

# Arizona CHW Workforce Assessment

Arizona Prevention Research Center

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## 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

Around 1000 CHWs, known as Community Health Representatives (CHRs) in tribal communities, 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 identity, and receiving adequate training and compensation.

There is a strong network of CHWs, CHW employers and other CHW allies 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 and the Arizona Prevention Research Center in convening the 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.

## Purpose of the CHW Workforce Assessment

The Arizona legislature passed CHW Voluntary Certification into law in 2018, laying the groundwork for advancement of the CHW workforce. The rulemaking process is expected to be completed by the end of 2021, at which point the Arizona Department of Health Services (ADHS) will begin the process of administering CHW Voluntary Certification. At this juncture, CHW may become eligible for reimbursement through Medicaid/AHCCCS, which would dramatically change the professional landscape for CHWs in Arizona.

The objective of the CHW Workforce Assessment was to understand the current employment and compensation landscape for the Community Health Worker Workforce in Arizona to identify priorities for workforce development and sustainability. The assessment can be used as a baseline in efforts to evaluate the implementation of voluntary certification on the CHW workforce in Arizona.

## Funding

The CHW Workforce Assessment was financed in part or whole by the CDC 2018 Prevention and Public Health Funds (PPHF) Improving the Health of Americans through Prevention and Management of Diabetes, Heart Disease and Stroke- CDC-RFA-DP18-1815 PPHF 18 (1815).

## Methods<sup>1</sup>

The Arizona Prevention Research Center (AzPRC) compiled the CHW Workforce Assessment under the guidance of AzCHOW, ADHS and other CHW stakeholders. The CHW Workforce Assessment is made up of data from three distinct sources, employer surveys, job description review, and employer interviews, which together provide a comprehensive snapshot of the workforce. The AzPRC collaborated with the CHW stakeholders throughout the assessment process to determine data collection strategies and objectives, interpret findings and identify next steps.

### 1. Job Opportunity Analysis

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 were gathered from online job boards from October to December of 2019. 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 rejected job descriptions that were clearly meant for another profession (e.g. home health aide, required Master in Social Work).

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

The AzPRC set up a REDCap database to facilitate the document review. We extracted information about job requirements, benefits, salary and the hiring organization. We categorized job responsibilities based on the 10 core competencies and 59 associated skills of CHWs (see Appendix A). For example, the job responsibility “develops a comfortable and trusting relationship with each family so that the needs of the child and family are met” was categorized under relationship-building because it aligns with the associated skill “providing coaching and social support”. An example of a job responsibility mapped to each core competency and the relevant associated skill is listed in Table 1.

<b>Core Competency</b>	<b>Job responsibility example</b>	<b>Rationale</b>
<b>Advocacy</b>	Advocates on the patient's behalf with service organizations & agencies.	Aligns with associated skill: speaking up for individuals and communities
<b>Assessment</b>	Assists community members and health field personnel to assess and plan for needed health related services.	Aligns with associated skill: participating in community assessment through observation and active inquiry
<b>Capacity Building</b>	Improve self-care management in patients at risk for diabetes and other chronic disease.	Aligns with associated skill: helping others to identify goals and develop to their fullest potential
<b>Communication</b>	Listens to concerns, provides explanations and/or responds to questions, follows up as appropriate.	Aligns with associated skills: listening actively, communicating with empathy, communicating with community served
<b>Education and Facilitation</b>	Instructs individuals and families in health education and disease prevention.	Aligns with associated skill: planning and conduct classes and presentations for a variety of groups
<b>Knowledge Base</b>	Maintains current knowledge based on specific health issues, particularly in area of expertise	Aligns with associated skills: pertinent health issues, community served
<b>Outreach</b>	Conduct outreach, facilitate access to healthcare services	Aligns with associated skill: conducting case-finding, recruitment and follow-up
<b>Professional Conduct</b>	Willing to attend professional development opportunities to increase job skills.	Aligns with associated skills: pursuing continued education and lifelong learning opportunities
<b>Relationship-Building</b>	Develops and maintains strong working relationships with external (referral sources and community	Aligns with associated skills: working as a team member

	agencies) and internal contacts (departmental team members).	
<b>Service Coordination</b>	Provide wellness case management services to clients, assisting clients to meet wellness goals by connecting clients to relevant health and wellness resources.	Aligns with associated skills: coordinating care (includes identifying and accessing resources and overcoming barriers)

## 2. Employer survey

The purpose of the employer surveys was to understand the current employment landscape for CHWs in Arizona and identify priorities for workforce sustainability and recognition. The survey gathered information about funding, training, career ladders, salary, and benefits for CHW employees. The electronic survey was sent to CHW supervisors or program managers in organizations that employ CHWs throughout Arizona.

The survey questions were developed by a team of public health professionals knowledgeable about the CHW workforce, in consultation with AzCHOW. The survey questions were presented to CHW Workforce Coalition members, who provided feedback and suggestions for the survey. The finalized survey was piloted with two organizations, and the pilot participants also provided their feedback to ensure that the questions were clear and relevant.

AzCHOW and the Arizona CHW Workforce Coalition members provided names and contact information for CHW employers in their regions. The AzPRC created an electronic survey in REDCap, a secure online data management tool, and disseminated it to the contact list with a personal invite. The AzPRC also disseminated the survey to the CHW Workforce Coalition and AzPRC listserv. The AzPRC followed up with personalized emails to organizations on the contact list from the CHW coalition to improve response rate.

## 3. Employer Interviews

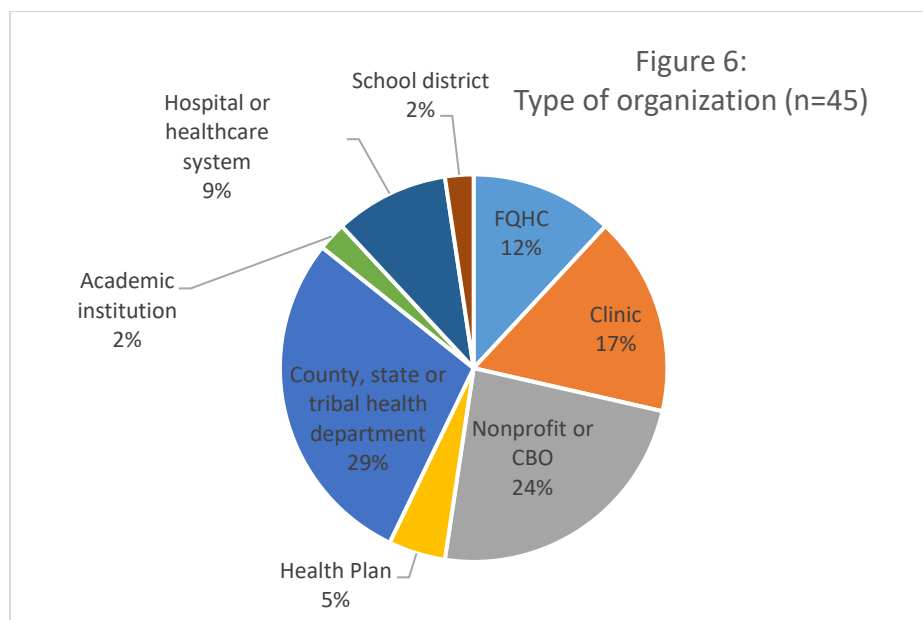
The purpose of the employee interview was to expand on the employer survey regarding opportunities for CHW recognition, growth and advancement, as well as identification of gaps and priorities. We were also interested in their perspectives on the CHW voluntary certification. The partners selected potential Interview participants from the individuals who completed the CHW Employer Assessment to represent a variety of organization types and geographical regions in Arizona. Participants were invited over email, and the interview was conducted via Zoom in a recorded session. The interviewer took notes during the meeting and then reviewed the Zoom recording transcript for completeness. The interviews were analyzed using a content analysis approach based on the objectives of the interview and the interview questions. The AzPRC team discussed the initial analysis with the partner group that included AzCHOW, ADHS and CHW Workforce Coalition members, and then revisited the notes to respond to their additional questions.

## Results

### Job Posting Analysis

The 45 job descriptions from the public-facing job boards included positions at a variety of organizations throughout Arizona, many of them clustered around the urban areas of Maricopa County, Tucson, and Yuma. Figure 2 shows the types of organizations in the job opportunity analysis. There were 24 distinct job titles for the 45 CHW positions listed. In all, 33% of the positions included “community health worker,” “community health representative” or “promotor/a” in the job title.

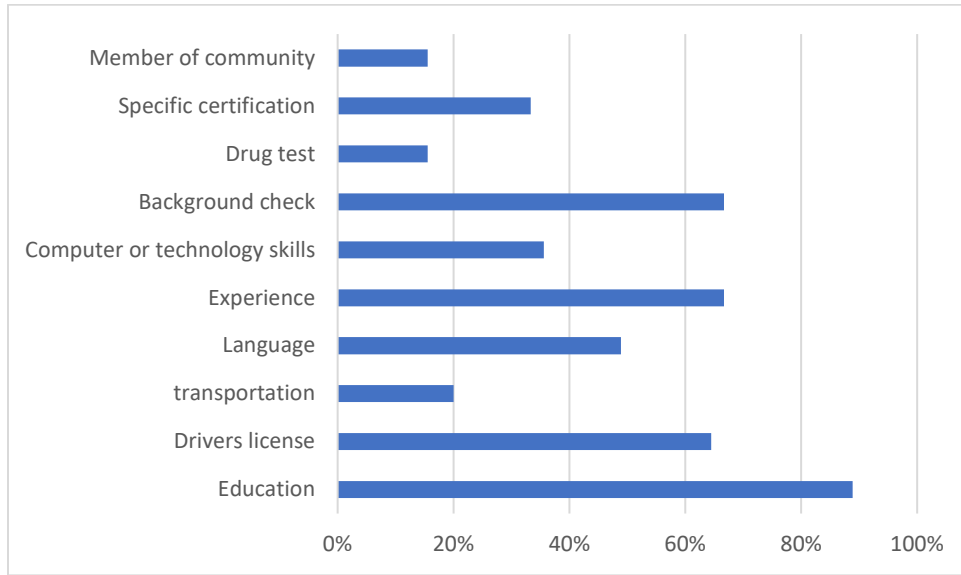
Figure 2 Types of Organization in Job Posting Analysis



### Job Requirements

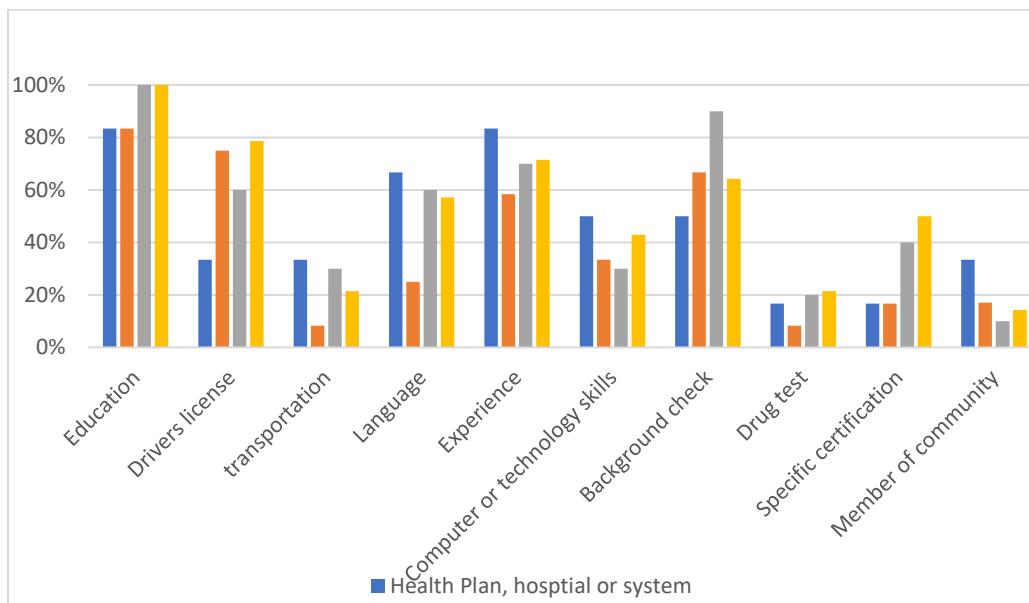
Similar to the finding in the employer survey, 77% of the CHW positions required a high school diploma or higher (Figure 3). On the other hand, 16% included “member of community” as a job requirement.

Figure 3 Job requirements for all organizations (n=45)



The requirements were relatively standard across type of organization (Figure 4). While the level of education was important to all types of agencies in their job postings, experience was also important.

Figure 4 CHW Job Requirements, by type of organization (n=42)



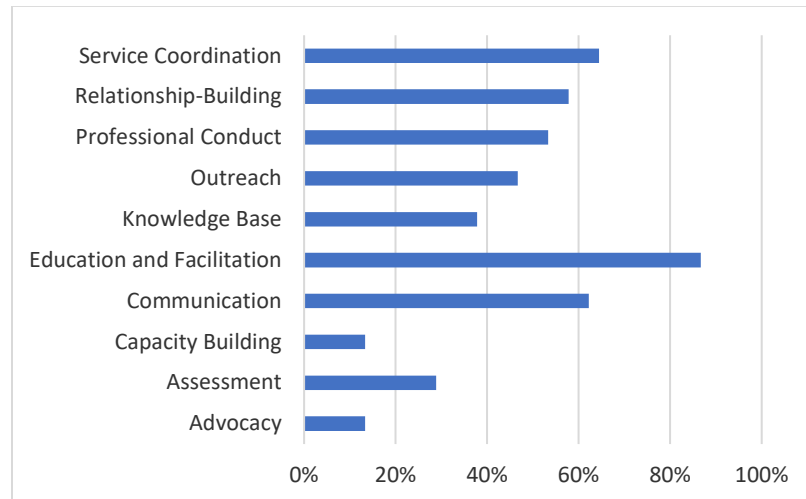
**Core Competencies**

The assumption is that CHWs will be most effective when they are utilizing their full scope of practice. This often depends on organizational or supervisor awareness of the breadth of CHW core competencies. On average, the job descriptions included 5 out of the 10 CHW core



competencies. Education and facilitation were the most frequently mentioned among the core competencies, while capacity and advocacy were referenced less often. (Figure 9)

*Figure 5 Percent of Job Descriptions that Included each Core Competency (n=45)*



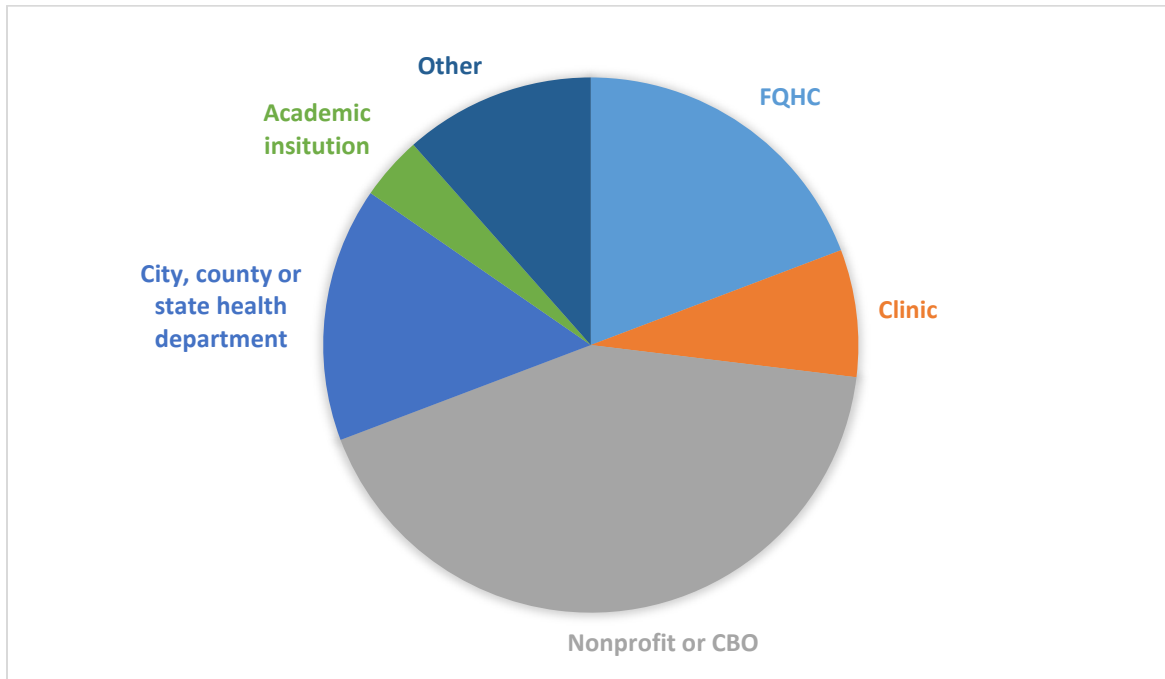
Overall, very few organizations recognized the potential of CHWs across their scope of practice. Community based organizations referenced approximately 5 or 10 core competencies compared to health plans, which references an average of four core competencies. Table 3 lists the average number of core competencies mentioned by each type of organization.

<b>Table 3: Average number of core competencies listed in job description, by type of organization (of 10 core competencies)</b>		
<i>Type of organization</i>	<i>Average Number of Core Competencies</i>	<i>Range of Number of Core Competencies</i>
Health Plan, Hospital or System	4	2 to 5
County, State or Tribal Health Department or Government	4.75	2 to 7
Community Based Organization	5.4	2 to 7
FQHC or Clinic	4.7	3 to 8

## Employer survey

Twenty-seven organizations employing a total of 371 CHWs completed the CHW employer survey. The organizations deliver services in all 15 Arizona counties, with the most common being community-based agencies (Figure 6).

Figure 6 Responses by Type of Organization (n=27)



## Job Requirements

The requirements for CHW employment reflect an organization's knowledge of the skills and experiences needed for CHWs to be able to operate effectively. Table 4 shows the percent of organizations that included an educational or experience requirement for employment. Formal education or training, while not considered an indication of CHW capacity, was required by two-thirds of respondents.

<b>Table 4: Percent of organizations with an educational or experience requirement</b>	
<i>Requirement</i>	<i>% of organizations</i>
Previous experience as a CHW	26%
Formal education or training	63%
<i>Of positions with minimum education requirement:</i>	
GED/High School	44%
Vocational/technical training	13%
Associate degree	6%
Bachelor's degree	19%
Other	19%

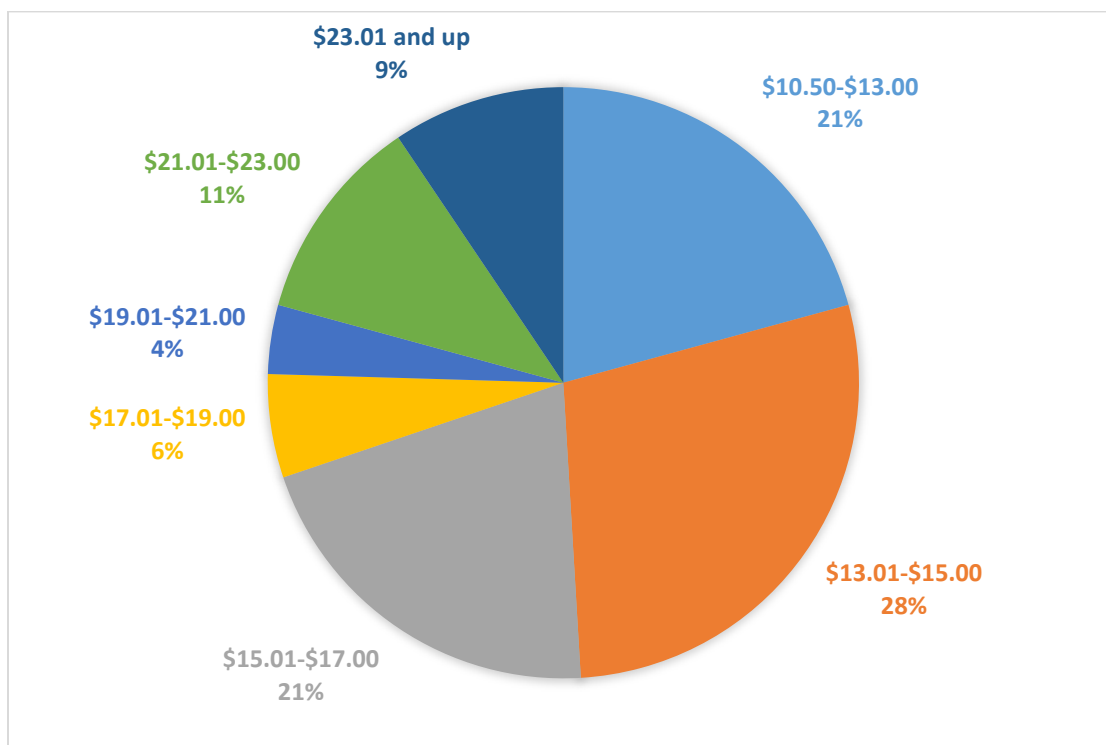
In reporting the actual education level of their CHW employees, organizations clearly preferred that they have at least a high school education. Many CHWs had an associate degree, which may have referred to a CHW certification from a community college. (Table 5)

Education Level	Number of CHWs (%)
Less than high school	6 (2%)
High school or GED	185 (65%)
Some college	38 (13%)
Associate's degree	54 (19%)
Bachelor's Degree	3 (1%)
Master's degree	0 (0%)

### Salary and benefits

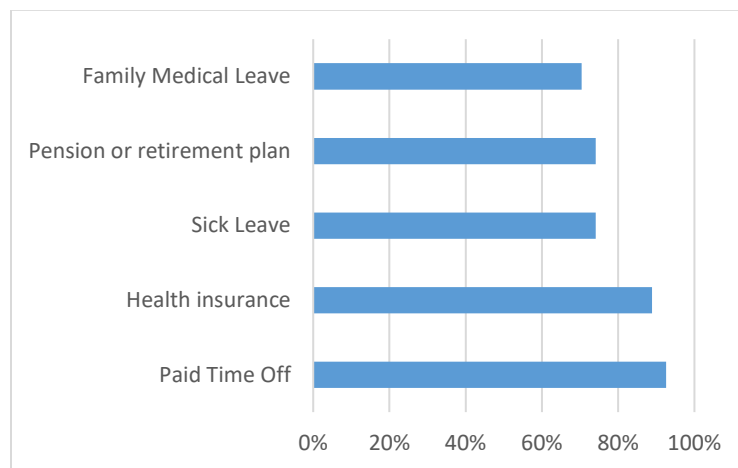
A major objective of CHW voluntary certification is to increase the living wage of CHWs. In our survey, the average salary of the CHW positions was \$15.47 per hour. 48% of the CHW positions paid \$15 or less per hour. The range of salaries is provided in Figure 7.

Figure 7 Percent of Salaries in Range



Most of the organizations provided basic benefits to their CHW employees. (Figure 8)

*Figure 8 Percent of Organizations that Provide Benefits (n=27)*

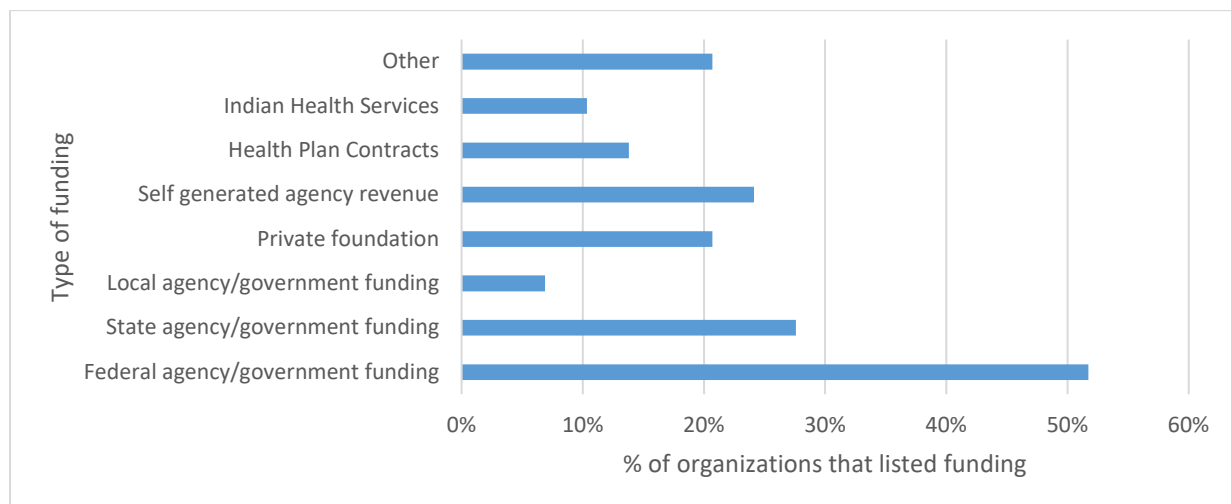


In response to the question “Are there formal career ladders available for CHWs within your organization?”, 52% of organizations responded “no.” In the survey, we defined a career ladder as: “sequential titles involving progressively higher responsibilities and compensation.”

### **Funding and Sustainability**

CHW programs are funded by a variety of organizations, as shown in Figure 9. Federal agencies were the most common source of funding.

*Figure 9 Funding Sources for CHW Programs*



Almost three-fourths (72%) of the organizations indicated that they wanted to expand their CHW programs, while 44% of the organizations had sustainable funding mechanisms for their programs.

## Employer Interviews

The AzPRC completed four interviews with representatives from a Federally Qualified Community Health Center (FQHC), a community-based organization (CBO), a health department and a health plan. Partners chose these organizations because we wanted the perspective from agencies with a history of hiring CHWs and an awareness of CHW voluntary certification. Our assumption is that these organizations would provide the “best case scenario” in understanding the potential of the workforce and the desire for CHW compensation and sustainability. We attempted to reach a Tribal CHW program but were unable to schedule an interview for this assessment.

## Voluntary Certification

All the interview participants were interested in having their CHW employees become voluntarily certified once the process becomes active. However, the perceived benefits of the voluntary certification differed between organizations. The FQHC employee was interested in potential reimbursement that might come from voluntary certification but did not think that the voluntary certification would necessarily change the work of their CHW employees or change the perception of CHWs within the organization. The CBO employee was more interested in how voluntary certification might enhance the professional development and recognition of CHWs. The employees from the health department and health plan were interested in the potential for voluntary certification to expand their current programs and create more funding mechanisms for their programs. If some of the services that CHWs provide could be reimbursed through AHCCCS, for example, they could potentially hire more CHWs to complement existing grant-funded programs.

## Hiring and Recruitment Processes

Both the FQHC and the CBO aim to recruit CHW employees from existing programs or from pools of volunteers that work with the agency. That recruitment process allows them to find individuals that are a “good fit” for a CHW role; they can observe and work with the potential CHW employees before hiring them. Both the FQHC and the health department were limited in their ability to engage in this process because the job descriptions are vetted through their human resources department and although they can add specific information about the program or project that the CHW will be working on, they are limited by the employment structure of their organization. The health department was the only organization that mentioned difficulty in finding and retaining qualified CHW employees, especially in rural areas. They found that increasing the pay helped them to find and retain qualified workers, but in general they have a difficult time filling positions that require the various skills of a CHW. The health plan does not hire CHWs directly, but rather provides general guidelines and relies on the expertise of their contracting agencies.

## Training Methods

All the organizations provide training tailored to the needs of the organization and program. The FQHC, Health Plan and CBO all rely on external partners to provide at least part of the training, which is tailored to the needs of the program. The health plan was the only

organization that explicitly mentioned the 10 CHW Core Competencies as part of the training process.

### **Career ladders, pay structure and professional opportunities**

The FQHC, CBO and health department all mentioned ample opportunities for their CHW employees to attend professional development and training opportunities. The FQHC and CBO also provided examples of CHWs who moved into coordinating and supervisory roles, which included subsequent increases in pay. The FQHC has set job titles based on the experience level of the CHW employee and pay is set within a range provided by the human resources department depending on experience and skills. The salaries at the CBO are uniform and not initially determined by experience, but CHWs can receive merit-based increases. Career progression and salary for the health department program depended on the program site; there was no uniform career progression or salary. Some of the sites have a set career progression with salary increases depending on experience. The health plan left career and salary decisions to their contracted partners, with the expectation that the CHWs are paid a living wage with benefits.

### **CHW Integration**

CHW integration presents challenges to health care settings who have a medical model of service delivery. The FQHC noted that integration varies across departments and job roles. The FQHC includes clinic-based CHWs that work as care coordinators, and community-based CHWs that work with community health projects. All the CHWs have access to the electronic health records, which facilitates communication between the clinical and community staff. The health plan noted that the CHWs are very integrated with their provider network to be able to make appointments and help the patient navigate the health system. In non-clinical settings CHW integration was more fluid. The health department noted that CHWs are often pulled into special projects or to help with health emergencies. They are often called in as a cultural liaison or interpreter for other health department staff. The CBO noted that “integration” is not a relevant concept for their organizations, since the CHWs are involved in all levels of the organization; as the interviewee noted, “the CHWs are the organization.”

### **Impact of Reimbursement**

All the organizations were cautiously optimistic about the potential for the Arizona Health Cost Containment System (AHCCCS), or Medicaid reimbursement for CHW services. They all noted the potential for increased funding and the expansion of programs and services. However, they also noted that the potential impact of AHCCCS reimbursement depends on how it is defined and implemented. For example, the FQHC noted the difficulty of getting AHCCCS to accept codes for some health education services that should be reimbursed, and worried that the same would happen with CHW billing codes. The health plan noted that their current models would shift in response to AHCCCS reimbursement, and that health providers would need to be a part of the conversation so that they can bill appropriately. The CBO mentioned potential challenges in having the capacity to bill AHCCCS as a community versus a clinical agency. The health department was concerned that the codes would not align with the work that the CHWs are currently engaged in.

## Discussion

The CHW Workforce Assessment provides 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.

First and foremost, CHWs must be better compensated to achieve a livable and attractive wage. Medicaid reimbursement could help to support and sustain the CHW workforce and increase wages in organizations. CHWs are not well compensated, even though they generally receive basic benefits. Further, opportunities for career advancement are limited. Most organizations did not have a formal career pathway for CHW employees, which may result in CHWs leaving the field to progress professionally. It also may make it difficult for a CHW to bring her important skills to a new position because the skills are not recognized by the organization. An important consideration will be to encourage organizations to recognize voluntary certification as a valuable skill set which can be applied in a variety of positions as they are promoted within and across agencies.

Our assessment indicates that employers would benefit from financial and technical assistance to expand CHW programs. Many organizations expressed a desire to expand their CHW programs and hire more CHW employees, but the lack of sustainable funding mechanisms makes this difficult to achieve. The technical assistance should also extend to job announcements. The job announcements make it clear that organizations do not understand the full breadth of CHW skills into account, as evidenced by the lack of core competencies in the job responsibilities.

The fact that the job announcements generally emphasize professional skills over a close and trusting relationships with the community services is also indicative of a potential disconnect between the qualities of a strong CHW applicant and the requirements in the job description. Voluntary certification will help ensure that the myriad job titles currently used to hire CHWs fall under the umbrella of CHW.

Voluntary certification and reimbursement of CHW activities through AHCCCS will be the cornerstones of a strong and sustainable workforce. However, this process must continue to center on members of the workforce to ensure that codes capture CHW strengths and that their efforts have the greatest benefits for their clients. CHWs must continue to lead the way in the effort to sustain and recognize the workforce to ensure that the voluntary certification and reimbursement results in the intended positive outcomes for the workforce and the communities they serve.

## Appendix A: Core Competency Checklist

### **Core Competency Checklist**

*Instructions: use the table below to map the CHW core competencies to specific sessions in the training program. Please use the session titles or used in the attached training schedule. The training program should include content that meets at least 90% (53 out of 59) of the core competencies in the table below.*

Communication	
<i>The CHW training program must include content on:</i>	<i>Indicate the session(s) or class(es) where this content is included</i>
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	
<i>The CHW training program must include content on:</i>	<i>Indicate the session(s) or class(es) where this content is included</i>
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	
<i>The CHW training program must include content on:</i>	<i>Indicate the session(s) or class(es) where this content is included</i>
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	



<i>The CHW training program must include content on:</i>	<i>Indicate the session(s) or class(es) where this content is included</i>
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	
<b>Advocacy</b>	
<i>The CHW training program must include content on:</i>	<i>Indicate the session(s) or class(es) where this content is included</i>
Contributing to policy development	
Advocating for policy change	
Speaking up for individuals and communities	
<b>Education and Facilitation</b>	
<i>The CHW training program must include content on:</i>	<i>Indicate the session(s) or class(es) where this content is included</i>
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	
<b>Assessment</b>	
<i>The CHW training program must include content on:</i>	<i>Indicate the session(s) or class(es) where this content is included</i>
Participating in individual assessment through observation and active inquiry	
Participating in community assessment through observation and active inquiry	
<b>Outreach</b>	
<i>The CHW training program must include content on:</i>	<i>Indicate the session(s) or class(es) where this content is included</i>
Conducting case-finding, recruitment and follow-up	

Preparing and disseminating materials	
Building and maintaining a current resource inventory	
Professional Conduct	
<i>The CHW training program must include content on:</i>	<i>Indicate the session(s) or class(es) where this content is included</i>
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	
Knowledge Base	
<i>The CHW training program must include content on:</i>	<i>Indicate the session(s) or class(es) where this content is included</i>
Social determinants of health and related disparities	
Pertinent health issues	
Healthy lifestyles and self-care	
Mental/behavioral health issues and their connection to physical health	
Health behavior theories	
Basic public health principles	
Community served	
United States health and social service systems	

## Appendix B: Infographic with results from CHW Employer Survey

# PAVING THE WAY TO CHW SUSTAINABILITY: 2020 Arizona CHW Employer Survey

Community Health Workers (CHWs) are essential workers in clinical and community settings that strive to improve community health. There are currently over 1000 CHWs in Arizona.

The Arizona CHW Employer Survey helps us to understand the current employment and compensation landscape for the CHW workforce in Arizona to identify priorities for workforce development and sustainability.

### METHODS

- Online survey was sent to organizations in Arizona that employ CHWs
- Survey completed by managers and supervisors

### RESPONSES

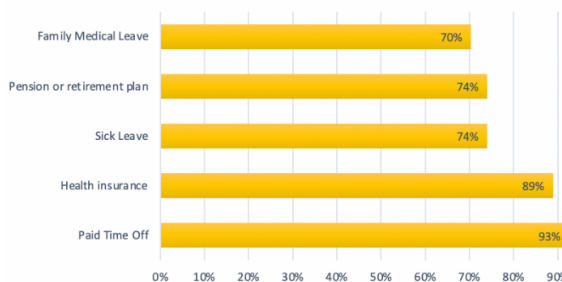
Survey included 27 organizations employing 371 CHWs across all 15 Arizona counties

Includes Health centers, tribal and county health departments, non-profits, hospitals, and health plans

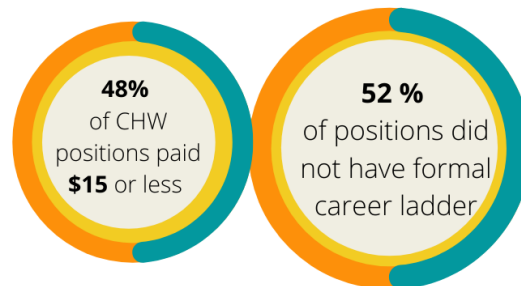


## RESULTS

Percent of organizations that provide benefit (n=27)



### WORKFORCE CHALLENGES



**72%** of organizations want to expand their CHW programs

**44%** of organizations have sustainable funding mechanisms for their CHW programs

### TAKEAWAYS

- CHWs receive basic benefits, but opportunities for advancement are limited.
- CHWs need to be better compensated to achieve a livable wage.
- Employers will benefit from financial and technical assistance to expand CHW programs
- CHW Voluntary Certification and Medicaid reimbursement are the cornerstones of a sustainable CHW workforce

Learn more about developing a sustainable and effective CHW workforce in your organization!

Contact AzCHOW at [info@azchow.org](mailto:info@azchow.org)



## Appendix C: Infographic with Results from the Job Opportunity Analysis

