Wilder Research

Community Health Workers in the Midwest: Understanding and Developing the Workforce

Findings from a needs assessment conducted for the American Cancer Society

Community Health Workers (CHWs) play a unique and valuable role in their communities, particularly in reducing health disparities by reaching underserved populations. To support efforts to build CHWs into a sustainable component of the health care system, the American Cancer Society - Midwest Division sought to increase understanding of and document the work of the CHW workforce specifically in the four states they serve – Iowa, Minnesota, South Dakota, and Wisconsin. They contracted with Wilder Research to assess CHW needs and to conduct a return on investment study. This is a summary of findings from the assessment.

About the assessment

Guided by lessons learned from the 2007 Community Health Worker National Workforce Study (U.S. Department of Health and Human Services, Health Resources and Services Administration Bureau of Health Professions), the American Cancer Society developed the following questions for the assessment:

- What are the compensation, training, and professional development trends, and unmet needs of CHWs?
- What are the barriers employers experienced integrating CHWs into their health care delivery team?
- In what capacity are CHWs utilized within the Midwest Division states to promote cancer and other chronic disease prevention and early detection?
- What does the future hold for the CHW workforce?

Conducted between December 2011 and February 2012, the assessment included interviews with 23 key informants who employ or are recognized for their knowledge of CHWs, and a survey of 245 CHWs.

A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/ intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

– the American Public Health Association

For this study, "CHW" is an umbrella term covering a variety of job titles and responsibilities. For example, many American Indian tribal communities have more than 40 years of experience being served by Community Health Representatives or CHRs.

Community health worker characteristics

Overall, the majority of CHW respondents were female (87%), although South Dakota had a notably higher percentage of male CHWs (27%).

Race and ethnicity of CHWs surveyed

Race and ethnicity varied greatly across states.

Race/ethnicity	MN (N=82)	WI (N=77)	SD (N=63)	IA (N=19)
American Indian	5%	16%	98%	0%
White	40%	31%	3%	79%
Black/African American	15%	26%	0%	21%
Asian	12%	9%	0%	0%
African-born	9%	3%	0%	0%
Other	16%	19%	2%	0%
	(N=77)	(N=72)	(N=59)	(N=18)
Hispanic (any race)	30%	26%	3%	6%

Languages spoken by CHWs surveyed

Forty-five percent of all CHWs surveyed reported fluency in a language other than English.

Language	MN (N=82)	WI (N=77)	SD (N=63)	IA (N=19)
Fluent in language other than English*	62%	42%	40%	16%
Spanish	33%	26%	0%	11%
Lakota	0%	0%	30%	0%
Hmong	6%	10%	0%	0%

Languages listed are the top 3 frequently mentioned.

The role of community health workers

> The CHW is an important role. They must be a representative of the community they come from. They must look like the community. If they can't understand their community they won't be successful.
> *– Key informant*

The role workers play is multi-dimensional and includes:

- Creating more effective linkages between communities and the health care system.
- Providing health education and information to groups and individuals.
- Assisting and advocating for underserved individuals to receive appropriate services, with about half of CHWs reaching homeless individuals, and 43 percent connecting with immigrants and rural residents.
- Directly addressing basic health needs. Forty percent of CHWs provide direct health services; in South Dakota, it is 86 percent.

Key informants report that the most important role is fostering connections that bridge the gap between individuals and health care systems.

Work experience

- Overall, CHWs have a great deal of experience. Seventy percent reported being active in their work for three years or more, including a quarter (25%) who had over 10 years of experience.
- CHWs report a range of educational backgrounds and training. The majority had at least some college experience (87%), including 42 percent who had a bachelor's degree or higher (31% in nursing, social work, or health education). Forty percent said they had received formal training or education about community health work prior to working or volunteering as a CHW.
- Most CHWs are in paid positions. Eighty-six percent were in paid positions at the time of the survey; however, about three in ten (29%) said that their positions were temporary, short-term, grant-funded, or they were unclear as to the permanency of the position.

Training and career development

- Training should be tailored. The majority consensus among key informants is that formal training and education is important, but should consider the backgrounds and unique experiences of CHWs. For example, some CHWs have very little formal education and placing them immediately in a certificate program may not be beneficial. On the other hand, many informants recognize the important role of certificate programs in creating a professional space for CHWs in the health care system.

  > CHW training must be different based on the type of work that a CHW is doing, where he or she is coming from and the needs of the community he/she will be working in.
  > *– Key informant*

- States differ in deployment of certified CHWs. Overall, 38 percent of CHWs said they had completed a certificate program. About half of CHWs from Minnesota and South Dakota have completed a certificate program, compared to 25 percent from Wisconsin, and none from Iowa.
- Some states lack the infrastructure for training. Key informant interviews noted that Iowa, South Dakota, and Wisconsin lack a well-developed infrastructure for training and educating CHWs through a certificate program.

Addressing health issues

Key informant interviews illustrate that a wide variety of health issues, chronic diseases, and social issues are addressed by CHWs across the four states. CHWs were asked to identify from a list of 12 health issues all of those they addressed.

Top health issues addressed by CHWs	MN (N=82)	WI (N=77)	SD (N=61)	IA (N=19)
Women's health	63%	57%	79%	47%
Diabetes	64%	56%	52%	97%
Cancer	40%	71%	76%	63%
Nutrition	59%	47%	82%	47%
High blood pressure	45%	43%	97%	37%
10 of 12 issues listed	12%	8%	52%	26%

Cancer and cancer prevention

Cancer ranks among the top three health issues addressed by CHWs in general. In Wisconsin, it is the number one health issue addressed.

While sixty-two percent said cancer was a health issue they address in their work, when asked more specifically about educating the community on cancer risk-reduction and screening, just 24 percent of CHWs said they did this activity. Certified CHWs in Minnesota and South Dakota were more likely to do so.

Interested in cancer training on prevention or early detection

However, more than two-thirds of CHWs were open to incorporating these prevention strategies into their work, with the majority of CHWs interested in receiving additional training.

Percentage saying "yes"	MN (N=82)	WI (N=77)	SD (N=61)	IA (N=19)
Cervical cancer	80%	78%	82%	42%
Breast cancer	73%	75%	84%	47%
Cancer disparities	76%	62%	89%	32%
Colorectal cancer	73%	56%	82%	37%
Lung cancer	63%	62%	52%	58%

These results clearly indicate that support from American Cancer Society would be beneficial.

Suggestions regarding overall training

In general, key informants in all four states suggested a need for a variety of training, including:

- A mentor-mentee training model. One-to-one support would allow new CHWs to learn from someone well-established in the field. It would also mitigate concerns surrounding CHWs who have less formal education.
- Intensive weekend training sessions. Conducting weekend-long trainings several times a year would relay significant amounts of information to CHWs in a less intimidating environment than a university setting.
- A workshop series. A formal (and free) workshop series could build upon one another and culminate in certification.

Barriers and challenges

Key informants report a variety of barriers and challenges in supporting the CHW workforce and integrating CHWs into the health care system, including:

- Financial. Such as: sustainable, long-term funding; limited pay and the short-term nature of employment for CHWs; and difficulties with getting reimbursed for CHW services.
- Training and certification. Diverse needs make it difficult to develop a one-size-fits-all training. Employers face challenges in training CHWs when states do not have a developed certification program.
- Little knowledge about the role of CHWs among other medical professionals. A lack of understanding and integration of the CHW role within a health care system.
- The difficulty measuring success of CHW services. Not enough funding for evaluation to measure impact of CHW work – especially since it is difficult to evaluate disease prevention.

Successes in the CHW workforce

> We are getting people to come into screenings. We are finding more [cancers], earlier, so our registry is going up, but a lot of them are in remission. We have had a tremendous impact on getting people screened, diagnosed, and treated.
> *– Key informant*

Many successes were reported by key informants. For example,

- A Health Care Home model reported that Health Care Home patients who have a CHW working with them to coordinate their care have higher rates of satisfaction.
- Key informants saw an increase in clinic visits by community members who have received health education interventions from CHWs.

Looking toward the future

Most informants agree that this is an exciting time for exploration of the CHW workforce and how it can best fit within the health care system and serve the needs of various communities.

The Patient Protection and Affordable Care Act (PPACA) is expected to increase the number of people with health insurance by 34 million people, subsequently increasing the amount of health care services needed. CHWs can and should play an important role in mitigating the strain that will be placed on the health care system

Key recommendations

Given the complex and varying nature of the CHW workforce, we recommend keeping the following:

- Educate health care providers about the roles and value of CHWs. CHWs are often the bridge between the health care system and the communities they serve. However, findings suggest that CHWs are not well integrated into health care systems nor are their roles fully understood by medical providers.
- Address funding and reimbursement challenges with CHWs and their allies. Currently, Minnesota is the only state of the four that has had success in creating legislative policy that makes CHW services reimbursable. Nevertheless, even in Minnesota, reimbursement is limited to services provided to Medicaid patients.
- Continue to evaluate and track outcomes related to CHW work. Illustrating the roles and value of CHWs is vital to gaining sustainable funding and support for their work in the health care system. Most key informants reported a lack of capacity and funding for outcome evaluation of their CHW programming, which can demonstrate program effectiveness to community partners – some of whom may be willing to invest resources in program sustainability.
- Consult with state and federal health policy experts knowledgeable about PPACA to identify the ways that CHWs can be incorporated and integrated into health care reform. Key informants expressed that future opportunities for CHWs will be highly dependent upon health care reform; therefore, now is a good time to explore ways in which CHWs can play a role in new systems, as well as in addressing the health care needs of various communities.
- Develop state-to-state cancer prevention trainings. Currently, cancer prevention efforts by CHWs are varied across and within states. Therefore, the creation of trainings that can be translated from state to state would be valuable. The top three requested training mechanisms include: printed educational materials, in-person training, and online training (e.g., e-learning or webinars).
- Invest in further professional development to move the CHW field forward. This may take the form of credentialing and certificate programs or other kinds of training and/or mentoring programs that support the continuing education of CHWs.
- Implement certificate program in Wisconsin, South Dakota, and Iowa, using Minnesota's model as a guide. These states show interest in implementing certificate programs. Consider working with stake-holders in these states to convene an alliance to move the possibility of certificate programming forward.

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For more information

This summary presents highlights of the *Community Health Workers in the Midwest: Understanding and developing the workforce. Findings from a study of Community Health Workers about their work and cancer information needs conducted for the American Cancer Society.*

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