino(a)	23	44%
American Indian / Alaska Native	23	44%
TOTAL RESPONSE	52	

CHW Highest Level of Education

Answer	Response	%
Less than High School	0	0%
High School or Equivalent (GED)	10	20%
Some College	28	55%
College Degree	8	16%
Graduate Degree	3	6%
Other (Specify)	2	4%
TOTAL RESPONSE	51	

CHW Highest Level of Education

N = 51

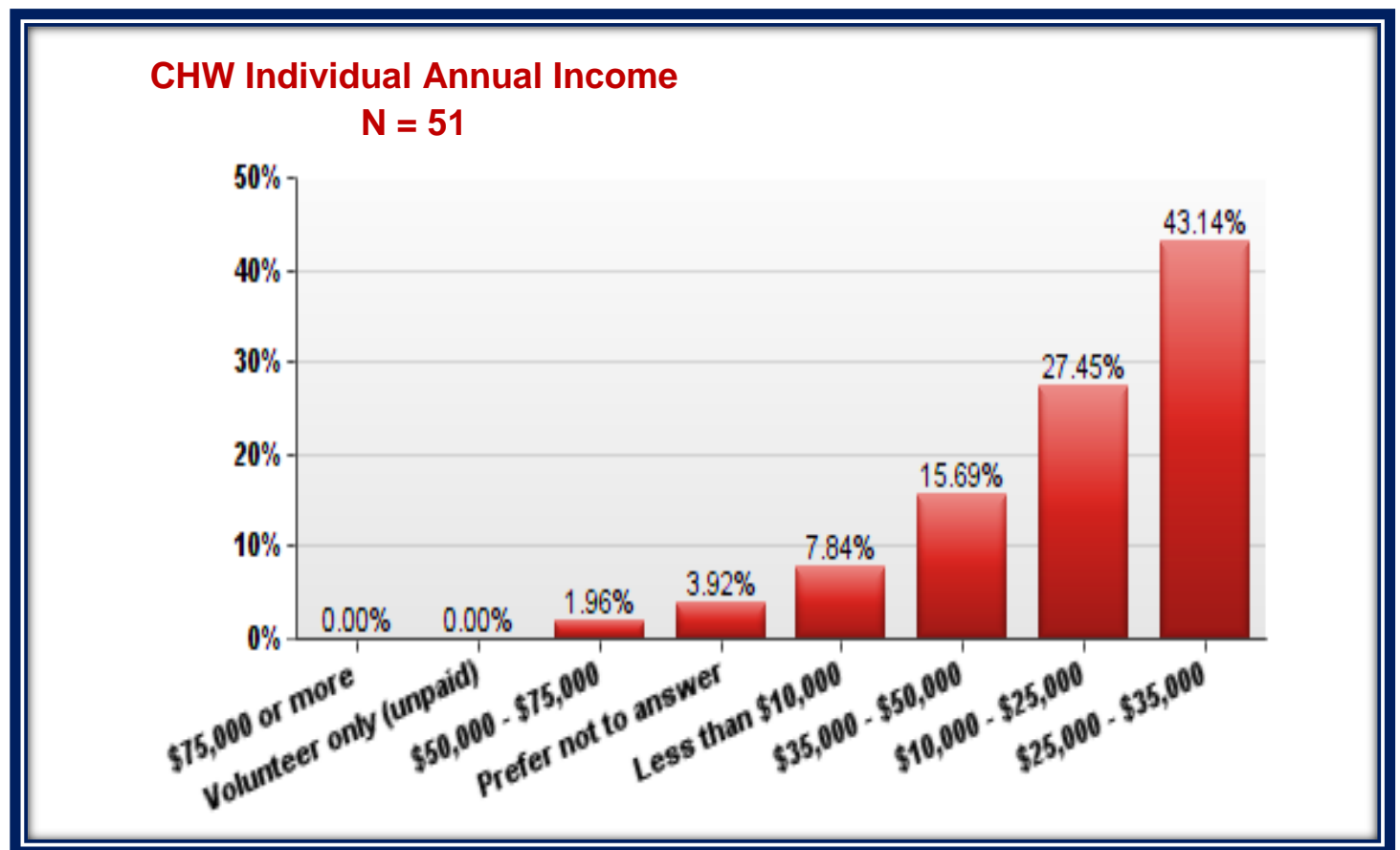


Number of Hours CHW Worked or Volunteered in a Typical Week

<i>Paid</i>		<i>Volunteer</i>	
Average Hours Worked	40	Average Hours Worked	10
Minimum Hours Worked	24	Minimum Hours Worked	01
Maximum Hours Worked	80	Maximum Hours Worked	25
TOTAL RESPONSE	51	TOTAL RESPONSE	25

CHW Individual Annual Income

Answer	Response	%
Less than \$10,000	4	8%
\$10,000 - \$25,000	14	27%
\$25,000 - \$35,000	22	43%
\$35,000 - \$50,000	8	16%
\$50,000 - \$75,000	1	2%
\$75,000 or more	0	0%
Volunteer only (unpaid)	0	0%
Prefer not to answer	2	4%
TOTAL RESPONSE		51



CHW with Employer-based Health Insurance

Answer	Response	%
Yes	49	94%
No	3	6%
TOTAL RESPONSE		52

CHW Place of Employment

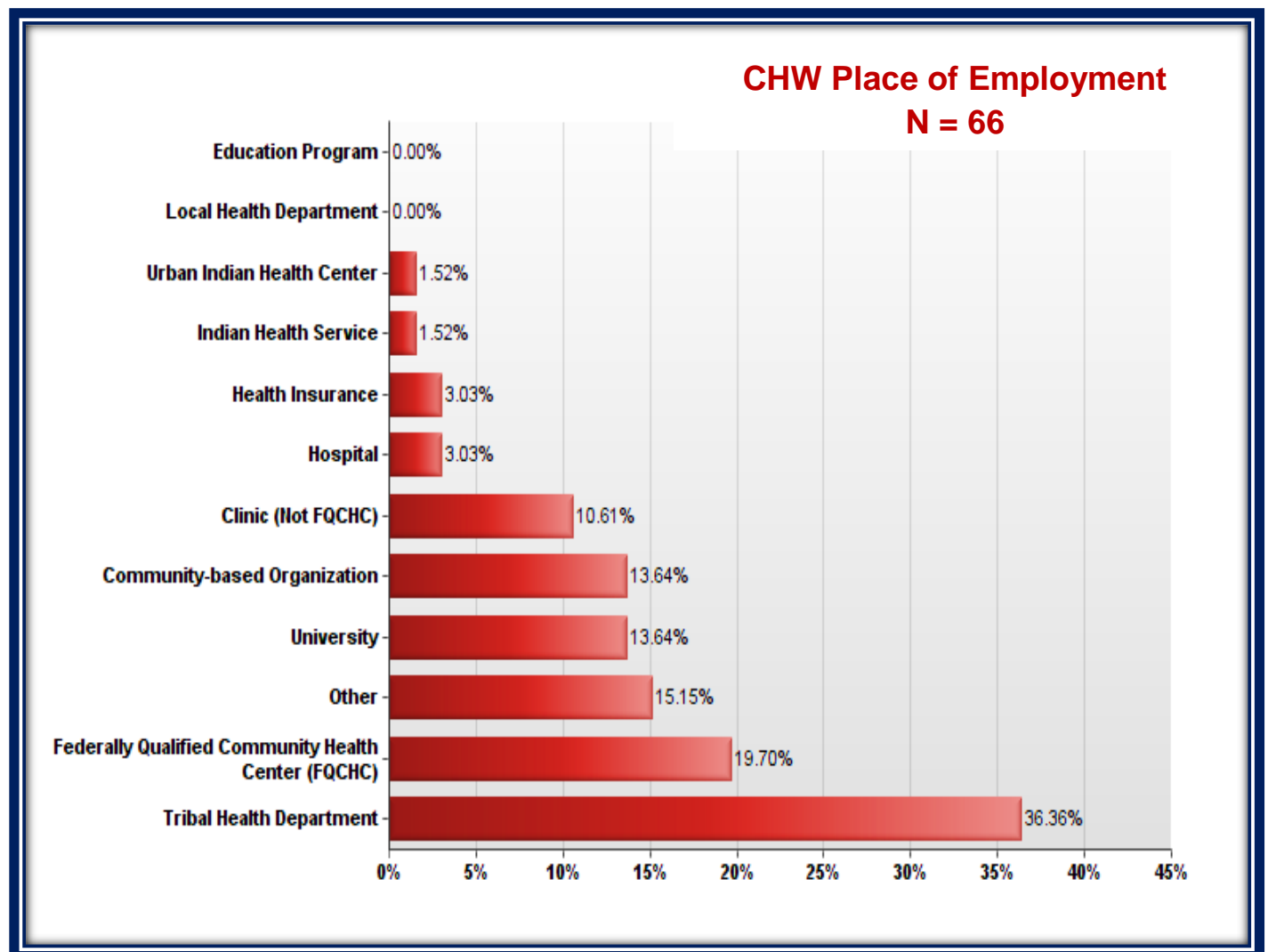
Answer	Response	%
Education Program	0	0%
Local Health Department	0	0%
Urban Indian Health Center	1	2%
Indian Health Service	1	2%
Health Insurance	2	3%
Hospital	2	3%
Clinic (Not FQCHC)	7	11%
Community-based Organization	9	14%
University	9	14%
Other	10	15%
Federally Qualified Community Health Center (FQCHC)	13	20%
Tribal Health Department	24	36%

* 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

66



Where CHWs Work
SUMMARY – City Only

City	Response
Alamo	1
Albuquerque	18
Carlsbad	2
Chaparral	1
Counselor	2
Crownpoint	7
Dulce	1
Espanola	1
Fruitland	1
Hatch	1
Huerfano	1
Isleta	1
Jemez Pueblo	1
Laguna	3
Las Cruces	4
Lordsburg	6
Manuelito	1
Mescalero	1
Ojo Encino, Cuba	1
Pueblo of Acoma	1
Pueblo of Laguna	1
Shiprock	2
Silver City	5
Taos	1
Two Grey Hills	1
Whitehorse Lake	1
TOTAL RESPONSE	66

Top Three Health Issues CHWs Work On

<i>Answer</i>	<i>Response</i>	<i>%</i>
Occupational Health	0	0%
Tuberculosis - TB	0	0%
Environmental Health	2	3%
Asthma	2	3%
HIV / AIDS	2	3%
Cancer (Screening and Treatment)	2	3%
Dental Health	3	5%
Adolescent Health	4	6%
Cardio Vascular Disease - CVD (Screening and Management)	4	6%
Sexual or Reproductive Health	7	11%
Injury Control	7	11%
Alcohol / Substance / Tobacco Use	9	14%
Maternal and Child Health	16	25%
Behavioral Health / Mental Health	19	29%
Elder Health	19	29%
Chronic Disease Prevention	21	32%
Prevention (Nutrition and/or Physical Activity)	23	35%
Accessing Health Services	25	38%
Diabetes (Screening and Self-management)	33	51%
TOTAL RESPONSE	65	

Primary Race or Ethnicity of Population Served by CHWs

<i>Answer</i>	<i>Response</i>	<i>%</i>
Black / African American	1	2%
Asian / Pacific Islander	2	3%
Other (Specify)	3	5%
Non-Hispanic White	16	25%
American Indian / Alaska Native	30	47%
Hispanic / Latino(a)	35	55%
TOTAL RESPONSE	64	

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	0 (0%)	1 (2%)	20 (38%)	31 (60%)	52

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

Answer	Response	%
Yes	11	21%
No	19	37%
I don't know	22	42%
TOTAL RESPONSE		52

Desired Aspects of a Community Health Worker Professional Association or Group

<i>Answer</i>	<i>Response</i>	<i>%</i>
Opportunities to share information or learn about community events.	37	73%
Getting peer support from others.	38	75%
Opportunities to gain leadership skills.	38	75%
Opportunities to work with other CHWs on issues that are important to the CHW profession.	39	76%
Opportunities to network with other CHWs.	41	80%
Opportunities to work with other CHWs on issues that are important to my community.	42	82%
Training or seminars.	49	96%
TOTAL RESPONSE		51

A CHW Member Of A CHW Professional Association or Group

<i>Answer</i>	<i>Response</i>	<i>%</i>
Yes	17	33%
No	35	67%
TOTAL RESPONSE		52

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>