Community Health Worker Roles, Responsibilities, and Growth in Rural and Urban America

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October 21, 2019

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Funding Source

- This study was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement #U1CRH30040.

- The information, conclusions, and opinions expressed in this presentation are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

- None of the researchers have any conflicts of interest to disclose

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Introduction

- CHWs are health care workers who bridge the gap between the public and needed services

➢Uniquely situated, oftentimes armed with cultural competence and a personal understanding of the challenges their clients face in accessing services

- BLS projects the field of CHWs to grow by up to 11% over the next decade

- Our focus: understanding CHW roles and responsibilities as the field evolves

Key Questions

- What are CHW roles and responsibilities across the country? How do they vary across rural and urban environments?
- As the field evolves, how are other health professionals reacting to CHWs in urban and rural areas of the United States?
- Are there any other differences between CHWs in rural and urban areas that need to be acknowledged?

Study Background

- Prior research on CHWs in Texas – emphasis on Hispanic population

- Funded by FORHP to understand differences in CHW experiences in rural and urban environments across the country

➢Focus groups in key states

➢National survey of CHWs

➢Legal analysis of laws – reimbursement, training, and certification (not focus of today's talk – analysis ongoing)

Survey Methods

- National survey sent to CHWs across the country using internally developed list of CHW orgs and snowball sampling
- Not representative of CHW population – no known population benchmarks to weight
- 1,400 total participants; 92.21% taken in English
- 45 states participated as well as PR and DC

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CHW Work Status

work_status	Freq.	Percent	Cum.
Full Time	805	77.11	77.11
Part Time	133	12.74	89.85
Volunteer	106	10.15	100.00
Total	1,044	100.00	

CHW Work Setting

work_setting	Freq.	Percent	Cum.
Hospital	77	6.62	6.62
Doctor's Office	52	4.47	11.08
Health Clinic	282	24.23	35.31
Outreach in the Community	265	22.77	58.08
Non Profit	274	23.54	81.62
Government Organization	72	6.19	87.80
Academic Institution	29	2.49	90.29
Other	113	9.71	100.00
Total	1,164	100.00	

CHW Income

chw_income	Freq.	Percent	Cum.
Less than $5,000	11	1.03	1.03
$5,000-9,999	11	1.03	2.05
$10,000-19,999	44	4.10	6.16
20,000-29,999	134	12.50	18.66
$30,000-39,999	209	19.50	38.15
$40,000-49,999	171	15.95	54.10
$50,000-64,999	157	14.65	68.75
$65,000-79,999	116	10.82	79.57
$80,000-99,999	89	8.30	87.87
$100,000-124,999	78	7.28	95.15
$125,000-149,999	22	2.05	97.20
$150,000-174,999	14	1.31	98.51
$175,000-199,999	6	0.56	99.07
$200,000-250,000	7	0.65	99.72
More than 250K	3	0.28	100.00
Total	1,072	100.00	

CHW Insurance Status

chw_insurance_status	Freq.	Percent	Cum.
Uninsured	42	3.93	3.93
Job Provided	772	72.22	76.15
Spouse Job Provided	91	8.51	84.66
Medicare	32	2.99	87.65
Medicaid	43	4.02	91.67
Healthcare.gov	26	2.43	94.11
Other Private Insurance	20	1.87	95.98
From Parents	15	1.40	97.38
Military or VA	10	0.94	98.32
Other	18	1.68	100.00
Total	1,069	100.00	

Rural Status of Clients

rural_status	Freq.	Percent	Cum.
Only Urban Clients	125	10.95	10.95
Mostly Urban Clients	369	32.31	43.26
Equal Numbers Urban Rural	318	27.85	71.10
Mostly Rural Clients	230	20.14	91.24
Only Rural Clients	100	8.76	100.00
Total	1,142	100.00	

Client Gender

client_gender	Freq.	Percent	Cum.
Mostly Men	44	3.89	3.89
Same Number of Men and Women	651	57.51	61.40
Mostly Women	437	38.60	100.00
Total	1,132	100.00	

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Client Race

client_race	Freq.	Percent	Cum.
White	364	32.10	32.10
Black	224	19.75	51.85
Hispanic	309	27.25	79.10
Asian	21	1.85	80.95
American Indian or Alaska Native	31	2.73	83.69
Native Hawaiian or Pacific Islander	5	0.44	84.13
Other, Please Specify	180	15.87	100.00
Total	1,134	100.00	

Best Outreach Strategy

best_info_strategy	Freq.	Percent	Cum.
Community Centers	31	2.75	2.75
Churches	29	2.58	5.33
Schools	213	18.92	24.25
Health Fairs	11	0.98	25.22
Radio	7	0.62	25.84
TV Ads	20	1.78	27.62
Email Communications	86	7.64	35.26
Social Media	114	10.12	45.38
Door to Door Conversations	116	10.30	55.68
Phone Calls	368	32.68	88.37
Conversations with Clients	131	11.63	100.00
Total	1,126	100.00	

Most Important Client Barrier

most_important_barrier	Freq.	Percent	Cum.
Transportation	378	34.71	34.71
Language Barriers	75	6.89	41.60
Documentation Status	39	3.58	45.18
Cost of Care	274	25.16	70.34
Time Away from Work	61	5.60	75.94
Lack of Knowledge	142	13.04	88.98
Cultural Barriers	19	1.74	90.73
Fear of Bad Diagnosis	19	1.74	92.47
Prior Negative Experiences	58	5.33	97.80
Limited Social Contacts	12	1.10	98.90
Childcare	12	1.10	100.00
Total	1,089	100.00	

Most Helpful in Overcoming Barriers

most_helpful_overcome	Freq.	Percent	Cum.
Income	443	40.98	40.98
Education	61	5.64	46.62
Health Literacy	127	11.75	58.37
Trust	137	12.67	71.05
Free Time	20	1.85	72.90
Access to Transport	180	16.65	89.55
Strong Social Contacts	46	4.26	93.80
Speaking English	24	2.22	96.02
Length of Time in Comm	1	0.09	96.11
Being Documented	38	3.52	99.63
Childcare	4	0.37	100.00
Total	1,081	100.00	

Focus Groups

- In addition to the survey, we conducted focus groups in rural and urban parts of several states with CHWs
- 8 focus groups in total, done between 2018-2019
- 71 total participants
- Focus groups were 90 minutes long and done in English or Spanish based on CHW language preference

Focus Group Methods

State	Location	Urban or Rural	Date
Florida	Okeechobee	Rural	December 13, 2018
Florida	Tallahassee	Urban	December 14, 2018
Minnesota	St. Paul	Urban	April 12, 2019
Minnesota	Bemidji	Rural	April 15, 2019
California	Madera	Rural	June 24, 2019
California	Los Angeles	Urban	June 25, 2019
Massachusetts	Greenfield	Rural	June 28, 2019
Massachusetts	Boston	Urban	June 28, 2019

Focus Group Methods

- States selected with the help of the National Community Health Worker Training Center

➢Selected to cover each region

➢Selected states based on size of CHW population

➢Selected locations within states based on community partners in both rural and urban settings

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CHW Primary Role

"We are this bridge between the agencies, their resources, and the community. Promotoras are very successful here because we have this connection with people, we go to their level, we understand people because we belong to the community, we know their needs, a lot of times we experience them." (Madera, CA)

"I would say… linking clients to resources. That would be to providers whether it's medical, dental, where you can get vision, where you can get a hearing screening, diapers whatever the resources that the clients need. Linking them to those resources." (Los Angeles, CA)

CHWs and the Social Determinants of Health

"We help with insurance, and then we help with homelessness, and then we help with food, and then we help with moving, and then we help with dental access, and behavioral health access. And that's all before noon." (Bemidji, MN)

"...if you're worried about homelessness, if you're worried about where your next meal's coming from, or childcare, or all these things that are directly related to your family, you're not focusing on your health. You're focusing on these things. So, that's where we come into play... Nine times out of ten, they don't even identify anything health related. It's mostly social." (Boston, MA)

What's in a Name?

"I think for one, because there's a misconception with the titles and labels, because a lot of people are doing CHW-type work, but they're called, employment specialist, or something like that. But, it's the work that they're doing, so that title is going to tie them to the position that they're doing. But, for the most of it, they are doing CHW work." (Tallahassee, FL)

"I see more people who identify themselves as Community Health Workers…. People were doing this job a long time ago, before there's this big Community Health Worker put on. Now, people are beginning to accept it and say no, that's what I am. I'm a Community Health Worker. So, they're actually accepting their title more…they're beginning to be a little more prideful, I guess, of the work that they do. So, they're bringing on more attention to themselves, at the same time, the work that they do is being recognized, and thus, it's drawing attention. So, more people are jumping on the band wagon…." (Tallahassee, FL)

Training and Certification

"…. There's nothing above it. If you're a Community Health Worker today, you're going to be a Community Health Worker tomorrow and guaranteed, you're going to be one five years from now…. It would be nice if we had Masters [degrees]." (St. Paul, MN)

"There is the debate about whether to have a state program to make the promotoras employees of the institution, [we] don't support that because the say: "you don't need a certification to be a promotora, we believe that being a promotora comes from the heart, you are born with it, you don't need a certification", because the certification will limit the promotoras…." (Madera, CA)

Reimbursement Issues

"…all social determinants of health should be a billable service when you're helping someone to self-manage…." (Bemidji, MN)

"They should be looking at how much money is saved…. Our social workers are never questioned about whether they're making a difference. Our behavioral health people don't have to document that. Why is it that the community health worker has to do that?" (Bemidji, MN)

CHWs and Other Healthcare Professionals

"when we first started, it was really .... Okay, what are you expecting from a community health worker, and all of them looked at me and said, 'We don't really know.'" (Bemidji, MN)

"even nurses were feeling like we we're stepping on their toes. And now we have the social workers feeling like we're stepping on their toes. It's just gets to the point where it feels like a lot of things are changing now and either we're on board for the change, or you know... it just feels like this is being shaken up and a lot of people are like, 'Wait a minute. They're taking my job.' You know what I mean?" (Boston, MA)

CHWs and Other Healthcare Professionals

"When I started at the county 11 years ago the title was a Family Health Mentor and the public health nurses felt threatened and then when the Community Health Worker role came in they felt more threatened and now they beg for us to work with their families. So from the professional perspective, I have seen a huge change." (St. Paul, MN)

Rural and Urban Differences

"Everybody in Boston that has something going on has been offered some kind of program. And, really, they're so overwhelmed by, 'Oh, I have five different programs. I don't want another program.'" (Boston, MA)

"[In] rural areas here, there's less transportation, there's less resources, there's less funding. Sometimes it can be trying. We have a program right now that the CHWs work with where if you're struggling with food…we can give you a gift card of a certain amount for each person in the house, but that's limited. We can't give it to everybody and everybody at some point has problems with food insecurities." (Greenfield, MA)

Rural Resources and Specialization

"I would say that one of the things that I think rural versus urban when I look at a lot of the alliance materials, they're very medically focused, and I think in an urban setting often they're adding a CHW specialized in diabetes, specialized in pre-natal care, specialized in something that they can really train that individual, and they have a large enough population that they can serve just that population, and that it really makes that difference in those urban areas. And I think the big thing I've seen different for us in a rural area is we have to be very generalist." (Bemidji, MN)

"They're not complainers. A lot of my clients in the bigger cities are complaining about everything. And I'm like, you have so much more than my rural clients, who don't ever complain about it, they're grateful. They're so grateful." (Okeechobee, FL)

Overall Takeaways

- The Community Health Worker field continues to grow and professionalize, however disagreements exist between CHWs over training expectations and certification requirements.
- In our focus groups, Community Health Workers agreed that more needs to be done to establish appropriate funding mechanisms for stable employment, with many forced to work only as volunteers or in short term grant positions.
- The relationship between Community Health Workers and other medical professionals continues to evolve, with growing acceptance of CHWs as important to patient health by other medical professionals as they become more integrated into care teams.
- Due to fewer services available in rural areas, Community Health Workers in rural environments have fewer options when trying to bridge clients to health services than their urban counterparts.
- In rural settings, Community Health Workers often characterize themselves as generalists, while CHWs in urban areas tend to be more specialized, particularly in hospital settings.

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