

Massachusetts Community Health Worker Survey Report

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Appendix A: CISS Grant Abstract

PROJECT IDENTIFICATION

Project Title: Massachusetts Community Health Worker Network Project
Funded by the Health Resources Service Administration, Maternal and Child Health Bureau, Community Integrated Service Systems Community Organizing Grant Program

PURPOSE OF PROJECT AND RELATIONSHIP TO TITLE V MCH PROGRAMS: The purpose of the Massachusetts Community Health Worker Network Project was to develop and implement a statewide community health worker (CHW) system that includes ongoing mechanisms for training, leadership and financing, in order to increase access to, and improve utilization and coordination of, culturally competent, community-based MCH services.

GOALS AND OBJECTIVES: To achieve this goal, the establishment of a sustainable statewide CHW infrastructure, the following objectives were implemented: 1) conduct a statewide needs assessment; 2) establish a CHW-led statewide networking organization; 3) develop MDPH policy guidelines for CHWs, including a formal definition of a CHW, best practices, and operational measures for MDPH contracts; and 4) educate the public and health care providers about the vital role CHWs play in public health.

METHODOLOGY: MDPH implemented the Massachusetts Community Health Worker Survey, collecting information about CHW job roles and scope, training, supervision, level of integration into the health care delivery system, and other job issues related to workforce recruitment and retention. At the same time, key CHW leaders and advocates were convened to begin the formation of the Massachusetts Community Health Worker (MACHW) Network - a statewide networking, training and advocacy organization for CHWs. Using survey findings and input from the MACHW Network, MDPH developed and implemented policy guidelines governing all MDPH contracts employing CHWs. Information about project activities was widely distributed both in Massachusetts and nationally, and key supportive partnerships were developed.

EVALUATION: The effectiveness of the project was measured in terms of: a) the completed needs assessment and accompanying report; b) regular, sustained CHW network activities with evidence of broad-based participation; c) the development and incorporation of MDPH policy guidelines into all new MDPH contracts; and d) broad information dissemination about CHWs and project activities resulting in ongoing funding and other support.

RESULTS/OUTCOMES: Information about the CHW profession in Massachusetts was gathered. The “MDPH Policy Statement on Community Health Workers” was developed and implemented, which includes: a) A formal MDPH definition of a CHW for use in all MDPH contracts; b) Expectations of MDPH-funded agencies with CHWs; and c) MDPH operational measures on training and supervision for MDPH-funded agencies employing CHWs. A sustainable CHW-led network, engaging key partners statewide, was established. A collaborative blueprint for action was created. Awareness about CHWs and their potential to improve public health outcomes has increased among the public health community, leading to ongoing support and sustainability for project activities.

PUBLICATIONS/PRODUCTS: The following publications or products developed out of this project: the Massachusetts Community Health Worker Surveys; the Massachusetts Community Health Worker Survey Report; the Massachusetts Community Health Worker Network Newsletter; the Massachusetts Department of Public Health “Policy Statement on Community Health Workers;” APHA presentations: “Preliminary Findings from the Massachusetts Community Health Worker Survey,” “CHW Network Sustainability: Strategic Planning to Independence;” “Massachusetts Department of Public Health (MDPH) Community Health Worker (CHW) Project” presentations.

DISSEMINATION/UTILIZATION OF RESULTS: Information about the project has been presented in a broad range of venues, both in Massachusetts and nationally. The Massachusetts Community Health Worker Network has told its story of building a statewide CHW organization at all key national CHW conferences, including the American Public Health Association Annual Meeting, the Center for Sustainable Health Outreach “Unity Conference,” the National Healthy Mothers, Healthy Babies meeting, and the National Promotores Conference. The MACHW Network has assumed a national leadership position, offering technical assistance to CHW networks in other states. The MACHW Network has been promoted at many Massachusetts regional and local meetings. In addition, “Preliminary Findings from the Massachusetts Community Health Worker Survey” was presented at the APHA in 2001, and the final report, “Champions Of Public Health: A Report On Community Health Workers In Massachusetts” is being distributed widely in the state, and through national CHW organizations. The MDPH “Policy Statement on Community Health Workers,” is being shared as a model for state health department policy development in this area.

FUTURE PLANS/FOLLOW-UP: The Massachusetts Community Health Worker Network, as a result of stable infrastructure development and creative partnerships, has successfully procured funding to continue and expand its activities. Current plans include implementation of a series of regional advocacy trainings, as well as the development of an advocacy toolkit for CHWs and a series of trainings in the area of prenatal outreach strategies. The MDPH has outlined “Future Actions Steps” in the final survey report, and they include: develop a clear set of core competencies for CHWs; promote adequate training and supervision; develop a career ladder for CHWs; support the efforts of the MACHW Network; conduct further research into the value that CHWs add to the health care delivery system; develop and promote policies that provide sustainable funding for CHWs.

TYPE/AMOUNT OF SUPPORT AND RESOURCES NEEDED TO REPLICATE: All key project activities are amenable to adaptation in other states or areas. Significant resources are required in terms of dedicated staff time at diverse agencies, ensuring a collaborative model. Considerable in kind support from a number of organizations, additional funding to support travel and training, supported CHW consultant time, and technical assistance were critical. Enormous volunteer effort on the part of many CHWs and their supporters was the cornerstone of the project.

Appendix B: Survey Tools

MASSACHUSETTS
COMMUNITY HEALTH WORKER SURVEY
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Thank you for taking the time to complete this survey. Your answers will provide a voice for community health workers (CHWs) in Massachusetts, and help to support and promote the CHW profession. The information you provide is anonymous and confidential.

Please circle the letter next to your answer or fill in the blank space when provided.

Example: What is your favorite color?
 A Blue B Yellow C Red D Green

Please do not give more than one answer unless instructed to do so.

I. GENERAL INFORMATION

- 1) What is your job title?
- A Community Health Worker F Health Advocate
B Outreach Educator G Outreach Worker
C Health Advisor H Peer Health Provider
D Health Educator I *Promotor/Promotora*
E Other: _____.
- 2) What ethnicity do you consider yourself? **(please circle only one)**
- A African L East European/Russian
B African American M Other European
C American N Haitian
D Asian Indian O Laotian
E Brazilian P Middle Eastern
F Cambodian Q Pakistani
G Cape Verdean R Portuguese
H Caribbean Islander/West Indian S Puerto Rican
I Central American T South American
J Chinese U Vietnamese
K Dominican V Other, specify: _____.
- 3) What is your race? (circle all that apply)
- A America Indian/Alaskan Native
B Asian
C Black, African American, or Negro
D Native Hawaiian or other Pacific Islander

- E White
- 4) How old are you?
- A under 20 B 20-25 C 26-30 D 31-35 E 36-40
- F 41-45 G 46-50 H 51-55 I 56-60 J over 60
- 5) What gender are you? A Male B Female
- 6) What is the last level of school you attended?
- A grammar school D some college/university
- B some high school E college/university degree
- C high school degree/GED F vocational school
- 7) Are you a certified clinician (RN, LICSW, etc.)?
- A No B Yes. Please specify _____

II. WORK AND WORK HISTORY

- 8) How long have you worked as a Community Health Worker (Health Advocate, Outreach Educator, etc)?
- A less than 1 year B 1 – 3 years C 4 – 7 years
- D 8 – 10 years D more than 10 years
- 9) How long have you been in your current job?
- A less than 1 year B 1 – 2 years C 3 – 4 years
- D more than 5 years
- 10) How many different ‘Community Health Worker’ jobs have you had?
- A. 1 B. 2 C. 3 D. 4 E. 5 F. 6 G. 7
- H. 8 I. 9 J. 10 or more
- 11) On average, how many hours do you work each **WEEK** as a Community Health Worker?
- A Less than 5 hours D 15 – 20 hours G 30 – 35
- B 5 – 10 hours E 20 – 25 hours H 35 – 40 hours
- C 10 – 15 hours F 25 – 30 hours I more than 40 hours
- 12) Approximately how much are you paid each **WEEK** before taxes (gross) as a Community Health Worker?
- A less than \$165 E \$401 - \$455
- B \$165 - \$225 G \$456 - \$515
- C \$226 - \$280 H \$516 - \$570
- D \$281 - \$340 I more than \$570

F \$341 - \$400

J I am a volunteer

13) What activities do you **currently** do as a Community Health Worker? (circle **all** that apply)

- | | |
|--|-------------------------------------|
| A health education/information | M assessment |
| B make referrals | N case management |
| C home visits | O counseling |
| D support groups | P health screenings |
| E case finding/recruitment | Q office work |
| F clinical services | R translation/interpretation |
| G teach classes | S provide transportation to clients |
| H health fairs | T community organizing |
| I collaborating with other agencies | U follow up to referrals |
| J peer education/mentoring | V fundraising/grant writing |
| K presenting in schools, community centers, etc. | |
| L enrollment (MassHealth, CMSP, insurance, etc) | |
| W Other, specify: _____. | |
| X Other, specify: _____. | |

14) Which of the answers you **checked above** (in QUESTION 12) are not included in your *job description* (if you have one), or, **what extra activities do you do beyond those you were hired to do?** (circle all that apply)

- | | |
|--|-------------------------------------|
| A health education/information | M assessment |
| B make referrals | N case management |
| C home visits | O counseling |
| D support groups | P health screenings |
| E case finding/recruitment | Q office work |
| F clinical services | R translation/interpretation |
| G teach classes | S provide transportation to clients |
| H health fairs | T community organizing |
| I collaborating with other agencies | U follow up to referrals |
| J peer education/mentoring | V fundraising/grant writing |
| K presenting in schools, community centers, etc. | |
| L enrollment (MassHealth, CMSP, insurance, etc) | |
| W Other, specify: _____. | |
| X Other, specify: _____. | |

15) Do you have another paid job besides being a Community Health Worker?

A No B Yes

16) Do you feel like you have job security as a Community Health Worker?

A No B Yes

17) Why do or why don't you feel like you have job security? (circle all that apply)

If "Yes", why

- A living wages
- B regular work
- C supervisor support
- D stable funding
- E good work environment
- F Other, specify:
_____.

If "No", why not

- G irregular/poor pay
- H irregular hours
- I lack of support
- J changes in funding sources
- K poor work relations
- L Other, specify:
_____.

18) What area of the state do you work in or nearest to?

- | | | |
|---------------------|--------------------------|---------------|
| A Athol/Orange | H Fitchburg | N Lowell |
| B Attleboro | I Great Barrington | O North Adams |
| C Beverly | J Greenfield | P Pittsfield |
| D Boston to Rt. 128 | K Lawrence/Haverhill | Q Plymouth |
| E Brockton | L Northampton/Amherst | R Springfield |
| F Cape & Islands | M New Bedford/Fall River | S Worcester |
| G Framingham | | |

19) In what setting do you do most of your work? (circle all that apply)

- A rural/country B suburban/town C urban/city

20) *On average*, how many clients do you serve in any given month? _____.

21) What is the ethnicity of up to three of the groups of people you **most often** work with? (**circle up to 3**)

- | | |
|----------------------------------|--------------------------|
| A African | L East European/Russian |
| B African American | M Other European |
| C American | N Haitian |
| D Asian Indian | O Laotian |
| E Brazilian | P Middle Eastern |
| F Cambodian | Q Pakistani |
| G Cape Verdean | R Portuguese |
| H Caribbean Islander/West Indian | S Puerto Rican |
| I Central American | T South American |
| J Chinese | U Vietnamese |
| K Dominican | V Other, specify: _____. |

- 22) What is the race of those people (from question 21 above)? (circle all that apply)
- A America Indian/Alaskan Native
 - B Asian
 - C Black, African American, or Negro
 - D Native Hawaiian or other Pacific Islander
 - E White
- 23) Which population(s) of people do you **most often** work with? (**circle up to three**)
- A Men
 - B Elderly
 - C Minorities
 - D Other, specify: _____.
 - E Women
 - F Pregnant women/New parents
 - G Gay/Lesbian/Bisexual
 - H Adolescents
 - I Families
- 24) What age group do you **most often** work with? (**circle up to three**)
- A Under 20
 - B 20 – 25
 - C 26 – 30
 - D 31 – 35
 - E 36 – 40
 - F 41 – 45
 - G 46 – 50
 - H 50 – 55
 - I 56 – 60
 - J over 60
- 25) Where do you do **most** of your work? (circle one)
- A Homes
 - B Community Centers
 - C Work Sites
 - D Shelters
 - E Other, specify: _____.
 - F Clinics/Hospitals
 - G Schools
 - H Religious Centers
 - I Street
- 26) What are up to three of the biggest **barriers** you face doing your work? (for example: not enough support, job insecurity, not enough training, lack of services for clients, etc.)
1. _____
_____.
 2. _____
_____.
 3. _____
_____.

27) What are up to three things that might make your job easier or more effective?

1. _____

2. _____

3. _____

III. SUPERVISION

28) How would you rate your relationship with your supervisor?

A Poor B Fair C Good D Excellent

29) Does your supervisor have experience working as a Community Health Worker?

A No B Yes C I don't know

30) On average, how many hours of supervision (guidance, technical support, etc) do get each week?

A less than 1 hour D 4 – 5 hours F 8-9 hours

B 1-2 hours E 6-7 hours G 10 or more hours

C 3-4 hours

31) Do you consider this enough time for you to be effective in your work?

A No B Yes

If "No", what would be enough time?

A 1-2 hours C 4 – 5 hours E 8-9 hours

B 3-4 hours D 6-7 hours F 10 or more hours

32) Please list up to three problems you face, if any, with supervision. Please remember that this survey is *completely anonymous* (if none, write "None")

1. _____

2. _____

3. _____

IV. TRAINING

- 33) What kind of training did you receive when you began your current job?
(circle all that apply)
- A I received no training when I began my job.
 - B Public Health Issues (AIDS, Cancer, Domestic Violence, etc.)
 - C Health Education Methods
 - D Counseling/Mentoring Techniques
 - E Making Referrals
 - F Cultural Competency/Health Issues
 - G First Aid/CPR
 - H Safety
 - I Leadership Training
 - J Management/Organizing Skills
 - K Fundraising/Grant Writing
 - L Other, specify: _____.
- 34) What sort of training do you or will you receive **after** your initial training?
(circle all that apply)
- A I will receive no further training.
 - B Public Health Issues (AIDS, Cancer, Domestic Violence, etc.)
 - C Health Education Methods
 - D Counseling/Mentoring Techniques
 - E Making Referrals
 - F Cultural Competency/Health Issues
 - G First Aid/CPR
 - H Safety
 - I Leadership Training
 - J Management/Organizing Skills
 - K Fundraising/Grant Writing
 - L Other, specify: _____.
- 35) Who provides your training?
- A Your agency B An outside agency
 - C This question does not apply to me.
- 36) *In general*, how would you rate the training?
- A Poor B Fair C Good D Excellent
 - E This question does not apply to me.

- 37) Are you paid during training?
A No B Yes C This question does not apply to me.
- 38) Do you receive any sort of recognition for training such as a certificate, pay raise, ceremony, school credit, etc.?
A No B Yes C This question does not apply to me.
- 39) Does your agency ask you what kind of training you need?
A No B Yes C This question does not apply to me.
- 40) Please list up to three training topics you feel are important for Community Health Workers in your agency to receive.
1. _____
_____.
2. _____
_____.
3. _____
_____.

V. NETWORKING

- 41) Are you aware of any Community Health Worker networking organizations in Massachusetts?
A No B Yes
- 42) How often do you have the opportunity to meet with other Community Health Workers in order to share information and provide support for each other?
A Weekly D Every 3 – 6 months
B Monthly E Every 6 – 12 months
C Every 2 months F Yearly
G I don't meet with other Community Health Workers.
- 43) Do you find these meetings useful?
A No B Yes C This question does not apply to me.
- 44) Are you paid while attending these meetings?
A No B Yes C This question does not apply to me.

VI. PROFESSIONAL DEVELOPMENT

- 45) Do Community Health Workers in your agency regularly get promotions (change in job role, increase in salary, etc.)? A No B Yes
- 46) Do you have opportunities to develop professionally (given more responsibility, asked to participate in activities that increase your skills, etc.)? A No B Yes
- 47) Do you get any benefits at your job? (circle all that apply)
- A Tuition Reimbursement D Health Insurance
B Sick/Vacation Leave E Pension/Retirement
C Other, specify: _____.
- 48) In addition to your supervisor, what people do you usually have contact with while working? (circle all that apply)
- A Other Community Health Workers
B Administrative Staff E Clinical Staff (doctors, nurses, etc.)
C Program Managers F Agency Directors
D Government Workers (MassHealth, DPH Staff, etc.)
- 49) Do you participate in staff meetings about your work? A No B Yes
- 50) Do you participate in program evaluation? A No B Yes
- 51) Not counting your supervisor, who would you most like to improve relations with? (circle only one)
- A Administrative staff D Clinical Staff (doctors, nurses, etc.)
B Program Managers E Agency Directors
C Government Workers (MassHealth, DPH Staff, etc.)
F Other, specify: _____

COMMENTS

We welcome any comments you might have about your experience as a Community Health Worker or about this survey. Please use this space and the next page if necessary.

MASSACHUSETTS
COMMUNITY HEALTH WORKER SUPERVISOR SURVEY
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Thank you for taking the time to complete this survey. The information you provide will help to better support community health workers and create effective outreach programs in Massachusetts. The information you provide is anonymous and confidential.

Please circle the letter next to your answer or fill in the blank space when provided.

Example: What is your favorite color?
 A Blue C Yellow B Red D Green

Please do not give more than one answer unless instructed to do so.

I. GENERAL INFORMATION

1. What is your job title?
 A Supervisor D Program Director
 B Community Health Worker E Program Coordinator
 C Outreach Coordinator
 F Other, specify: _____.

2. What ethnicity do you consider yourself? (**please circle only one**)
 A African L East European/Russian
 B African American M Other European
 C American N Haitian
 D Asian Indian O Laotian
 E Brazilian P Middle Eastern
 F Cambodian Q Pakistani
 G Cape Verdean R Portuguese
 H Caribbean Islander/West Indian S Puerto Rican
 I Central American T South American
 J Chinese U Vietnamese
 K Dominican V Other, specify: _____.

3. What is your race? (circle all that apply)
 A American Indian/Alaskan Native
 B Asian
 C Black, African American, or Negro
 D Native Hawaiian or other Pacific Islander
 E White

4. How old are you?
- A under 20 B 20-25 C 26-30 D 31-35 E 36-40
- F 41-45 G 46-50 H 51-55 I 56-60 J over 60
5. What is your gender? A Male B Female
6. What is the last level of school you attended?
- A grammar school D some college/university
- B some high school E college/university degree
- C high school degree/GED F vocational school
7. Are you a certified clinician (RN, LICSW, etc.)?
- A No B Yes. Please specify _____

II. WORK AND WORK HISTORY

8. How long have you supervised Community Health Workers (Health Advocates, Outreach Educators, etc.)?
- A less than 1 year B 1 – 3 years C 4 – 7 years
- D 8 – 10 years D more than 10 years
9. In addition to being in a supervisory position, do you consider yourself, or have you ever been, a Community Health Worker? A No B Yes
10. How long have you been in your current job/position?
- A less than 1 year B 1 – 2 years C 3 – 4 years
- D more than 5 years
11. How many different jobs have you had as a supervisor to Community Health Workers?
- A 1 B 2 C 3 D 4 E 5 F 6 G 7
- H 8 I 9 J 10 or more
12. On average, how many hours per **WEEK** is your job?
- A Less than 5 hours D 15 – 20 hours G 30 – 35
- B 5 – 10 hours E 20 – 25 hours H 35 – 40 hours
- C 10 – 15 hours F 25 – 30 hours I more than 40 hours

13. Approximately how much are you paid each **WEEK** before taxes (gross) in your job as a supervisor to Community Health Workers?

- | | |
|-------------------|--------------------|
| A less than \$165 | E \$401 - \$455 |
| B \$165 - \$225 | G \$456 - \$515 |
| C \$226 - \$280 | H \$516 - \$570 |
| D \$281 - \$340 | I more than \$570 |
| F \$341 - \$400 | J I am a volunteer |

14. Do you have another paid job? A No B Yes

15. Do you feel that you have a sense of job security in your current position as a supervisor to Community Health Workers? A No B Yes

16. In what part of the state do you work in or nearest to? (circle all that apply)

- | | | |
|---------------------|--------------------------|---------------|
| A Athol/Orange | H Fitchburg | N Lowell |
| B Attleboro | I Great Barrington | O North Adams |
| C Beverly | J Greenfield | P Pittsfield |
| D Boston to Rt. 128 | K Lawrence/Haverhill | Q Plymouth |
| E Brockton | L Northampton/Amherst | R Springfield |
| F Cape & Islands | M New Bedford/Fall River | S Worcester |
| G Framingham | | |

17. Approximately how many Community Health Workers do you oversee?

- | | | | |
|-----------|-----------|-----------|----------------|
| A 1 – 5 | D 16 – 20 | G 31 – 35 | J 46 - 50 |
| B 6 – 10 | E 21 – 25 | H 36 – 40 | K more than 50 |
| C 11 – 15 | F 26 – 30 | I 41 – 45 | |

18. Which target population(s) do Community Health Workers in your program **most often** work with? (circle all that apply)

- | | | |
|--------------------------|------------------------------|---------------|
| A Men | E Women | H Adolescents |
| B Elderly | F Pregnant women/New parents | I Families |
| C Minorities | G Gay/Lesbian/Bisexual | |
| D Other, specify: _____. | | |

19. A. What is the ethnicity of up to three of the groups of clients **most often** served by Community Health Workers in your program? (**circle no more than 3**)

- A African
- B African American
- C American
- D Asian Indian
- E Brazilian
- F Cambodian
- G Cape Verdean
- H Caribbean Islander/West Indian
- I Central American
- J Chinese
- K Dominican
- L East European/Russian
- M Other European
- N Haitian
- O Laotian
- P Middle Eastern
- Q Pakistani
- R Portuguese
- S Puerto Rican
- T South American
- U Vietnamese
- V Other, specify: _____.

20. What is the race of those clients (from question 19 above)? (circle all that apply)

- A America Indian/Alaskan Native
- B Asian
- C Black, African American, or Negro
- D Native Hawaiian or other Pacific Islander
- E White

21. What age group do Community Health Workers in your program **most often** work with? (circle all that apply)

- A Under 20
- B 20 – 25
- C 26 – 30
- E 36 – 40
- F 41 – 45
- G 46 – 50
- I 56 – 60
- J over 60

22. What activities do CHW in your agency perform? (circle all that apply)

- A health education/information
- B make referrals
- C home visits
- D support groups
- E case finding/recruitment
- F clinical services
- G teach classes
- H health fairs
- I collaborating with other agencies
- J peer education/mentoring
- K presenting in schools, community centers, etc.
- L enrollment (MassHealth, CMSP, insurance, etc)
- M assessment
- N case management
- O counseling
- P health screenings
- Q office work
- R translation/interpretation
- S provide transportation to clients
- T community organizing
- U follow up to referrals
- V fundraising/grant writing
- W Other, specify: _____.
- X Other, specify: _____.

23. Of the answers you checked *above* in QUESTION 20, what activities are **not** part of the CHW job description in your agency? (circle all that apply)

- | | |
|--|-------------------------------------|
| A health education/information | M assessment |
| B make referrals | N case management |
| C home visits | O counseling |
| D support groups | P health screenings |
| E case finding/recruitment | Q office work |
| F clinical services | R translation/interpretation |
| G teach classes | S provide transportation to clients |
| H health fairs | T community organizing |
| I collaborating with other agencies | U follow up to referrals |
| J peer education/mentoring | V fundraising/grant writing |
| K presenting in schools, community centers, etc. | |
| L enrollment (MassHealth, CMSP, insurance, etc) | |
| W Other, specify: _____ | |
| X Other, specify: _____ | |

III. SUPERVISION

24. In general, how would you rate your relationship with Community Health Workers in your program?

- A Poor B Fair C Good D Excellent

25. On average, how many hours each week do you spend providing direct supervision (guidance, technical support, etc.) to each **individual** Community Health Worker?

- | | | |
|--------------------|---------------|--------------------|
| A less than 1 hour | D 4 – 5 hours | F 8-9 hours |
| B 1-2 hours | E 6-7 hours | G 10 or more hours |
| C 3-4 hours | | |

26. Do you believe this is adequate? A No B Yes

If “No”, what would be adequate?

- | | | |
|-------------|---------------|--------------------|
| A 1-2 hours | C 4 – 5 hours | E 8-9 hours |
| B 3-4 hours | D 6-7 hours | F 10 or more hours |

27. Please list up to three problems you face, if any, supervising Community Health Workers? (if none, write “None)

1. _____

2. _____

3. _____

28. What are up to three (3) of the most important qualities and skills you look for when hiring a person to do CHW work? (**circle no more than 3**)

- A I am not involved with hiring people to work at this agency.
- B Communication Skills (public speaking, appropriate language, etc.)
- C Listening skill/attentiveness
- D Patience
- E Caring
- F Committed/dedicated
- G Honest
- H Organizational skills
- I Open/eager
- J Flexible/adaptable
- K Clinical skills
- L Compassionate
- M Creative/resourceful
- N Networking/coalition-building skills
- O Knowledge about health issues/health care system
- P Capacity building skills (leadership, empowerment, etc.)
- Q Outgoing/friendly/sociable
- R Open-minded/non-judgmental
- S Cultural sensitivity
- T Respectful
- U Bilingual skills
- V Knowledge about the community
- W Dependable/responsible
- X Persistent
- Y Ability to work in a group
- Z Confidentiality/discretion
- ZZ Other: _____.

IV. TRAINING

29. Do Community Health Workers in your agency receive training when they begin their job at your agency? A No B Yes

30. Who provides the training?
A Your agency
B An outside agency (CHEC, NEON, etc), specify: _____.
C Does not apply

31. Is the training mandatory? A No B Yes C Not applicable

32. Is there ongoing training? A No B Yes C Not applicable
33. Are Community Health Workers in your program paid during training?
 A No B Yes C Not applicable

V. FUNDING

34. What are the funding sources for Community Health Workers in your program?
 (circle all that apply)
- Massachusetts Department of Public Health sources:
- A Bureau of Family and Community Health funds
 - B Bureau of Substance Abuse Services
 - C AIDS Bureau
 - D Bureau of Communicable Diseases
 - E Other DPH source: _____.
 - F Division of Medical Assistance (DMA)
 - G Department of Mental Retardation (DMR)
 - H Department of Transitional Assistance (DTA)
 - I Department of Social Services (DSS)
 - J Children's Trust Fund
 - K Other state agency: _____.
 - L Federal government funds: _____.
- Private funding:
- M Health Maintenance Organization (HMO)
 - N Hospitals
 - O Nonprofit Foundation (W.K.Kellogg, Gates fund, etc.)
 - P Other source: _____.
35. How many individual Community Health Workers in your agency are funded through the
 Massachusetts Department of Public Health? (if none, write "None")
 _____.

VI. NETWORKING

36. Do Community Health Workers in your program have opportunities to network with other Community Health Workers? A No B Yes
37. Are Community Health Workers paid during networking time?
 A No B Yes C Not applicable
38. In what way do they network? (circle all that apply)
- A There are no active networking processes in this program at this time
 - B Group training sessions with other agencies
 - C Open discussions with other agencies
 - D Health Access Network (HAN) meetings
 - E Massachusetts Community Health Worker Network (MACHW)
 - F Community Health Education Center (CHEC) luncheons
 - G Conferences/professional meetings
 - H Other: _____.

COMMENTS

We welcome any comments you might have about your experience as a Community Health Worker supervisor or about this survey. Please use this space and the next page if necessary.

Appendix C: MDPH CHW Policy Statement

**Policy Statement on Community Health Workers
Massachusetts Department of Public Health
Community Health Worker Task Force
4/2002**

I. MDPH Definition of a Community Health Worker

A Community Health Worker (CHW) is a public health outreach professional who applies his or her unique understanding of the experience, language and/or culture of the populations he or she serves in order to carry out at least one of the following roles:

- bridging/culturally mediating between individuals, communities and health and human services, including actively building individual and community capacity;
- providing culturally appropriate health education and information;
- assuring that people get the services they need;
- providing direct services, including informal counseling and social support; and
- advocating for individual and community needs.

(adapted from Rosenthal, E.L., The Final Report of the National Community Health Advisor Study. The University of Arizona. 1998)

A CHW is distinguished from other health professionals because he or she:

- is hired primarily for his or her understanding of the populations he or she serves, and
- conducts outreach at least 50% of the time in one or more of the categories above.

***Explanation of CHW Roles** *(adapted from National Community Health Advisor Study)*

- **Bridging/Cultural Mediation Between Communities and Health and Human Services, including Actively Building Individual and Community Capacity.** This includes: educating community members about how to use the health care and human services systems; educating health and human service providers about community needs and perspectives; collecting information from clients that is often inaccessible to other health and human service providers; translating literal and medical languages; building individual capacity by sharing information, building concrete skills, and helping clients to change their behavior; and building community capacity by bringing about community participation in health.
- **Providing Culturally Appropriate Health Education and Information.** This includes: teaching health promotion and disease prevention; and providing education and information to help individuals manage chronic illness.
- **Assuring That People Get the Services They Need.** This includes: case finding; making referrals and motivating people to seek care; taking people to services; and providing follow-up.
- **Providing Direct Services, including Informal Counseling and Social Support.** This includes: helping people meet basic needs such as food, housing, clothing, and employment; providing individual support and informal counseling, and leading support groups; and, less frequently, providing clinical services.
- **Advocating for Individual and Community Needs.** This includes: acting as a spokesperson for clients or intermediary between clients and systems; and advocating for community needs.

II. MDPH POLICY GUIDELINES FOR COMMUNITY HEALTH WORKERS

MDPH recognizes CHWs as professionals that are a critical component of the public health work force, and encourages the use of CHWs in the planning, implementation and evaluation of community-based programs.

Expectations of DPH-funded Agencies with CHWs

All DPH funded programs with CHWs shall:

- **Develop an overall Outreach Plan:** An agency requesting DPH funding for programs that involve CHWs shall develop an overall outreach plan that includes: the program objectives; target populations; outcome/output measures; program content and strategies; internal and external linkages; consumer/community input; the roles and responsibilities of CHWs and orientation for other agency staff about the outreach program. Job descriptions shall be written for CHWs.

Note: If an agency plans on using CHWs who will be funded by more than one DPH Bureau or program within that Bureau (e.g., HIV/AIDS, breast and cervical cancer, pregnant and parenting support program, etc.) or by other, non-DPH sources, it is encouraged to develop an integrated, cross-categorical outreach program which ensures effective integration and utilization of resources.

- **Develop an Internal Agency Plan for the training, supervision and support of CHWs**

This plan shall include the following components:

Materials Development. The agency should develop and disseminate administrative guidelines to CHWs (including street and home safety procedures; mandated reporting; CHW accountability and work schedules; etc.). It shall also develop a code of ethics with CHWs regarding confidentiality and other professional standards necessary for working with clients and community groups (sample codes of ethics are available from the DPH AIDS Bureau and the Bureau of Communicable Disease Control). These policies and procedures should be linked to overall agency policies.

Training and continuing education for CHW staff. This training shall include (at a minimum): CHWs' roles and responsibilities; administrative guidelines and a code of ethics; skills building; public health topics; and information on community resources. Training should be provided as needed to ensure that CHWs have the knowledge and skills required to serve all members of targeted communities. Participation of CHWs in DPH-sponsored trainings and other trainings should be promoted.

On-going supervision and support to ensure integration of CHW staff into the agency.

On-going support and supervision of CHWs are crucial. Regular program and clinical supervision including individual and team support are necessary. CHW supervisors should have outreach experience and accompany CHWs in the field as they perform their outreach activities at least twice per year.

Networking opportunities. The agency shall assure that CHWs have structured networking time with other CHWs. CHWs should attend quarterly networking meetings with CHWs from other agencies as a function of their employment. The agency that receives DPH outreach funding from

multiple Bureaus or programs shall provide quarterly internal CHW internal meetings. As appropriate, CHWs should have reasonable access to the Internet to support further networking. **Compensation and work environment.** The agency’s outreach plan should describe the consideration the agency gives to the fair compensation of CHWs including reasonable pay scales, access to employee benefits, job security and promotion of career opportunities. Attention should be paid to ensuring safe, secure, and to the degree possible, comfortable work environments, and accommodation for CHWs with disabilities or special needs.

Integration into health care delivery team. CHWs should participate in case meetings, program planning activities, and agency team meetings. CHWs should actively contribute to programmatic reporting and assessment documents and DPH site visit.

III. MDPH OPERATIONAL MEASURES FOR DPH-FUNDED AGENCIES EMPLOYING CHWs

In addition to program performance measures, the following operational measures are designed to support the professional capacity of CHWs:

Operational Measure #1: Training

- 1) Each community health worker shall attend a minimum of 28, with a goal of 42, hours of relevant professional training per year per DPH-funded FTE and be paid while attending training.

For the purposes of documenting this operational measure,

- Training includes: formal in-service trainings, conferences, including the annual “Ounce of Prevention Conference,” regional Community Health Worker Network meetings, and other trainings offered external to the agency.
- Training does not include agency staff meetings or on-the-job orientation.
- The agency must maintain a list of CHWs and the names, dates and lengths of the trainings they attended and must be prepared to produce this evidence on request.

Operational Measure #2: Supervision

- 2) Each community health worker shall receive a minimum of one hour of supervision during every two-week period.

For the purposes of documenting this operational measure,

- Supervision includes: face-to-face individual and/or group sessions, which may be clinical and/or administrative in nature.
- Supervision does not include written performance reviews or staff meetings.
- The agency must maintain a list of CHWs and who provides their supervision, as well as the length and dates of supervisory sessions and must be prepared to produce this evidence on request.

Appendix D: APHA Resolution:

Recognition and Support for Community Health Workers' Contributions to Meeting our Nation's Health Care Needs

01/01/2001

200115

THE AMERICAN PUBLIC HEALTH ASSOCIATION,

Being aware that the formal participation of Community Health Workers (CHWs) in health and human services systems has been documented in the United States since the 1950s,^{1,2} and that current estimates indicate more than 12,000 CHWs serving throughout the U.S. in a diverse array of cultural settings,³ in programs involving both volunteer and paid CHWs, utilizing many different titles, including Lay Health Advocate, Promotor(a), Outreach Educator, Community Health Representative, Peer Health Promoter, and Community Health Outreach Worker; and

Knowing that the roles of CHWs vary greatly, depending on the needs of the community being served, and that CHWs work in clinics, homes, community centers, and the streets, successfully addressing some of the most difficult health problems of our time, including the prevention of HIV/AIDS;⁴ the treatment of tuberculosis;⁵ helping pregnant and parenting women access early prenatal care;^{6,7} promoting the timely use of immunization services;⁸ increasing the utilization of cancer screening services;^{9,10} aiding families in managing childhood asthma;¹¹ and, detecting and preventing lead poisoning;¹² and successfully building community capacity;^{13,14} and

Knowing that, due in part to their status as members of the community in which they work, CHWs effectively bridge sociocultural barriers between community members and the health care system;^{15–17} and,

Recognizing that CHWs, through the National Community Health Advisor Study, identified seven core roles of their work,¹⁸ which are:

1. Bridging cultural mediation between communities and health and social service systems
2. Providing culturally appropriate health education and information
3. Assuring people get services they need
4. Providing informal counseling and social support
5. Advocating for individual and community needs
6. Providing direct service, such as basic first aid and administering health screening tests
7. Building individual and community capacity; and

Understanding that while diversity and flexibility to serve unique communities' needs are a strength of CHWs, the lack of a standard definition of who CHWs are, also contributes to their lack of recognition; and,

Understanding that, while individual CHWs are doing innovative work, the lack of cohesion among CHW programs, linked to the varied settings and issues in which CHWs work, and the instability of funding for CHW programs, tends to undermine the ability of CHWs to achieve their full potential; and,

Knowing that while operating independently under various funders' mandates, CHWs have not easily shared such resources as training curricula and evaluation methods, and that CHW evaluations are frequently poorly designed and implemented due to limited funds, inadequate skills, and the lack of time needed to show results, leading to difficulty documenting the

contributions CHWs make to improving health and utilization of services; therefore, APHA

1. Urges all health and human service professionals to recognize the skills and unique attributes that both volunteer and paid CHWs bring to their work;
2. Urges CHWs and their advocates to: (a) develop a definition of the roles and functions of CHWs that clarifies the relationships to and distinctions from other professionals in health and human services; and (b) work with the Department of Labor to develop a definition of CHWs;
3. Encourages traditional and non-traditional educational institutions to develop and support effective training curricula for CHWs and their supervisors that links to defined core roles and competencies;
4. Urges federal, state, local, and tribal public health and aging agencies as well as private providers and payers to institute permanent funding streams for CHWs;
5. Urges the U.S. Congress to recognize the work of CHWs in meeting our most troubling health concerns and appropriate funds to support CHWs;
6. Urges public health and human service professionals to include CHWs in efforts to establish a public health credentialing process; and,
7. Encourages national policy makers to support relevant evaluation of CHW programs, with CHWs leading such evaluation efforts;
8. Urges local, state, tribal and national CHW organizations and advocacy groups to join together with CHWs at the helm, to promote visibility of CHWs and create a unified voice for the CHW field.

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Appendix E: Institute of Medicine Findings and Recommendations

Unequal Treatment: Confronting Racial and Ethnic Disparities on Health Care (2002)
Institute of Medicine Board on Health Science Policy

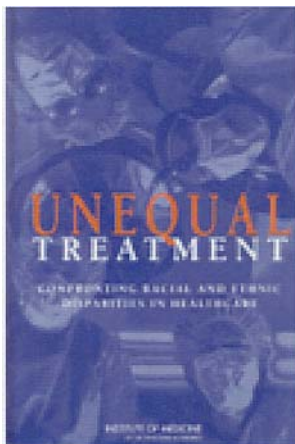
Finding 5-2

Community health workers offer promise as a community-based resource to increase racial and ethnic minorities' access to healthcare and to serve as a liaison between healthcare providers and the communities they serve.

Recommendation 5-10

Support the use of community health workers. Programs to support the use of community health workers (e.g., as healthcare navigators), especially among medically underserved and racial and ethnic minority populations, should be expanded, evaluated and replicated

<http://www.nap.edu/catalog/10260.html> (see page 195)



Appendix F: Resources

MASSACHUSETTS

Blue Cross Blue Shield Foundation of Massachusetts

401 Park Drive

Boston, MA 02215

617-246-3744

info@bcbsmafoundation.org

<http://www.bcbsmafoundation.org/foundationroot/index.jsp>

Central Massachusetts Health Education Center

4 Lancaster Terrace

Worcester, MA 01609

(508) 756-6676

<http://www.umassmed.edu/ocp/programs/ahec.cfm>

Community Health Education Center (CHEC)

35 Northampton Street, 5th floor

Boston, MA 02118

617-534-5181

chec@bphc.org

http://www.bphc.org/bphc/chec_home.asp

CHEC Northeast

144 Merrimack Street, 2nd Floor

Lowell, MA 01852

978-452-0003

Community Partners

24 South Prospect Street

Amherst, MA 01002

413-253-4283

info@comparters.org

<http://www.compartners.org>

Health Care for All

30 Winter Street, 10th floor

Boston, MA, 02108

617-350-7279

<http://hcfama.org/>

March of Dimes, Massachusetts Chapter

114 Turnpike Road, Suite 202

Westboro, MA 01581

508-329-2800

MA625@marchofdimes.com

<http://www.marchofdimes.com/massachusetts/>

Massachusetts Community Health Worker Network (MACHW)

c/o Massachusetts Public Health Association

434 Jamaicaaway

Jamaica Plain, MA 02130

http://www.mphaweb.org/pol_comm.html

Lisa Renee Siciliano, Chair

508-791-5893

Lrsiciliano@aol.com

Massachusetts Department of Public Health

250 Washington Street, 5th floor

Boston, MA 02108

Contact: Gail Ballester

617-624-6016

gail.ballester@state.ma.us

Massachusetts Public Health Association (MPHA)

434 Jamaicaaway

Jamaica Plain, MA 02130

617-524-6696

mpha@mphaweb.org

Outreach Worker Training Institute

c/o Central Massachusetts Health Education Center

4 Lancaster Terrace

Worcester, MA 01609

508-756-6676

<http://www.umassmed.edu/ahec/uploads/OWTIbrochure.pdf>

NATIONAL

American Public Health Association (APHA) Community Health Worker

Special Primary Interest Group

APHA Policy Statement 2001-15, page 117

“Recognition and Support for Community Health Workers' Contributions to Meeting our Nation's Health Care Needs”

http://www.apha.org/legislative/policy/01_policy.pdf

Durrell Fox, Chair

617-262-5657

E-mail: dfoxnehec@aol.com

<http://www.apha.org/sections>

Centers for Disease Control and Prevention (CDC)

1600 Clifton Rd, Atlanta, GA 30333, U.S.A

Tel: 404-639-3534 / 800-311-3435

<http://www.cdc.gov/>

Center for Sustainable Health Outreach (CSHO)

<http://www.usm.edu/csho/>

CSHO at The University of Southern Mississippi

Box 10015

Hattiesburg, MS 39406-0015

601-266-6261

csho@usm.edu

CSHO at Harrison Institute for Public Law

Georgetown University Law Center

111 F Street NW, Suite 102

Washington, DC 20001-2905

202-662-9602

Community Health Representatives (CHR) Program

Indian Health Service

chrprogram@na.ihs.gov

<http://www.ihs.gov/NonMedicalPrograms/chr>

Community Health Worker Evaluation Toolkit

For ordering, go to <http://www.publichealth.arizona.edu/chwtoolkit/>

Family Health Foundation

P. O. Box 29777

San Antonio, TX 78229-0777

210-771-6539

info@famhealth.org

<http://www.family-health-fdn.org/>

W.K. Kellogg Foundation

Community Voices: HealthCare for the Underserved

<http://www.communityvoices.org/>

[Community Health Workers and Community Voices: Promoting Good Health:](http://www.communityvoices.org/Uploads/CHW_FINAL_00108_00042.pdf)

http://www.communityvoices.org/Uploads/CHW_FINAL_00108_00042.pdf

The Lay Health Workers/Promotores National Network

1-877-743-1500 or email: chwnetwork@WAHEC.com

National Community Health Advisor Study

Rural Health Office of the Mel and Enid Arizona College of Public Health
University of Arizona

http://www.rho.arizona.edu/nchas_files/nchas_summary.htm

National Healthy Mothers, Healthy Babies Coalition

121 North Washington St., Suite 300

Alexandria, VA 22314

703-836-6110

<http://www.hmhb.org/>

National Rural Health Association

Issue Paper on Community Health Advisor Programs

<http://www.nrharural.org/pagefile/issuepapers/ipaper17.html>

Texas Department of State Health Services

Legislative Mandates on Promotor(a) or Community Health Worker Training and Certification

<http://www.tdh.state.tx.us/ophp/chw/pubs/legislativemandates.pdf>

Community Health Worker Research Materials Archive

<http://www.tdh.state.tx.us/library/chw-archive.htm>

U.S. Department of Health and Human Services

• **Health Resources and Services Administration (HRSA)**

• Toll Free: 1-877-696-6775

<http://www.hrsa.gov/>

• **Office of Minority Health and the Agency for Healthcare Research and Quality**

"Developing a Research Agenda for Cultural Competence in Health Care: Community Health Workers"

http://www.diversityrx.org/HTML/RCPROJ_D.htm