

## OCCUPATIONAL PROFILE: COMMUNITY HEALTH WORKERS

Community Health Workers (CHWs) are frontline public health workers who apply their unique understanding of the experience, language, and culture of a particular population—for example, an immigrant population—to bridge the gap between the community and health care, government, and social service systems. (Washington State Department of Health, 2015) A defining feature of CHWs is their position of trust within and/or unusually close understanding of their communities. (Community Health Worker Task Force, 2016) CHWs work in a variety of health and social service roles (e.g., patient navigator, care coordinator, patient advocate) to connect clients/patients to community resources, do outreach work, and provide peer counseling, health education, case management, or other similar tasks. This profile describes CHWs across their varied roles. Their role specifically in behavioral health and integrated behavioral health – physical health settings is still emerging.

**TABLE 1.** Sample of Community Health Workers Demographic Characteristics in Washington, 2015

| Characteristic   | Percentage |
|--|------------|
| <b>Female</b>  | 86%        |
| <b>Age</b>   |            |
| 25 – 44 years  | 33%        |
| 45 – 64 years  | 47%        |
| <b>Ethnicity/Race</b>  |            |
| Non-Hispanic white   | 49%        |
| Hispanic   | 34%        |
| Non-Hispanic blacks, Asians, Native Hawaiian/Pacific Islanders, American Indian/Alaska Natives | 1 – 8 %    |
| <b>Education</b>   |            |
| High school degree or less   | 10%        |
| Some college   | 29%        |
| College degree   | 61%        |
| Identified as having a disability  | 12%        |
| Lesbian, gay, bisexual, or transgendered   | 5%         |

Data Source: Community Health Worker Training Program Evaluation Report, October 2015

### Size, Distribution, and Demographics of Supply of DOH-Trained Community Health Workers

There is no certification for CHWs in Washington and they may receive training from a variety of programs. The Department of Health (DOH) sponsors a CHW Training Program that tracks and evaluates outcomes for their participants. While these data are not exhaustive, they provide a snapshot of CHWs in Washington.

As of July 2017, there were 1,473 Washington residents who had completed the DOH-sponsored CHW Core Competency course. One hundred twenty-four had completed a Behavioral Health specific add-on training. One evaluation source provided an estimate of 9.4% of CHW staff doing work in a behavioral health agency. (Washington State Department of Health, 2015)

The DOH CHW Training Program summarized demographics from a sample of program participants in 2015 (see Table 1). (Washington State Department of Health, 2015) More than half (61%) of the DOH CHW training participants reported having a college degree or more. This finding requires confirmation since these data come from a small sample of the state-trained CHWs, but if true, suggests that CHWs may occupy a range of roles in their work settings. Most participants

in the DOH CHW Training Program already worked as a CHW or related professional and attended the training at their employer's request.

Table 2 describes the number of CHW training program registrants who lived in each Washington Accountable Community of Health (ACH) since the program's inception. Further data on CHW's found in each ACH, including number of participants per county (as of December 2015), participating agencies, and identified trainee roles, can be found in a report produced by the DOH CHW Training Program: <https://www.doh.wa.gov/Portals/1/Documents/Pubs/349-003-CHW-TrainingProgramRegionalData.pdf>

## DOH Community Health Worker Education and Training

**TABLE 2.** Distribution of Department of Health Core Competency Trained Community Health Workers in Washington by Accountable Community of Health

| DOH-Trained Community Health Workers             | N     | Population | Rate per 100,000 |
|--|-------|------------|------------------|
| <b>Statewide*</b>                                | 1,473 | 7,183,700  | 20.5             |
| <b>By Accountable Community of Health (ACH)†</b> |       |            |                  |
| <b>Pierce County</b>                             | 161   | 844,490    | 19.1             |
| <b>North Sound</b>                               | 175   | 1,206,900  | 14.5             |
| <b>King County</b>                               | 250   | 2,105,100  | 11.9             |
| <b>Better Health Together</b>                    | 266   | 587,770    | 45.3             |
| <b>Cascade Pacific Action Alliance</b>           | 70    | 614,750    | 11.4             |
| <b>Greater Columbia</b>                          | 275   | 710,850    | 38.7             |
| <b>Southwest Washington</b>                      | 123   | 493,780    | 24.9             |
| <b>Olympic Community of Health</b>               | 55    | 367,090    | 15.0             |
| <b>North Central</b>                             | 98    | 252,970    | 38.7             |

Data source: Community Health Worker Training System Data for Regional Accountable Communities of Health Report (DOH 349-003), October 2017.

\* Community Health Workers with Washington State registration city only.

† Counties in multi-county ACH's are Whatcom, Skagit, Snohomish, San Juan, Island (North Sound), Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams (Better Health Together), Grays Harbor, Mason, Thurston, Pacific Lewis, Wahkiakum, Cowlitz (Cascade Pacific Action Alliance), Whitman, Asotin, Garfield, Columbia, Walla Walla, Franklin, Benton, Kittitas, Yakima (Greater Columbia), Clark, Skamania, Klickitat (Southwest Washington), Clallam, Jefferson, Kitsap (Olympic Community of Health), Okanogan, Chelan, Douglas, Grant (North Central).

DOH CHW Core Competency trainings are offered regionally four times per year and administered by the Department of Health's Office of Family and Community Health Improvement (OFCHI) in the Prevention and Community Health Division. There is no charge to the attendees of the course, as the program is currently funded through federal grants and other department funds. Strategies must be identified for sustainable funding beyond 2018. (Washington State Department of Health, "Transformation Talk", 2017)

Washington state implemented the DOH CHW Core Competency training curriculum in 2011. This Core Competency training is 30 hours long and requires two in-

person days (one at the beginning and one at the end of the training) with six weeks of online learning between the in-person days. On completion of the Core training program, an additional twenty-five 3 to 5-hour long Health-Specific Modules (HSMs) are offered online free of charge to acquire more specialty skills. A Behavioral Health module is available.

On the first training day, training covers:

- CHW definition, roles, and boundaries
- Communication
- Cultural competency
- Navigating the online training system

Core competency modules online include skill building in:

- Organization
- Documentation
- Assessment
- Service coordination
- Writing and presenting a case study

On completion of the online training, CHWs regroup in person to evaluate their experience, plan implementation of their skills, demonstrate competency via a case study presentation, share local resource knowledge, and receive their Certificate of Completion.

Seniors in high school are allowed to take the training, and some Washington community colleges (Yakima Valley, Lower Columbia, Highline, and Tacoma) offer CHW training graduates up to five credit hours towards select associate and bachelor level programs.

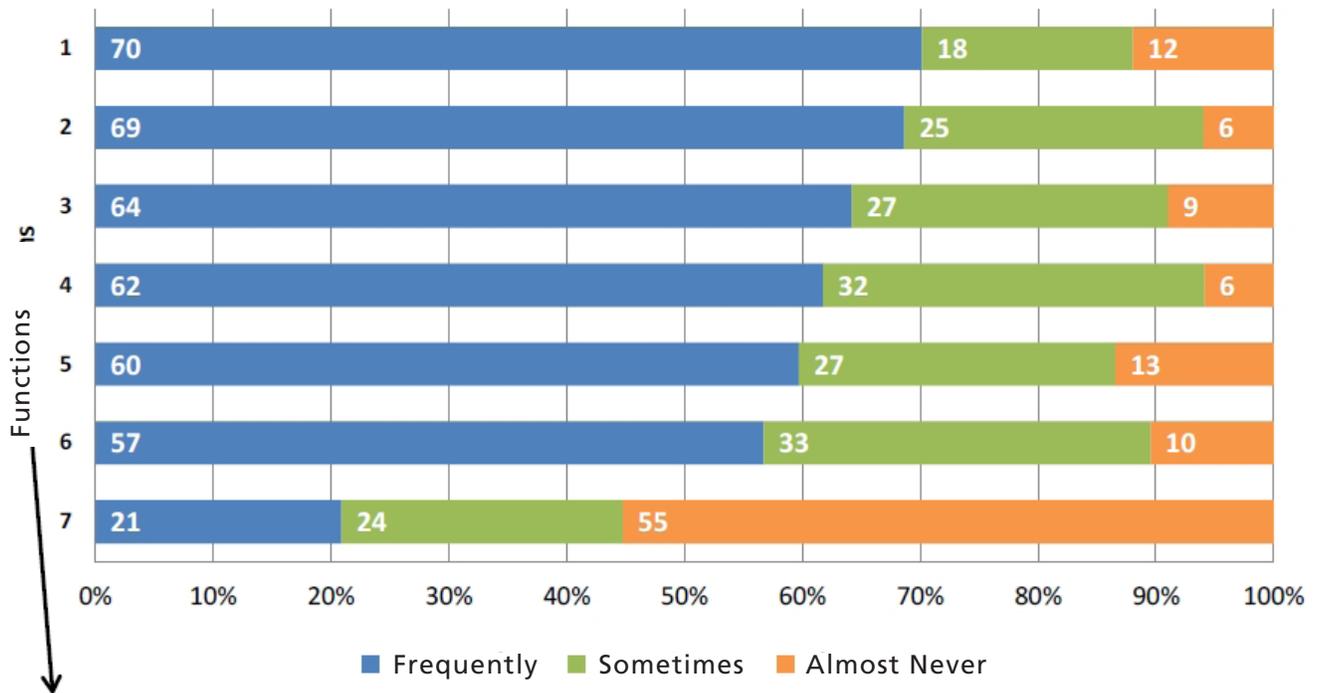
### Credentialing

There is currently no certification or other credentialing established for CHWs in Washington state. The DOH CHW Training Program provides a certificate of completion which is not a professional credential.

## Practice Characteristics

Evaluative data from the Washington State Department of Health's Community Health Worker Program summarizes a CHW workforce survey completed in 2015. (Washington State Department of Health, 2015) About 74.5% of survey respondents who completed the training worked as a CHW in the prior year, 42.6% in paid positions, 5.3% as supervisors of CHWs, and 25.5% as volunteers.

**Figure 1: Type of Functions Performed as Community Health Worker**



1. Provide culturally appropriate health education and information
2. Advocate for needs and perspectives of community members served
3. Provide cultural link between organizations and communities
4. Provide informal counseling, coaching, or social support to people
5. Make sure people get access to health and social services they need through case study, referral, and follow-up
6. Help community members increase health knowledge and be self-sufficient
7. Provide direct services such as first aid or blood pressure screening

\* Replicated and used with permission from Community Health Worker Training Program, Washington Department of Health

**TABLE 3.** Percentage of Survey Respondents in Work Setting, 2015

| Work Setting                       | Percent |
|------------------------------------|---------|
| Community-based organization*      | 40.4    |
| Doctor's office or clinic          | 26.3    |
| Other                              | 21.1    |
| Hospital                           | 19.3    |
| Migrant or Community Health Center | 14.0    |
| Faith-based organization           | 12.3    |
| Schools or universities            | 8.8     |
| Local Health Jurisdiction          | 7.0     |
| Housing Authority                  | 5.3     |
| Adult Family Homes                 | 3.5     |
| Shelters                           | 3.5     |
| Private insurance company          | 1.8     |
| Tribal Health Center               | 0.0     |

\* Social service agency, YMCA, etc.

Participants could select more than one setting. Used with permission from the Community Health Worker Training Program Washington Department of Health

Table 3 shows the settings where participants most often worked as a CHW in the 2015 evaluation.

Of those CHWs who responded (N = 94), the most frequently used skills reported were communication (85.1%) and cultural competency (78.7%). Of those respondents who worked as a CHW and completed the Health-Specific module in Behavioral Health (N=46), 76.1% sometimes or frequently used the information and skills taught in that module. About two-thirds of participants had an employer or supervisor who suggested or required that they attend the training. Only 5 out of 57 question respondents received a promotion, pay raise, or better job as a result of participating in the DOH CHW Training Program. (Washington State Department of Health, 2015)

Forty-seven CHW employers also completed the evaluative survey. Ninety-four percent of the employers reported seeing some to substantial improvement in staff core competency skills and knowledge. Over half of the employers required their employees, contractors, or volunteers doing work as a CHW to attend formal external training after being hired. Most (80.9%) allowed their employees to complete the online portions of the

training while at work. The most frequently reported barrier to using CHWs was the limited or lack of funding, the lack of ability to bill insurers for CHW services, and limited understanding of CHW roles and duties. All employers agreed that use of CHWs was in some measure important for eliminating health disparities among vulnerable populations served by their organizations. Further information is provided in the original report.(Washington State Department of Health, 2015)

In 2015, the Community Health Worker Task Force was created to develop policy and system change recommendations to align the community health worker with the Healthier Washington initiative and recommend measures to support CHW integration into the healthcare system.(Community Health Worker Task Force, 2016) The Task Force provided recommendations concerning increasing the scope of training and education for CHWs, investigating sustainable financing options, and means of integrating CHWs into transformation initiatives.

The 2016 mean annual wage<sup>1</sup> for community health workers in Washington was \$39,980.(Bureau of Labor Statistics, "Employment Statistics", 2017) The 10<sup>th</sup> percentile mean annual wage was \$24,780 and the 90<sup>th</sup> percentile mean annual wage was \$60,830.

*Relevant Skills Needed for Behavioral Health – Primary Care Integration:*

In the clinical setting, CHWs contribute to the aim of optimizing patient health outcomes. Examples where CHWs may be used is walking patients to internal referrals for a "warm hand-off", referring them to community resources, conducting home visits to assess barriers to meeting medical goals, and providing basic patient education.(Reinschmidt, et al., 2017) For behavioral health care, CHWs provide social support, referral to behavioral health resources, and screening. From the DOH program evaluation survey, 75% of the responding training completers worked as part of a health care team.(Washington State Department of Health, 2015)

Research examining how to support integration of CHWs into clinical healthcare teams recommended that CHWs receive fundamental training on health literacy/terminology, clinical system knowledge, and utilization of clinical information systems and technology in

<sup>1</sup>Estimates do not include self-employed workers.

order to effectively communicate in clinical settings.(Chapman, Schindel, & Miller, 2017) The Washington Task Force and Training Program Evaluation report also mentioned these training needs. However, the implementation of these skills may be a differentiated between CHWs that work in community versus integrated clinical settings. Role clarification for the CHW is also critical to a successful holistic care team that includes community supports, as well as team recognition of CHW value in achieving patient-centered care. (Reinschmidt, et al., 2017)

## **Demand**

Demand data for CHWs is lacking, and a model to assess demand for CHW roles in clinical settings is still being developed.(Chapman, Schindel, & Miller, 2017)

State data from the Washington State Employment Security Department (ESD) estimates that the average annual growth rate for CHWs between 2015 – 2020 will be 1.7% and for 2020 – 2025 will be 1.4%.(Washington State Employment Security Department, 2017) This equates to 24 and 22 annual openings due to growth, respectively. ESD estimates, however, are based on average health sector growth trends and do not necessarily take into account state initiatives that may increase demand for behavioral health occupations.

Washington's 1115 Medicaid Waiver Demonstration Project allows CHWs to be paid as part of a Medicaid value-based payment. (National Academy for State Health Policy, 2017) CHWs can be part of Washington's Health Homes, which allows them to receive Medicaid funding for each patient served. This may lead to an increased demand in CHWs in Washington.

Several programs in Washington use or plan to use CHWs in their work. The DOH CHW Training Program partnered with the DOH Heart Disease, Diabetes and Stroke Prevention Unit to train more community individuals in monitoring their blood pressure and diabetes.(Washington State Department of Health, 2015) In a "train the trainer" model, they also partnered with the Spokane Regional Public Health District, which has been using the training curriculum locally since 2015.

The CHW Pilot Integration Project is a partnership between Healthy Gen and DOH to integrate a CHW into a primary care team at clinics to address chronic disease prevention and management. The Project works with six clinical settings across the state and is identifying best practices and providing technical assistance for the utilization of CHWs in the clinical environment. While these examples are not specific to CHW roles in BH settings, the need for these skills is high among behavioral health clients.

Working with and receiving input from regional partners, the Better Health Together Accountable Community of Health (BHT ACH) chose a community-based care coordination model called "Pathways Community HUB Model" to deliver standardized and measured means of connecting at-risk individuals to health and social services.(Better Health Together, 2017; Rockville Institute, 2017) To support this effort, the Washington Department of Health is exploring the creation of a CHW Pathways Training System to develop infrastructure for a Pathways Community HUB Certification Program.(Pyle, 2017) A September 2017 Department of Justice grant awarded to Spokane County and City will create a Jail Transitions Pathways Community HUB pilot in collaboration with the BHT ACH whereby CHWs will engage incarcerated participants to link them to health and social community resources at the time of their release.(Palomba, 2017)

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## TECHNICAL NOTES

1. Washington State Employment Security Department, SOC code 21-1094 (Community Health Workers).

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