

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 **OREGON**.

A total of 95 individuals initiated the on-line survey, of which 94 self-identified as a CHW of whom 94 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 Oregon. 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	07
Minimum Years Worked	3 months
Maximum Years Worked	26
TOTAL RESPONSE	93

CHW Age

	Response
Average Age in Years	43
Minimum Age in Years	23
Maximum Age in Years	68
TOTAL RESPONSE	86

CHW Gender

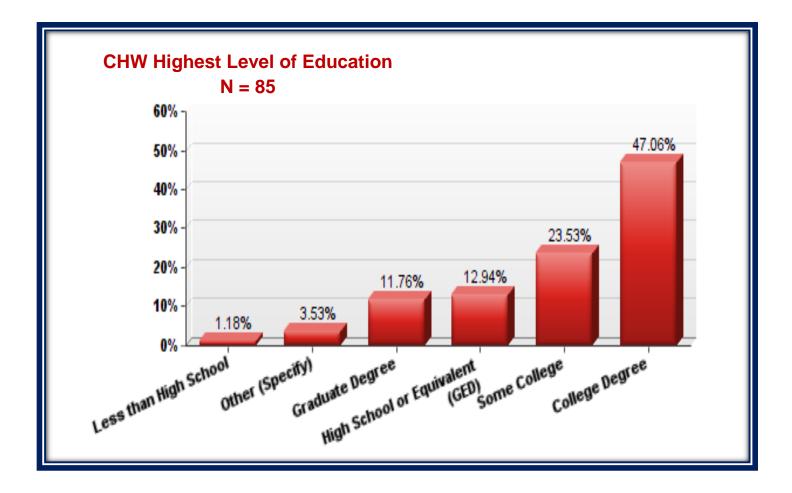
Answer	Response	%
Male	17	20%
Female	68	80%
TOTAL RESPONSE		85

CHW Race and Ethnicity

Answer	Response	%
Asian / Pacific Islander	2	2%
Other (Specify)	6	7%
American Indian / Alaska Native	9	11%
Black / African American	14	17%
Hispanic / Latino(a)	22	26%
Non Hispanic White	42	50%
TOTAL RESPONSE		84

CHW Highest Level of Education

Answer	Response	%
Less than High School	1	1%
High School or Equivalent (GED)	11 1	3%
Some College	20 2	24%
College Degree	40 4	7%
Graduate Degree	10 1	2%
Other (Specify)	3	4%
TOTAL RESPONSE		85

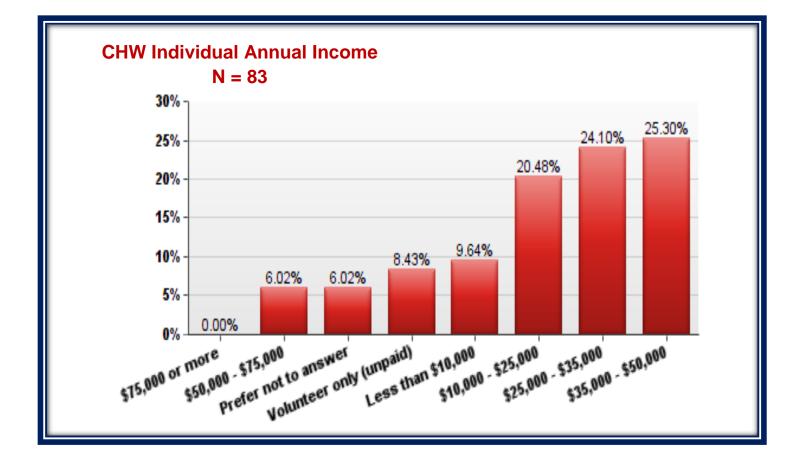


Number of Hours CHW Worked or Volunteered in a Typical Week

Paid		Volunteer	
Average Hours Worked	36	Average Hours Worked	13.0
Minimum Hours Worked	01	Minimum Hours Worked	1.5
Maximum Hours Worked	50	Maximum Hours Worked	45.0
TOTAL RESPONSE	69	TOTAL RESPONSE	57

CHW Individual Annual Income

Answer	Response %	
Less than \$10,000	8 10%	
\$10,000 - \$25,000	17 20%	
\$25,000 - \$35,000	20 24%	
\$35,000 - \$50,000	21 25%	
\$50,000 - \$75,000	5 6%	
\$75,000 or more	0 0%	
Volunteer only (unpaid)	7 8%	
Prefer not to answer	5 6%	
TOTAL RESPONSE		83



CHW with Employer-based Health Insurance

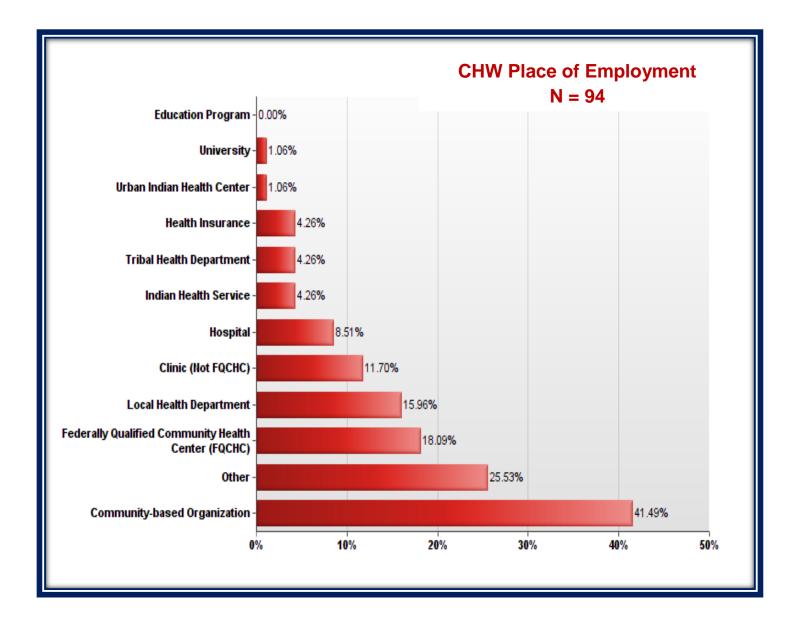
Answer	Response	%
Yes	65	78%
No	18	22%
TOTAL RESPONSE		83

CHW Place of Employment

Answer	Response	%
Education Program	0	0%
University	1	1%
Urban Indian Health Center	1	1%
Health Insurance	4	4%
Tribal Health Department	4	4%
Indian Health Service	4	4%
Hospital	8	9%
Clinic (Not FQCHC)	11	12%
Local Health Department	15	16%
Federally Qualified Community Health Center (FQCHC)	17	18%
Other	24	26%
Community-based Organization	39	41%
* CHWs could select more than one place of employment.		
CHWs often selected a primary place of employment listed above	e and marked Other to spe	cify

Where CHWs Work

TOTAL RESPONSE



94

Where CHWs Work SUMMARY – City Only

City	Response
Beaverton	1
Bend	1
Boardman	1
Cave Junction	1
Chiloquin	1
Corvallis	4
Eugene	3
Grand Ronde	1
Grants Pass	1
Hillsboro	1
Hood River	5
Klamath Falls	1
La Grande	2
Lebanon	1
Medford	4
Oregon City	5
Porland	47
Portland / Gresham	1
Redmond	2
Salem	1
The Dalles	2
Tigard	1
Toledo	1
Union, Baker and Wallowa Counties	1
Wheeler	1
Wood Village	1
TOTAL RESPONSE	91

Top Three Health Issues CHWs Work On

Answer	Response	%
Cancer (Screening and Treatment)	0	0%
Tuberculosis - TB	0	0%
Injury Control	1	1%
Asthma	2	2%
Cardio Vascular Disease - CVD (Screening and Management)	3	3%
Occupational Health	3	3%
HIV / AIDS	7	8%
Sexual or Reproductive Health	7	8%
Dental Health	7	8%
Environmental Health	8	9%
Adolescent Health	10	11%
Elder Health	14	16%
Alcohol / Substance / Tobacco Use	14	16%
Diabetes (Screening and Self-management)	16	18%
Maternal and Child Health	26	30%
Chronic Disease Prevention	28	32%
Accessing Health Services	34	39%
Behavioral Health / Mental Health	34	39%
Prevention (Nutrition and/or Physical Activity)	36	41%
TOTAL RESPONSE		88

Primary Race or Ethnicity of Population Served by CHWs

Answer	Response	%
Other (Specify)	11	12%
Asian / Pacific Islander	18	20%
American Indian / Alaska Native	25	27%
Black / African American	32	35%
Hispanic / Latino(a)	52	57%
Non-Hispanic White	58	64%
TOTAL RESPONSE		91

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%)	3 (3%)	50 (60%)	27 (32%)	84

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

Answer	Response	%
Yes	26	31%
No	20	24%
I don't know	39	46%
TOTAL RESPONSE		85

Desired Aspects of a Community Health Worker Professional Association or Group

Answer	Response	%
Getting peer support from others.	55	66%
Opportunities to gain leadership skills.	58	70%
Opportunities to work with other CHWs on issues that are important to the CHW profession.	59	71%
Opportunities to share information or learn about community events.	59	71%
Opportunities to work with other CHWs on issues that are important to my community.	68	82%
Opportunities to network with other CHWs.	70	84%
Training or seminars.	73	88%
TOTAL RESPONSE		83

A CHW Member Of A CHW Professional Association or Group

Answer	Response	%
Yes	48	56%
No	37	44%
TOTAL RESPONSE		85

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>