

Community Health Workers in Healthy Start: Findings from a National Survey



June 2016

Survey Introduction and Methods

Introduction

Community health workers (CHWs) are important members of the health care workforce, often serving communities traditionally lacking access to adequate health care. Peer reviewed literature has demonstrated that CHWs can positively influence many maternal and child health outcomes, including infant birth weight, breastfeeding initiation and exclusivity, childhood immunization rates, contraceptive use, birth spacing, mental health, childcare knowledge, insurance enrollment, and continuity.

Many Healthy Start (HS) programs have employed CHWs as outreach workers since the initiative's inception in 1991. The goal of this organizational survey was to gain a better understanding of how CHWs in the HS context serve women, infants, and families, by examining characteristics, training, roles, skills, and perceived impact.

Acknowledgements

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The authors would like to thank Healthy Start program directors/managers, CHWs, and CHW supervisors/trainers who participated in the development of the survey, and the program directors/managers who responded to the survey.

Methods

The online questionnaire examined the following topics related to CHWs:

- ❖ Roles performed
- ❖ Training received
- ❖ Essential characteristics and skills
- ❖ Career advancement opportunities
- ❖ Evaluation measures
- ❖ Perceived impact of CHWs on HS benchmarks

Development of the questionnaire was informed by six preliminary conversations with HS program sites and field experts. The online questionnaire, programmed in Survey Gizmo, was sent to program directors/managers in all 100 HS programs on July 9, 2015. Program directors/managers were asked to complete the survey on behalf of their HS program. Respondents were also asked to consider both directly employed and subcontracted CHWs.

Support for the study from the Division of Healthy Start and Perinatal Services and local HS program leadership resulted in a **very high response rate (93% or 93 HS programs)** by August 31, 2015. Analysis of the responses was conducted in SPSS Statistics.

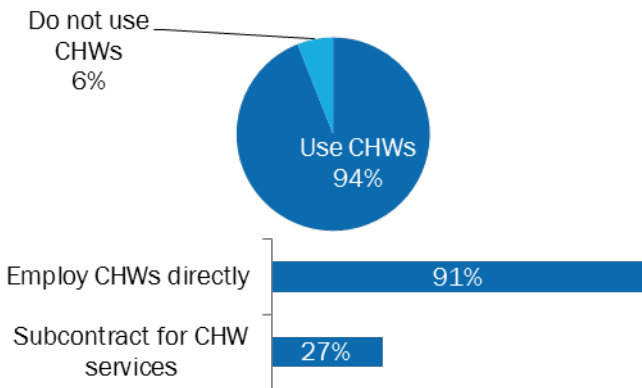
The online questionnaire defined CHWs as:
“individuals whose duties include at least some of the following: outreach, health coaching, health education, home visitation, care coordination, helping with navigation, patient advocacy and/or community engagement,” and who “generally do not hold a professional license or provide clinical care.”

Overview of CHWs in HS

Use of CHWs

CHWs are highly utilized in HS programs. Overall, 87 (94%) of the 93 respondents had CHWs as part of their HS program staff team. The vast majority (91%) reported they employed at least some CHWs directly. One quarter (27%) of respondents reported they subcontract to another organization for CHW services.

Proportion of HS Programs that Use Any CHWs (n=93)



Job Titles

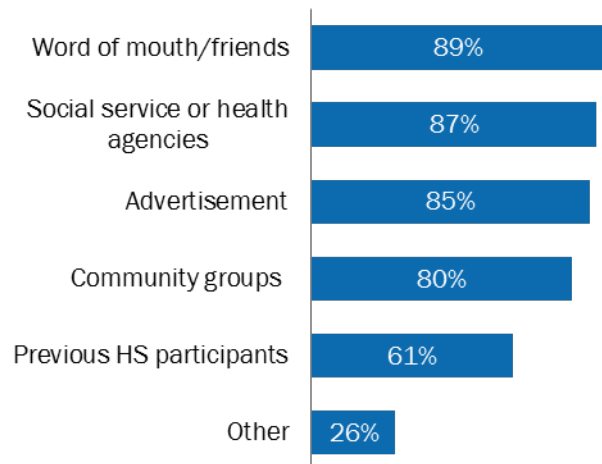
A large number of job titles are used for CHWs, as assessed by an open-ended question on the survey and presented below in a word cloud. Larger words in the cloud were more frequently used in job titles.



Recruitment

Survey respondents were asked from where CHWs are recruited. CHWs are most commonly recruited by word of mouth (89%), social service or health agencies (87%), and advertisements (85%). Many respondents (61%) reported recruiting from former HS participants.

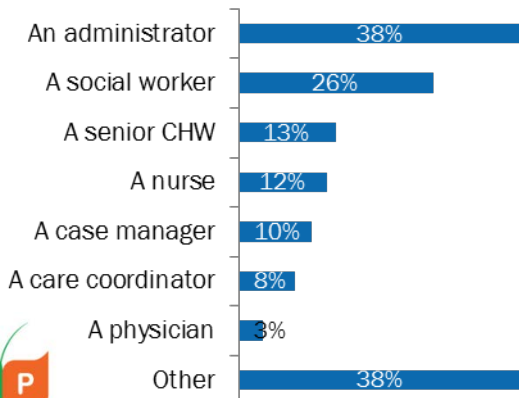
CHW Recruitment Sources (n=83)



Supervision

Respondents were asked to indicate who (staff position) serves as the supervisor of their CHWs. CHWs are most commonly supervised by administrators (38%) and social workers (26%). A third (38%) reported an "other" staff position. These "other" responses included program manager/director (4), care coordinator manager (2), contracting organization (1), and others (5).

Types of Supervisors of CHWs (n=87)

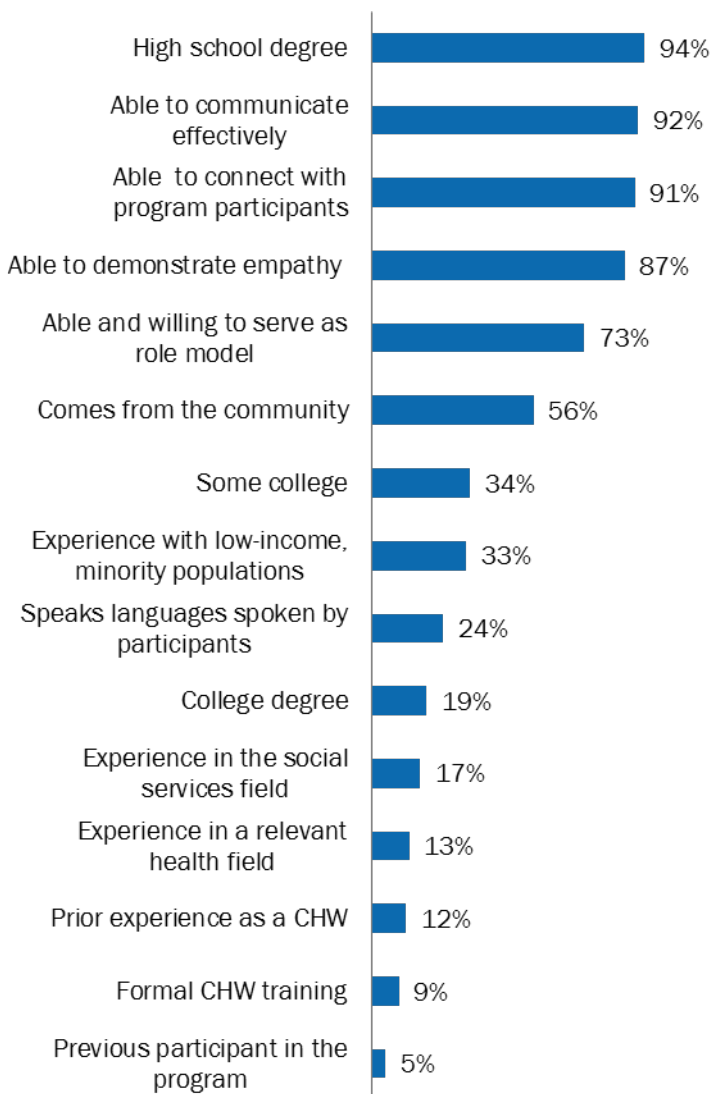


Characteristics of CHWs in HS

Essential Characteristics

Survey respondents were asked to rate the degree to which a number of characteristics were important for the CHW to perform well in their job serving HS participants. The scale provided was four points: essential, very useful, useful, and not necessary.

Percent of Respondents Indicating Characteristic Are Essential for CHWs to Perform Well in the Healthy Start Program (n=86)

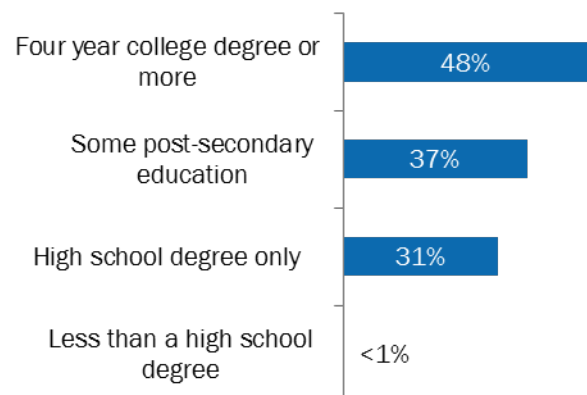


Other than having a high school diploma, four of the top five most essential characteristics were personality traits (ability to communicate, ability to connect, demonstrate empathy, and serve as role model). Coming from the community, often used to define CHWs, was the sixth most essential characteristic of CHWs according to respondents. Few respondents (9%) rated formal CHW training an essential characteristic.

Educational Background

Survey respondents were asked to estimate the proportion of CHWs by educational background at the time at which they were hired. The mean proportion of CHWs with less than a high school degree was very low (0.2%, range 0-12). The mean proportion of CHWs with a high school degree (31%), some post-secondary education (37%), and four year college or more (48%) was much higher. However, the range on these was 0-100, indicating there is a wide range in educational background across HS programs. Note that the totals sum to more than 100% as these are averages of estimated percentages.

CHW's Educational Background at Time of Hire, Mean Percentage (n=80)

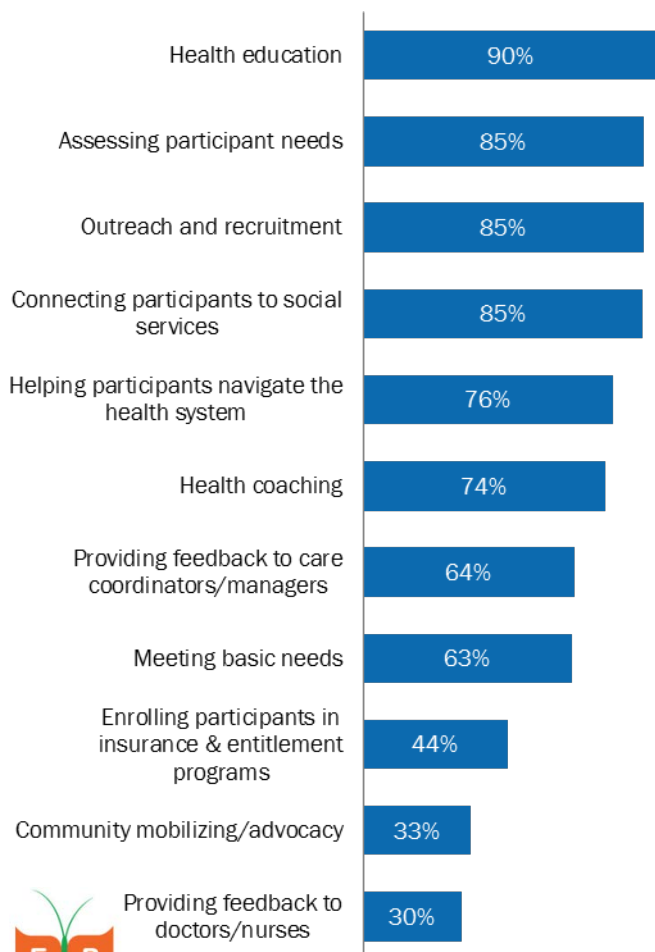


Roles of CHWs in HS

Central Roles

Survey respondents were asked to rate the degree to which a number of activities were central to the role/job responsibilities of their CHWs. The scale provided was four points: activity is central to the job, not central but an important task, occasional involvement, and does not engage in this activity. Health education, assessing participant needs, recruitment, and connecting participants to social services were viewed as the four most central roles. Only 30% of respondents viewed providing nurses and doctors with feedback as central to the role, while 15% of respondents reported CHWs do not engage in this activity at all.

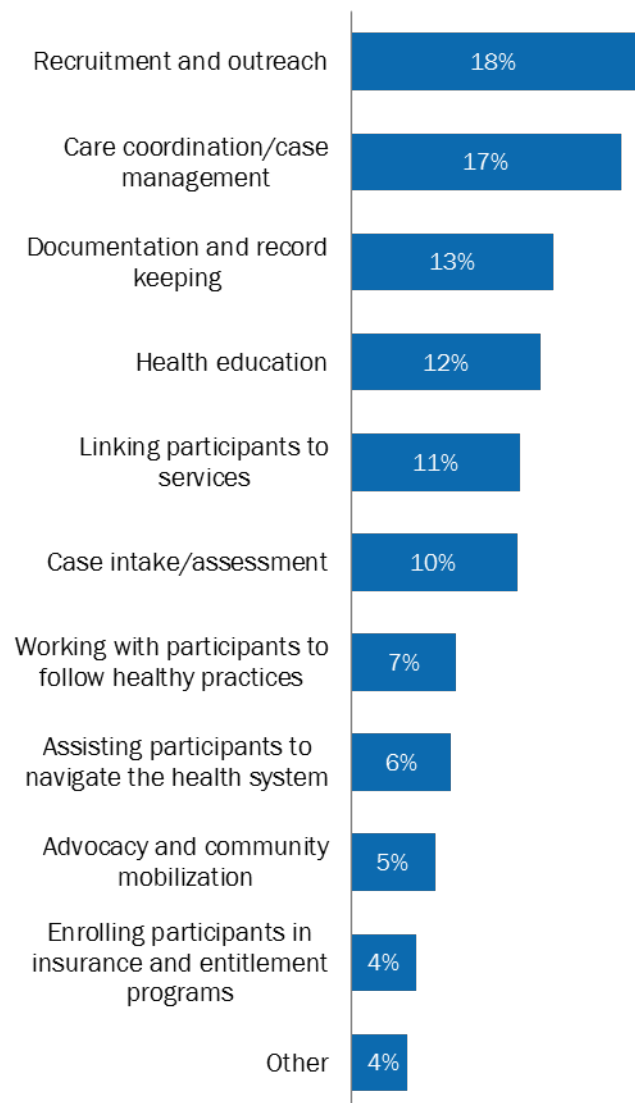
Percent of Survey Respondents Indicating Activity is Central to CHWs Role in the Healthy Start Program (n=87)



Time Allocation

Survey respondents were asked to estimate the proportion of time CHWs spend conducting various activities. On average, CHWs spend 41% of their time conducting home visits (asked separately, data not shown). Respondents reported that CHWs spend the most time conducting recruitment and outreach (18%) and care coordination/case management (17%).

Mean Estimated Percentage of Time Spent Conducting Activities (n=86)

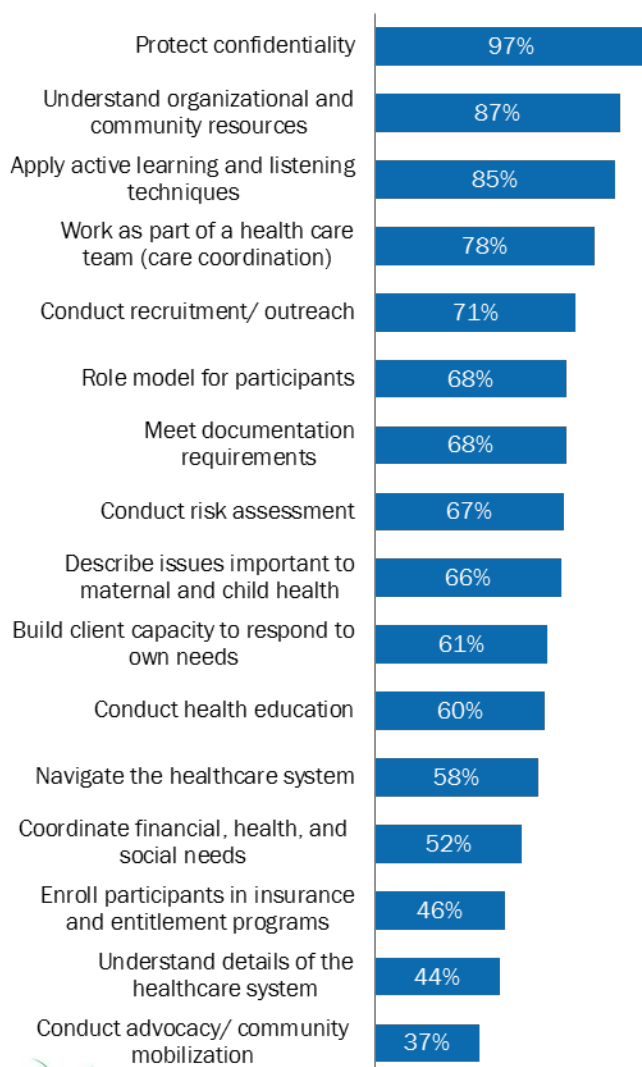


Skills of HS CHWs

Essential Skills

Survey respondents were asked to rank the degree of importance for a number of skills on a four-point scale: essential, very useful, useful, and not necessary. The list of skills included in the survey was informed by a review of the literature on existing CHW programs with defined core competencies, and then vetted and refined by the initial interviewees who determined these skills to be relevant to HS.

Percent of Respondents Indicating Skill is Essential to CHWs Role in the Healthy Start Program (n=88)

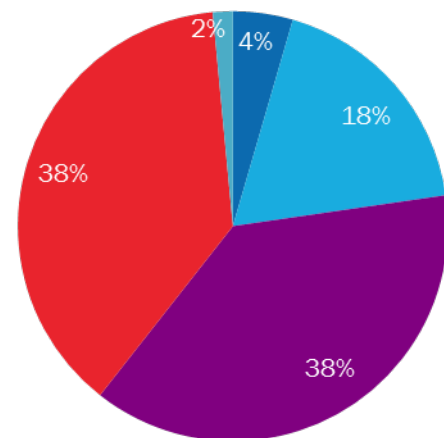


The top three ranked skills, with over 80% of respondents rating it essential, were protecting confidentiality, understanding organizational and community resources, and applying active learning and listening techniques. Skills least often rated "essential" were enrolling participants in insurance and entitlement programs, understanding details of the healthcare system, and conducting advocacy/community mobilization.

Caseloads

Three quarters (76%) of respondents reported CHWs have assigned caseloads. The majority of CHWs have contact with cases about once every other week (38%) or once per month (38%).

Frequency of Contacts between CHWs and Cases (n=66)



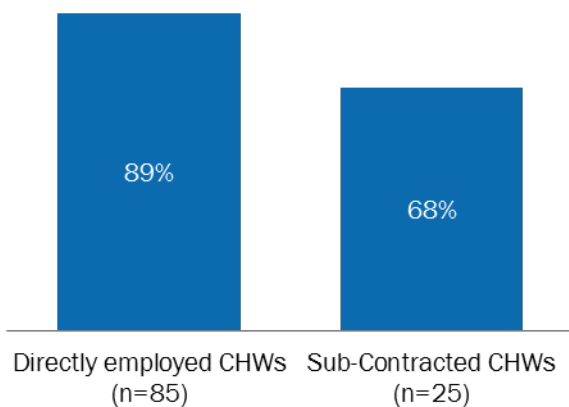
- More than once per week
- About once per week
- About once every other week
- About once per month
- Less than once per month

Training of HS CHWs

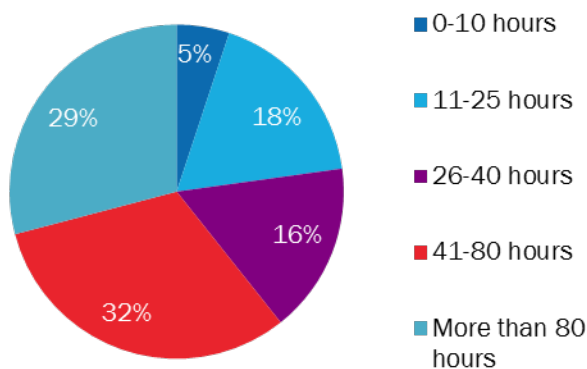
Entry Training Prevalence

Almost all (89%) respondents reported that directly employed CHWs receive entry training when first hired. Fewer (68%) reported that subcontracted CHWs receive entry level training when first engaged to provide HS program support. The amount of training also varied: less than 10 hours (5%), 11-40 hours (35%), 41-80 hours (32%), and more than 80 hours (29%).

Entry Training Provided to Directly Employed vs. Subcontracted CHWs



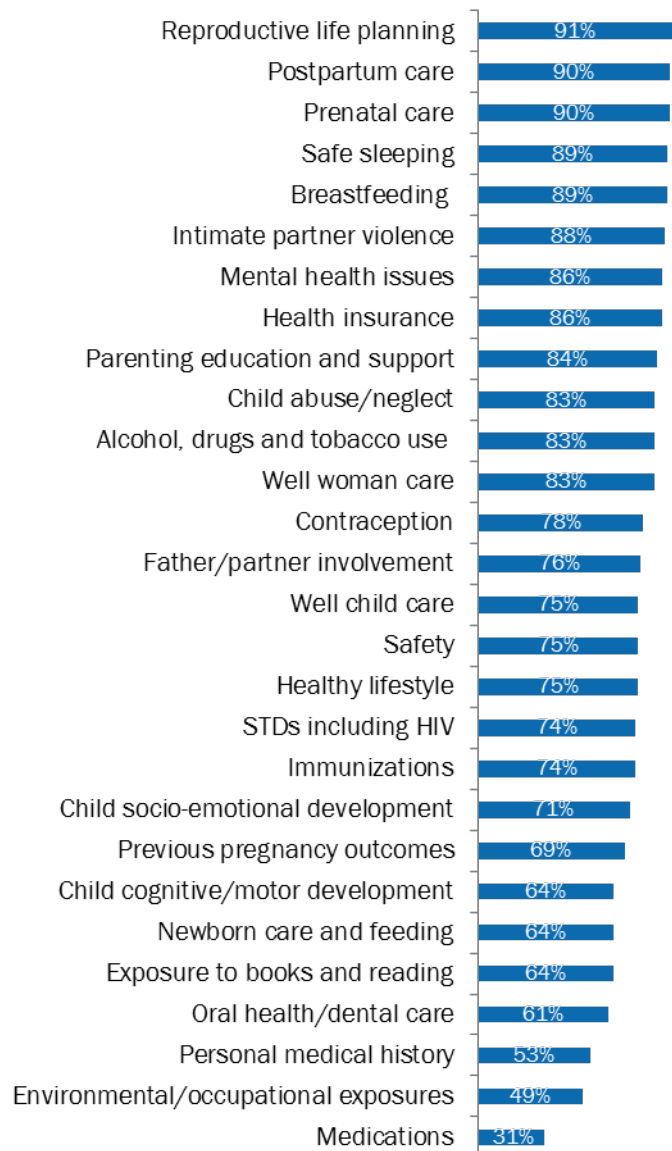
Hours of Entry Level Training Received by CHWs (n=79)



Entry Training Topics

Survey respondents were asked to review a list of health-related topics deemed important to the HS program and indicate if each topic was included in entry CHW training. The list of health-related topics included HS performance measures and topics identified in preliminary interviews to inform survey development. There was substantial variation in what topics are covered, with a range of 31%-91% across the 28 topics.

Percent of Respondents Indicating Health-Related Topic is Covered in CHW Initial Training (n=80)



Training of HS CHWs

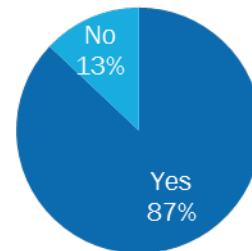
Entry Training Skills

At least 95% of survey respondents indicated that documentation (96%), participant confidentiality (95%), and accessing community resources (95%) are skills covered in initial CHW training. Almost all (87%) survey respondents indicated that newly hired CHWs shadow experienced CHWs as part of their entry training.

Percent of Respondents Indicating Skill is Covered in CHW Initial Training (n=80)



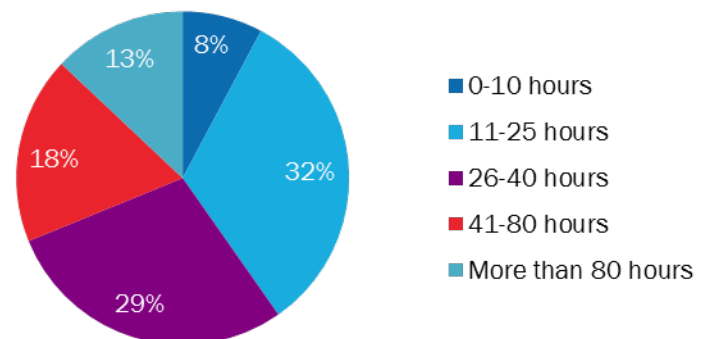
Percent of Respondents Indicating New CHWs Shadow Experienced CHW in Initial Training (n=79)



Continuing Training

Almost all (97%) of respondents indicated that continuing education is provided to CHWs in the HS program. Like initial training received by CHWs, the amount of continuing training varied. Some (8%) CHWs receive continuing training of 10 hours or less. About a third (32%) receive 11-25 hours, 18% receive 41-80 hours, and 13% receive over 80 hours of continuing training. The vast majority (94%) of respondents reported that they offer financial assistance (for example, covering conference fees or travel costs) for continuing education for CHWs.

Hours of Entry Level Training Received by CHWs (n=79)

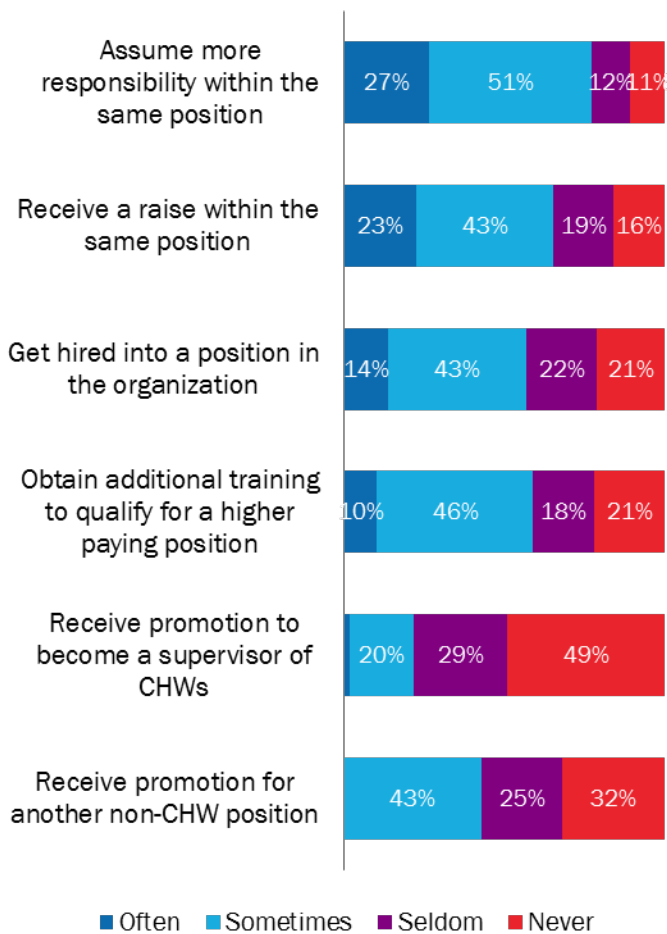


Career Advancement

Internal Career Advancement

Survey respondents were asked about career opportunities for CHWs to advance within a HS program. The question posed was to consider how frequently CHWs had advanced internally in the two years prior to the survey. Respondents reported that CHWs are most likely to assume more responsibility or receive a raise within the same position. Respondents reported it is rarer for CHWs to be promoted to supervise other CHWs, or promoted to a non-CHW position.

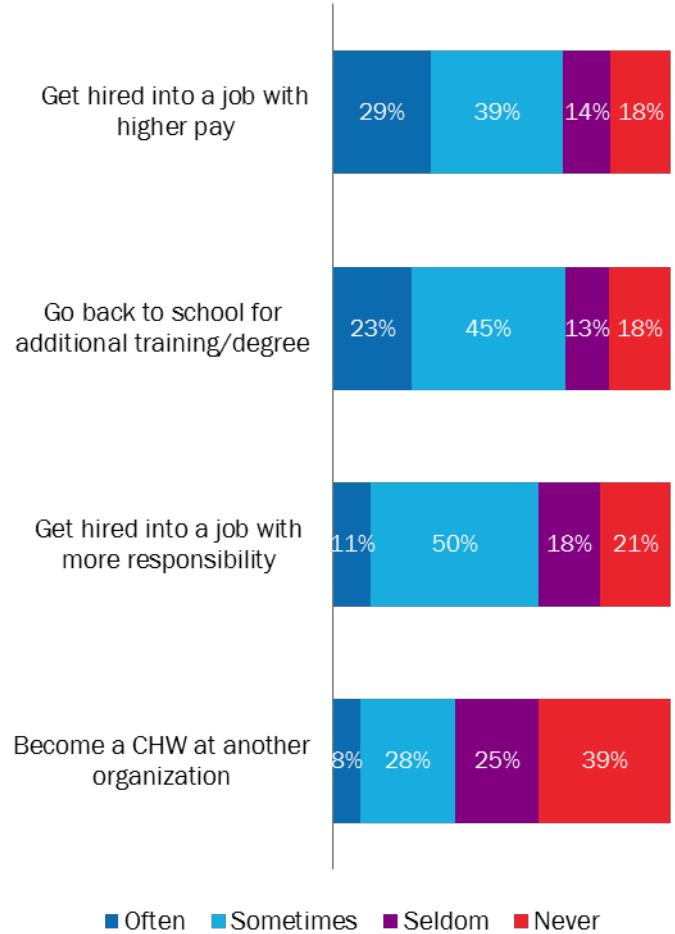
Frequency of Internal Career Advancement (n=85)



External Career Advancement

Survey respondents were also asked about career opportunities for CHWs to advance if they leave the HS Program. The question posed was to consider how frequently CHWs had advanced outside of the organization in the two years prior to the survey. Respondents were most likely to report CHWs left the organization and received a job with higher pay, or went back to school for additional training. They were least likely to report that the CHWs leave HS to become CHWs elsewhere.

Frequency of External Career Advancement (n=84)

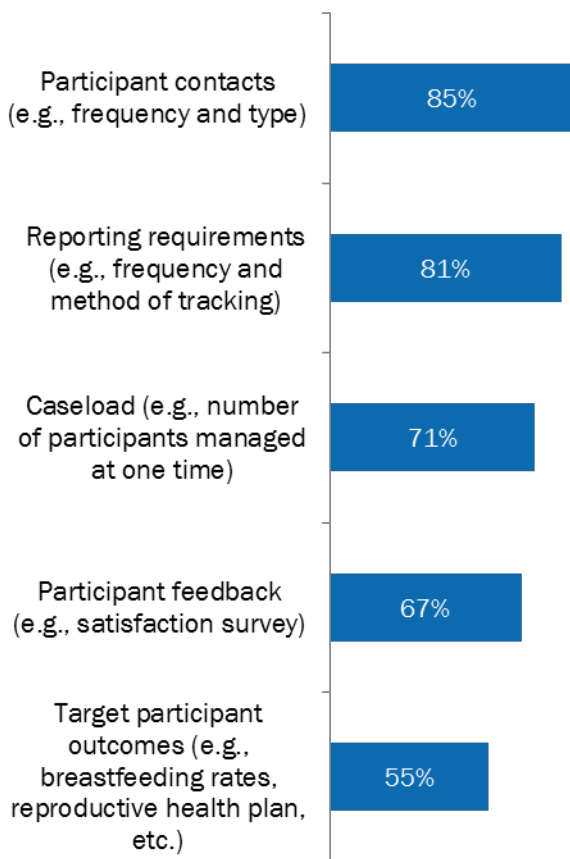


Outcomes and Evaluation of CHWs

Evaluation of CHWs

The survey asked what measures program directors/managers use to evaluate CHW performance. CHW contact with HS participants (e.g., frequency and type) and reporting requirements (e.g., frequency and method of tracking) were the most frequently reported performance evaluation metrics (85% and 81%, respectively). Over two thirds of respondents said they assess CHW performance using average caseload (71%) and participant feedback (67%). Target participant outcomes were the least reported (55%) way to evaluate HS CHW job performance.

Proportion of Respondents who Reported CHWs are Evaluated using the Following Measures (n=87)



Impact on HS Benchmarks

Respondents were asked to determine whether CHWs in their program could positively impact 16 HS program performance measures (Figure 5). Over 75% of respondents reported that CHWs could positively impact results on 15 out of 16 HS program benchmarks. The only benchmark for which fewer than 75% of respondents indicated CHWs could positively influence outcomes was the proportion of participants who receive elective delivery before 39 weeks (60%).

Proportion of Respondents who Perceive CHWs Can Impact HS Program Benchmark (n=87)

