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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 **WISCONSIN**.

A total of 38 individuals initiated the on-line survey, of which 38 self-identified as a CHW of whom 38 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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(Grant U48DP001925) and should be cited as:

National Community Health Worker Advocacy Survey: 2014 Preliminary Data Report for Wisconsin.
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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
Minimum Years Worked	4 months
Maximum Years Worked	36
TOTAL RESPONSE	35

CHW Age

	Response
Average Age in Years	41
Minimum Age in Years	22
Maximum Age in Years	63
TOTAL RESPONSE	31

CHW Gender

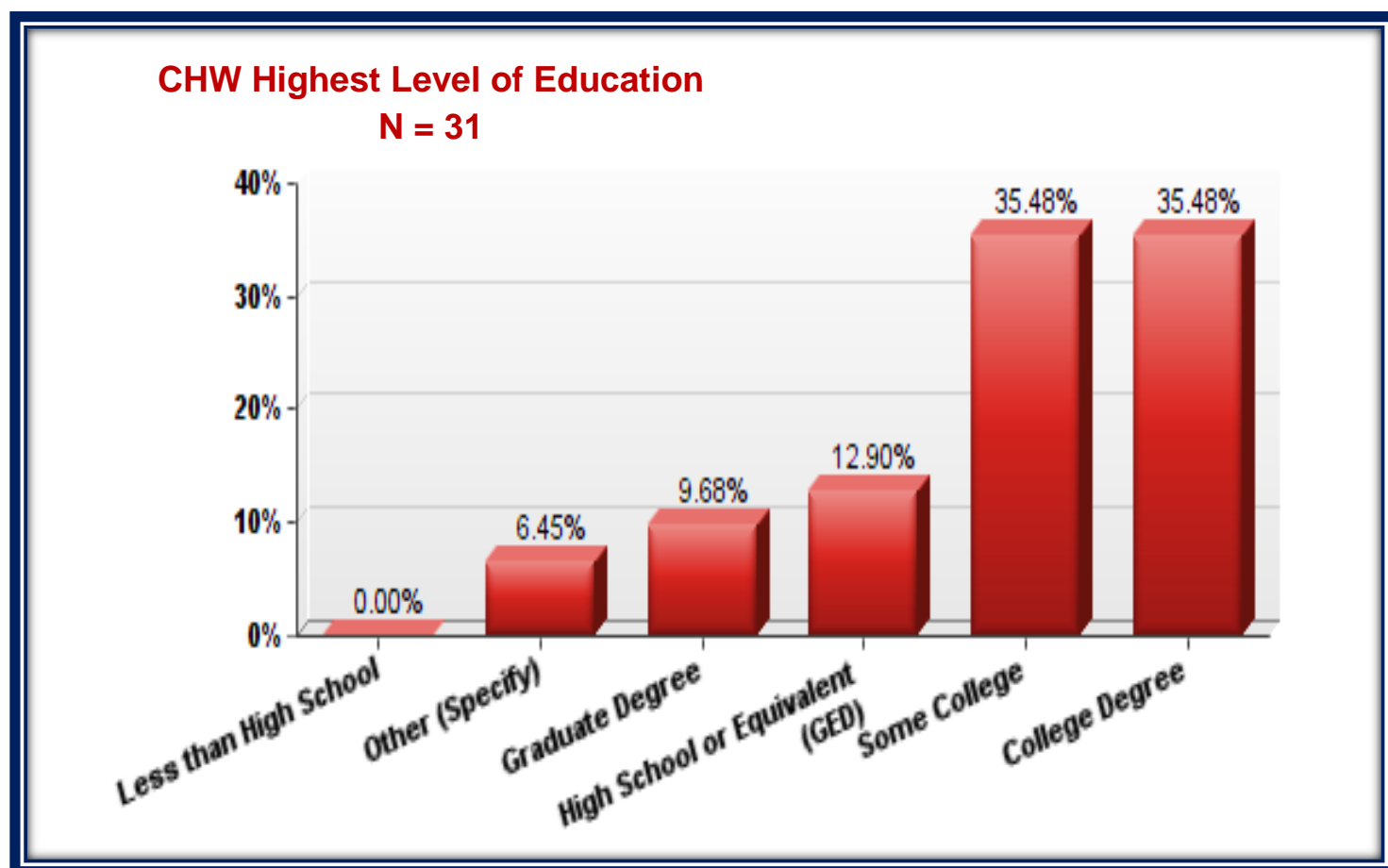
Answer	Response	%
Male	4	14%
Female	25	86%
TOTAL RESPONSE	29	

CHW Race and Ethnicity

Answer	Response	%
Other (Specify)	0	0%
American Indian / Alaska Native	1	3%
Asian / Pacific Islander	1	3%
Non Hispanic White	4	13%
Hispanic / Latino(a)	10	32%
Black / African American	15	48%
TOTAL RESPONSE	31	

CHW Highest Level of Education

Answer	Response	%
Less than High School	0	0%
High School or Equivalent (GED)	4	13%
Some College	11	35%
College Degree	11	35%
Graduate Degree	3	10%
Other (Specify)	2	6%
TOTAL RESPONSE		31

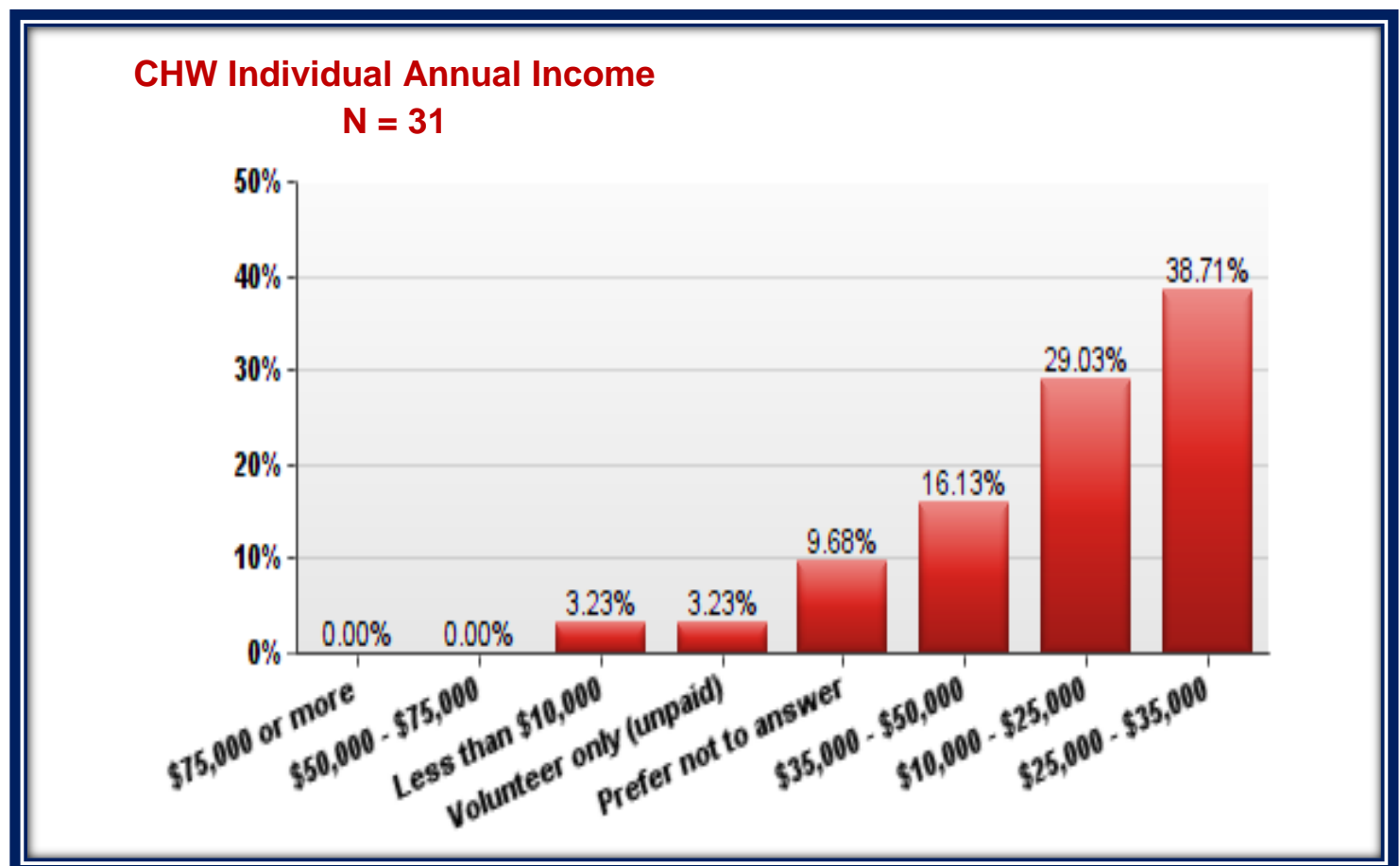


Number of Hours CHW Worked or Volunteered in a Typical Week

<i>Paid</i>		<i>Volunteer</i>	
Average Hours Worked	34	Average Hours Worked	08
Minimum Hours Worked	04	Minimum Hours Worked	01
Maximum Hours Worked	60	Maximum Hours Worked	40
TOTAL RESPONSE		TOTAL RESPONSE	26

CHW Individual Annual Income

Answer	Response	%
Less than \$10,000	1	3%
\$10,000 - \$25,000	9	29%
\$25,000 - \$35,000	12	39%
\$35,000 - \$50,000	5	16%
\$50,000 - \$75,000	0	0%
\$75,000 or more	0	0%
Volunteer only (unpaid)	1	3%
Prefer not to answer	3	10%
TOTAL RESPONSE		31

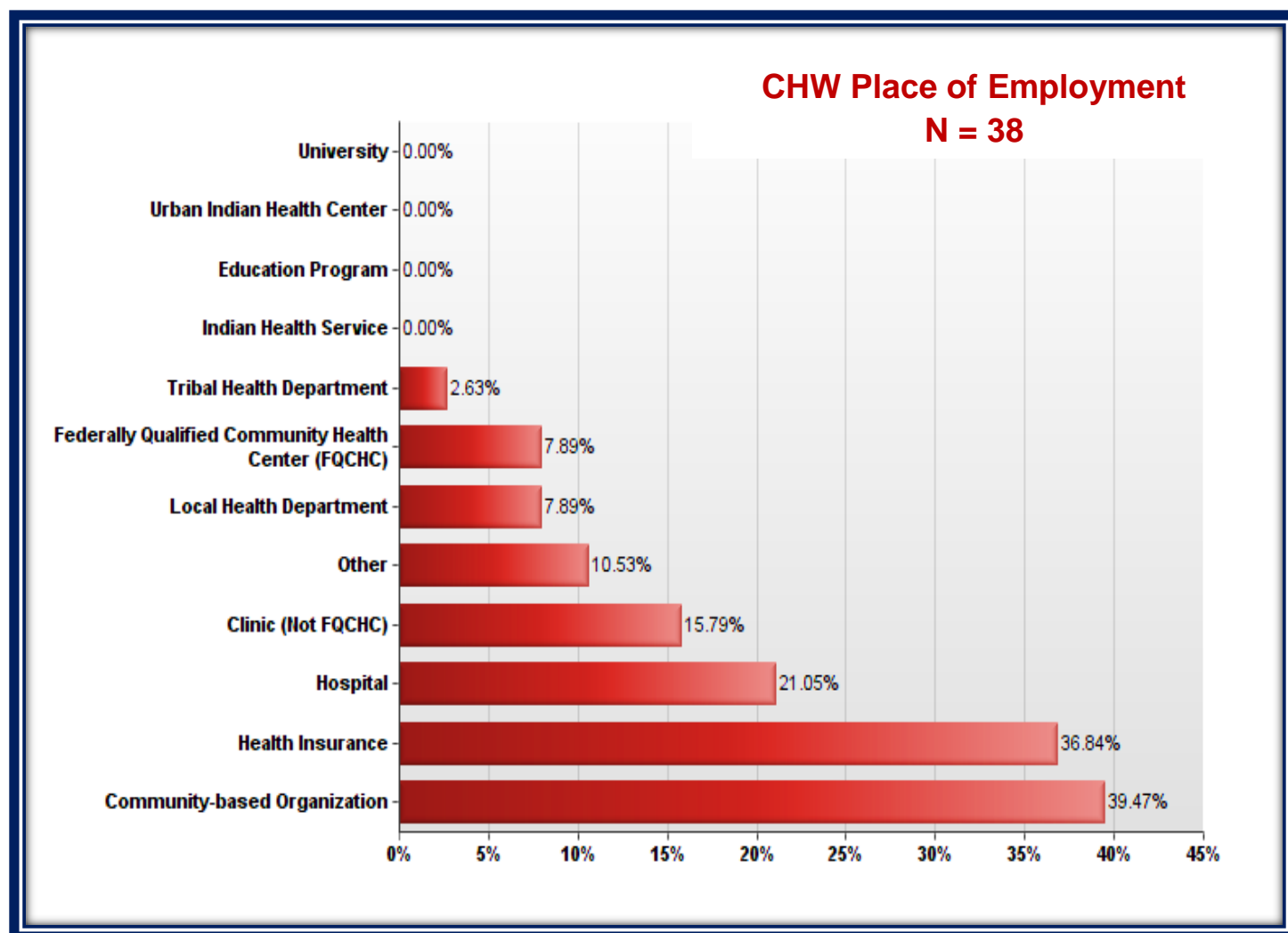


CHW with Employer-based Health Insurance

Answer	Response	%
Yes	26	84%
No	5	16%
TOTAL RESPONSE		31

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	1	3%
Federally Qualified Community Health Center (FQCHC)	3	8%
Local Health Department	3	8%
Other	4	11%
Clinic (Not FQCHC)	6	16%
Hospital	8	21%
Health Insurance	14	37%
Community-based Organization	15	39%
* 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		38



Where CHWs Work
SUMMARY – City Only

<i>City</i>	<i>Response</i>
Elkhorn	1
Madison	4
Milwaukee	27
Oneida	1
Racine	2
West Allis	3
TOTAL RESPONSE	38

Top Three Health Issues CHWs Work On

<i>Answer</i>	<i>Response</i>	<i>%</i>
Tuberculosis - TB	0	0%
Cardio Vascular Disease - CVD (Screening and Management)	0	0%
Alcohol / Substance / Tobacco Use	1	3%
Injury Control	1	3%
Maternal and Child Health	2	6%
Occupational Health	2	6%
Environmental Health	3	8%
Elder Health	3	8%
Adolescent Health	3	8%
Sexual or Reproductive Health	6	17%
Diabetes (Screening and Self-management)	6	17%
HIV / AIDS	6	17%
Asthma	7	19%
Dental Health	7	19%
Chronic Disease Prevention	7	19%
Cancer (Screening and Treatment)	8	22%
Prevention (Nutrition and/or Physical Activity)	12	33%
Behavioral Health / Mental Health	13	36%
Accessing Health Services	17	47%
TOTAL RESPONSE		36

Primary Race or Ethnicity of Population Served by CHWs

<i>Answer</i>	<i>Response</i>	<i>%</i>
Other (Specify)	2	5%
American Indian / Alaska Native	5	14%
Asian / Pacific Islander	6	16%
Non-Hispanic White	12	32%
Hispanic / Latino(a)	20	54%
Black / African American	20	54%
TOTAL RESPONSE		37

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%)	2 (6%)	16 (52%)	13 (42%)	31

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

Answer	Response	%
Yes	4	13%
No	9	29%
I don't know	18	58%
TOTAL RESPONSE	31	

Desired Aspects of a Community Health Worker Professional Association or Group

<i>Answer</i>	<i>Response</i>	<i>%</i>
Opportunities to work with other CHWs on issues that are important to the CHW profession.	16	53%
Getting peer support from others.	19	63%
Opportunities to gain leadership skills.	21	70%
Opportunities to share information or learn about community events.	22	73%
Opportunities to network with other CHWs.	24	80%
Training or seminars.	26	87%
Opportunities to work with other CHWs on issues that are important to my community.	27	90%
TOTAL RESPONSE		30

A CHW Member Of A CHW Professional Association or Group

<i>Answer</i>	<i>Response</i>	<i>%</i>
Yes	18	58%
No	13	42%
TOTAL RESPONSE		31

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>