ARIZONA CHW WORKFORCE ASSESSMENT

2022

Arizona Prevention Research Center

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SUMMARY

The 2022 Arizona Community Health Worker (CHW) Workforce Assessment was conducted to investigate the current employment and compensation landscape for CHWs in Arizona, to identify priorities for workforce development and sustainability, and to assess the impact of CHW voluntary certification legislation to the Arizona CHW workforce since 2019. Data used to build this report were collected from job opportunities posted on Indeed.com, public data available from the Occupational Information Network (O*NET), and CHW fee impact surveys. Notably, in the 2022 analysis, 26% of job advertisements required or preferred CHW certification, an exciting development since the Arizona legislature passed CHW Voluntary Certification into law in 2018. Furthermore, a greater number of CHW job postings were specifically titled as such ("Community Health Worker") compared to 2019 and hourly wages taken from CHW job descriptions were higher in 2022 compared to 2019. There were more CHW job opportunities in 2022 overall compared to 2019. These findings suggest greater recognition of CHWs among employers since the previous workforce assessment in 2019.

BACKGROUND AND HISTORY

THE CHW WORKFORCE IN ARIZONA

Community Health Workers (CHWs) are frontline public health workers who have an unusually close connection to the community served. CHWs serve as cultural liaisons, educators and advocates who improve the health of individuals and communities. CHWs engage in the 10 Core Competencies (Figure 1) to increase health care access, reduce costs, improve health outcomes, and increase community capacity to address their health needs.



Figure 1 The 10 Core Competencies of the CHW Workforce

The CHW workforce is comprised of many job titles in Arizona. CHWs are often known as Community Health Representatives (CHRs) in tribal communities and *promotores de salud* in Latino communities, but there is a myriad of titles used in the workforce. The common characteristic of the CHW workforce is a close connection to the community served and implementation of the Core Competencies (Figure 1). Approximately 1000 CHWs work in 19 counties and 15 tribal communities in the state of Arizona. Despite their proven record of success improving access to health care and health outcomes in marginalized communities, significant obstacles prevent the CHW workforce from gaining recognition, improving their professional identify, and receiving adequate training and compensation.

There is a strong network of CHWs, CHW employers and other CHW allies working to build a strong workforce in Arizona. The Arizona Community Health Worker Association, or AzCHOW, is the professional organization representing CHWs, CHRs and *promotores de salud* in the state. AzCHOW works closely with the Arizona Department of Health Services (ADHS) and the Arizona Prevention Research Center (AzPRC) in convening the Arizona CHW Workforce Coalition, a network of organizations and individuals that support the workforce throughout the state. The Coalition meets regularly to discuss strategies to increase the recognition and sustainability of the CHW workforce.

The Arizona legislature passed CHW Voluntary Certification into law in 2018, laying the groundwork for advancement of the CHW workforce. The rulemaking process was finalized in September of 2022, and the Arizona Department of Health Services (ADHS) will begin the process of administering CHW Voluntary Certification in November 2022. The Arizona state Medicaid program/AHCCCS has submitted a state plan amendment to the Centers for Medicare and Medicaid Services (CMS) to allow CHWs acting within their scope of practice to provide AHCCCS-covered patients with education and preventive services. Approval of this amendment in 2023 would lay the groundwork for reimbursement and dramatically change the professional landscape in Arizona. This workforce assessment is part of a broader effort to evaluate the impact of CHW Voluntary Certification on the CHW workforce as well as on health outcomes for Arizona communities.

PURPOSE OF THE CHW WORKFORCE ASSESSMENT

The objective of the 2022 CHW Workforce Assessment is to investigate the current employment and compensation landscape for the Community Health Worker Workforce in Arizona to identify priorities for workforce development and sustainability. As a follow up to the first CHW Workforce Assessment in 2019, the purpose of this second report is to assess the impact of upcoming CHW voluntary certification efforts on the Arizona CHW workforce since 2019.

FUNDING

The 2022 CHW Workforce Assessment was financed in part or whole by the CDC Prevention and Public Health Funds (PPHF) Improving the Health of Americans through Prevention and Management of Diabetes, Heart Disease and Stroke3- CDC-RFA-DP18-1815 PPHF 18 (1815).

METHODS¹

The Arizona Prevention Research Center (AzPRC) compiled the 2022 CHW Workforce Assessment with the support of AzCHOW, ADHS and other CHW stakeholders. The AzPRC collaborated with the CHW stakeholders throughout the assessment process to determine data collection strategies and objectives, interpret findings and identify next steps.

Job Opportunity Analysis

This assessment used opportunities posted on a public job board to provide a snapshot of the CHW workforce. The purpose of the job opportunity analysis was to assess the content of CHW job announcements to determine the types of jobs available to CHWs, job requirements, responsibilities, reference to core competencies, compensation, and benefits. Job postings in Arizona were gathered from the online job board Indeed.com from January to March of 2022. During the initial weeks of the review, the results from Indeed.com were cross-referenced with results from other aggregate job boards such as Monster.com. We found that Indeed.com contained all the CHW job listings and decided to contain the search to a single job site.

We used the broad search terms "Community Health Worker" and "Community Health" to find relevant job descriptions. We used a list of common CHW titles to narrow down the search, reviewed each description and included those that mentioned the general roles of a CHW (resource navigation, health education, care coordination, etc). We included CHW coordinator/supervisor positions in our analysis if they met these inclusion criteria.

We rejected job descriptions that were clearly meant for another profession (e.g. home health aide, required Master in Social Work). Additionally, we excluded remote jobs where impact was not focused in Arizona, jobs with duties that mainly consisted of direct health care services or with very narrow duties, other health care professionals requiring specialized degrees, behavior specialists, health educators without a community focus (e.g. education is geared towards health center staff, classroom lessons at schools, etc.), and CHW staff supervisors if no CHW experience is required.

The AzPRC set up a REDCap database to facilitate the document review. We extracted information about job requirements, benefits, wages and the hiring organization. We categorized job responsibilities based on the 10 core competencies and 59 associated skills of CHWs (see Appendix

¹ The Office of Human Subjects Protection at the University of Arizona determined that a full IRB review was not required.

A). For example, the job responsibility "Actively link members to behavioral health, primary care, and community services" was categorized under service coordination because it aligns with the associated skill "coordinating care". An example of a job responsibility mapped to each core competency and the relevant associated skill is listed in Table 1.

It should be noted that jobs announcements included in the analysis were only those posted on a single public job board over a 3-month window. This analysis is not intended to account for all CHW jobs in Arizona, but rather to provide a snapshot of the CHW employment landscape and provide insight on how CHWs are currently being recruited and compensate at a moment in time.

| Table 1: Example of | Job Responsibility for Each Core Compete | ency |
|----------------------------|--|--|
| Core Competency | Job responsibility example | Rationale |
| Advocacy | Serves as the member's navigator and advocate for needed health services and community resources. | Aligns with associated skill: speaking up for individuals and communities |
| Assessment | Conducts comprehensive assessments with individuals and families to identify strengths and areas of need. | Aligns with associated skill: participating in individual assessment through observation and active inquiry |
| Capacity Building | Implement action plans and/or make treatment recommendations as needed. | Aligns with associated skill: helping others to identify goals and develop to their fullest potential |
| Communication | Ability to communicate effectively with patients, co-workers, and the general public both in person and over the phone. | Aligns with associated skills: using language confidently, communicating using plain and clear language, communicating with the community served |
| Education and Facilitation | Helps facilitate health and disease patient education sessions and development of material. | Aligns with associated skill: planning and conduct classes and presentations for a variety of groups |
| Knowledge Base | Familiarity with health issues in the Hispanic population or social determinants of health | Aligns with associated skills: social determinants of health and related disparities, pertinent health issues, community served |
| Outreach | Outreach to members who are historically hard to engage or not linked to community services | Aligns with associated skill: conducting case-finding, recruitment, and follow-up |
| Professional Conduct | Maintains public health trust by honoring client and staff confidentiality. | Aligns with associated skills: observing ethical and legal standards |
| Relationship- Building | Ability to effectively communicate and work as a team member with collaborative partners, the community, and clients in a cross-cultural, multidisciplinary environment. | Aligns with associated skills: working as a team member |
| Service Coordination | Actively link members to behavioral health, primary care, and community services | Aligns with associated skills: coordinating care (includes identifying and accessing resources and overcoming barriers) |

FEE IMPACT SURVEYS

The CHW Fee Impact Survey was disseminated as an anonymous survey distributed through CHW workforce listservs, direct emails, trainings, and other venues. The survey included two screener questions to ensure that respondents work as CHWs in Arizona. Participants were asked to provide information about their household income and size to determine potential eligibility for a fee waiver based on the 200% Federal Poverty Level (FPL) designation.

ONET

Data available from the Occupational Information Network (0*NET) were used to assess CHW wages in Arizona. O*NET is developed under the sponsorship of the U.S. Department of Labor/Employment and Training Administration (USDOL/ETA) and is the online database replacement for the Dictionary of Occupational Titles (DOT), a publication produced by the United States Department of Labor, which helped employers, government officials, and workforce development professionals to define over 13,000 different types of work, from 1938 to the late 1990s. Occupational data is collected from a national random sample of incumbents, the majority of which is collected using questionnaires completed by either job incumbents or occupational experts.

RESULTS

A total of 55 jobs met the CHW position criteria (N=55) compared to 44 in 2019. There were 38 distinct job titles for the 55 CHW positions listed (Table 2). In all, 53% of the positions included "community health" in the job title, compared to 36% of jobs in the 2019 analysis (N=44). 13/55 (26%) of jobs listed CHW certification as a requirement or preference.

Table 2: Summary of Job Titles

| Job Title | 2019 (N=44) | 2022 (N=55) |
|--|-------------|-------------|
| "Community Health" in Title | 16 (36.4%) | 29 (52.7%) |
| Community Health Worker/Promotora | 10 (23.3%) | 22 (40.0%) |
| CHW Coordinator/Supervisor | 0 (0.0%) | 4 (7.3%) |
| Community Health Representative | 2 (4.7%) | 0 (0.0%) |
| (Community) Health Educator | 9 (20.4%) | 11 (20.0%) |
| (Community) Health Advocate/Advisor/Navigator/ Coordinator | 3 (6.8%) | 8 (14.5%) |
| (Community) Health/Program Specialist | 11 (25.0%) | 5 (9.1%) |

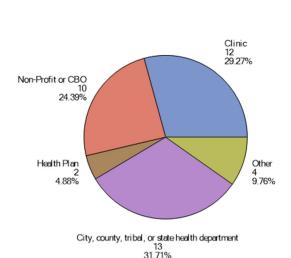
Job Opportunities by County

Available positions were located in 8 out of 15 AZ counties, the majority of which were posted in Maricopa and Pima counties (Table 3). In 2022, there were no jobs listed in Gila, Graham, Greenlee, La Paz, Mohave, Navajo, or Santa Cruz Counties.

| Table 3. Job Opportunities | by County | |
|----------------------------|-------------|-------------|
| County | 2019 (N=44) | 2022 (N=55) |
| Maricopa | 13 (30.2%) | 21 (38.2%) |
| Pima | 10 (23.3%) | 12 (21.8%) |
| Coconino | 9 (20.9%) | 5 (9.1%) |
| Pinal | 4 (9.3%) | 2 (3.6%) |
| Navajo | 2 (4.7%) | 0 (0.0%) |
| Yavapai | 1 (2.3%) | 4 (7.3%) |
| Yuma | 3 (7.0%) | 3 (5.5%) |
| Cochise | 1 (2.3%) | 6 (10.9%) |
| Apache | 0 (0.0%) | 2 (3.6%) |

Job Opportunities by Organization Type

In the 2022 analysis, most of the organizations recruiting CHWs were non-profits or community-based organizations (CBOS), clinics, or health plans. Compared to the 2019 analyses, a greater proportion of jobs were in non-profit/CBO and health plan sectors. In 2019, "other" organizations included hospitals and school districts, which were not seen in 2022 (Figure 2).



2019 Job Postings by Organization Type (N=44)

2022 Job Postings by Organization Type (N=55)

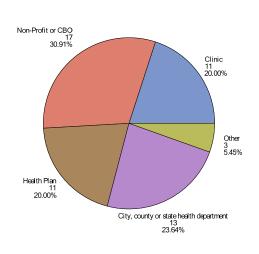


Figure 2: Job Opportunities by Organization Type

Minimum CHW Job Requirements

In 2022, 48 out of the 55 CHW job opportunities (87%) required at least a high school diploma/GED, compared to 77% in 2019 (Figure 3). Eleven out of 55 (20%) of jobs required a bachelor's degree or higher, accounting for approximately the same proportion of jobs as in 2019. Eighteen out of the 55 jobs (33%) required at least some knowledge of/connection to the community served, either as a member of the community or not, or cultural awareness, while 5 (9%) specifically required applicants to be a member of the community.

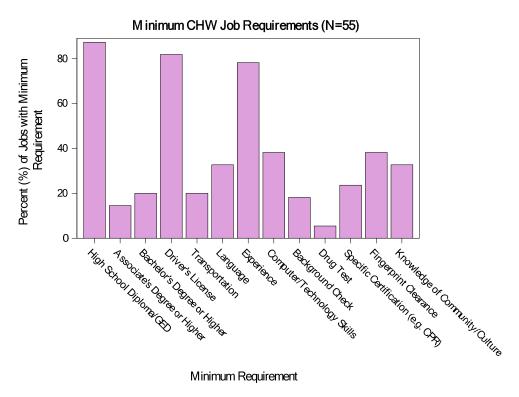


Figure 3: 2022 Minimum CHW Job Requirements

Core Competencies

The core competencies communication, professional conduct, and service coordination were most often described in the job descriptions, while advocacy and capacity building were described the least often (Figure 4). The median number of core competencies described was similar across different organization types, between 6 and 7 out of 9 (Table 3).

Table 3: Median number of core competencies listed in job description, by type of organization (of 10 core competencies)

| Type of organization | Median Number of Core Competencies | Range of Number of Core Competencies |
|---|---------------------------------------|---|
| Health Plan or System (N=14) | 6.5 | 2 to 9 |
| City, County, or State Health Department (N=13) | 7 | 4 to 9 |
| Non-Profit/Community Based Organization (N=17) | 6 | 4 to 10 |
| FQHC or Clinic (N=11) | 6 | 4 to 8 |

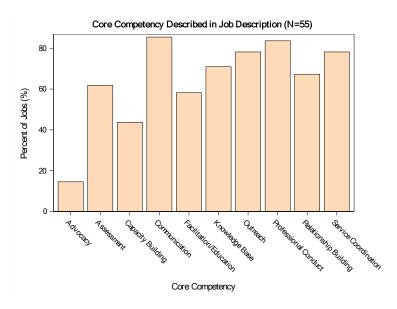


Figure 4: Core competencies described in job descriptions (2022)

Benefits

Twenty-eight of the 55 job descriptions listed any benefits. Of jobs with listed benefits, 96% offered health insurance, 71% offered paid time off, and 71% offered a retirement plan. Over 50% offered dental and/or vision insurance (Figure 5).

It should be noted, these are only benefits listed in job descriptions, though many of the positions indicated they offered additional benefits to those listed in posting.

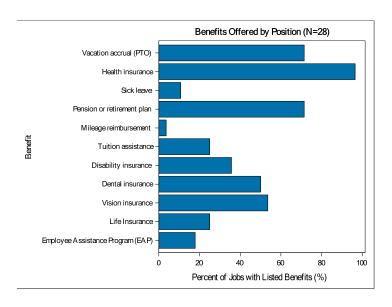


Figure 5: CHW job benefits

Salaries and Wages

Twenty-five out of the 55 job postings provided salaries or salary ranges. For this analysis, annual salaries were converted to hourly wage using a conversion factor of 40 hours a week/52 weeks a year. The median/mean CHW wages were higher in 2022 (mean \$17.07-\$18.70; median: \$17.36-\$18.34) compared to 2019 (mean \$15.25-\$17.50; median: \$15-\$15.29) (Figure 5).

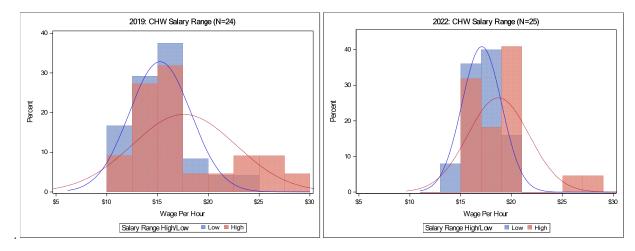


Figure 5: Median and mean CHW hourly wages

O*NET

According to O*NET, in 2021, community health workers in Arizona made a median hourly wage of \$18.74 compared to \$22.40 in the US overall (Figure 6). In Phoenix-Mesa-Scottsdale, AZ, the median hourly wage was \$22.75 compared to \$18.44 in Tucson, AZ, \$13.97 in Yuma, AZ, and \$14.73 in Arizona nonmetropolitan areas².

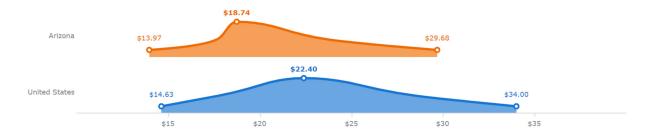


Figure 6: Median and mean CHW hourly wages (retrieved from https://www.onetonline.org/link/localwages/21-1094.00?st=AZ)

² Data retrieved from: https://www.onetonline.org/link/localwages/21-1094.00?st=AZ

FEE IMPACT SURVEYS

131 participants provided information about their household income and size to determine potential eligibility for a fee waiver based on the 200% Federal Poverty Level (FPL) designation. In total, 62% of the respondents reported incomes and family sizes under 200% of the FPL and qualify for the fee waiver (Table 4). The survey respondents represented 13 out of 15 counties in Arizona. Maricopa, Pima and Yuma County had the most respondents. Around 77% of participants want to obtain voluntary certification through ADHS, 17% were unsure and 5% responded that they did not want to obtain voluntary certification.

| Table 4: Percen | _ | Survey partion 1 yellow indi | Level (n=1 | 60) | % of the Fede | ral Poverty |
|------------------------|------------------|-------------------------------|---------------------------|---------------------------|---------------|---------------------------|
| | | | Annual Inco | me* | | |
| | <\$27,180 (1) | \$27,180- \$36,620 (2) | \$36,520- \$46,060 (3) | \$46,061- \$55,500 (4) | | \$74,381- \$83,820 (7) |
| Equivalent Hourly Wage | | | | | | |

| Number of Persons in Household | <\$13.07 | \$13.08- 17.60 | \$17.61- \$22.13 | \$22.14- \$26.67 | \$26.68- \$31.21 | \$31.22- \$35.75 | \$35.76- \$40.29 |
|--------------------------------|----------|-------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| 1 | 4% | 4% | 5% | 0% | 2% | 1% | 0% |
| 2 | 5% | 3% | 13% | 4% | 2% | 0% | 2% |
| 3 | 6% | 8% | 8% | 6% | 2% | 1% | 1% |
| 4 | 7% | 5% | 8% | 2% | 2% | 2% | 1% |
| 5 | 3% | 3% | 3% | 0% | 2% | 0% | 1% |
| 6 | 2% | 2% | 1% | 0% | 2% | 1% | 0% |
| 7 | 0% | 0% | 0% | 0% | 2% | 1% | 1% |
| 8 | 0% | 1% | 1% | 0% | 2% | 0% | 0% |

*Total household income should be used

| | Number | Percent |
|-------------------------------|--------|---------|
| Qualifies for 200% FPL | 102 | 64% |
| Does not qualify for 200% FPL | 58 | 36% |

LIMITATIONS

The job postings analyzed in this assessment represent a snapshot of CHW employment opportunities in a discrete time period and through an online job board. They may not represent all CHW job opportunities, as some may have been advertised locally, through different networks, or in a different time period. In addition, many job postings lack information about a salary, and in some cases the salary range is quite broad and the median may not represent the actual starting salary of most CHW employees. The O-NET salary data is compiled through a random sample of businesses with employees that match the US Department of Labor categorization for "Community Health Workers" in specific areas, so it may not capture the nuance of salary ranges for CHWs working across the state. The CHW Fee Impact Survey relied on self-reported salary ranges and was collected anonymously. The priority for the Fee Impact Survey was to quickly gather data from the workforce to justify fee waivers and scholarships, so it is not a representative sample of CHWs in the state. However, the fee impact survey is the only recent data collection instrument that gathered CHW salary data directly from CHWs themselves, so we believe the data represents an accurate estimate of CHW salary ranges across the state.

DISCUSSION

The 2022 CHW Workforce Assessment is the second effort since the 2019 CHW Workforce Assessment to provide a snapshot on the state of the Arizona workforce as CHW Voluntary Certification efforts finally come to fruition. The results have several important implications for CHWs, CHW employers and CHW allies as Arizona moves forward with voluntary certification and continues efforts to develop a strong and sustainable workforce.

Notably, in the 2022 analysis, 26% of job advertisements required or preferred CHW certification, an exciting development since the Arizona legislature passed CHW Voluntary Certification into law in 2018. Furthermore, a greater number of CHW job postings were specifically titled as such ("Community Health Worker") compared to 2019, which suggests greater recognition of CHWs among employers since the 2019 analysis. There were more CHW job opportunities in 2022 overall compared to 2019. This could mean that more CHWs are being sought out, most notably among health plan organizations. The COVID-19 pandemic may have contributed to increased interest in the workforce as CHWs were deployed to support prevention, testing, mitigation and treatment efforts in vulnerable communities. The CHW workforce is uniquely situated to support these efforts because of their close connection to the community served.

Hourly wages taken from CHW job descriptions were higher in 2022 compared to 2019, however, the increase was not substantial. CHWs continue to be undercompensated, as indicated by the fee impact survey, where a majority of respondents reported household incomes under 200% of the FPL. Medicaid reimbursement will help to support and sustain the CHW workforce and could increase wages in organizations. However, other sources of long-term sustainable funding for CHWs in Arizona must be explored in order to see an increase in wages for all CHWs, since AHCCCS reimbursement will not be available for all CHWs or all patients.

APPENDICES

Appendix A: Core Competency Checklist

| Communication | |
|--|---|
| The CHW training program must include content on: | Indicate the session(s) or class(es) where this content is included |
| Using language confidently | |
| Using language in ways that engage and motivate | |
| Communicating using plain and clear language | |
| Communicating with empathy | |
| Listening actively | |
| Preparing written communication including electronic communication | |
| Documenting work | |
| Communicating with the community served | |
| Relationship-Building | |
| The CHW training program must include content on: | Indicate the session(s) or class(es) where this content is included |
| Providing coaching and social support | |
| Conducting self-management coaching | |
| Using interviewing techniques (e.g. motivational interviewing) | |
| Working as a team member | |
| Managing conflict | |
| Practicing cultural humility | |
| Understanding the culture of institutions | |
| Service Coordination | |

| The CHW training program must include content on: | Indicate the session(s) or class(es) where this content is included |
|--|---|
| Coordinating care (includes identifying and accessing resources and overcoming barriers) | |
| Making appropriate referrals | |
| Facilitating the development of an individual and/or group action plan and goal attainment | |
| Coordinating CHW activities with clinical and community services | |
| Follow-up and tracking care and referral outcomes | |
| Capacity Building | |
| The CHW training program must include content on: | Indicate the session(s) or class(es) where this content is included |
| Helping others to identify goals and develop to their fullest potential | |
| Working in ways that increase individual and community empowerment | |
| Networking, building community connections, and building coalitions | |
| Teaching self-advocacy skills | |
| Conducting community organizing | |
| Advocacy | |
| The CHW training program must include content on: | Indicate the session(s) or class(es) where this content is included |
| Contributing to policy development | |
| Advocating for policy change | |
| Speaking up for individuals and communities | |
| Education and Facilitation | |
| The CHW training program must include content on: | Indicate the session(s) or class(es) where this content is included |

| Using empowering and learner-centered teaching techniques | |
|--|---|
| Using a range of appropriate and effective educational techniques | |
| Facilitating group discussions and decision-making | |
| Planning and conduct classes and presentations for a variety of groups | |
| Seeking out appropriate information and responding to questions about pertinent topics | |
| Finding and sharing requested information | |
| Collaborating with other educators | |
| Collecting and using information from and with community members | |
| Assessment | 1 |
| The CHW training program must include content on: | Indicate the session(s) or class(es) where this content is included |
| Participating in individual assessment through observation and active inquiry | |
| Participating in community assessment through observation and active inquiry | |
| Outreach | |
| The CHW training program must include content on: | Indicate the session(s) or class(es) where this content is included |
| Conducting case-finding, recruitment and follow-up | |
| Preparing and disseminating materials | |
| Building and maintaining a current resource inventory | |
| Professional Conduct | |
| The CHW training program must include content on: | Indicate the session(s) or class(es) where this content is included |
| Setting goals and developing and following a work plan | |
| Balancing priorities and managing time | |

| Applying critical thinking techniques and problem-solving | |
|--|--|
| Using pertinent technology | |
| Pursuing continued education and lifelong learning opportunities | |
| Maximizing personal safety while working in community and/or clinical setting | |
| Observing ethical and legal standards (e.g. CHW Code of Ethics, Americans with Disabilities Act (ADA), Health Insurance Portability and Accountability Act (HIPAA)) | |
| Identifying situations for mandatory reporting and carry out reporting requirements | |
| Participating in professional development of peer CHWs and in CHW networking groups | |
| Setting boundaries and practicing self-care | |
| 1 | |
| Knowledge Base | |
| The CHW training program must include content on: | |
| g . | |
| The CHW training program must include content on: | |
| The CHW training program must include content on: Social determinants of health and related disparities | |
| The CHW training program must include content on: Social determinants of health and related disparities Pertinent health issues | |
| The CHW training program must include content on: Social determinants of health and related disparities Pertinent health issues Healthy lifestyles and self-care Mental/behavioral health issues and their connection to physical | |
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