Community Health Workers: Essential to Improving Health in Massachusetts

Findings from the Massachusetts Community Health Worker Survey

Division of Primary Care and Health Access
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INTRODUCTION

Community health workers are an essential component of the health care delivery system. They provide the critical link between the health care and human service system and their communities. This report will answer the questions: Who are community health workers (CHWs)? What do they do? What are the defining issues of CHWs as a workforce? How can we better understand and support community health workers in order to improve health outcomes in Massachusetts?

The term "community health worker" is used today as an umbrella term to describe members of the health workforce that function under a multitude of various job titles. The Massachusetts Department of Public Health (MDPH) has undertaken this investigation of CHWs in Massachusetts to be better able to develop effective strategies for their support, development, recruitment and retention.

BACKGROUND

Both in the United States and abroad, CHWs have been an essential component of health care systems for many years. Community health workers (CHWs) improve access to and increase utilization of primary health care, reduce costs of care, improve quality of care, and reduce health disparities. They achieve these goals by serving as the bridge between clients in need and needed health care and human services.

In 1965, Massachusetts established one of the first CHW programs under the Economic Opportunity Act of 1964. For over forty years, the Massachusetts Department of Public Health has supported the use of effective outreach through its funding of community-based agencies, as well as in its own public health services.

In recent years, a number of national and state initiatives have been implemented in an effort to better understand the contributions of CHWs to improving health outcomes. Federal officials and several state governments have shown increased interest in the role of CHWs in reducing health disparities, improving access to care and making disease management more cost-effective.

In Massachusetts, a number of efforts have been implemented on various levels to support and promote the thousands of community health workers employed in community-based agencies. In an effort to better understand CHWs and their current and potential impact on health care delivery in Massachusetts, the MDPH convened, in 1995, an internal cross-departmental CHW Task Force. In 1997, the task force developed a set of expectations for MDPH-funded community-based vendors about CHWs, and determined these next steps:

- Survey the CHW workforce in Massachusetts.
- Support the development of a statewide CHW network.
- Develop and implement a clear MDPH CHW Policy.

The findings of the Massachusetts Community Health Worker Survey are presented in this report.

PURPOSE OF THE MASSACHUSETTS COMMUNITY HEALTH WORKER SURVEY

The primary goals of the Massachusetts Community Health Worker Survey were to:

- Determine basic socioeconomic and demographic characteristics of the CHW workforce
- Identify core job roles and functions
- Create a standardized definition of a CHW for MDPH contracts
- Identify unique skills CHWs require
- Identify job settings, wages and funding
- Gather information on training and supervision
- Identify barriers to workforce recruitment and retention

SURVEY METHODOLOGY

The MDPH used two surveys to collect information, one designed for CHWs and another targeting their supervisors, both developed in collaboration with community health workers and their agencies. Both surveys contained questions on demographics, work and work history, supervision, training and networking opportunities. In addition, the surveys contained questions specific to each role.

MAJOR FINDINGS

A Profile Emerges

- CHWs and their supervisors represent more than 20 different ethnicities, and provide services and information to individuals and families representing more than 20 ethnicities – reflective of Massachusetts' growing variety of ethnic populations.
- CHWs work in all areas of the state, with the heaviest concentration in urban areas.
- CHWs deliver a wide range of services in a number of different settings, their generalist skill set making them critical assets for agencies providing services to clients with multiple needs.
- CHWs possess a wide range of skills, and are hired for their communication and relationship-building skills, along with their knowledge of the neighborhoods and communities they serve.
- CHWs and CHW supervisors are predominantly female.

A Formal Definition of a Community Health Worker

Based on the unique combination of skills and diverse roles identified by the survey, the MDPH developed the following standard CHW definition for use in public health practice, policy development and community-based contracts for services. The MDPH uses this definition to distinguish this outreach work force from other professionals working under MDPH contracts and in other settings.

MDPH Definition of a Community Health Worker (CHW)

A community health worker is a health professional who applies his or her unique understanding of the experience, language and/or culture of the populations he or she serves in order to carry out at least one of the following roles:

- Bridging/culturally mediating among individuals, communities and health and human services, including actively building individual and community capacity
- Providing culturally appropriate health education and information
- Assuring that people get the services they need
- Providing direct services, including informal counseling and social support
- Advocating for individual and community needs

A CHW is distinguished from other health professionals because he or she:
- is hired primarily for his or her understanding of the populations he or she serves, and
- conducts outreach at least 50% of the time in one or more of the categories above.

Workforce Issues and Barriers to Recruitment and Retention

- CHW turnover is high.
- CHW wages are low.
- CHW job security is impacted by unpredictable funding.
- There is no formal career ladder for community health workers.
- CHWs are eager to receive additional training.
- Supervisors with experience as a CHW tend to provide higher quality supervision.

SUMMARY OF FINDINGS

Poverty, limited English skills, lack of health insurance, unemployment, immigration and refugee status, homelessness, and an inability to access transportation are among the main barriers keeping some individuals and families across the state from receiving the health care and services they need.

Massachusetts community health workers possess a unique set of skills, identified here, that enables them to help communities in need overcome barriers to good health and health care. They can face difficult working conditions, poor compensation, lack of benefits, inadequate training and supervision, and few opportunities for promotion. The lack of a standard CHW definition and the lack of understanding among providers about CHW services contribute to the challenges they face.

Despite these challenges, Massachusetts CHWs combine their unique skill set with an extraordinarily high level of commitment to communities in need, and play a significant role in addressing some of the problems that exist in our present health system. By turning our attention

to the key workforce issues identified in this survey, we can increase the potential contribution CHWs can make in the future.

Future Action Steps and Areas for Study

The MDPH proposes the following action steps and areas for further study:

- Develop a set of core competencies and guidelines for CHWs.
- Offer CHWs training and supervision.
- Propose a career ladder for CHWs and their supervisors.
- Establish recommendations for fair and equitable pay scales for CHWs.
- Collaborate with the Massachusetts Community Health Worker Network.
- Conduct further research to document the unique contribution of CHWs to the health system, and educate health providers and policy makers about this contribution.
- Identify stable funding sources that promote long-term program planning and sustain CHW services.

Conclusion

Community health workers, key health professionals woven tightly into the fabric of the communities they serve, are a significant asset to the people of Massachusetts. Without their efforts, many residents would either go without health care and other vital services, or would access care when it is most costly. The impact of CHWs in Massachusetts is far reaching and has enhanced the efforts of many organizations and agencies within Massachusetts. All those in Massachusetts who wish to protect the public health must acknowledge the critical role CHWs play, and join together to support and sustain this key health care resource.

Introduction

Community health workers are an essential component of the health system. They provide the critical link between the health care and human service system and their communities. This report will answer the questions: Who are community health workers (CHWs)? What do they do? What are the defining issues of CHWs as a workforce? How can we better understand and support community health workers in order to improve public health outcomes in Massachusetts?

The Massachusetts Department of Public Health (MDPH) has as its mission to improve the health of all of the Commonwealth's residents. We strive to ensure that the people of Massachusetts receive quality health care, and we are especially dedicated to the health concerns of those most in need. Community health workers in Massachusetts are key to our success, and are critical to our population-based efforts to meet current challenges, such as access to care, the threat of bioterrorism, and racial and ethnic health disparities. Indeed, community health workers are uniquely qualified to reach our most isolated and vulnerable residents.

"Community health worker" is used today as an umbrella term to describe members of the health workforce that function under a multitude of various job titles. The MDPH has undertaken this investigation of CHWs in Massachusetts to be better able to develop effective strategies for their support, development, recruitment and retention.

Job titles that often fall under the "community health worker" umbrella

Abuse Counselor
Adult Case Manager
Case Coordinator
Community Coordinator
Community Liaison
Community Organizer
Community Outreach Worker
Community Health Educator
Community Health Representative
Community Outreach Manager
Community Social Worker
Counselor
Educator
Family Advocate
Family Education Coordinator
Family Support Worker
Health Advisor
Health Advocate
Health Agent
Health Assistant
Health Communicator
Health Educator
Health Insurance Counselor
HIV Peer Advocate
HIV Prevention Coordinator
Home Care Worker
Home Visitor
Home-Based Clinician
Intake Specialist
Interpreter
Maternal and Child Health Case Manager
Medical Representative
Mental Health Worker
Nutrition Educator
Outreach Advocate
Outreach Case Manager
Outreach Coordinator
Outreach Educator
Outreach Worker
Parent Liaison
Parent Aide
Patient Navigator
Peer Advocate
Peer Leader
Promotor(a)
Promotor(a) de Salud
Street Outreach Worker
Youth Development Specialist
Youth Worker

Background

HISTORY

Both in the United States and abroad, CHWs have been an essential component of health systems for many years. Historically, public health departments and health care agencies have used workers with these and similar titles to perform critical outreach functions. Outreach is a key strategy for improving access to and increasing utilization of primary health care, reducing costs of care, improving quality of care, and reducing health disparities. *Community health workers (CHWs) achieve these goals by serving as the bridge between clients in need and needed health care and human services.*

Since the 1960s, the federal government has supported the development of CHW programs as a way to improve health outcomes in underserved communities. Both the Federal Migrant Health Act of 1962 and the Economic Opportunity Act of 1964 mandated outreach efforts to neighborhoods with high poverty levels and in migrant labor camps. In 1968, the Indian Health Service (IHS) established the largest program in the U.S. to use the CHW model, which supports the use of CHRs (community health representatives) to work with tribal managers in most of the 550 federally recognized American Indian and Alaskan Native communities.

In 1965, Massachusetts established one of the first CHW programs under the Economic Opportunity Act of 1964, in the nation's first comprehensive neighborhood community health center at the Columbia Point Housing Project in Dorchester. For over forty years, the Massachusetts Department of Public Health has supported the use of effective outreach through its funding to community-based agencies, as well as in its own public health services.

The MDPH is the single largest funder of CHW programs in Massachusetts.

RECENT CHW INITIATIVES

In recent years, a number of nation-wide and state initiatives have been implemented in an effort to better understand the roles and impact of CHWs in improving health outcomes. Seminal among these was the National Community Health Advisor Study in 1998 (funded by the Annie E. Casey Foundation) that identified CHW core roles and competencies and also identified the need for strategic coordinated efforts to support the growth and development of the CHW field (Rosenthal et al., 1998).

The Pew Health Professions Commission noted that CHWs "fill an important access gap in the delivery system by demystifying system barriers and decrease the costs of care through their work in prevention and health promotion. As extenders of primary care teams, they can prevent unnecessary reliance on costly emergency department and specialty services" (Pew, 1994). By serving as liaisons between the health care system and the community, CHWs can improve the quality of care by educating providers about community needs and the culture of the community (Brownstein et al., 1992). CHWs make broader social contributions by organizing communities to identify and address their own health problems (Witmer et al., 1995).

In 2001, the Governing Council of the American Public Health Association issued a resolution with policy recommendations entitled "Recognition and Support of Community Health Workers' Contributions to Meeting our Nation's Health Care Needs" (See Appendix D.)

In its landmark report "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care" in 2002, the Institute of Medicine found that: "Community health workers offer promise as a community-based resource to increase racial and ethnic minorities' access to healthcare and to serve as a liaison between healthcare providers and the communities they serve." (Finding 5-2). The report goes on to make the following recommendation: "Support(s) the use of community health workers. Programs to support the use of community health workers (e.g., as health navigators), especially among medically underserved and racial and ethnic minority populations, should be expanded, evaluated, and replicated." (Recommendation 5-10). (See Appendix E.)

Recently, federal officials and several state governments have shown increased interest in the role of CHWs in reducing health disparities, improving access to care and making disease management more cost-effective. Training and other workforce initiatives are being implemented across the country. In the areas of credentialing and certification, Ohio has joined Texas in implementing credentialing for CHWs, and movements are underway in other states.

COMMUNITY HEALTH WORKERS IN MASSACHUSETTS

In Massachusetts, a number of efforts have been implemented on various levels to support and promote the thousands of community health workers employed in community-based agencies. Recognizing the need for improved training opportunities, the Boston Public Health Commission founded the Community Health Education Center in 1994, which developed and implements core CHW training. Other training models have developed over time, including the Outreach Worker Training Institute based in the Central Massachusetts Area Health Education Center in Worcester.

In an effort to better understand CHWs and their current and potential impact on the health care delivery system, the MDPH convened, in 1995, an internal cross-departmental CHW Task Force. The task force included representation from the broad range of programs utilizing outreach, such as HIV/AIDS, substance abuse, maternal and child health, nutrition, tuberculosis, chronic disease prevention and others.

One significant outcome of the CHW Task Force was the development of the "Request for Response (RFR) Guidelines for Community Health Workers" – a set of expectations for MDPH-funded community-based vendors about CHWs. It included:

- CHWs' roles and responsibilities (in essence, a broad "working definition")
- Development of an overall outreach plan
- Development of an internal agency plan for training, supervision and support of CHWs.

These guidelines were distributed with the 1997 "MDPH Community Health Network RFR," a $163 million per year grant program that supported many community-based agencies.

The MDPH CHW Task Force proceeded to convene several forums inviting input from Massachusetts community health workers, in order to determine next steps in promoting the CHW workforce.

The steps identified were:

1. **Survey the CHW workforce in Massachusetts.**
   Further study, with significant input from CHWs themselves, was needed to understand critical workforce issues such as job role and scope, training and supervision, level of integration into the health care delivery system, and barriers to recruitment and retention.

2. **Support the development of a statewide CHW network.**
   The best voice for promoting CHWs and the work they do is the voice of CHWs. A statewide CHW network, led by CHWs, would be capable of convening all key stakeholders in the state, and was needed to advocate for strengthening the field.

3. **Develop and implement a clear MDPH CHW Policy.**
   The current "RFR Guidelines for CHWs" needed to be further developed into an MDPH CHW Policy, to include a standardized CHW definition, best practices and operational measures for MDPH vendors using CHWs.

With funding support from the federal Health Resources and Services Administration (HRSA), the MDPH, in 2000, embarked upon the Massachusetts Community Health Worker Network Project – a broad-based three-year initiative designed to accomplish these three steps. (See Appendix A – CISS Grant Abstract). During the course of the project, all three were achieved. The second goal led to the establishment of the Massachusetts Community Health Worker Network (MACHW), a statewide CHW-led membership organization dedicated to advocating for CHWs and the communities in which they work (See Resource List – Appendix F.) The third goal (the MDPH CHW Policy Statement) was achieved through the combined efforts of the MDPH CHW Task Force, other MDPH programmatic staff, and the Massachusetts Community Health Worker Network (see Appendix C.)

The first step of the project, the assessment of the CHW workforce in Massachusetts, was the focus of the Massachusetts Community Health Worker Survey, and the findings are presented in this report.

Purpose of the Massachusetts Community Health Worker Survey

The primary goals of the Massachusetts Community Health Worker Survey were to:

- Determine basic socioeconomic and demographic characteristics of the CHW workforce
- Identify core job roles and functions
- Create a standardized definition of a CHW for MDPH contracts
- Identify unique skills CHWs require
- Identify job settings, wages and funding;
- Gather information on training and supervision
- Identify barriers to workforce recruitment and retention

The survey was administered to both CHWs and CHW supervisors. The survey research was funded by the grant from HRSA's Maternal and Child Health Bureau (MCHB) Community Integrated Service System/Community Organization Grants (CISS/COG) Program.

Survey Methodology

Because of the lack of data about CHWs in Massachusetts at the onset of this project, identifying a sample group for the MDPH survey presented a hurdle. Another significant challenge was the lack of a consistent, widely accepted CHW definition. Neither the MDPH nor any other organization in Massachusetts had ever compiled a statewide database of CHWs. The MDPH conducted a mass mailing to approximately 8,000 agencies and individuals. The mailing included a draft "working definition" of a CHW based on the current literature, and asked individuals whose role fell under this definition to contact the MDPH. The researcher interviewed these respondents over the phone to determine their eligibility to participate in the survey. Through this method the MDPH identified a total of 806 CHWs and 155 supervisors to take part in the survey.

To ensure CHW input in developing the survey questions, the MDPH utilized the newly formed Massachusetts Community Health Worker Network, as well as other CHW focus groups across the state. The surveys were mailed to the identified participants along with instructions, contact information, and a postage-paid return envelope. Participants were given three weeks to complete and return the surveys to the MDPH. After one week participants received a reminder notice by mail; after two weeks they received a phone call. Return rates were 371 (46%) for CHWs and 105 (67.7%) for supervisors. Analysis of frequencies was conducted using Microsoft Excel.

The MDPH used two surveys to collect information, one designed for CHWs and another targeting their supervisors, both developed in collaboration with community health workers and their agencies. Both surveys contained questions on demographics, work and work history, supervision, training and networking opportunities. In addition, the surveys contained questions specific to each role. In all, CHWs were asked to respond to 51 multiple-choice and open-ended questions; their supervisors responded to 38 questions. (See Sample Surveys in Appendix B.)

SURVEY LIMITATIONS

Several limitations arising from the survey sampling method must be taken into account when reviewing the findings in this report.

First, the fact that CHWs are an emerging profession, without consistent credentialing, certification or a defined job classification, precludes the possibility of determining the exact number of CHWs working in Massachusetts. Through this survey process we have identified at least 800 CHWs, and we estimate the actual number to be much higher for reasons mentioned in this document.

Second, a degree of selection bias is expected in self-reporting surveys. CHWs who were identified in the initial stages of the study may not have responded to the survey because of their own perceived role, literacy skills, time constraints, or other issues.

Third, a portion of the public health workforce that conducts outreach does not speak English as a first language. Time and financial constraints prevented translation of the surveys into languages other than English. Responses were, therefore, limited to English speakers, although many of these were bilingual or multilingual.

Fourth, the use of a draft working definition of a CHW based on current literature to identify survey participants may have included health professionals who do not fit under the resulting standardized definition.

Major Findings

With 474 individuals responding to the surveys (370 CHWs and 104 CHW supervisors), the findings are as follows.

DEMOGRAPHIC PROFILE

Gender
The CHW and CHW supervisory professions are predominantly female. Among CHWs, 76.2% are female; 23.8% male. CHW supervisors are 86.5% female and 14.5% male.

Race and Ethnicity
Of the respondents, 85% (n=405) self-identified their race as one or a combination of the following: White, Black, Asian, or "Other," which included American Indian, Alaska Native, Native Hawaiian, or Other Pacific Islander. Responses indicate that 80% are White, 12.5% are Black, 4% are Asian, and 3.5% self-identify as "Other." Six percent of the respondents checked more than one race. Fifteen percent (n=69) did not respond to this question.

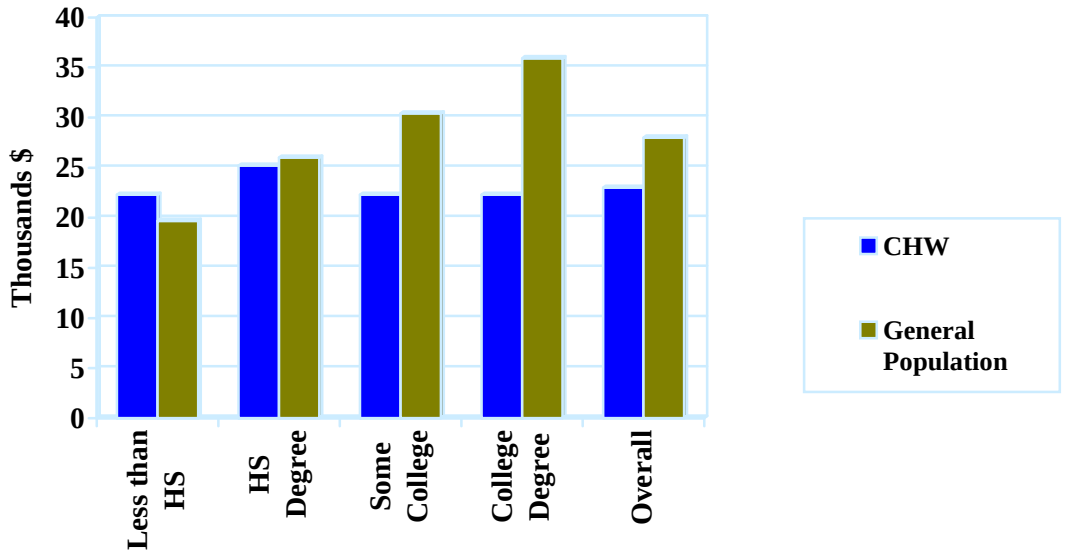
CHWs and their supervisors represent more than 20 ethnicities, reflective of the growing variety of ethnic populations in Massachusetts: Hispanic ethnicities represent 14.3%, including Central American (2.6%), Dominican (2.6%), Puerto Rican (8%), and South American (1.1%); Black ethnicities represent 8.9%, including African American (6.1%), African (.9%), Caribbean Islander/West Indian (.6%), and Haitian (1.3%); Asian ethnicities represent 3.3%, including Cambodian (1.3%), Chinese (.7%), Vietnamese (1.1%), and Laotian (.2%); Portuguese-speaking ethnicities represent 10.4%, including Portuguese (6.5%), Brazilian (1.7%), and Cape Verdean (2.2%); European ethnicities represent 7.4%, including East European/Russian (1.8%) and Other European (5.6%); 51% self-identify as American and 4.7% self-identify as "Other." Over 97% (n=463) responded to this question.

In addition, many CHWs speak two or more languages, including English, Spanish, Portuguese, Khmer (Cambodian), Vietnamese, Hmong, Lao, Chinese, Cape Verdean, Haitian Creole, and Russian.

Age
The median age range of respondents was between 36 and 40. Overall, CHWs and their supervisors ranged in age from 20 to 60. The median age range of CHWs was 36-40 years old. The median age range for their supervisors was 41-45.

Education
66% of respondents hold some form of community college, college or university degree. Of the CHWs, 60% reported holding some form of degree beyond high school. 19.2% had attended some college level courses beyond high school. 12.5% hold a high school degree or its equivalent, and only 4% do not hold a high school degree or equivalent. Among the supervisors, 87.5% hold some form of degree.

Figure 1
Average Yearly Income CHWs vs. General Population by Education



CHWs: Where They Work, What They Do, Whom They Serve

In addition to demographics, the survey findings reveal the following:

CHWs work in all areas of the state.
The largest concentrations of community health workers surveyed are found in urban areas (59.7%) such as Boston, Worcester, Springfield, Fall River, and New Bedford. However, CHWs are working in all regions from the Berkshires to Cape Cod and the Islands. 13.5% are working in rural areas.

CHWs deliver a wide variety of services in a number of different settings.
More than 50 distinct services or activities are provided by CHWs. These may include case identification and recruitment, health education, human service referrals, home visits, client case management that includes follow-up, counseling and other services. CHWs' job descriptions often do not reflect the multitude of tasks they perform.

Why such a broad role? Survey findings suggest that CHWs must keep current with a wide range of federal, state and local programs, eligibility criteria and application processes in order to pass on accurate information to their clients. Nearly all CHWs reported assisting clients with a variety of health issues. In addition, CHWs must be creative and responsive, often going beyond the scope of their core specialties. Their generalist skill set makes CHWs crucial assets for agencies providing services to clients with multiple needs.

CHWs work in community-based agencies (including community health centers and other human service organizations), local public health departments, state agencies, hospitals, health insurance companies, clinics, shelters and faith-based organizations.

CHWs provide services to diverse populations.
CHWs provide services and information to individuals and families representing more than 20 ethnicities.

In many cases, CHWs share characteristics with their clients.

- 77.6% of survey respondents share the same ethnicity as their clients.
- 45.7% share the same race.
- 72.8% of male CHWs reported targeting male populations.
- 67.4% of female CHWs focus their work with women.
- 28.9% of CHWs reported working with clients in their own age group.

CHWs possess a wide range of both life and academic skills.
CHWs bring to bear a rich combination of practical life skills and experiences, personal qualities, and knowledge about the community to address the health challenges they face. They also possess skills acquired through formal training such as counseling techniques, health education methods, first aid/CPR, language interpretation services, management skills and many others.

Survey results show that, when hiring CHWs, the skills most highly valued by supervisors are their communication and relationship-building skills. They are also hired for their knowledge of the city, region, neighborhoods and community they serve.

A Formal Definition Of A Community Health Worker

Based on the unique combination of skills and diverse roles identified by the survey, the MDPH developed the following standard CHW definition for use in public health practice, policy development and community-based contracts for services. The core roles identified by the National Community Health Advisor Study served as the foundation for the development of this definition.

The MDPH uses this definition to distinguish this outreach work force from other health care professionals working under MDPH contracts and in other settings.

MDPH Definition of a Community Health Worker (CHW)

A community health worker is a health professional who applies his or her unique understanding of the experience, language and/or culture of the populations he or she serves in order to carry out at least one of the following roles:

- Bridging/culturally mediating among individuals, communities and health and human services, including actively building individual and community capacity
- Providing culturally appropriate health education and information
- Assuring that people get the services they need
- Providing direct services, including informal counseling and social support; and
- Advocating for individual and community needs.

A CHW is distinguished from other health professionals because he or she:
- is hired primarily for his or her understanding of the populations he or she serves, and
- conducts outreach at least 50% of the time in one or more of the categories above.

Workforce Issues and Barriers to Recruitment and Retention
Despite the growing need for community health workers in Massachusetts, there are numerous barriers to workforce recruitment and retention. Across the state, CHW job retention is low and turnover is high. A number of contributing factors emerge from survey findings.

There is no formal career ladder for community health workers.
More than 76% of CHWs reported that their only opportunities for advancement consisted of building skills and increasing levels of responsibility within their current position. Only 27.6% reported opportunities for promotions (change in role and/or increase in salary). These promotions are mostly to supervisory positions: 73.1% of CHW supervisors were former CHWs.

"I love the job, but there is no opportunity for advancement." – Community Health Worker

CHW wages are low.
The mean salary for CHWs is $23,000 per year. Salary levels for CHWs do not increase from this mean with educational level, experience, or years in the position. In fact, the average yearly income of CHWs in Massachusetts is roughly $6,000 less than the state average for the general population. CHWs with college degrees earn approximately $13,000 less than other individuals with college degrees in the general population.

In addition, many CHWs reported that they do not receive health insurance through their jobs.

"It's depressing to teach participants how to use the system and then go home and be unable to afford health insurance or pay my own bills because of my poor pay." – Community Health Worker

CHW job security is impacted by unpredictable funding.
Since funding for public programs in Massachusetts is appropriated on an annual basis, community-based agencies are uncertain of their program and operations budgets from year to

year. When asked about job security, 59% of CHWs reported a certain sense of job security. However, many respondents defined job security as the continual need for services in the community, rather than stable funding for their positions.

Of those who reported that they do not have job security, 77% indicated that that is due to changes in funding sources or unstable funding.

"I am in human services because of my interest in bringing services to persons with disabilities. Government funding, contracts and high turnover rate of staff are frustrating. Across the board, CHWs are not compensated fairly for their dedication." – Community Health Worker

CHW turnover is high.
CHWs average length of stay in a single job is from 3 to 4 years, and in the CHW field, from 4 to 5 years. Supervisors demonstrate slightly higher longevity with 4 to 5 years in a single position and 5 to 7 years in the field. The fact that a large percentage of supervisors were once CHWs suggests that promotions play a significant role in workforce retention.

"Until better pay and higher grade levels for experience and education are given to CHWs, this agency will continue to lose excellent people." – Community Health Worker

CHWs are eager to receive additional training.
Survey respondents almost universally reported receiving some form of training, on topics ranging from housing advocacy to injury prevention to HIV/AIDS education. 67.8% reported that they want more training.

58.5% reported that the training they receive is good. 18.7% called their training excellent. 66.1% reported having some input into the types of training they receive. Of those who receive training, 71.6% said that it is provided by their own agency versus an outside source.

"We need more training. We're working with people with such a wide variety of needs, it's impossible to be a specialist in all those areas." – Community Health Worker

Supervisors with CHW experience improve the quality of supervision.
79.1% of supervisors reported that they also function as CHWs or have been CHWs in the past. 75.1% of CHWs stated that their supervisors possessed CHW experience. 48.8% of CHWs said their relationship with their supervisors was excellent. 42.2% called the relationship good.

CHWs whose supervisors do not have direct CHW experience were twice as likely to report fair or poor relationships with them.

"Supervisors should be required to have worked on the front lines and be familiar with outreach." – Community Health Worker

SUMMARY OF FINDINGS

Poverty, limited English skills, lack of health insurance, unemployment, immigration and refugee status, homelessness, and an inability to access transportation are among the main barriers keeping some individuals and families across the state from receiving the health care and services they need.

Massachusetts community health workers possess a unique set of skills, identified here, that enables them to help communities in need overcome barriers to good health and health care. They can face difficult working conditions, poor compensation, lack of benefits, inadequate training and supervision, and few opportunities for promotion. The lack of a standard CHW definition and the lack of understanding among providers about CHW services contribute to the challenges they face.

Despite these challenges, Massachusetts CHWs combine their unique skill set with an extraordinarily high level of commitment to communities in need, and play a significant role in addressing some of the problems that exist in our present health system. By turning our attention to the key workforce issues identified in this survey, we can increase the potential contribution CHWs can make in the future.

Future Action Steps and Areas for Study

Progress made in the CHW field has gone largely unrecognized by the larger public health and health care communities. Given decreasing economic resources, the capacity of CHWs to continue to increase access, reduce health disparities and improve care is threatened at a time when there is an even greater need for their work. Recognition of the CHW profession along with institutional and systemic support are key to stabilizing this workforce.

With the survey findings in mind, the MDPH proposes the following 7 action steps and areas for further study:

1. Develop a set of core competencies and guidelines for CHWs.
To be most effective, CHWs must possess such competencies as communication skills, interpersonal skills, knowledge of the community, service coordination skills, capacity building skills, advocacy, teaching, and organizational skills. To further develop the profession, CHWs require a clear set of these core competencies, along with ethical and professional guidelines, to inform their activities as they work to assist those in need.

2. Offer CHWs training and supervision.
While most CHWs draw on their own life experience and communication skills to remain effective on the job, they also require formal training on an ongoing basis and consistent, supportive supervision to ensure that they can meet the community's changing health care needs in times of calm or crisis.

3. Propose a career ladder for CHWs and their supervisors.
As they gain the wide range of skills to perform this role, experienced CHWs, looking for advancement, often move to other professions. Implementation of a career ladder would

encourage seasoned CHWs to remain in the profession, adding to the quality of services delivered and providing greater opportunities for mentoring new CHWs.

4. Establish recommendations for fair and equitable pay scales for CHWs.
The low average salary of the CHW discourages both recruitment and retention. Appropriate pay scales for education and job experience would allow the profession to draw from a broader pool of candidates and encourage experienced workers to remain on the job.

5. Collaborate with the Massachusetts Community Health Worker Network.
The Massachusetts Community Health Worker Network (MACHW) was formed in 2000 to enable CHWs to lead the movement to organize, define and strengthen the profession of community health work. MACHW is a statewide professional CHW organization that provides leadership development, resource sharing, peer support, training and career development opportunities, and advocacy efforts to sustain CHWs and to promote secure and safe work environments.

6. Conduct further research to document the unique contribution of CHWs to the health system, and educate health providers and policy makers about this contribution.
For a deeper understanding of how CHWs enhance health systems, it will be important to conduct follow-up longitudinal studies to determine the costs and benefits of employing CHWs, examining their impact on the use of emergency services, preventive and primary care, and the management of chronic illness. Educating the broader health community about the role of CHWs will ensure that their potential is maximized.

7. Identify stable funding sources that promote long-term program planning and sustain CHW services.
CHWs have a significant potential to influence the ongoing health of communities by encouraging healthy behaviors across all stages of life. Because of their geographic coverage and community base, CHWs are also uniquely poised to deliver information and education in the event of a public health crisis such as a bioterrorism attack or a natural disaster. Stable, continuous and flexible funding will ensure that CHW efforts can be sustained, be responsive to community needs, and be maximized across an ever-changing health care environment.

Conclusion

Community health workers, key health care professionals woven tightly into the fabric of the communities they serve, are a significant asset to the people of Massachusetts. Without their efforts, many residents would either go without health care and other vital services, or would access care when it is most costly.

The impact of CHWs in Massachusetts is far reaching and has enhanced the efforts of many organizations and agencies within Massachusetts: community health centers and other community-based agencies, health access advocates, municipal and other local health departments, state agencies, CHW training programs, schools of public health and other academic institutions, foundations, hospitals, and health insurance organizations, and others.

CHWs champion the rights of all residents to access health care and other human services. They help people learn to navigate the system and to take responsibility for their own health and well-being. They enhance the effectiveness of preventive care in protecting individual and community health. All those in Massachusetts who wish to protect the public health must acknowledge the critical role CHWs play, and join together to support and sustain this key health care resource.

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Appendices

To view the Appendices, please go to: http://www.mass.gov/dph/fch/index.htm

Massachusetts Community Health Worker Survey Report

APPENDICES

Appendix A: CISS Grant Abstract

PROJECT IDENTIFICATION
Project Title: Massachusetts Community Health Worker Network Project
Funded by the Health Resources Service Administation, Maternal and Child Health Bureau, Community Integrated Service Systems Community Organzing Grant Program

PURPOSE OF PROJECT AND RELATIONSHIP TO TITLE V MCH PROGRAMS: The purpose of the Massachusetts Community Health Worker Network Project was to develop and implement a statewide community health worker (CHW) system that includes ongoing mechanisms for training, leadership and financing, in order to increase access to, and improve utilization and coordination of, culturally competent, community-based MCH services.

GOALS AND OBJECTIVES: To achieve this goal, the establishment of a sustainable statewide CHW infrastructure, the following objectives were implemented: 1) conduct a statewide needs assessment; 2) establish a CHW-led statewide networking organization; 3) develop MDPH policy guidelines for CHWs, including a formal definition of a CHW, best practices, and operational measures for MDPH contracts; and 4) educate the public and health care providers about the vital role CHWs play in public health.

METHODOLOGY: MDPH implemented the Massachusetts Community Health Worker Survey, collecting information about CHW job roles and scope, training, supervision, level of integration into the health care delivery system, and other job issues related to workforce recruitment and retention. At the same time, key CHW leaders and advocates were convened to begin the formation of the Massachusetts Community Health Worker (MACHW) Network - a statewide networking, training and advocacy organization for CHWs. Using survey findings and input from the MACHW Network, MDPH developed and implemented policy guidelines governing all MDPH contracts employing CHWs. Information about project activities was widely distributed both in Massachusetts and nationally, and key supportive partnerships were developed.

EVALUATION: The effectiveness of the project was measured in terms of: a) the completed needs assessment and accompanying report; b) regular, sustained CHW network activities with evidence of broad-based participation; c) the development and incorporation of MDPH policy guidelines into all new MDPH contracts; and d) broad information dissemination about CHWs and project activities resulting in ongoing funding and other support.

RESULTS/OUTCOMES: Information about the CHW profession in Massachusetts was gathered. The "MDPH Policy Statement on Community Health Workers" was developed and implemented, which includes: a) A formal MDPH definition of a CHW for use in all MDPH contracts; b) Expectations of MDPH-funded agencies with CHWs; and c) MDPH operational measures on training and supervision for MDPH-funded agencies employing CHWs. A sustainable CHW-led network, engaging key partners statewide, was established. A collaborative blueprint for action was created. Awareness about CHWs and their potential to improve public health outcomes has increased among the public health community, leading to ongoing support and sustainability for project activities.

PUBLICATIONS/PRODUCTS: The following publications or products developed out of this project: the Massachusetts Community Health Worker Surveys; the Massachusetts Community Health Worker Survey Report; the Massachusetts Community Health Worker Network Newsletter; the Massachusetts Department of Public Health "Policy Statement on Community Health Workers;" APHA presentations: "Preliminary Findings from the Massachusetts Community Health Worker Survey," "CHW Network Sustainability: Strategic Planning to Independence;" "Massachusetts Department of Public Health (MDPH) Community Health Worker (CHW) Project" presentations.

DISSEMINATION/UTILIZATION OF RESULTS: Information about the project has been presented in a broad range of venues, both in Massachusetts and nationally. The Massachusetts Community Health Worker Network has told its story of building a statewide CHW organization at all key national CHW conferences, including the American Public Health Association Annual Meeting, the Center for Sustainable Health Outreach "Unity Conference," the National Healthy Mothers, Healthy Babies meeting, and the National Promotores Conference. The MACHW Network has assumed a national leadership position, offering technical assistance to CHW networks in other states. The MACHW Network has been promoted at many Massachusetts regional and local meetings. In addition, "Preliminary Findings from the Massachusetts Community Health Worker Survey" was presented at the APHA in 2001, and the final report, "Champions Of Public Health: A Report On Community Health Workers In Massachusetts" is being distributed widely in the state, and through national CHW organizations. The MDPH "Policy Statement on Community Health Workers," is being shared as a model for state health department policy development in this area.

FUTURE PLANS/FOLLOW-UP: The Massachusetts Community Health Worker Network, as a result of stable infrastructure development and creative partnerships, has successfully procured funding to continue and expand its activities. Current plans include implementation of a series of regional advocacy trainings, as well as the development of an advocacy toolkit for CHWs and a series of trainings in the area of prenatal outreach strategies. The MDPH has outlined "Future Actions Steps'" in the final survey report, and they include: develop a clear set of core competencies for CHWs; promote adequate training and supervision; develop a career ladder for CHWs; support the efforts of the MACHW Network; conduct further research into the value that CHWs add to the health care delivery system; develop and promote policies that provide sustainable funding for CHWs.

TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE: All key project activities are amenable to adaptation in other states or areas. Significant resources are required in terms of dedicated staff time at diverse agencies, ensuring a collaborative model. Considerable in kind support from a number of organizations, additional funding to support travel and training, supported CHW consultant time, and technical assistance were critical. Enormous volunteer effort on the part of many CHWs and their supporters was the cornerstone of the project.

Appendix B: Survey Tools

MASSACHUSETTS
COMMUNITY HEALTH WORKER SURVEY
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Thank you for taking the time to complete this survey. Your answers will provide a voice for community health workers (CHWs) in Massachusetts, and help to support and promote the CHW profession. The information you provide is anonymous and confidential.

Please **circle** the letter next to your answer or fill in the blank space when provided.

Example: What is your favorite color?
A Blue B Yellow C Red D Green

Please do not give more than one answer unless instructed to do so.

I. GENERAL INFORMATION

1) What is your job title?

A Community Health Worker
B Outreach Educator
C Health Advisor
D Health Educator
E Other: _____.
F Health Advocate
G Outreach Worker
H Peer Health Provider
I *Promotor/Promotora*

2) What ethnicity do you consider yourself? **(please circle only one)**

A African
B African American
C American
D Asian Indian
E Brazilian
F Cambodian
G Cape Verdean
H Caribbean Islander/West Indian
I Central American
J Chinese
K Dominican
L East European/Russian
M Other European
N Haitian
O Laotian
P Middle Eastern
Q Pakistani
R Portuguese
S Puerto Rican
T South American
U Vietnamese
V Other, specify: _____.

3) What is your race? (circle all that apply)

A America Indian/Alaskan Native
B Asian
C Black, African American, or Negro
D Native Hawaiian or other Pacific Islander

E White

4) How old are you?

A under 20 B 20-25 C 26-30 D 31-35 E 36-40

F 41-45 G 46-50 H 51-55 I 56-60 J over 60

5) What gender are you? A Male B Female

6) What is the last level of school you attended?

A grammar school
B some high school
C high school degree/GED
D some college/university
E college/university degree
F vocational school

7) Are you a certified clinician (RN, LICSW, etc.)?

A No B Yes. Please specify _____

II. WORK AND WORK HISTORY

8) How long have you worked as a Community Health Worker (Health Advocate, Outreach Educator, etc)?

A less than 1 year B 1 – 3 years C 4 – 7 years
D 8 – 10 years D more than 10 years

9) How long have you been in your current job?

A less than 1 year B 1 – 2 years C 3 – 4 years
D more than 5 years

10) How many different 'Community Health Worker' jobs have you had?

A. 1 B. 2 C. 3 D. 4 E. 5 F. 6 G. 7
H. 8 I. 9 J. 10 or more

11) On average, how many hours do you work each **WEEK** as a Community Health Worker?

A Less than 5 hours D 15 – 20 hours G 30 – 35
B 5 – 10 hours E 20 – 25 hours H 35 – 40 hours
C 10 – 15 hours F 25 – 30 hours I more than 40 hours

12) Approximately how much are you paid each **WEEK** before taxes (gross) as a Community Health Worker?

A less than $165
B $165 - $225
C $226 - $280
D $281 - $340
E $401 - $455
G $456 - $515
H $516 - $570
I more than $570

F $341 - $400

J I am a volunteer

13) What activities do you **currently** do as a Community Health Worker? (circle **all** that apply)

A health education/information
B make referrals
C home visits
D support groups
E case finding/recruitment
F clinical services
G teach classes
H health fairs
I collaborating with other agencies
J peer education/mentoring
K presenting in schools, community centers, etc.
L enrollment (MassHealth, CMSP, insurance, etc)
M assessment
N case management
O counseling
P health screenings
Q office work
R translation/interpretation
S provide transportation to clients
T community organizing
U follow up to referrals
V fundraising/grant writing
W Other, specify: _____.
X Other, specify: _____.

14) Which of the answers you checked **above** (in QUESTION 12) are not included in your *job description* (if you have one), or, **what extra activities do you do beyond those you were hired to do**? (circle all that apply)

A health education/information
B make referrals
C home visits
D support groups
E case finding/recruitment
F clinical services
G teach classes
H health fairs
I collaborating with other agencies
J peer education/mentoring
K presenting in schools, community centers, etc.
L enrollment (MassHealth, CMSP, insurance, etc)
M assessment
N case management
O counseling
P health screenings
Q office work
R translation/interpretation
S provide transportation to clients
T community organizing
U follow up to referrals
V fundraising/grant writing
W Other, specify: _____.
X Other, specify: _____.

15) Do you have another paid job besides being a Community Health Worker?

A No B Yes

16) Do you feel like you have job security as a Community Health Worker?

A No B Yes

17) Why do or why don't you feel like you have job security? (circle all that apply)

If "Yes", why	**If "No", why not**
A living wages	G irregular/poor pay
B regular work	H irregular hours
C supervisor support	I lack of support
D stable funding	J changes in funding sources
E good work environment	K poor work relations
F Other, specify:	L Other, specify:
_____.	_____.

18) What area of the state do you work in or nearest to?

A Athol/Orange	H Fitchburg	N Lowell
B Attleboro	I Great Barrington	O North Adams
C Beverly	J Greenfield	P Pittsfield
D Boston to Rt. 128	K Lawrence/Haverhill	Q Plymouth
E Brockton	L Northampton/Amherst	R Springfield
F Cape & Islands	M New Bedford/Fall River	S Worcester
G Framingham		

19) In what setting do you do most of your work? (circle all that apply)

A rural/country B suburban/town C urban/city

20) *On average*, how many clients do you serve in any given month? _____.

21) What is the ethnicity of up to three of the groups of people you **most often** work with? (**circle up to 3**)

A African	L East European/Russian
B African American	M Other European
C American	N Haitian
D Asian Indian	O Laotian
E Brazilian	P Middle Eastern
F Cambodian	Q Pakistani
G Cape Verdean	R Portuguese
H Caribbean Islander/West Indian	S Puerto Rican
I Central American	T South American
J Chinese	U Vietnamese
K Dominican	V Other, specify: _____.

22) What is the race of those people (from question 21 above)? (circle all that apply)

A America Indian/Alaskan Native

B Asian

C Black, African American, or Negro

D Native Hawaiian or other Pacific Islander

E White

23) Which population(s) of people do you **most often** work with? (**circle up to three**)

A Men	E Women	H Adolescents
B Elderly	F Pregnant women/New parents	I Families
C Minorities	G Gay/Lesbian/Bisexual	

D Other, specify: _____.

24) What age group do you **most often** work with? (**circle up to three**)

A Under 20	E 36 – 40	I 56 – 60
B 20 – 25	F 41 – 45	J over 60
C 26 – 30	G 46 – 50	
D 31 – 35	H 50 – 55	

25) Where do you do **most** of your work? (circle one)

A Homes	F Clinics/Hospitals
B Community Centers	G Schools
C Work Sites	H Religious Centers
D Shelters	I Street

E Other, specify: _____.

26) What are up to three of the biggest **barriers** you face doing your work? (for example: not enough support, job insecurity, not enough training, lack of services for clients, etc.)

1. _____

_____.

2. _____

_____.

3. _____

_____.

27) What are up to three things that might make your job easier or more effective?

1. _____

_____.

2. _____

_____.

3. _____

_____.

III. SUPERVISION

28) How would you rate your relationship with your supervisor?

A Poor B Fair C Good D Excellent

29) Does your supervisor have experience working as a Community Health Worker?

A No B Yes C I don't know

30) On average, how many hours of supervision (guidance, technical support, etc) do get each week?

A less than 1 hour D 4 – 5 hours F 8-9 hours

B 1-2 hours E 6-7 hours G 10 or more hours

C 3-4 hours

31) Do you consider this enough time for you to be effective in your work?

A No B Yes

If "No", what would be enough time?

A 1-2 hours C 4 – 5 hours E 8-9 hours

B 3-4 hours D 6-7 hours F 10 or more hours

32) Please list up to three problems you face, if any, with supervision. Please remember that this survey is *completely anonymous* (if none, write "None")

1. _____

_____

2. _____

_____

3. _____

_____.

IV. TRAINING

33) What kind of training did you receive when you began your current job?
(circle all that apply)

A I received no training when I began my job.

B Public Health Issues (AIDS, Cancer, Domestic Violence, etc.)

C Health Education Methods

D Counseling/Mentoring Techniques

E Making Referrals

F Cultural Competency/Health Issues

G First Aid/CPR

H Safety

I Leadership Training

J Management/Organizing Skills

K Fundraising/Grant Writing

L Other, specify: _____.

34) What sort of training do you or will you receive **after** your initial training?
(circle all that apply)

A I will receive no further training.

B Public Health Issues (AIDS, Cancer, Domestic Violence, etc.)

C Health Education Methods

D Counseling/Mentoring Techniques

E Making Referrals

F Cultural Competency/Health Issues

G First Aid/CPR

H Safety

I Leadership Training

J Management/Organizing Skills

K Fundraising/Grant Writing

L Other, specify: _____.

35) Who provides your training?

A Your agency B An outside agency

C This question does not apply to me.

36) *In general*, how would you rate the training?

A Poor B Fair C Good D Excellent

E This question does not apply to me.

37) Are you paid during training?

A No B Yes C This question does not apply to me.

38) Do you receive any sort of recognition for training such as a certificate, pay raise, ceremony, school credit, etc.?

A No B Yes C This question does not apply to me.

39) Does your agency ask you what kind of training you need?

A No B Yes C This question does not apply to me.

40) Please list up to three training topics you feel are important for Community Health Workers in your agency to receive.

1. _____

_____.

2. _____

_____.

3. _____

_____.

V. NETWORKING

41) Are you aware of any Community Health Worker networking organizations in Massachusetts?

A No B Yes

42) How often do you have the opportunity to meet with other Community Health Workers in order to share information and provide support for each other?

A Weekly
B Monthly
C Every 2 months
D Every 3 – 6 months
E Every 6 – 12 months
F Yearly
G I don't meet with other Community Health Workers.

43) Do you find these meetings useful?

A No B Yes C This question does not apply to me.

44) Are you paid while attending these meetings?

A No B Yes C This question does not apply to me.

VI. PROFESSIONAL DEVELOPMENT

45) Do Community Health Workers in your agency regularly get promotions (change in job role, increase in salary, etc.)? A No B Yes

46) Do you have opportunities to develop professionally (given more responsibility, asked to participate in activities that increase your skills, etc.)? A No B Yes

47) Do you get any benefits at your job? (circle all that apply)

A Tuition Reimbursement
B Sick/Vacation Leave
C Other, specify: _____.
D Health Insurance
E Pension/Retirement

48) In addition to your supervisor, what people do you usually have contact with while working? (circle all that apply)

A Other Community Health Workers
B Administrative Staff
C Program Managers
D Government Workers (MassHealth, DPH Staff, etc.)
E Clinical Staff (doctors, nurses, etc.)
F Agency Directors

49) Do you participate in staff meetings about your work? A No B Yes

50) Do you participate in program evaluation? A No B Yes

51) Not counting your supervisor, who would you most like to improve relations with? (circle only one)

A Administrative staff
B Program Managers
C Government Workers (MassHealth, DPH Staff, etc.)
D Clinical Staff (doctors, nurses, etc.)
E Agency Directors
F Other, specify: _____

.

COMMENTS

We welcome any comments you might have about your experience as a Community Health Worker or about this survey. Please use this space and the next page if necessary.

_____

_____

_____

MASSACHUSETTS

COMMUNITY HEALTH WORKER SUPERVISOR SURVEY

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Thank you for taking the time to complete this survey. The information you provide will help to better support community health workers and create effective outreach programs in Massachusetts. The information you provide is anonymous and confidential.

Please circle the letter next to your answer or fill in the blank space when provided.

Example: What is your favorite color?
A Blue C Yellow B Red D Green

Please do not give more than one answer unless instructed to do so.

I. GENERAL INFORMATION

---

1. What is your job title?
   - A Supervisor
   - B Community Health Worker
   - C Outreach Coordinator
   - D Program Director
   - E Program Coordinator
   - F Other, specify: _____.

2. What ethnicity do you consider yourself? **(please circle only one)**
   - A African
   - B African American
   - C American
   - D Asian Indian
   - E Brazilian
   - F Cambodian
   - G Cape Verdean
   - H Caribbean Islander/West Indian
   - I Central American
   - J Chinese
   - K Dominican
   - L East European/Russian
   - M Other European
   - N Haitian
   - O Laotian
   - P Middle Eastern
   - Q Pakistani
   - R Portuguese
   - S Puerto Rican
   - T South American
   - U Vietnamese
   - V Other, specify: _____.

3. What is your race? (circle all that apply)
   - A American Indian/Alaskan Native
   - B Asian
   - C Black, African American, or Negro
   - D Native Hawaiian or other Pacific Islander
   - E White

4. How old are you?

A under 20 B 20-25 C 26-30 D 31-35 E 36-40

F 41-45 G 46-50 H 51-55 I 56-60 J over 60

5. What is your gender? A Male B Female

6. What is the last level of school you attended?

A grammar school
B some high school
C high school degree/GED
D some college/university
E college/university degree
F vocational school

7. Are you a certified clinician (RN, LICSW, etc.)?

A No B Yes. Please specify _____

II. WORK AND WORK HISTORY

8. How long have you supervised Community Health Workers (Health Advocates, Outreach Educators, etc.)?

A less than 1 year B 1 – 3 years C 4 – 7 years
D 8 – 10 years D more than 10 years

9. In addition to being in a supervisory position, do you consider yourself, or have you ever been, a Community Health Worker? A No B Yes

10. How long have you been in you current job/position?

A less than 1 year B 1 – 2 years C 3 – 4 years
D more than 5 years

11. How many different jobs have you had as a supervisor to Community Health Workers?

A 1 B 2 C 3 D 4 E 5 F 6 G 7
H 8 I 9 J 10 or more

12. On average, how many hours per **WEEK** is your job?

A Less than 5 hours
B 5 – 10 hours
C 10 – 15 hours
D 15 – 20 hours
E 20 – 25 hours
F 25 – 30 hours
G 30 – 35
H 35 – 40 hours
I more than 40 hours

13. Approximately how much are you paid each **WEEK** before taxes (gross) in your job as a supervisor to Community Health Workers?

A less than $165
B $165 - $225
C $226 - $280
D $281 - $340
F $341 - $400
E $401 - $455
G $456 - $515
H $516 - $570
I more than $570
J I am a volunteer

14. Do you have another paid job? A No B Yes

15. Do you feel that you have a sense of job security in your current position as a supervisor to Community Health Workers? A No B Yes

16. In what part of the state do you work in or nearest to? (circle all that apply)

A Athol/Orange
B Attleboro
C Beverly
D Boston to Rt. 128
E Brockton
F Cape & Islands
G Framingham
H Fitchburg
I Great Barrington
J Greenfield
K Lawrence/Haverhill
L Northampton/Amherst
M New Bedford/Fall River
N Lowell
O North Adams
P Pittsfield
Q Plymouth
R Springfield
S Worcester

17. Approximately how many Community Health Workers do you oversee?

A 1 – 5D 16 – 20
B 6 – 10
C 11 – 15
E 21 – 25
F 26 – 30
G 31 – 35
H 36 – 40
I 41 – 45
J 46 - 50
K more than 50

18. Which target population(s) do Community Health Workers in your program **most often** work with? (circle all that apply)

A Men
B Elderly
C Minorities
D Other, specify: _____.
E Women
F Pregnant women/New parents
G Gay/Lesbian/Bisexual
H Adolescents
I Families

19. A. What is the ethnicity of up to three of the groups of clients **most often** served by Community Health Workers in your program? (**circle no more than 3**)

A African
B African American
C American
D Asian Indian
E Brazilian
F Cambodian
G Cape Verdean
H Caribbean Islander/West Indian
I Central American
J Chinese
K Dominican
L East European/Russian
M Other European
N Haitian
O Laotian
P Middle Eastern
Q Pakistani
R Portuguese
S Puerto Rican
T South American
U Vietnamese
V Other, specify: _____.

20. What is the race of those clients (from question 19 above)? (circle all that apply)

A America Indian/Alaskan Native
B Asian
C Black, African American, or Negro
D Native Hawaiian or other Pacific Islander
E White

21. What age group do Community Health Workers in your program **most often** work with? (circle all that apply)

A Under 20
B 20 – 25
C 26 – 30
E 36 – 40
F 41 – 45
G 46 – 50
I 56 – 60
J over 60

22. What activities do CHW in your agency perform? (circle all that apply)

A health education/information
B make referrals
C home visits
D support groups
E case finding/recruitment
F clinical services
G teach classes
H health fairs
I collaborating with other agencies
J peer education/mentoring
K presenting in schools, community centers, etc.
L enrollment (MassHealth, CMSP, insurance, etc)
M assessment
N case management
O counseling
P health screenings
Q office work
R translation/interpretation
S provide transportation to clients
T community organizing
U follow up to referrals
V fundraising/grant writing
W Other, specify: _____.
X Other, specify: _____.

23. Of the answers you checked *above* in QUESTION 20, what activities are **not** part of the CHW job description in your agency? (circle all that apply)

A health education/information
B make referrals
C home visits
D support groups
E case finding/recruitment
F clinical services
G teach classes
H health fairs
I collaborating with other agencies
J peer education/mentoring
K presenting in schools, community centers, etc.
L enrollment (MassHealth, CMSP, insurance, etc)
M assessment
N case management
O counseling
P health screenings
Q office work
R translation/interpretation
S provide transportation to clients
T community organizing
U follow up to referrals
V fundraising/grant writing
W Other, specify: _____
X Other, specify: _____.

III. SUPERVISION

24. In general, how would you rate your relationship with Community Health Workers in your program?

A Poor B Fair C Good D Excellent

25. On average, how many hours each week do you spend providing direct supervision (guidance, technical support, etc.) to each **individual** Community Health Worker?

A less than 1 hour
B 1-2 hours
C 3-4 hours
D 4 – 5 hours
E 6-7 hours
F 8-9 hours
G 10 or more hours

26. Do you believe this is adequate? A No B Yes

If "No", what would be adequate?

A 1-2 hours
B 3-4 hours
C 4 – 5 hours
D 6-7 hours
E 8-9 hours
F 10 or more hours

27. Please list up to three problems you face, if any, supervising Community Health Workers? (if none, write "None)

1. _____

_____.

2. _____

_____

3. _____

_____

28. What are up to three (3) of the most important qualities and skills you look for when hiring a person to do CHW work? (**circle no more than 3**)

A I am not involved with hiring people to work at this agency.

B Communication Skills (public speaking, appropriate language, etc.)

C Listening skill/attentiveness

D Patience

E Caring

F Committed/dedicated

G Honest

H Organizational skills

I Open/eager

J Flexible/adaptable

K Clinical skills

L Compassionate

M Creative/resourceful

N Networking/coalition-building skills

O Knowledge about health issues/health care system

P Capacity building skills (leadership, empowerment, etc.)

Q Outgoing/friendly/sociable

R Open-minded/non-judgmental

S Cultural sensitivity

T Respectful

U Bilingual skills

V Knowledge about the community

W Dependable/responsible

X Persistent

Y Ability to work in a group

Z Confidentiality/discretion

ZZ Other: _____.

IV. TRAINING

29. Do Community Health Workers in your agency receive training when they begin their job at your agency? A No B Yes

30. Who provides the training?

A Your agency

B An outside agency (CHEC, NEON, etc), specify: _____.

C Does not apply

31. Is the training mandatory? A No B Yes C Not applicable

32. Is there ongoing training? A No B Yes C Not applicable

33. Are Community Health Workers in your program paid during training?
A No B Yes C Not applicable

V. FUNDING

34. What are the funding sources for Community Health Workers in your program?
(circle all that apply)

Massachusetts Department of Public Health sources:

A Bureau of Family and Community Health funds

B Bureau of Substance Abuse Services

C AIDS Bureau

D Bureau of Communicable Diseases

E Other DPH source: _____.

F Division of Medical Assistance (DMA)

G Department of Mental Retardation (DMR)

H Department of Transitional Assistance (DTA)

I Department of Social Services (DSS)

J Children's Trust Fund

K Other state agency: _____.

L Federal government funds: _____.

Private funding:

M Health Maintenance Organization (HMO)

N Hospitals

O Nonprofit Foundation (W.K.Kellogg, Gates fund, etc.)

P Other source: _____.

35. How many individual Community Health Workers in your agency are funded through the Massachusetts Department of Public Health? (if none, write "None)

_____.

VI. NETWORKING

36. Do Community Health Workers in your program have opportunities to network with other Community Health Workers? A No B Yes

37. Are Community Health Workers paid during networking time?

A No B Yes C Not applicable

38. In what way do they network? (circle all that apply)

A There are no active networking processes in this program at this time

B Group training sessions with other agencies

C Open discussions with other agencies

D Health Access Network (HAN) meetings

E Massachusetts Community Health Worker Network (MACHW)

F Community Health Education Center (CHEC) luncheons

G Conferences/professional meetings

H Other: _____.

COMMENTS

We welcome any comments you might have about your experience as a Community Health Worker supervisor or about this survey. Please use this space and the next page if necessary.

_____

_____

_____

Appendix C: MDPH CHW Policy Statement

Policy Statement on Community Health Workers
Massachusetts Department of Public Health
Community Health Worker Task Force
4/2002

I. MDPH Definition of a Community Health Worker

A Community Health Worker (CHW) is a public health outreach professional who applies his or her unique understanding of the experience, language and/or culture of the populations he or she serves in order to carry out at least one of the following roles:

- bridging/culturally mediating between individuals, communities and health and human services, including actively building individual and community capacity;
- providing culturally appropriate health education and information;
- assuring that people get the services they need;
- providing direct services, including informal counseling and social support; and
- advocating for individual and community needs.

(adapted from Rosenthal, E.L., The Final Report of the National Community Health Advisor Study. The University of Arizona. 1998)

A CHW is distinguished from other health professionals because he or she:

- is hired primarily for his or her understanding of the populations he or she serves, and
- conducts outreach at least 50% of the time in one or more of the categories above.

***Explanation of CHW Roles** *(adapted from National Community Health Advisor Study)*

- **Bridging/Cultural Mediation Between Communities and Health and Human Services**, **including Actively Building Individual and Community Capacity**. This includes: educating community members about how to use the health care and human services systems; educating health and human service providers about community needs and perspectives; collecting information from clients that is often inaccessible to other health and human service providers; translating literal and medical languages; building individual capacity by sharing information, building concrete skills, and helping clients to change their behavior; and building community capacity by bringing about community participation in health.
- **Providing Culturally Appropriate Health Education and Information**. This includes: teaching health promotion and disease prevention; and providing education and information to help individuals manage chronic illness.
- **Assuring That People Get the Services They Need**. This includes: case finding; making referrals and motivating people to seek care; taking people to services; and providing follow-up.
- **Providing Direct Services, including Informal Counseling and Social Support**. This includes: helping people meet basic needs such as food, housing, clothing, and employment; providing individual support and informal counseling, and leading support groups; and, less frequently, providing clinical services.
- **Advocating for Individual and Community Needs**. This includes: acting as a spokesperson for clients or intermediary between clients and systems; and advocating for community needs.

II. MDPH POLICY GUIDELINES FOR COMMUNITY HEALTH WORKERS

MDPH recognizes CHWs as professionals that are a critical component of the public health work force, and encourages the use of CHWs in the planning, implementation and evaluation of community-based programs.

Expectations of DPH-funded Agencies with CHWs

All DPH funded programs with CHWs shall:

- **Develop an overall Outreach Plan:** An agency requesting DPH funding for programs that involve CHWs shall develop an overall outreach plan that includes: the program objectives; target populations; outcome/output measures; program content and strategies; internal and external linkages; consumer/community input; the roles and responsibilities of CHWs and orientation for other agency staff about the outreach program. Job descriptions shall be written for CHWs.

  Note: If an agency plans on using CHWs who will be funded by more than one DPH Bureau or program within that Bureau (e.g., HIV/AIDS, breast and cervical cancer, pregnant and parenting support program, etc.) or by other, non-DPH sources, it is encouraged to develop an integrated, cross-categorical outreach program which ensures effective integration and utilization of resources.

- **Develop an Internal Agency Plan for the training, supervision and support of CHWs**

  This plan shall include the following components:

  Materials Development. The agency should develop and disseminate administrative guidelines to CHWs (including street and home safety procedures; mandated reporting; CHW accountability and work schedules; etc.). It shall also develop a code of ethics with CHWs regarding confidentiality and other professional standards necessary for working with clients and community groups (sample codes of ethics are available from the DPH AIDS Bureau and the Bureau of Communicable Disease Control). These policies and procedures should be linked to overall agency policies.

  Training and continuing education for CHW staff. This training shall include (at a minimum): CHWs' roles and responsibilities; administrative guidelines and a code of ethics; skills building; public health topics; and information on community resources. Training should be provided as needed to ensure that CHWs have the knowledge and skills required to serve all members of targeted communities. Participation of CHWs in DPH-sponsored trainings and other trainings should be promoted.

  On-going supervision and support to ensure integration of CHW staff into the agency. On-going support and supervision of CHWs are crucial. Regular program and clinical supervision including individual and team support are necessary. CHW supervisors should have outreach experience and accompany CHWs in the field as they perform their outreach activities at least twice per year.

  Networking opportunities. The agency shall assure that CHWs have structured networking time with other CHWS. CHWs should attend quarterly networking meetings with CHWs from other agencies as a function of their employment. The agency that receives DPH outreach funding from

multiple Bureaus or programs shall provide quarterly internal CHW internal meetings. As appropriate, CHWs should have reasonable access to the Internet to support further networking.
Compensation and work environment. The agency's outreach plan should describe the consideration the agency gives to the fair compensation of CHWs including reasonable pay scales, access to employee benefits, job security and promotion of career opportunities. Attention should be paid to ensuring safe, secure, and to the degree possible, comfortable work environments, and accommodation for CHWs with disabilities or special needs.

Integration into health care delivery team. CHWs should participate in case meetings, program planning activities, and agency team meetings. CHWs should actively contribute to programmatic reporting and assessment documents and DPH site visit.

III. MDPH OPERATIONAL MEASURES FOR DPH-FUNDED AGENCIES EMPLOYING CHWS

In addition to program performance measures, the following operational measures are designed to support the professional capacity of CHWs:

Operational Measure #1: Training

1) Each community health worker shall attend a minimum of 28, with a goal of 42, hours of relevant professional training per year per DPH-funded FTE and be paid while attending training.

For the purposes of documenting this operational measure,

- Training includes: formal in-service trainings, conferences, including the annual "Ounce of Prevention Conference," regional Community Health Worker Network meetings, and other trainings offered external to the agency.
- Training does not include agency staff meetings or on-the-job orientation.
- The agency must maintain a list of CHWs and the names, dates and lengths of the trainings they attended and must be prepared to produce this evidence on request.

Operational Measure #2: Supervision

2) Each community health worker shall receive a minimum of one hour of supervision during every two-week period.

For the purposes of documenting this operational measure,

- Supervision includes: face-to-face individual and/or group sessions, which may be clinical and/or administrative in nature.
- Supervision does not include written performance reviews or staff meetings.
- The agency must maintain a list of CHWs and who provides their supervision, as well as the length and dates of supervisory sessions and must be prepared to produce this evidence on request.

Appendix D: APHA Resolution:

Recognition and Support for Community Health Workers' Contributions to Meeting our Nation's Health Care Needs
01/01/2001

200115

THE AMERICAN PUBLIC HEALTH ASSOCIATION,
Being aware that the formal participation of Community Health Workers (CHWs) in health and human services systems has been documented in the United States since the 1950s,1,2 and that current estimates indicate more than 12,000 CHWs serving throughout the U.S. in a diverse array of cultural settings,3 in programs involving both volunteer and paid CHWs, utilizing many different titles, including Lay Health Advocate, Promotor(a), Outreach Educator, Community Health Representative, Peer Health Promoter, and Community Health Outreach Worker; and
Knowing that the roles of CHWs vary greatly, depending on the needs of the community being served, and that CHWs work in clinics, homes, community centers, and the streets, successfully addressing some of the most difficult health problems of our time, including the prevention of HIV/AIDS;4 the treatment of tuberculosis;5 helping pregnant and parenting women access early prenatal care;6,7 promoting the timely use of immunization services;8 increasing the utilization of cancer screening services;9,10 aiding families in managing childhood asthma;11 and, detecting and preventing lead poisoning;12 and successfully building community capacity;13,14 and
Knowing that, due in part to their status as members of the community in which they work, CHWs effectively bridge sociocultural barriers between community members and the health care system;15–17 and,
Recognizing that CHWs, through the National Community Health Advisor Study, identified seven core roles of their work,18 which are:
1. Bridging cultural mediation between communities and health and social service systems
2. Providing culturally appropriate health education and information
3. Assuring people get services they need
4. Providing informal counseling and social support
5. Advocating for individual and community needs
6. Providing direct service, such as basic first aid and administering health screening tests
7. Building individual and community capacity; and

Understanding that while diversity and flexibility to serve unique communities' needs are a strength of CHWs, the lack of a standard definition of who CHWs are, also contributes to their lack of recognition; and,
Understanding that, while individual CHWs are doing innovative work, the lack of cohesion among CHW programs, linked to the varied settings and issues in which CHWs work, and the instability of funding for CHW programs, tends to undermine the ability of CHWs to achieve their full potential; and,
Knowing that while operating independently under various funders' mandates, CHWs have not easily shared such resources as training curricula and evaluation methods, and that CHW evaluations are frequently poorly designed and implemented due to limited funds, inadequate skills, and the lack of time needed to show results, leading to difficulty documenting the

contributions CHWs make to improving health and utilization of services; therefore, APHA
1. Urges all health and human service professionals to recognize the skills and unique attributes that both volunteer and paid CHWs bring to their work;
2. Urges CHWs and their advocates to: (a) develop a definition of the roles and functions of CHWs that clarifies the relationships to and distinctions from other professionals in health and human services; and (b) work with the Department of Labor to develop a definition of CHWs;
3. Encourages traditional and non-traditional educational institutions to develop and support effective training curricula for CHWs and their supervisors that links to defined core roles and competencies;
4. Urges federal, state, local, and tribal public health and aging agencies as well a private providers and payers to institute permanent funding streams for CHWs;
5. Urges the U.S. Congress to recognize the work of CHWs in meeting our most troubling health concerns and appropriate funds to support CHWs;
6. Urges public health and human service professionals to include CHWs in efforts to establish a public health credentialing process; and,
7. Encourages national policy makers to support relevant evaluation of CHW programs, with CHWs leading such evaluation efforts;
8. Urges local, state, tribal and national CHW organizations and advocacy groups to join together with CHWs at the helm, to promote visibility of CHWs and create a unified voice for the CHW field.

References

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4. Birkel RC, Golaszewski T, Koman JJ, Singh BK, Catan V, Souply K. Findings from the Horizontes Acquired Immune Deficiency Syndrome Education Project: the impact of indigenous outreach workers as change agents for injection drug users. Health Education Q. 1993;20(4):523-538,.
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breast and cervical cancer screening in low-income African-American women. Fam Community Health. 1994;17(1):56-63.
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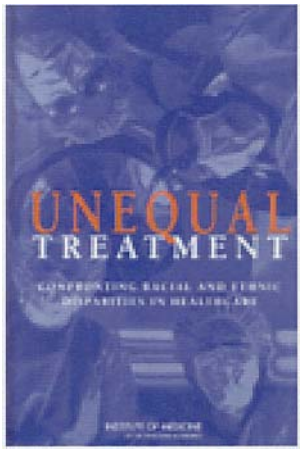
Appendix E:
Institute of Medicine Findings and Recommendations

Unequal Treatment: Confronting Racial and Ethnic Disparities on Health Care (2002)
Institute of Medicine Board on Health Science Policy

Finding 5-2
Community health workers offer promise as a community-based resource to increase racial and ethnic minorities' access to healthcare and to serve as a liaison between healthcare providers and the communities they serve.

Recommendation 5-10
Support the use of community health workers. Programs to support the use of community health workers (e.g., as healthcare navigators), especially among medically underserved and racial and ethnic minority populations, should be expanded, evaluated and replicated

http://www.nap.edu/catalog/10260.html (see page 195)



Appendix F: Resources

MASSACHUSETTS

Blue Cross Blue Shield Foundation of Massachusetts
401 Park Drive
Boston, MA 02215
617-246-3744
info@bcbsmafoundation.org
http://www.bcbsmafoundation.org/foundationroot/index.jsp

Central Massachusetts Health Education Center
4 Lancaster Terrace
Worcester, MA 01609
(508) 756-6676
http://www.umassmed.edu/ocp/programs/ahec.cfm

Community Health Education Center (CHEC)
35 Northampton Street, 5th floor
Boston, MA 02118
617-534-5181
chec@bphc.org
http://www.bphc.org/bphc/chec_home.asp

CHEC Northeast
144 Merrimack Street, 2nd Floor
Lowell, MA 01852
978-452-0003

Community Partners
24 South Prospect Street
Amherst, MA 01002
413-253-4283
info@compartners.org
http://www.compartners.org

Health Care for All
30 Winter Street, 10th floor
Boston, MA, 02108
617-350-7279
http://hcfama.org/

March of Dimes, Massachusetts Chapter
114 Turnpike Road, Suite 202
Westboro, MA 01581
508-329-2800
MA625@marchofdimes.com
http://www.marchofdimes.com/massachusetts/

Massachusetts Community Health Worker Network (MACHW)
c/o Massachusetts Public Health Association
434 Jamaicaway
Jamaica Plain, MA 02130
http://www.mphaweb.org/pol_comm.html
Lisa Renee Siciliano, Chair
508-791-5893
Lrsiciliano@aol.com

Massachusetts Department of Public Health
250 Washington Street, 5th floor
Boston, MA 02108
Contact: Gail Ballester
617-624-6016
gail.ballester@state.ma.us

Massachusetts Public Health Association (MPHA)
434 Jamaicaway
Jamaica Plain, MA 02130
617-524-6696
mpha@mphaweb.org

Outreach Worker Training Institute
c/o Central Massachusetts Health Education Center
4 Lancaster Terrace
Worcester, MA 01609
508-756-6676
http://www.umassmed.edu/ahec/uploads/OWTIbrochure.pdf

NATIONAL

American Public Health Association (APHA) Community Health Worker
Special Primary Interest Group
APHA Policy Statement 2001-15, page 117
"Recognition and Support for Community Health Workers' Contributions to Meeting our Nation's Health Care Needs"
http://www.apha.org/legislative/policy/01_policy.pdf

Durrell Fox, Chair
617-262-5657
E-mail: dfoxnehec@aol.com
http://www.apha.org/sections

Centers for Disease Control and Prevention (CDC)
1600 Clifton Rd, Atlanta, GA 30333, U.S.A
Tel: 404-639-3534 / 800-311-3435
http://www.cdc.gov/

Center for Sustainable Health Outreach (CSHO)
http://www.usm.edu/csho/

CSHO at The University of Southern Mississippi
Box 10015
Hattiesburg, MS 39406-0015
601-266-6261
csho@usm.edu

CSHO at Harrison Institute for Public Law
Georgetown University Law Center
111 F Street NW, Suite 102
Washington, DC 20001-2905
202-662-9602

Community Health Representatives (CHR) Program
Indian Health Service
chrprogram@na.ihs.gov
http://www.ihs.gov/NonMedicalPrograms/chr

Community Health Worker Evaluation Toolkit
For ordering, go to http://www.publichealth.arizona.edu/chwtoolkit/

Family Health Foundation
P. O. Box 29777
San Antonio, TX 78229-0777
210-771-6539
info@famhealth.org
http://www.family-health-fdn.org/

W.K. Kellogg Foundation
Community Voices: HealthCare for the Underserved
http://www.communityvoices.org/

Community Health Workers and Community Voices: Promoting Good Health:
http://www.communityvoices.org/Uploads/CHW_FINAL_00108_00042.pdf

The Lay Health Workers/Promotores National Network
1-877-743-1500 or email: chwnetwork@WAHEC.com

National Community Health Advisor Study
Rural Health Office of the Mel and Enid Arizona College of Public Health
University of Arizona
http://www.rho.arizona.edu/nchas_files/nchas_summary.htm

National Healthy Mothers, Healthy Babies Coalition
121 North Washington St., Suite 300
Alexandria, VA 22314
703-836-6110
http://www.hmhb.org/

National Rural Health Association
Issue Paper on Community Health Advisor Programs
http://www.nrharural.org/pagefile/issuepapers/ipaper17.html

Texas Department of State Health Services
Legislative Mandates on Promotor(a) or Community Health Worker Training and Certification
http://www.tdh.state.tx.us/ophp/chw/pubs/legislativemandates.pdf
Community Health Worker Research Materials Archive
http://www.tdh.state.tx.us/library/chw-archive.htm

U.S. Department of Health and Human Services

- **Health Resources and Services Administration (HRSA)**
- Toll Free: 1-877-696-6775
  http://www.hrsa.gov/

- **Office of Minority Health and the Agency for Healthcare Research and Quality**
  "Developing a Research Agenda for Cultural Competence in Health Care: Community Health Workers"
  http://www.diversityrx.org/HTML/RCPROJ_D.htm