

Community Health Workers (CHWs) in Western New York

Analysis of the Local Workforce- December, 2016

By Renee Cadzow, Ph.D and Jessica Bauer Walker, BA, CHW

Definition of Community Health Workers (CHWs)

According to the American Public Health Association¹: “A *Community Health Worker (CHW)* is a **trusted member** of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker 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.”

Community Health Workers in Buffalo, NY

The Community Health Worker Network of Buffalo (CHWNB) was founded in 2011 with seed funding from the Health Foundation of Western and Central New York. Initially, CHWs in multiple sectors with various job titles throughout Buffalo did not have opportunities for local networking, training, and support; and most did not even officially identify themselves as CHWs. Now, 5 years later, over 500 people have received the four day “core-competencies for CHWs” training, offered as a partnership of the CHWNB and Canisius College Center for Professional Development (this curriculum was developed with support from the CHW Network of New York City, as well as various local, state, and national experts). Additionally numerous others have participated in the CHWNB 2-day stakeholders’ training and partial day workshops on topics including cultural competency, health literacy, asset-based community development, communication and team-building, community-based participatory research, etc.

While CHWs have existed since there were communities (with roots in Latin America, where they were and are known as *promotoras* or “natural helpers”), CHWs have gained significant attention at the national and state level in the past five years. A nationwide core consensus project was created as a statewide and national initiative of the Institute for Health Policy with the aim of “advancing the CHW workforce through the provision of research, policy analysis and stakeholder education².” In New York State, the Department of Health (NYSDOH) Delivery System Reform Incentive Payment Program (DSRIP), otherwise known as Medicaid Redesign,

CHWs ARE:

- Trusted members of the communities they serve
- A unique profession with a unique scope of work
- Able to play many roles and work in multiple sectors and systems

CHWs HAVE:

- Qualities of kindness, compassion, and commitment to equity and justice
- Knowledge of community resources, systems, assets, and needs
- Skills related to communication, informing and instructing, service coordination and referral, and advocacy

For a full list of skills and roles, see the summary report of the Community Health Worker Core Consensus (C3) Project²:
<https://sph.uth.edu/dotAsset/55d79410-46d3-4988-a0c2-94876da1e08d.pdf>

includes CHWs as a strategy to address numerous health issues, from maternal and child health to enrollment in health insurance.³ CHWs are uniquely positioned to be bridge-builders between communities and systems, as well as across sectors. CHWs fill a needed role in our increasingly complex and diverse landscape of programs, services, systems, and social/community dynamics.

Evaluation of Community Health Worker Training

Since the inception of the CHWNB training program, participants complete evaluation surveys. This provides quantitative, Likert scale (scoring of 1-5) rankings of each training component; along with qualitative feedback in the form of written critiques as well as the oral debrief characteristic of the end of every CHWNB meeting or training (at the end of each session, facilitators ask participants- “What did you like best? What could we have changed or done better?”) Training evaluation methodology and results have been presented at several annual American Public Health Association meetings, and is the topic of an upcoming manuscript to be submitted to a peer-reviewed academic journal. While overwhelmingly positive (average ranking is about 4.5 out of 5 for all content areas)⁴, all feedback is reviewed and informs the content and training delivery methods going forward. The most powerful form of evaluation has been the sharing of stories by CHWs during and after training about their personal experiences of navigating systems and dealing with social determinants of health.

In 2008/2009, the leaders of the CHWNB initially assessed the existence, functioning and need of CHWs in the Buffalo region. They found that very few organizations were utilizing Community Health Workers, or even had an understanding of what a CHW was. There were many individuals working in community and faith-based organizations and in health care settings that did indeed fit the definition of a CHW, but only about 15% were identifying as such.⁵ According

CHWs often function under many different job titles, including:
OUTREACH WORKERS, HOME VISITORS, ADVOCATES, CASE MANAGERS, PEER EDUCATORS, PARENT FACILITATORS, COMMUNITY EDUCATORS, NAVIGATORS, SERVICE COORDINATORS and more. It is critically important for employers to understand **WHO** CHWs are and **WHAT** they do in order to properly recruit, train, and optimize impact of CHWs.

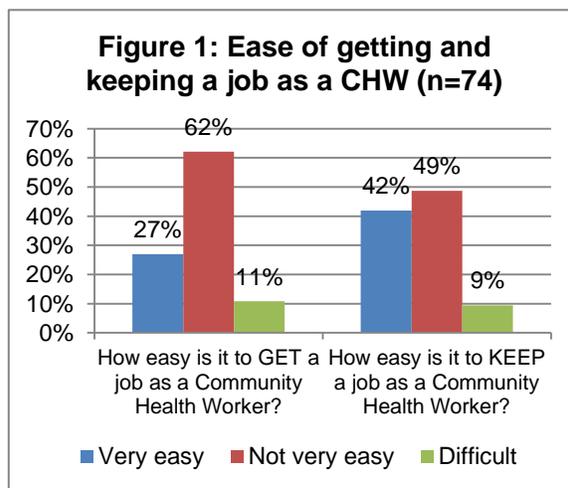
to a recent survey (September 2016) of Western New York CHWs, 25% actually have a job title of Community Health Worker.⁶ There is still, however, variation in the general understanding of what CHWs are and what they are not. With the increase in emphasis on frontline and mid-level workers in the health care field, often CHWs are framed ONLY as liaisons or navigators between health care facilities and communities. This underappreciates their qualities, knowledge, skills and the important roles they play in addressing the social determinants of health in all community settings, including but not limited to healthcare. A critical aspect of CHWs are the *qualities* they possess- namely being a member of the community they serve (sharing race, culture, language, and/or life experiences) and/or having a close and trusting relationship with that community.

The recent workforce survey identified that the most common issues CHWs address through their work are transportation, housing, social services, healthcare issues, mental health, and food. Only 2 out of 6 of these are explicitly healthcare focused.⁶ However, the vast majority of

the CHW jobs are currently in healthcare fields, and there is a social perception that health=healthcare. CHWs work in a much broader definition of health, focusing on where people live, work, recreate, go to school, shop, etc.⁷

Also of note from the September 2016 workforce survey⁶:

- **There are ongoing training needs:** CHWs and CHW employers desire additional training in navigating resources to support the people with whom they work (transportation, mentoring programs, human services, social supports) as well as how to motivate and retain people in their programs.
- **CHWs may face difficulties related to wage/salary:** CHWs and CHW employers report CHW pay to be, on average, \$15.00/hour, with a range of \$8.00-\$30.00. Many CHWs report working over 40 hours/week, often due to holding more than one job. While the survey did not reveal this, ongoing interactions with CHWs has revealed the difficulties of navigating from being a recipient of social services/government supports to being financially independent. One reason for this is low pay and insufficient benefits. Many CHWs are transitioning off of services, including public assistance, themselves. Difficulties transitioning off of social services and other benefits, as well as additional life challenges that CHWs face, similar to the clients/patients they serve, can pose major barriers.
- **It is not easy for CHWs to find and keep jobs:** About 2/3rds of CHW respondents reported that it was not very easy to get a job as a CHW; about half reported it was not very easy to keep a job as a CHW. Employers characterized turn-over as variable and attributed some to CHWs pursuing educational opportunities.
- **Opportunities for CHW advancement are, at best, variable, and at worst, uncertain or nonexistent.** CHW employers reported that there are opportunities for advancement within their organization; just over half of CHWs reported that these opportunities existed and just under half of CHWs had been promoted or had seen other CHWs be promoted.



OPPORTUNITIES have emerged in light of the national, statewide, and local advancement of CHWs in the workforce:

1. A critical mass of community members have been trained as CHWs. Over 1,000 CHWs and CHW stakeholders have participated in trainings, workshops, and community education with the CHWNB. A workforce survey in 2014 elicited 26 CHW responses; the 2016 survey resulted in 81 CHW responses.^{6,8}
2. Locally, there are CHW programs established in healthcare (i.e. emergency department, primary care providers), education (a parent and student CHW program

- with Buffalo Public Schools), and a cross section of CBOs across the social determinants of health (see *Community Health Workers: Creating Collective Impact for Health Improvement* at www.chwbuffalo.org).⁹
3. There is a well-established CHW Network in Buffalo to support both CHWs and employers as well as provide supportive education and services (e.g. cultural competency and health literacy training, research, policy, and advocacy, etc.)
 4. There is new interest in and funding for CHWs due to the NYSDOH Medicaid Redesign/DSRIP efforts.³
 5. The national consensus project (C3) seeks to demonstrate that “with greater consensus and understanding, it is our hope that CHWs, both paid and those who choose to volunteer, become a stable presence in the continuum of care and in efforts to promote individual and community health.”²

CHALLENGES still exist, elucidated by ongoing feedback from CHWs, employers and results of evaluations and surveys:

1. There are many different job titles for CHWs. Also, some employers have an incomplete or inaccurate understanding of what CHWs are, and therefore label a job as CHW when it is not. As evidenced at the start of this document and elsewhere, many CHWs are called something else. It is critically important that the working definition (as per the American Public Health Association and CHW Networks and Associations around the country) of CHWs be maintained to preserve the integrity and impact of this workforce, as well as CHWs serving in a volunteer capacity.
2. In some settings, there is a lack of employer understanding on appropriate utilization of CHWs.
3. CHWs routinely report that they do not have opportunities for ongoing professional development and self-care/burnout prevention due to the nature of their jobs and lack of employer understanding on what their work (both on the job and in their communities) entails.
4. In general, there is poor coordination of the CHW workforce and a lack of continuity and stability in jobs due, in part, to grant funding, as well as an underappreciation or misunderstanding on the importance and/or specificity of their role.
5. It has proven difficult to balance institutional recognition and support (including certification) for CHWs without institutionalizing them too much (which causes them to lose their community credibility).
6. There has been a lack of significant investment in CHWNB/community infrastructure to ensure sustainability of the enormous progress of the first five years.
7. It has been challenging to create a unified urban/rural approach and statewide approach. CHWNB has largely focused on the City of Buffalo, though is working to expand focus to rural parts of Western New York. Statewide coordination is challenged by the diversity of New York State, particularly New York City and Buffalo, where two of the three NYS CHW networks reside.
8. It has been recognized at the national level that “. . . to date the CHW field has yet to agree on formal national standards or guidelines on CHW roles, skills, and qualities. Recognized, agreed upon roles, skills, and qualities are an important cornerstone in

any profession, but particularly in an emerging one drawn generally from marginalized populations that have not yet secured their place in the public health and health care workforce.”²

SUMMARY

CHWs are a critical emerging workforce and represent a set of principles and values for a way of working that can bridge the divide between communities that experience health, educational, and economic disparities, and the organizations and systems that serve those communities. Traditional workforce development and economic strategies will not necessarily fit for CHWs. It is critically important for CHWs to inform their scope of work, and to help employers and funders/investors to best understand what types of supports they need to excel in their jobs and have optimum impact in their communities and organizations. The concept of “core competencies” is critically important, and the type of strengths-based approach that CHWs use for those they serve should also be practiced by employers. The ability to connect with others based on shared traits and common experiences is an asset that is unique to CHWs; while this is less common as an essential quality and skill of other professionals. Employers are faced with the difficult balancing act of respecting CHWs as critical members of their organizations and teams, while also recognizing that mainstream professional culture may limit CHW credibility and efficacy. The role of CHW networks and associations, as well as community/employer/academic partnerships are critical in creating intersectoral, interdisciplinary approaches that are both top-down and bottom-up.

References

1. American Public Health Association, Community Health Worker Section <https://www.apha.org/apha-communities/member-sections/community-health-workers>. Accessed on 12/5/2016.
2. Rosenthal EL, Rush CH, Allen CG. (July 2016) *Understanding Scope and Competencies: A Contemporary Look at the United States Community Health Worker Field Progress Report of the Community Health Worker (CHW) Core Consensus (C3) Project: Building National Consensus on CHW Core Roles, Skills, and Qualities*. Project on CHW Policy & Practice, University of Texas- Houston School of Public Health, Institute for Health Policy. <https://sph.uth.edu/dotAsset/28044e61-fb10-41a2-bf3b-07efa4fe56ae.pdf>
3. New York State Department of Health Medicaid Redesign Team. *New York State Delivery System Reform Incentive Payment Program Project Toolkit*. http://www.health.ny.gov/health_care/medicaid/redesign/docs/dsrip_project_toolkit.pdf Accessed 12/5/2016.
4. Cadzow RB, Bauer Walker J. (2015) *Evaluation of the Impact of a CHW Training Program: A Qualitative Analysis of Participant Feedback*. 143rd American Public Health Association (APHA) Annual Meeting & Exposition, Chicago, IL November 2015.
5. Grimm K, Bauer Walker J. (2011) *Challenges & Opportunities of Community Health Workers in Buffalo, NY*. White paper prepared for the Health Foundation of Western and Central New York. http://media.wix.com/ugd/58e12a_107de7636981498e83f5a93e938d1e5c.pdf
6. Cadzow RB, Bauer Walker J, Verhoef E. (October 2016) *Assessment of Western New York Community Health Worker Workforce & Community Health Worker Employers*. Report prepared for the Community Health Worker Network of Buffalo in collaboration with P2 Collaborative of Western New York and the Health Foundation of Western and Central New York.
7. Cadzow RB, Bauer Walker J. (October 2014) *Community Health Workers: A Cost Effective Solution for Individual and Community Health (The Business Case for CHWs)*. White paper prepared for the Community Health Worker Network of Buffalo. http://media.wix.com/ugd/9bf99a_910240ae7abf475fa31dc7147d127a43.pdf
8. Cadzow RB, Bauer Walker J. (2014) *CHW Workforce Survey Results*. Unpublished report prepared for the Community Health Worker Network of Buffalo.
9. Cadzow RB, Bauer Walker J. (2014) *Community Health Workers: Creating Collective Impact for Health Improvement: Promising Practices in Buffalo, New York*. White paper prepared for the Community Health Worker Network of Buffalo. http://media.wix.com/ugd/9bf99a_ef7c7a6f850b46b78166eb77789300db.pdf