

Community Health Workers:

Integral Members
of Oregon's Health
Workforce

CHW Workforce Assessment
Summary Report



Oregon Community
Health Workers
Association

www.orchwa.org

A unified voice to empower and advocate for
community health workers and our communities

Increasing Recognition and Support for Vital Work in Our Community

Community Health Workers (CHWs) are trusted community members who participate in training so they can promote health in their communities. Today, they are receiving increasing recognition for their unique contributions to improving health and reducing inequities.

The Oregon Community Health Workers Association (ORCHWA) received funding from the Oregon Health Authority (OHA) and Health Share of Oregon to conduct a needs assessment of Oregon's CHW workforce. In this summary report, we provide a brief background on the CHW workforce in the U.S. and Oregon, and an overview of CHW roles and scope of practice. We summarize the methods used for the assessment, and share our findings and recommendations.

We hope this report will contribute to increasing recognition and support for CHWs and the vital work they do in communities most affected by inequities.

Alise Sanchez

Alise Sanchez
ORCHWA Executive Director



A statewide needs assessment conducted by the Oregon Community Health Workers Association for the Oregon Health Authority Office of Equity and Inclusion

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Empower & Advocate

The Importance of Community Health Workers

Community Health Workers (also referred to as *promotores/as de salud* and Community Health Representatives, among other titles) have existed throughout history^[8]. The CHW role became formalized around the world in communities that lacked health care and the conditions necessary for good health^[14]. Thus, since its inception, the CHW model has been a community-developed response to addressing health inequities^[5]. Oregon has long been a leader in the development of CHW programs and organizations, and the integration of CHWs into health and social-service systems. In 2011, the Oregon Community Health Workers Association was established to empower and advocate for CHWs around the state.

CHWs are increasingly acknowledged as integral members of the U.S. health care workforce^{[1][7][11][12][13]}. A variety of studies have identified core roles and competencies of CHWs and confirmed the importance of supporting CHWs to play a wide range of roles^{[3][4][6][14][15]}. CHW interventions have led to improvements in perinatal and women's health, chronic disease prevention and management, more favorable utilization of health services and reduced costs, among other outcomes^{[2][9][16]}.

“Community Health Workers are unique members of any organization wise enough to integrate them. They do things no one else can. It's gratifying that CHWs are becoming better recognized and valued, but we still need to open doors so they can play a full range of roles and make optimal contributions to their communities and our health systems.”

—Tina Castañares, M.D.
Physician and Health Policy Consultant
Hood River, OR



ORCHWA Listening Tour 2018, where our Workforce Development Director and Policy Coordinator traveled throughout Oregon to meet with CHWs, evaluate support opportunities and provide free advocacy trainings

Methods

The statewide needs assessment of the CHW workforce in Oregon was guided by the following questions:

1. What is the current composition of the CHW workforce in Oregon?
2. What is the current employment structure for the CHW workforce in Oregon?
3. What are the successes, barriers and challenges regarding four sets of topics/issues:
 - Training and professional development
 - Hiring, retention and readiness
 - Team integration
 - Support and supervision
4. What needs to be done to address problems and challenges for the CHW workforce?

In addition to analyzing data from the Oregon Traditional Health Worker Registry, we collected primary data using three different tools:

Discussion Group Guide: 240 individuals responded to the qualitative Discussion Group Guide, which was used by ORCHWA's Workforce Development Director to facilitate semi-structured discussions with 13 groups in 11 locations around the state. The guide was also sent via SurveyMonkey to people who were unable to attend a face-to-face discussion.

CHW Survey: A link to a 52-question survey was disseminated by ORCHWA via email to 13 organizations around the state, as well as CHWs and CHW program staff. A total of 104 CHWs responded.

CBO Employer Survey: Community-Based Organizations (CBOs) that employ CHWs were invited to participate in a 27-question survey. OHSU researchers verified the appropriate contact information of a CHW supervisor at each organization, and invited them via email to participate in the online survey. A total of 25 individuals responded to the survey.

“There are no real steps for workers to take into more responsible jobs. We have workers that have been [CHWs] for 24, 20 and 10 years... Everyone does the same work and can expand a bit on doing some more medical-based work when they have their CNA. We would likely have more opportunity if we had levels to jobs.”

—CHW



A Dinámica at the 6th Annual ORCHWA Conference in Hood River

Findings

SUMMARY OF DISCUSSION GROUP FINDINGS

- Lack of clarity about roles leads to CHWs being limited to a narrow range of tasks and to tasks that divert them from their primary roles.
- There is a lack of a comprehensive training infrastructure throughout the state, and a lack of access depending on CHW employment status and geography.
- There is a need for popular/people's education methodology and locally focused training.
- For CHW supervision to be effective, it is essential that supervisors understand both their role and the role of CHWs.
- CHW integration into health care systems is impeded by separation from the rest of the medical team, lack of access to the EHR and lack of respect for the CHW role.
- The lack of state-approved CHW billing codes contributes to instability of CHW positions as well as an inability to include CHWs in studies that rely on claims data to assess the effectiveness of health care reform strategies.
- Positive developments include a desire among administrators to bill for CHW services.

SUMMARY OF CHW SURVEY FINDINGS

- With a relatively high level of income and formal education, respondents to the CHW survey were not representative of the field as a whole.
- 85% reported not having a waiting list.
- 71% reported being able to provide culturally and linguistically appropriate services.
- 78% felt their skills were being appropriately utilized; however, there was a lack of consensus about the CHW scope of practice.

- 75% reported having adequate training opportunities. Areas like mental health and grant writing were cited as most needed, while trauma, Motivational Interviewing (MI) and popular/people's education were most appreciated.

SUMMARY OF CBO EMPLOYER SURVEY FINDINGS

According to employers surveyed ...

- Less than half of employers require OHA certification, and most do not require formal education.
- Almost half of CHWs are paid between \$15 and \$17.99 per hour; none are paid more than \$20.99 per hour.
- All communities of color (with the possible exception of Latinx) are underrepresented among those employed.
- 41% of CHWs never work in hospitals—indicating an opportunity for collaboration between health systems and CBOs.
- 69% of CHWs are engaged in initiatives to reduce health inequities.
- 98% of CHWs are involved in advocacy.
- Grants are the most common funding source for CHW programs; at the same time, 56% of employers stated that CHW salaries are part of their operating budget.

SUMMARY OF REGISTRY FINDINGS

- An unacceptably low ratio of CHWs to community members was found in both urban and rural areas around the state.
- An apparent overrepresentation of CHWs in some racial/ethnic communities must be understood in the context of the historical role of CHWs addressing persistent inequities in marginalized communities. (An underrepresentation in the Asian community needs to be addressed.)

Recommendations

Based on the findings above, we have identified 24 key recommendations in seven categories. For the list of all 31 recommendations, see the full study report.



CHW ROLES AND SCOPE OF PRACTICE

- The State should disseminate widely respected, experience- and research-based descriptions of core roles and competencies and scope of practice of CHWs.
- The State should encourage (and in some cases mandate) programs to use these CHW roles as the basis for position descriptions.
- The State should support CHWs to play a full range of roles, including as advocates and community organizers.



TRAINING AND EDUCATION

- The State and Coordinated Care Organizations (CCOs) should support the development of a coordinated training system to equitably serve CHWs around the state.
- The coordinated system should make room for a range of training providers to bring their unique skills to the table, while discouraging duplication and competition.
- The training system should emphasize the identification and training of individuals with existing connections to communities most affected by inequities—and ideally, those already serving those communities, with or without pay.
- The Traditional Health Worker Commission should actively support the development of advanced training options to promote CHWs' professional development.

“We are very, very fortunate here where our team is very tight knit and trusting of each other.”

—CHW



CHW SUPERVISION

- The State should make high-quality, accessible training available for CHW supervisors that focuses on experienced CHWs who aspire to become supervisors.
- CHW supervisor training should include a thorough orientation to the history, roles, competencies and value of the CHW model. Training should help supervisors communicate clearly and transparently, and advocate for CHWs with other health professionals.
- The State should disseminate clear guidelines about the nature and frequency of CHW supervision, and assure that it is reflective and trauma-informed. The State should encourage CHW programs to offer task and clinical supervision.



CHW INTEGRATION INTO THE HEALTH SYSTEM

- CHWs should be recognized as full members of the clinical team and supported in fulfilling a full range of roles.
- The State and CCOs should formulate and facilitate ongoing opportunities to educate health professionals about the history, roles and contributions of CHWs. These sessions should also include education about the population-based, public health paradigm that guides CHW's work.
- CCOs and health systems should provide CHWs involved in clinical settings with access to the Electronic Health Record (EHR), allowing them to contribute to care plans.
- CCOs and health systems should provide support for CHWs employed by community-based organizations by contracting with employers for their services.



FUNDING AND PAYMENT MODELS

- The State should provide clear guidance about ways to pay for CHW services. This should include approval of billing codes for CHWs, both to allow fee-for-service billing when appropriate, and to serve as a basis for calculating the value of CHW services. The guidance should emphasize capitated and Alternative Payment Model (APM) options.
- The State should provide contracts and grants to community-based organizations to support CHW programs that cannot be sustained through health system reimbursement.
- The State should encourage CHW programs to include funding for ongoing CHW training and professional development, including costs of travel to trainings and conferences.
- The State should mandate an equitable level of compensation and benefits for CHWs in state-supported programs.



PROFESSIONAL DEVELOPMENT

- The State should encourage public institutions of higher education to work with community-based training providers to allow them to grant academic credit for trainees at reduced rates.
- The State should encourage CHW programs to develop internal and external career ladders that allow CHWs to achieve higher levels of pay and responsibility as they gain experience and expertise.
- The State, CCOs and health care systems should partner with ORCHWA to develop regional CHW resource centers, while the Office of Equity and Inclusion should improve support for CHW certification applicants.



EVALUATION OF CHW PROGRAMS

- The State should encourage CHW programs to adopt the process and outcome indicators developed by the CHW Common Indicators Project ^[10].
- The State should encourage use of community-based, participatory evaluations that build capacity in the marginalized communities where CHWs primarily work.
- The State should mandate that CCOs emphasize quality over quantity in value-based payment systems, and de-emphasize short-term, individually focused incentive metrics in favor of longer-term, community-level metrics.



We Are Home (WAH) Event “Our Voice. Our Story. Our Culture.” at the Oregon Historical Society, in conjunction with the Micronesia Islander Community, the Oregon Bhutanese Community Organization-OBCO, and the African Family Holistic Health Organization

Conclusion

The Oregon Community Health Workers Association conducted a statewide needs assessment of the CHW workforce in Oregon using an emergent, mixed-methods design and three primary data collection techniques. After analyzing the three data sets independently, we looked across all of them to identify cross-cutting themes and make 31 recommendations.

It is our hope that this needs assessment will become an annual or biannual occurrence. Collecting data over time will allow CHWs, their associations, the State and Oregon communities to assess changes in the CHW workforce, and to continue improving conditions for this workforce. CHWs are already essential to Oregon communities and have the potential to make even greater contributions to improving health and reducing inequities.

**For more on the
CHW Assessment,
visit [orchwa.org/
CHWFullReport2018](http://orchwa.org/CHWFullReport2018)**

**Or contact ORCHWA at
info@orchwa.org or
855-445-2497.**

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