

The 2018 Ohio Community Health Worker Statewide Assessment

Key Findings



THE 2018 OHIO COMMUNITY HEALTH WORKER STATEWIDE ASSESSMENT: KEY FINDINGS

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LIST OF ABBREVIATIONS

APHA	American Public Health Association
C3 Project	Community Health Worker Core Consensus Project
CDC	Centers for Disease Control and Prevention
CDSMP	Chronic Disease Self-Management Program
CHW	Community Health Worker
FQHC	Federally Qualified Health Center
GRC	Ohio Colleges of Medicine Government Resource Center
HRSA	Health Resources and Services Administration
MEDTAPP	Medicaid Technical Assistance and Policy Program
OAC	Ohio Administrative Code
OACHC	Ohio Association of Community Health Centers
OBN	Ohio Board of Nursing
OCHWA	Ohio Community Health Workers Association
ODH	Ohio Department of Health
ODM	Ohio Department of Medicaid
ORC	Ohio Revised Code
PCMH	Patient Centered Medical Home
SCHIP	State Children’s Health Insurance Program

TABLE OF CONTENTS

Executive Summary 1

Introduction 4

Secondary Data Collection 8

Key Informant Interviews 16

Focus Groups..... 20

Surveys 25

Discussion of Assessment Findings..... 32

Recommendations..... 41

References 44

Executive Summary

In order to gain a more accurate picture of the Community Health Worker (CHW) landscape in Ohio, this statewide CHW capacity assessment sought to identify how CHWs are currently being trained, certified, employed, reimbursed, and utilized in Ohio.

Assessment Methods

Under the guidance of the state sponsors and a CHW Assessment Advisory Committee, composed of CHWs and CHW stakeholders across Ohio, the assessment team conducted a secondary data collection, 11 key informant interviews, five focus groups of CHWs, a statewide survey for CHWs, and a statewide survey for employers/supervisors of CHWs in order to compile comprehensive data on current CHW capacity and needs in Ohio.

Key Findings

Number of CHWs and Demographics in Ohio

There are currently more than 601 certified CHWs in Ohio. These 601 CHWs are between the ages of 19-82 years and primarily reside in Ohio's major cities and adjacent areas. From the statewide CHW survey, it is estimated that there are more than 249 non-certified CHWs in Ohio. In total, there are currently at least 850 CHWs in Ohio (both certified and non-certified).

Both certified and non-certified CHWs practice in all 88 counties in Ohio. CHWs in Ohio share common traits with the community they serve in a variety of ways, particularly in terms of zip code, socioeconomic status, race/ethnicity, and life experience. Furthermore, it is estimated that:

- 94 percent of CHWs are female
- Most CHWs are African American (46 percent) or Caucasian (44 percent)

- The highest level of education for most CHWs is some college or an associate's degree (54 percent)

CHW Employment in Ohio

According to the statewide CHW survey, there are at least 487 CHWs that are employed in Ohio and 58 CHWs that are unemployed. According to comments from CHWs in both the focus groups and surveys, it is difficult to find, and in some cases maintain, employment as a CHW in Ohio. CHWs commented there are not enough CHW positions in Ohio, many positions require a bachelor's degree or higher, life experience is not counted enough in hiring decisions, and due to the nature of grant funding CHW positions have little job security.

CHWs are known by many job titles. The most prevalent job title from this sample was community health worker. Other common titles included home visitor, community connector, outreach worker, health coach, and patient navigator among many other titles. Additionally, most CHWs in this sample were supervised by a nurse or social worker.

The most common response for the CHW annual salary range from both CHWs and employers was \$30,000.01-\$35,000 annually. Additionally, it was found through this assessment that there is no significant difference between the pay of certified CHWs versus the pay of non-certified CHWs.

Settings that are Utilizing CHWs in Ohio

The top five types of organizations that CHW survey respondents reported working for were managed care organizations, community-based organizations, local health departments, hospitals, and federally qualified health centers (FQHCs).

Funding Mechanisms for CHWs in Ohio

One of the major concerns cited throughout all phases of the assessment was sustainable funding mechanisms for CHWs. According to findings from key informant interviews, focus groups and surveys, a majority of CHWs are funded by grants. Other sources of funding include health plan contracts, self-generated agency revenue, private foundations, non-profit organizations, and general agency funds.

A majority (45 percent) of employers reported that they are uncertain if their funding mechanisms are sustainable and 35 percent feel that their funding mechanisms are not sustainable. Only 20 percent of respondents feel their mechanisms are sustainable (mostly managed care plans). Finally, the greatest concern for survey respondents regarding the sustainability of CHW programs is funding uncertainty (74 percent).

CHW Training and Certification in Ohio

Overall, it was found through this assessment that CHWs receive various formal and informal training for their current positions, with particular emphasis on chronic disease management. There are several options for training in Ohio which includes Ohio Board of Nursing (OBN) approved training programs, employer training programs, and other programs throughout Ohio. Furthermore, CHWs continually noted the value of training

and continuing education. However, it was stated that CHWs need more information and access to free or low-cost continuing education opportunities. Furthermore, it was reported that training programs also need to focus on teaching CHWs self-care to prevent burnout as well as professionalism and soft skills to ensure they are successful in finding and maintaining employment.

In terms of CHW certification, it was found throughout this assessment that there are generally favorable attitudes towards CHW certification in Ohio from stakeholders, employers, and CHWs (both certified and non-certified). However, barriers to certification exist in Ohio. These barriers include training programs are too long, training programs are too costly, it is too far to travel to training programs, it is too expensive to maintain certification, there are not enough affordable and accessible continuing education opportunities, certification is not required by all employers, the process of certification renewal is not clear, certification does not make a difference in terms of pay, background checks prohibit some CHWs from ever getting certified, and many CHWs in Ohio are not even aware that certification exists.

Focus of CHW Work in Ohio

Another overarching finding of this assessment is that CHWs work with a variety of populations in Ohio and have a variety of roles and responsibilities. While CHWs may work with any population or topic area, the most frequently reported target population and or/topic areas from CHW survey respondents were adult women, pregnancy/prenatal care, adult men, children, and infants. Many CHWs reported targeting low-income and underserved populations as well as minority populations as a particular

focus of their work. Additionally, the top five health conditions that CHWs reported they address most often in their practice were mental health, diabetes, high blood pressure, asthma, and obesity.

Conclusion

Both certified and non-certified CHWs play a vital role in addressing both chronic disease and behavioral health issues in Ohio. As a result of the findings of this assessment, several recommendations were made regarding CHW training and continuing

education, certification, employment, funding, and the profession in general for consideration by CHW stakeholders in Ohio. The priority top three next steps in Ohio for the CHW profession are to: 1) strengthen the CHW professional association in Ohio in order to advocate for the profession and assist in the implementation of the recommendations of this report, 2) educate health care professionals and employers on the role of the CHW, and 3) improve training and continuing education for all CHWs in Ohio.

Introduction



In order to gain a more accurate picture of the CHW landscape in Ohio, this statewide CHW capacity assessment sought to identify how CHWs are currently being trained, certified, employed, reimbursed, and utilized in Ohio.

Assessment Objectives

The specific aims of the CHW Statewide Assessment were to:

- Convene an advisory committee to inform and guide the statewide CHW capacity assessment
- Compose a plan to conduct the CHW capacity assessment to identify:
 - The number of certified and non-certified CHWs in Ohio
 - The number of employed and unemployed CHWs in Ohio
 - Healthcare settings utilizing and not utilizing CHWs in Ohio
 - How CHWs are being paid in Ohio
 - The focus of CHW work in Ohio
 - Information on CHW training programs in Ohio
- Conduct a secondary data collection
- Conduct at least 10 key informant interviews
- Conduct at least one focus group
- Administer a statewide survey
- Synthesize results and provide recommendations for next steps

Background

According to the American Public Health Association (APHA), a CHW is **“a frontline public health worker who is a trusted member and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social**

services and the community to facilitate access to services and improve the quality and cultural competence of service delivery (APHA, 2018).”

CHWs have demonstrated the ability to address the social conditions that impact health outcomes of individuals (Carter et al., 2016). As a result, many communities are utilizing CHWs to improve population health outcomes as well as to decrease health disparities for underserved and minority populations (Carter et al., 2016). Furthermore, CHWs have been used successfully to address chronic diseases such as diabetes and asthma (Rothschild et al., 2014; Thompson, 2014; Kollannoor-Samuel et al., 2016; Perez-Escamilla et al., 2015; Collinsworth et al., 2013; Hughes et al., 2016; Kim et al., 2016; Kangovi et al., 2017; Ingram et al., 2017; Krantz et al., 2013; Campbell et al., 2015; Shani et al., 2015).

For example, randomized controlled trials found that CHW interventions have resulted in significant decreases of A1c levels for diabetes management and demonstrated CHW effectiveness in reducing emergency department and urgent care utilization for asthma through increasing asthma trigger reduction behaviors (Perez-Escamilla, et al., 2015; Collinsworth et al., 2013; Postma et al., 2009). In fact, the Guide to Community Preventive Services cites CHWs as an effective intervention to address chronic disease. According to the Community Preventive Services Task Force (2015), there is “strong evidence of effectiveness for interventions that engage CHWs in a team-based care model to improve blood pressure and

The CHW Core Consensus Project: 10 roles of a CHW

The CHW Core Consensus (C3) Project further defines 10 roles of a CHW (C3, 2016):

1. Cultural mediation among individuals, communities, and health and social service systems
2. Providing culturally appropriate health education and information
3. Care coordination, case management, and system navigation
4. Providing coaching and social support
5. Advocating for individuals and communities
6. Building individual and community capacity
7. Providing direct service
8. Implementing individual and community assessments
9. Conducting outreach
10. Participating in evaluation and research

cholesterol in patients at increased risk for cardiovascular disease.”

While the positive impact of CHWs on chronic disease is clear, it is less clear how CHWs are utilized in Ohio. According to the *2016 report Integrating Community Health Workers in Ohio's Health Care Teams*, little is currently known about the true number of CHWs practicing in Ohio, where they are employed, and how they are utilized in Ohio (Carter et al., 2016). Carter et al. (2016) therefore called for a statewide CHW assessment to provide a more accurate picture of the status of the CHW profession in Ohio.

Advisory Committee

An advisory committee of 19 key CHW stakeholders were convened to assist with this assessment. Advisory committee members represented CHWs, the state CHW association, state agencies who interact with, fund, or regulate CHWs, CHW training programs, and employers of CHWs. The purpose of the advisory committee was to:

- Guide the direction of the assessment
- Advise on resources to consider
- Advise on where to gather information for the assessment
- Advise on potential key informants
- Advise on what data collection and analysis strategies to use
- Provide feedback on the development of interview guides and survey instruments

The advisory committee convened four times during the course of the assessment to provide feedback and guidance during each phase of assessment: creation of the assessment plan, development of assessment materials, interpretation and reporting of the results, and dissemination.



Assessment Components

Under the guidance of the state sponsors and a CHW Assessment Advisory Committee, composed of CHWs and CHW stakeholders across Ohio, a comprehensive capacity assessment was conducted. The assessment team began the assessment with a secondary data collection to understand what information already existed on CHWs in Ohio related to training and employment in order to guide priority assessment questions for the remainder of the assessment. Next, the assessment team conducted 11 key informant interviews to understand a broad picture of how CHWs are currently utilized in Ohio across a variety of domains and to further inform key questions for surveys and focus groups. The key informant interviews also helped the assessment team to connect with different CHW networks

and stakeholders across the state for the recruitment of participants in the surveys and focus groups. Finally, the assessment team conducted a statewide CHW survey, a statewide employer survey, and five focus groups comprised of CHWs across the state in order to collect primary data on CHW utilization in Ohio based on priority questions.

The 2018 Ohio Community Health Worker Statewide Assessment Report contains full details on the methodology (including recruitment, protocols, assessment instruments, and data analysis strategies) and more detailed results for each component of the assessment. Please contact ODH to obtain a copy of the full report, which will be available later in 2018.

Secondary Data Collection



The purpose of the secondary data collection was to further investigate and summarize existing data on CHW utilization and training in Ohio in order to identify gaps in knowledge about CHWs in Ohio to provide a more comprehensive statewide CHW capacity assessment. Specifically, this secondary data collection sought to identify the number of certified CHWs in Ohio, how CHWs are being trained and certified in Ohio, and preliminary CHW employment information to guide the next phases of assessment.

Discussion of Secondary Data Collection Findings

Number of Certified CHWs in Ohio

According to secondary data analysis of Ohio eLicense, there were 601 certified CHWs in Ohio who span the ages of 19-82 years as of January 2018. Most certified CHWs live around major cities in Ohio, with the highest concentrations living in Cuyahoga, Franklin, Hamilton, Lucas, and Summit Counties. The assessment team's analysis revealed that the current certified CHW workforce in Ohio is relatively new as a majority received certification within the past three years (Figure 1). It was observed in the analysis that between 2015 and 2017, there was a large spike in the number of certified CHWs. One possible explanation for this may be the result of an increase in the number of training programs for CHWs as part of the Ohio Medicaid Technical Assistance and Policy Program (MEDTAPP) funding for the creation and support of CHW training programs during this timeframe. One key finding from the analysis revealed that of the 252 CHWs whose certifications have lapsed, more than half had their certification lapse in 2017 alone (Figure 2). Of those who lapsed in 2017, 90 percent were newly certified CHWs (certified in 2015 or 2016). In order to better understand this observation, reasons for lapse in CHW certification were investigated in the survey phase of the assessment.

The secondary data analysis was unable

to find information on non-certified CHWs in Ohio from existing data sets. Therefore, key informant interviews, focus groups, and surveys were necessary in order to estimate the number of non-certified CHWs in Ohio. However, it was uncovered from the secondary data collection that some CHW students from CHW training programs are electing not to apply for the certification because it is too costly (in terms of total costs associated with application fees, renewal fees, and continuing education fees) and their current employers do not require certification.

How CHWs are Regulated in Ohio

The OBN was tasked with developing and implementing a program for the certification of CHWs following the passage of House Bill 95 of the 125th Ohio General Assembly in 2003. The law required the Board to create a certification program that recognizes CHWs who represent and advocate for individuals and groups in the community “by assisting them in accessing community health and supportive resources.”

In Ohio, CHW certification and training for CHW certification is regulated by the OBN. Below is an overview of CHW certification requirements outlined in the Ohio Revised Code (ORC) and Ohio Administrative Code (OAC). The OBN regulates certified CHWs in Ohio consistent with ORC Sections 4723.81 through 4723.88 and OAC Chapter 4723-26.

Figure 1. Percentage of new CHW certifications by year

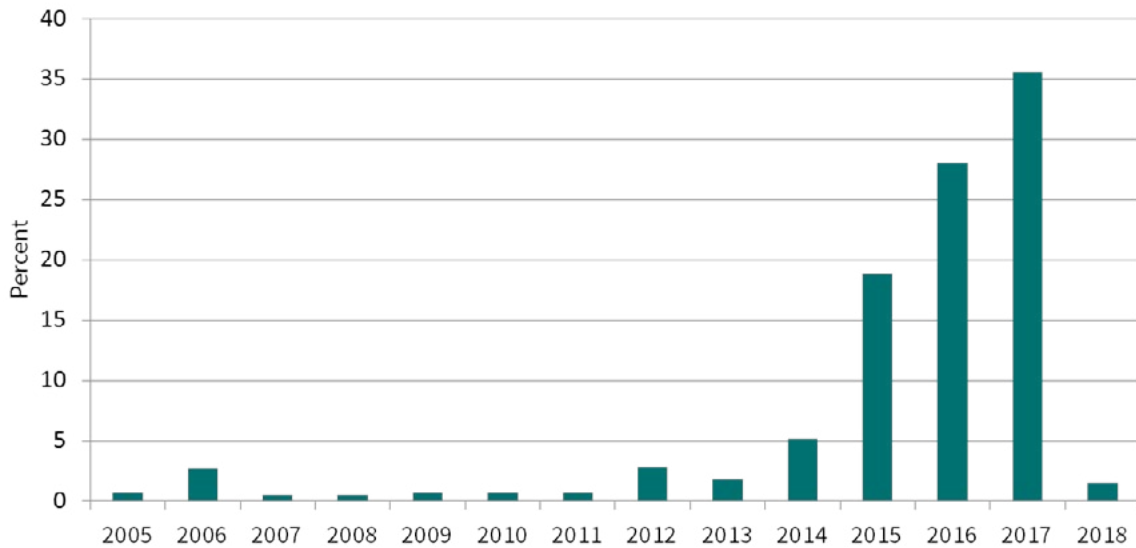
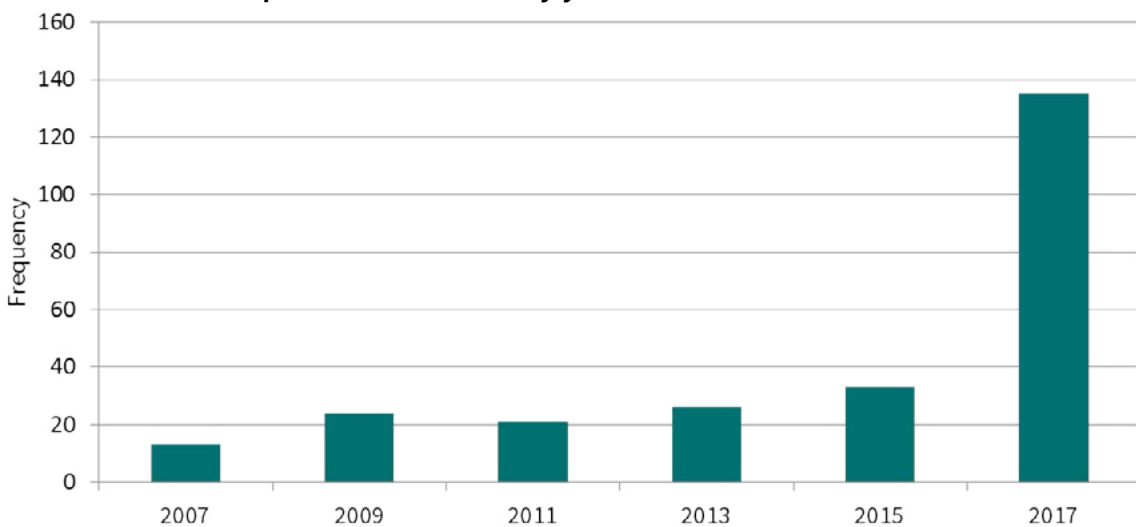


Figure 2. Number of lapsed certifications by year



Note that there is not currently a mandate in Ohio to obtain CHW certification in order to practice as a CHW and that other CHW training programs not regulated by OBN exist. These trainings were assessed during the survey phase of the assessment.

Training Requirements

OAC Rule 4723-26-13(A)(3) requires each certified CHW training program that is approved by the OBN to provide a curriculum with a minimum of 100 classroom hours

and 130 clinical experience hours. These clinical hours are to “provide CHWs with an opportunity to practice cognitive, psychomotor, and affective skills in the performance of a variety of basic tasks and activities with individuals or groups across the life span.” These skills are to be provided in a community setting similar to the setting in which CHWs may be providing these services. While in the clinical practicum, CHWs are to be supervised by qualified instructional personnel affiliated with the

CHW program. Lastly, all CHW programs that are approved by the OBN are required to provide a curriculum with content in predetermined competencies outlined in OAC Rule 4723-26-13. These competencies can be found in the appendices of the *2018 Ohio Community Health Worker Statewide Assessment Report*. Please contact ODH for a copy of this report. Procedures for obtaining approval or re-approval of CHW training programs through the OBN are set forth in OAC Rule 4723-26-14.

Certification Requirements

Per OAC Rule 4723-26-02, CHW applicants seeking certification through OBN must successfully complete all the requirements from an OBN approved program, including the minimum didactic and clinical experience hours; complete and submit an application on the Ohio eLicense website; obtain and submit a criminal background check (FBI and BCI); submit all other required paperwork (including an attestation of CHW Training Program Completion form available on the OBN website at <http://nursing.ohio.gov/forms.htm>); and a \$35 application fee. Once all requirements are verified by the OBN through the completed application process, the OBN will notify the CHW applicant and send the CHW their certificate in the mail to the designated address.

Continuing Education

Per OAC Rule 4723-26-05, all OBN certified CHWs are required to renew their certification in March of every odd year. The next renewal year will be 2019. A certified CHW's first renewal only requires the CHW to confirm during the renewal process that it is their first renewal. Thereafter, certified CHWs are required to obtain 15 contact hours through educational activities that meet the continuing education requirements set forth in OAC Rule 4723-14-05 for each two-

year reporting period. For each reporting period, at least one of the required hours of continuing education must be directly related to Chapter 4723 of the ORC and the rules of the board in Chapters 4723-1 to 4723-27 of the OAC. To qualify as continuing education directly related to Chapter 4723 of the ORC and the rules of the board, the continuing education must be approved by an OBN approver, or offered by an OBN approved provider unit headquartered in the state of Ohio. For each reporting period, at least one of the required hours of continuing education must be directly related to establishing and maintaining professional boundaries. For a period of six years certified CHWs must maintain records of each continuing education course taken in the event of an audit by OBN.

Certified CHW Practice and Supervision

ORC Section 4723.82(A) establishes that an individual holding a current, valid CHW certificate may use the title "certified community health worker" or "community health worker" when providing services such as "education, role modeling, outreach, home visits, and referrals" within the community. These services may be targeted toward an individual, family, or entire community.

ORC 4723.82(B)(1) requires that "(a)ny activities performed by a certified CHW that are related to nursing care shall be performed only pursuant to the delegation of a registered nurse acting in accordance with the rules for delegation adopted under this chapter. Any other health-related activities performed by a certified CHW shall be performed only under the supervision of a health professional acting within the scope of the professional's practice. Only a registered nurse may supervise a certified CHW when performing delegated activities

related to nursing care. The registered nurse supervising a certified CHW shall provide the supervision in accordance with the rules for delegation adopted under this chapter and the rules for supervision of CHWs adopted under section 4723.88 of the ORC, including the rules limiting the number of certified CHWs who may be supervised at any one time.”

ORC Section 4723.82(B)(1) additionally states that “(h)olding a community health worker certificate does not authorize an individual to administer medications or perform any other activity that requires judgment based on nursing knowledge or expertise.”

Beginning in February 2005, the Board adopted administrative rules in OAC Chapter 4723-26 to govern CHW certification and practice pursuant to that certificate. OAC Chapter 4723-26 sets forth standards for the delegation and supervision of nursing tasks performed by a certified CHW at the delegation of a registered nurse. OAC Rule 4723-26-07 prohibits the delegation of the administration of medications to a certified CHW; prohibits a certified CHW from delegating a nursing task to any other person; and if a certified CHW performs a nursing task and does not comply with all the applicable provisions of OAC 4723-26, the certified CHW will be engaging in the unauthorized practice of nursing which is further prohibited by ORC Section 4723.03. Employing a certified CHW to engage in the unauthorized practice of nursing is also prohibited by ORC Section 4723.03.

OAC 4723-26-09(A) requires a registered nurse to supervise the certified CHW when delegating a nursing task. Supervision “includes initial and ongoing direction, procedural guidance, and observation and evaluation.” OAC 4723-26-09(B) requires that the registered nurse be “continually

accessible to the community health worker in person” or “by some form of telecommunication” when supervising a delegated nursing task.

Findings from secondary data collection of the current 14 OBN approved CHW training programs in Ohio reveal that in addition to the competencies mandated by the OBN, CHWs receive training on a variety of community and public health topics with an emphasis on chronic disease. Of the 14 programs approved by OBN, only seven are confirmed to be in operation. Programs that are not in operation (both OBN approved and non-OBN approved programs) cited loss of funding, inability to demonstrate employability in the region, and lack of staffing as reasons for not currently operating CHW training.

Preliminary CHW Employment Information from Secondary Data

Next, this secondary data collection attempted to understand preliminary employment information for CHWs. This assessment found that all current Ohio Community Health Workers Association (OCHWA) members (43 individuals) are employed across four regions of Ohio at various organizations. Furthermore, historical records from both GRC and the 2016 Ohio CHW Conference reveal a number of different employers of CHWs across primary care practices, FQHCs, healthcare systems, Medicaid managed care organizations, Pathways HUBs, local health departments, and social service organizations. Additionally, job board searches revealed 42 job postings in Ohio with “Community Health Worker” in the job title or job description from February to March 2018. This information was used as a starting point to find employers and CHWs for further assessment of CHW utilization

in Ohio through key informant interviews, surveys, and focus groups.

Finally, information on CHW job descriptions was collected and a summary of the results are reported below for 39 CHW jobs posted in May of 2018.

Minimum Requirements

- Seven required or preferred a CHW certification
- 14 required at least a high school diploma or equivalent (GED)
- 10 required at least an associate's degree or other technical degree
- Eight required at least a bachelor's degree
- Zero required at least a graduate degree.

Physical/Practical Skills

Many employers required applicants to have an active driver's license with reliable transportation. Additionally, many designated that applicants must be capable of sitting, standing, walking, bending/stooping, kneeling, reaching, hearing, twisting, seeing, speaking, grasping/manipulating objects and climbing, have the ability to see, communicate, hear and utilize electronic communication devices. Lastly, one employer had a specific policy regarding alcohol and drug use in the workplace.

Soft Skills

Examples of soft skills required by employers included:

- Be organized
- Be detail oriented
- Be self-motivated and inquisitive
- Be flexible/adaptable
- Resolve conflict
- Communicate effectively

- Identify problems and opportunities and communicate to management
- Be a problem solver
- Be compassionate
- Work in a fast-paced environment
- Able to multi-task and handle multiple priorities at once
- Be a team player
- Be a self-starter
- Manage work load independently
- Create and maintain consistent communication channels (verbal and written) between parties
- Accept responsibility and follow through on projects and activities
- Quickly learn new skills and concepts
- Concentrate
- Have reasoning skills
- Separate personal from professional interactions with clients
- Maintain professional/ethical boundaries
- Plan, prioritize, and manage time
- Work flexible schedules
- Maintain composure in stressful situations

Additionally, employers were looking for applicants who can facilitate and teach groups, have strong interpersonal skills, be sensitive to different cultures, have good ethical conduct, and a history of good job attendance. Lastly, one employer directly discussed the requirement of applicants having emotional intelligence, including demonstrated self-awareness, accurate self-assessment, sensitivity and empathy, openness, reliability, and consistency.

Computer/Electronic Skills

Most descriptions included the requirement

of being competent in tools such as Microsoft Office, Outlook, Word, PowerPoint, Excel, and Access. Additionally, it was equally important to have the ability to use general office equipment, which included telephone, photocopier, fax machine, and personal computer. Furthermore, one job description specifically mentioned the ability to operate a smart phone, iPad, or other mobile communication devices. Lastly, various descriptions mentioned knowledge in specific programs not a part of the Microsoft Suite, these included the Coordinated Care System and Intergal.

Past Experience

If past experience was required for a position, it was predominately either a certain number of years of past experience or patient care experience in acute care hospital settings. Numerous positions also required experience working with target populations and diverse community groups.

Knowledge

The knowledge required varied significantly depending on the position. A number of positions either required or preferred applicants to be bilingual, particularly Spanish, but also fully competent in English. Many descriptions also included the need to be competent in reading and writing in English. The more community focused positions required applicants to have basic knowledge of local, state, and federal healthcare laws and regulations (including Ohio Medicaid plans), knowledge of resources and programs in designated areas, and company policies. Some of the certifications (other than CHW certification) that jobs required or preferred included a Case Management Certification, Harold P. Freeman Patient Navigation Institute Certification, Home Visitor Certification from ODH, Doula Certification, and Basic

Life Support for Healthcare Providers (BLS/CPR). Lastly, some positions required strong analytical skills.

Other

Outside of the above categories, there were three additional requirements identified by various employers. These were background check and fingerprinting, an annual influenza vaccination, and must reside in same territory where the applicant was assigned to work.

The job descriptions analyzed covered a wide range of daily job duties, from very general, such as proficiency with computer skills, to very specific such as knowledge of a specific county's resources. Most positions included wording about what the CHW/employee would be expected to do out in the field working with the client and additional duties that are expected to be completed when not in the field. The key words below from job descriptions were broken down into two categories: field focused and office/employer focused.

Field Focused

These are the tasks CHWs would be expected to do while in the field working with clients:

- Provide education
- Service coordination
- Risk reduction
- Risk assessments
- Informal counseling
- Support the client
- Advocacy for the client
- Collaboration with multiple entities
- Be a liaison between patient/family and community services
- Assist in the identification and enrollment of the client in program(s)

- Program management
- Establish relationships with patients
- Help clients with resources (scheduling appointments, applications, housing, food, baby items, insurance, medication, etc.)
- Motivation of clients
- Expand knowledge and understanding of community resources, services, and programs provided
- Run programs
- Help remove barriers
- Goal setting with clients
- Capacity building
- Serve as role model
- Accompany clients to appointments
- Act as point of contact to problem solve for patient and clinical staff
- Manage transitions of care across settings
- Evaluate member satisfaction

Some of the populations that the CHWs would be working with included:

- Pregnant women (often low-income and at risk)
- Women and children
- Families
- Fathers
- Eligible persons to the program

- Community in general
- Employer defined target populations
- Employer defined high risk populations
- Patients with complex or chronic health problems
- Patients with psychosocial issues

Office/Employer Focused

When not providing direct service to clients, the positions required additional work duties. This list is much smaller, representing the higher emphasis employers placed on working with the client.

- Documentation
- Update and maintain directory of community resources in designated area
- Follow designated curriculum
- Provide input to multidisciplinary team
- Assist with marketing/attending health fairs and other community events
- Comply with patient confidentiality and HIPAA regulations
- Data collection
- Use technological tools to manage populations
- Perform care gap analyses

Lastly, almost all positions required applicants to perform other duties as assigned and some mentioned probationary periods of various lengths.

Key Informant Interviews



To understand more broadly how CHWs are currently being trained and utilized in Ohio, key informant interviews were conducted with key stakeholders across a variety of domains. Key informant interviews are useful in capacity assessments to help frame and identify key areas of need to further guide the overall assessment (Gilmore, 2012). Specifically, the purpose of these interviews was to obtain key informant perspectives on CHW utilization, how CHWs fit into the current health system, how CHWs are being trained, CHW certification, CHW employment, CHW supervision, CHW roles, funding, sustainability, general successes and challenges for this profession, and where employers and certified/non-certified CHWs can be found in Ohio.

Sample Characteristics

The 11 key informants interviewed included the following types of professionals: CHW, physician, public health nurse, public health practitioner, agency/program directors, state agency employees, CHW employers, and CHW funders. The 11 key informants represented the following stakeholder perspectives for certified and non-certified CHWs:

- Asian American community-based organizations
- CHW training programs
- Free clinics
- Local health departments
- Hospitals
- Latino community-based organizations
- Pathways Community HUBs
- Ohio Association of Community Health Centers (OACHC)
- OBN
- OCHWA
- Ohio Department of Medicaid (ODM)

Discussion of Key Informant Interview Findings

The key informant interviews revealed eight major themes (derived from 51 categories

and 272 codes) that are on the minds of key stakeholders from across a variety of domains in Ohio. These themes were (in order of discussion frequency):

- Wide variety in CHW roles, supervision, and the settings, populations, and conditions they serve in Ohio
- While there is support for CHWs in Ohio, a solid and sustainable infrastructure does not exist
- Training is valuable but needs improvement
- What employers and stakeholders value in CHWs
- CHW programs and outcomes in Ohio are important but not widely known and shared freely across the state
- The profession is not well understood by other professionals in Ohio and thus CHWs are not being utilized to their full potential
- Certification is valuable but barriers exist to achieve certification in Ohio
- The CHW profession is not clearly defined and established in Ohio

Funding

As a result of the findings that emerged in the codes, categories, and themes,

overwhelmingly there is value and great interest in utilizing CHWs in Ohio, but funding sustainability surrounding CHW training, certification, and employment is the greatest concern of the key informants. It was widely noted in great detail that CHWs have value and are needed in Ohio's health system. In fact, in addition to the value they bring to the health team, it was discussed by several key informants that there is a great deal of support from state agencies regarding the CHW profession in Ohio and their integration into the health system. For example, the ODM allows managed care plans to have the flexibility to use any provider they deem necessary to advance population health outcomes, which include CHWs, and OBN has the infrastructure necessary to support the profession and to provide oversight for training and certification.

Additionally, ODH, ODM, and OBN have been active participants in this assessment to understand CHW capacity in Ohio as well as having supported CHW initiatives in the past. However, the key informants identified that funding is variable across organizations and there is not a consistent or sustainable reimbursement mechanism currently in place for all organizations in Ohio to participate in CHW programs. It is clear from the interviews that there is support for this profession from a variety of stakeholders including state agencies, but a sustainable infrastructure to maintain the profession is needed.

Training

In terms of training, the major concept that recurred often is that training programs do not address or do not adequately address the soft skills necessary for CHWs to be successful in a position from an employer's perspective. Two key informants who employ CHWs noted that they had to spend a great deal of time

and investment to teach their CHWs how to act professionally, how to dress for work, how to write reports, how to arrive on time, etc. However, these employers were very invested and believed in CHW programs. CHWs who lack the soft skills who seek employment with employers who are not as knowledgeable about CHWs or as invested in their success may find it difficult to attain and maintain employment. Therefore, all training programs should make a conscious effort to address these soft skills in their training programs so that CHWs are successful in obtaining and retaining employment.

Additionally, in terms of continuing education, there appear to be many barriers to obtaining low cost or free trainings that CHWs are able to attend. Sources of online continuing education at low or no cost as well as an annual CHW conference for continuing education credits should be explored.

Scope of Practice and Professional Identity

Furthermore, one key takeaway from the interviews was that professionals do not have clear and consistent information about this profession. Key informants frequently cited the need for clearly defining the roles and scope for CHWs, as well as differentiating between different titles that certified and non-certified CHWs may currently be known as in Ohio. A major concept that was continually discussed regarding this profession is the need to establish evidence of the effectiveness of CHWs for providers to be able to establish the business case to hire these professionals. CHW stakeholders may want to consider looking at mechanisms to standardize collection of CHW outcomes with a method of openly sharing the data across the state.

It was also suggested that in order to move towards a more established profession, CHWs move from certification to licensure which could assist with reimbursement issues as CHWs could directly bill for services. Given the identified barriers to certification that exist in Ohio, this is likely not a viable option.

Additionally, moving towards licensure would presumably increase the level of education needed to become a CHW and thus the qualities that employers most desire in CHWs, that is, that they are from the communities they serve, would likely be lost in a licensure process. However, moving towards title protection of certified CHWs may be a step to standardize the scope of the profession and assist in providers and professionals understanding what that title and certification means.

Certification

Regarding certification, there were a variety of opinions regarding whether every CHW should become certified or not. But it was clear from the interviews that barriers do exist to becoming certified, namely the length and cost of training, the cost of certification, and previous felonies. Through these discussions there was interest in trying

to develop a tiered approach where CHWs could begin work as non-certified CHWs and move their way to certification and beyond.

CHW Definition

Finally, there was consensus from the key informants that there is great value in CHWs representing the definition of a CHW from the APHA, which is “a frontline public health worker who is a trusted member and/or has an unusually close understanding of the communities served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.” This assessment attempted to identify if the CHWs in Ohio represent this definition of a CHW through the survey and focus groups.

Finally, it was also noted from key informants that because CHWs are traditionally from the community that they serve, employers need to realize that continuing development and support is needed regarding self-care and behavioral health needs so that these individuals can be successful in their positions.

Focus Groups



To understand more broadly how CHWs are currently being trained and utilized in Ohio, focus groups were conducted. Focus groups are useful in capacity assessments to collect in-depth qualitative data on the range of attitudes and opinions from the population of interest in order to help frame and interpret quantitative data collected in the assessment (Gilmore, 2012). Focus groups often elicit opinions about group norms as well as to discover variety within the population of interest (Gilmore, 2012). Specifically, the purpose of these focus groups was to obtain CHW perspectives on how CHWs fit into the current health care system, CHW training, CHW certification, CHW employment, CHW supervision, CHW roles, barriers to CHW practice in Ohio, and the profession in general.

Focus groups were conducted in two phases. Two focus groups were conducted during phase I during the primary period of data collection for the assessment. In phase II, three additional focus groups were conducted after the preliminary report of assessment findings and recommendations was written to further investigate gaps in knowledge from the preliminary findings regarding non-certified CHWs and to validate the direction of the recommendations. The purpose of these additional focus groups were to understand more clearly some of the findings from the CHW assessment and the recommended path forward for CHWs in Ohio from the perspective of CHWs.

Sample Characteristics

In total, the nine phase I focus group participants ranged from ages 26-66 and represented five different counties across Central, Northwest, Northeast, and Southwest Ohio. All participants were female and certified CHWs. A majority of participants were African American with one participant who was Asian, one who was Caucasian, and one who was Hispanic. Three participants were currently unemployed and most of the participants were certified within the last four years while one participant had been certified for 11 years or more.

In total, the 10 phase II focus group participants ranged from ages 36-61 years. Seven of the 10 participants were non-certified CHWs, while three were certified.

One of the non-certified participants was working towards certification. Three participants were also members of the OCHWA. The participants represented six different counties across northwest, northeast, central, and southwest Ohio. All participants were female and currently employed full-time as CHWs (or completing their practicum). A majority of participants were African American (six participants), while three were Caucasian, and one was Hispanic. Participants ranged from practicing as CHWs for 6 months to greater than 11 years.

Discussion of Focus Group Findings

The phase I focus groups of certified CHWs revealed six major themes (derived from 26 categories and 167 codes) that are on the minds of the focus group participants who

represent CHWs from a variety of settings and backgrounds from across the state. These themes were (in order of discussion frequency):

- While employed CHWs report general job satisfaction, several employment issues exist for the CHW profession in Ohio in terms of job availability, position prerequisites, salaries, supervision, and career advancement opportunities
- CHWs are a diverse profession who contribute important skills, experience, and community knowledge to the health team in a variety of settings and populations
- Training is important to CHWs but could be improved in Ohio
- CHW success is dependent on the CHW role and title being clearly defined and understood in Ohio by all professionals
- Certification is valuable but barriers exist to achieving CHW certification and improvements can be made to the certification process
- A stronger centralized source for CHW communication across the state regarding training, certification, continuing education, conferences/ meetings, advocacy, and employment opportunities for CHWs is needed in Ohio

Many of the same themes from the key informant interviews also emerged in the discussions with the nine certified CHWs during the phase I focus groups. Namely, these CHWs also identified the wide variety in CHW roles, settings, and populations and conditions served, the importance that CHWs represent and are from the community served, the value of CHW training but the need for improvement, the need for sharing information across the state about CHWs, that certification is valuable but barriers

exist, the scope and definition of CHWs is not clearly defined in Ohio, and the CHW role is poorly understood by supervisors, employers, and health providers overall across Ohio.

Overwhelmingly the greatest concern from these focus groups were employment related issues. These CHWs discussed, as did the key informants, that grant funding is not a sustainable mechanism for CHW programs as it leads to job insecurity and that often CHWs are not being paid a living wage. One participant discussed frustration that her certification has not led to increased pay in comparison to those without certification.

The CHWs also noted feelings of not being treated as professionals, being called paraprofessionals, and not receiving the same level of respect as their nursing and social work colleagues.

Most importantly, a majority of the CHWs noted that there is difficulty for many certified CHWs in Ohio to find employment. The number one reason that was offered as a possible explanation for not securing employment is that employers are requiring bachelor's degrees to apply for positions. This is a great challenge for many CHWs as most CHWs highest level of education is an associate's degree or high school diploma. In fact, the CHWs in this focus group stated that many of the CHWs that they know in their region do not even have a CHW certification. It also may be more difficult for an individual who becomes certified as a CHW to find employment if they were not previously working as a non-certified CHW. Furthermore, one participant brought up an example of a certified CHW who secured employment but was fired after her 90-day probation and has not been able to secure employment since. This scenario may

further support the observation from the key informant interviews that CHWs need training in soft skills such as professionalism, how to work in a healthcare setting, how to write reports, etc. Additionally, one participant also mentioned the need for self-care training for CHWs to avoid job burnout as did participants from the key informant interviews. Finally, a focus group participant also mentioned the value in CHWs being trained as a Chronic Disease Self-Management Program (CDSMP) Facilitator which improves the skills they bring to employment. This observation also matches the findings from the key informant interviews in which employers value additional certification, such as certification in CDSMP, and consider these additional credentials in hiring decisions.

Another key takeaway from the focus groups is the need to clearly define the CHW role in Ohio and to educate employers and providers on what CHWs do. One participant noted the confusion of the many different titles of a CHW when they are doing the same thing, which may be a similar comment from the key informant interviews regarding the need for title protection of CHWs in Ohio and a defined scope of practice.

Finally, it is clear from the focus group participants that there is poor connection across the state to accessing information regarding certification renewal requirements, free continuing education opportunities, resources for practice, and job opportunities. These CHWs want stronger connectivity to information, perhaps through a website for CHWs in Ohio and a strong advocacy association (perhaps through OCHWA, but this organization is not visible enough and the benefits of membership are not clear to these participants) to move the profession forward in Ohio utilizing best practices

from other states with more advanced CHW professions. These participants raised the point that the Community Health Collaborative website which was created in 2016 for CHWs in Ohio to access information regarding continuing education opportunities, training for employers, job information, and other resources was exactly what they needed. However, with the loss of grant funding this website was not sustainable, which illustrates the problems with CHW infrastructure and dependence on funding mechanisms that are not sustainable in Ohio.

The phase II focus groups of primarily non-certified CHWs also revealed six major themes (derived from 17 categories and 78 codes). These themes were (in order of discussion frequency):

- Both certified and non-certified CHWs have positive attitudes towards certification, value training, and want a more organized, connected, and cohesive profession but more discussion is needed around possible title protection
- CHWs are interested in advocating for their profession but a cohesive, organizational structure currently does not exist
- CHWs are a diverse profession who contribute important skills, experience, and community knowledge to the health team in a variety of settings and populations
- Employers, health professionals, and the community need to be educated on the role of the CHW
- CHWs need more recognition from employers and other health professionals in terms of appreciation, respect, and pay for the difficult and complex jobs they perform
- Barriers to certification exist for non-certified CHWs

The three additional phase II focus groups comprised of primarily non-certified CHWs reinforce the findings from the phase I focus groups of certified CHWs as well as the findings from the statewide CHW survey. As with previous findings, it is clear that CHWs, both certified and non-certified, experience many commonalities in terms of the types of populations and settings served, the wide variety in job responsibilities, desire to be recognized and respected by other health professionals, and the value placed on training and continuing education for self-improvement to provide better outcomes for their clients. Furthermore, these findings reinforce that CHWs want strong advocacy for their profession and increased connectivity throughout the state but organizational barriers currently exist. Also as noted continually throughout the assessment, it is clear there is a need for employers and healthcare professionals to be educated on the role of the CHW as well as for some of the barriers to certification to be addressed.

What was surprising from these focus groups made up of primarily non-certified CHWs was that all participants agreed that certification was valuable for the profession despite barriers to obtaining certification. Even more surprising was to learn that one participant would be willing to overcome barriers to certification if certification was made mandatory to practice as a CHW in Ohio. Perhaps if a tiered level of certification existed in Ohio more CHWs would have access to certification and be incentivized to overcome barriers in order to achieve a core set of educational standards and become a more cohesive profession.

Finally, participants agreed that the priority recommended next steps for the CHW in profession in Ohio needs to be to educate employers/supervisors and other healthcare professionals on the role of the CHW and to improve education and training opportunities for CHWs in Ohio.

Surveys



Two statewide surveys (available online and in hardcopy format) were conducted to assess CHW training, certification, employment, payment, scope of work, and healthcare setting utilization. One survey was developed for all CHWs in Ohio (both certified and non-certified) and a second survey was developed for employers and/or supervisors of CHWs in Ohio (both certified and non-certified).

CHW Survey Sample Characteristics

Respondents in the survey sample ranged from 20-82 years old. The mean age of respondents was 46 years with a standard deviation of 12 years. A majority of respondents were female (Table 1) and were primarily African American and Caucasian (Table 2).

In terms of educational background, the reported highest level of education for 54.2 percent of respondents was “some college or associate’s degree.” The top five counties that respondents live in are Cuyahoga, Franklin, Lucas, Hamilton, and Summit counties.

Employer Survey Sample Characteristics

Employer or supervisor respondents to this survey represented multiple different organization types (Table 3). The top three organization types that responded to this survey were local health departments, managed care organizations, and FQHCs. Other types of organizations that responded and are not listed in the table below include cancer research center, dental office, homeless shelter, early childhood center, residential facility, outpatient mental health agency, veterans affairs healthcare system, and educational service center. Eighty percent of respondents who completed this survey were direct supervisors of CHWs and 20 percent were employers of CHWs

only. Examples of job titles of respondents included assistant director, behavioral therapist, case manager, chief executive officer, clinical nurse specialist, community health supervisor, community health worker, deputy health commissioner, medical social worker, nurse practitioner, physician, program coordinator, etc.

Respondents reflected a variety of professions as displayed in Table 4. Other types of professions reported include administrator, sociologist, nurse and public health lawyer, public health dentist, dental hygienist, pharmacists, home health aide, health educator, fatherhood coordinator, chief executive officer, fiscal officer, attorney, educator, ambassador, and home visitor.

Discussion of Survey Findings

The CHW Survey yielded 629 responses and the Employer Survey yielded 167 responses. According to the CHW survey, there were 355 certified CHWs and 249 non-certified CHWs who responded to the survey. Of the 629 respondents, 487 CHWs were currently employed as CHWs and 58 were unemployed. The results of both surveys support findings from both the key informant interviews and focus groups and provide further evidence that CHWs in Ohio are known by many different job titles, are found in a variety of organizations and settings, serve a variety of populations and conditions, and are supervised by a variety of professionals.

Additionally, consistent information was found between both the CHW survey and employer survey results.

Employment

These surveys found that the most common job titles for CHWs in this sample include community health worker, home visitor, community connector, outreach worker, health coach, and patient navigator. It was also found that while CHWs see many different types of patients and conditions, the most prevalent conditions addressed by CHWs are behavioral health and chronic disease. Additionally, CHWs were most often supervised by a nurse or social worker. However, as stated from the key informant interviews, a variety of different types of professionals also supervise CHWs.

From the secondary data analysis, it was observed that the certified CHWs did not reside in every county in Ohio, particularly rural regions of the state. It was also unknown where non-certified CHWs live and practice. As a result of that analysis, it was unclear whether there were areas of the state where CHWs do not currently work. The results of these surveys now show evidence that there are both certified and non-certified CHWs practicing in every county in Ohio (Figures 3 and 4). Overall, it was observed that there is a higher presence of certified CHWs in comparison to non-certified CHWs in each county, though this is likely an artifact that more certified CHWs completed this survey than non-certified CHWs. Due to probable undercounting of the true number of non-certified CHWs in Ohio from this sample, it is very likely that non-certified CHWs outnumber certified CHWs in Ohio and these maps may not be truly reflective of the number and distribution of non-certified CHWs in Ohio.

Table 1. Gender of CHW survey respondents

Gender	n=620	Percentage
Male	39	6.3%
Female	581	93.7%

Table 2. Race/ethnicity of CHW survey respondents

Race/Ethnicity	n=620*	Percentage
American Indian or Alaska Native	17	2.7%
Arab American/Middle Eastern Descent	2	0.3%
Asian	15	2.4%
Black or African American	284	45.8%
African	18	2.9%
Hispanic or Latino	32	5.2%
Native Hawaiian or Other Pacific Islander	1	0.2%
White or Caucasian	271	43.7%
Other	10	1.6%

**some individuals reported more than one ethnicity*

There are also CHWs that are practicing in multiple counties, which may be a problem in terms of the travel burden placed on a CHW who may have personal and economic barriers, the burnout of a high caseload spread across a wide geographic region, as well as the CHW not being from the community served.

In terms of job responsibilities, both the CHWs and employers/supervisors in

Table 3. Employer survey respondents' organization type

Organization Type	n=159	Percentage
Clinic (not FQHC or PCMH)	12	7.5%
Community-Based Organization (not a Clinic)	11	6.9%
Faith-Based Organization (not a hospital or clinic)	1	0.6%
Federally Qualified Health Center (FQHC)	17	10.7%
Free or Charitable Clinic	7	4.4%
Local Health Department	40	25.1%
Home Health Agency	2	1.3%
Hospital	8	5.0%
Managed Care Organization/Health Plan	24	15.1%
Pathways HUB	5	3.1%
Patient-Centered Medical Home (PCMH)	2	1.3%
Social Service Agency	10	6.3%
University or Community College	4	2.5%
Other	16	10.1%

this sample reported many different job responsibilities of CHWs, which indicates a wide and diverse scope of practice in Ohio. As was described in the focus groups, every day may look different for a CHW depending on the client served. It is also noteworthy that there may be further evidence of CHWs being underutilized or utilized incorrectly based on their scope as 44 percent of CHWs reported being used for general office assistance or administrative duties, which was also described in the key informant interviews and focus groups. Additionally, in the employer survey 60 percent report that CHWs practice in the agency's location rather than out in the community which may be further evidence of this.

It appears from these results that CHWs in Ohio do represent the definition of a CHW. Both employers and CHWs related to all aspects of the APHA definition of a CHW and the C3 Project core roles of a CHW. It appears that CHWs in Ohio are not providing as much direct service, such as taking blood pressures, in comparison to CHWs in other states. Finally, CHWs reported that they relate to the community they serve in a variety of ways, particularly in terms of zip code, socioeconomic status, race/ethnicity, and life experience. Interestingly though, employers do not seem to require CHWs to have traits in common with the community served as a condition of employment, which does not align with the definition of a CHW.

Table 4. Profession of employer survey respondents

Employer/Supervisor's Profession	n=166	Percentage
Physician	7	4.2%
Nurse	45	27.1%
Social Worker	28	16.9%
Public Health	38	22.9%
Other	48	28.9%

As mentioned above, employers even require many CHWs to travel to multiple counties within Ohio, which makes it more challenging for the CHW to be an accepted member of the community and to intimately know the people and the community's resources as effectively if they lived in that community every day. Furthermore, it was reported that several employers require a bachelor's degree or higher for employment, which was also noted in the focus groups. This is particularly problematic as a majority of CHWs only have some college or an associate's degree and most of the unemployed CHWs do not have a bachelor's degree or higher. This represents another disconnect between employers and the true definition of a CHW and an understanding of how to support this profession. From the results of this survey, it appears some employers in Ohio may not be considering the key traits of CHWs when crafting employment prerequisites (including educational background and clean background check) and their experience in the community. As described in the focus groups, survey respondents also reported that life experience needs to be counted by employers.

Also of note, since the definition of CHWs and their associated responsibilities did not differ between the CHWs and employers/supervisors in this sample, it appears

that those who directly work with CHWs on a daily basis may not have issues in understanding the CHW role, which was also reflected in the CHWs responses towards how their supervisor and other health professionals they work with understand their role. Although, CHWs did not report in an overwhelming majority that their role is extremely well understood and accepted by supervisors and other professionals. The greatest problems with understanding of the CHW role which has arisen in the comments from these surveys, the key informant interviews, and the focus groups may therefore be attributed to other providers and professionals who have not had any previous direct experience with CHWs.

Training

Survey responses also indicated that CHWs greatly value education and training, which supports comments from the focus groups. These surveys found that CHWs participate in a variety of formal and non-formal trainings and are very interested in advancing in their careers as CHWs; although many CHWs noted in their comments that their current positions do not allow for advancement as described in the focus groups. Employers also noted the need for training CHWs on the soft skills and professionalism, which was identified by key informants as well.

Table 5. CHW survey respondent views on CHW certification

Views on Certification	n=574*	Percentage
Being a certified CHW better equips me to serve my community and make a difference in the community I serve	439	76.5%
Being a certified CHW increases the respect and value shown to me by my community	299	52.1%
Being a certified CHW increases my self-confidence as a CHW	297	51.7%
Being a certified CHW gives value to this profession (other professionals acknowledge my work as a CHW)	364	63.4%
Being a certified CHW has resulted in a promotion at work	89	15.5%
Being a certified CHW has resulted in higher pay	115	20.0%
I do not agree with the statements above	53	9.2%
Other	39	6.8%

**Respondents checked more than one response*

Certification

Similar to findings from the key informant interviews and focus groups, there again are barriers to certification, which include the cost and location of trainings and confusion on the process of how to get certified and how to maintain certification. It was also found in these surveys that many CHWs did not even know certification in Ohio existed. Many CHWs do not feel certification is necessary for several different reasons which include: it does not result in higher pay (in fact many non-certified CHWs who are employed by the managed care plans earn higher wages than certified CHWs), it is irrelevant because their employers do not require certification, and it is not currently required to practice in Ohio as a CHW. A few CHWs also seemed to be under the impression that only nurses can get certified as a CHW because certification occurs through OBN. However, despite the

barriers to certification, both certified and non-certified CHWs held positive attitudes towards certification (Table 5).

Funding

Finally, other findings from these surveys, which align with findings from the key informant interviews and the focus groups, are that CHWs feel underpaid and there is concern for funding sustainability. Again, it was found that most CHWs are grant funded which is not sustainable. Additionally, certification does not result in higher pay in most cases from these respondents. Funding uncertainty was the greatest concern of employers. Although when asked how their organizations support the long-term sustainability of CHWs, the employer respondents were the least involved in building the business case for CHWs and contracting with health plans.

Discussion of Assessment Findings



The use of CHWs in team-based care models has been cited by the Community Preventive Services Task Force (2015) to be an effective intervention to improve chronic disease outcomes. Furthermore, several studies have demonstrated the positive return on investment for CHW interventions to manage chronic conditions and address the social determinants of health. Despite the positive impacts demonstrated by CHWs in the literature, until this point little was known as to how CHWs are utilized in Ohio. This was the first systematic, statewide CHW capacity assessment in Ohio. Through secondary data collection, key informant interviews, focus groups, and surveys, estimates on the number of certified and non-certified CHWs, the number of employed and unemployed CHWs, which healthcare settings are utilizing CHWs, how CHWs are being paid, how CHWs are being trained, and the overall focus of CHW work in Ohio can now be estimated and reported.

Number of CHWs and Demographics in Ohio

Based on census level findings from this assessment, there are currently more than 601 certified CHWs in Ohio. These 601 CHWs are between the ages of 19-82 years and primarily reside in Ohio's major cities and adjacent areas. From the statewide CHW survey, it is estimated that there are more than 249 non-certified CHWs in Ohio. In total, there are currently at least 850 CHWs in Ohio (both certified and non-certified).

Only a little more than half of the sample of survey respondents (59 percent) were certified CHWs. This was a surprising response as it was expected that the survey would be completed by predominantly certified CHWs given the bias of contacting mostly certified CHWs in the original email disseminations of the survey. The large response of non-certified CHWs (41 percent) suggests that there may be an even larger number of non-certified CHWs in Ohio, which in theory may outnumber certified CHWs given the barriers to CHW certification as well as the lack of knowledge that certification exists in Ohio reported by many

respondents throughout the assessment. According to the Community Health Worker National Workforce Study conducted by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) in 2007, it was estimated that there were 3,503 CHWs (both paid and volunteer positions) in Ohio in 2000. This estimate was created by identifying occupations in the Bureau of Labor Statistics and the Census Bureau that were likely to be used as proxies for CHW activities. Due to the imperfect definition of a CHW used in this national study, it is likely that this study overestimated the actual number of CHWs in Ohio at that time. However, this estimate provides further evidence that it is very likely that the total number of CHWs in Ohio is much greater than 850 CHWs found in this assessment. While it is known there are around 600 currently certified CHWs, the number of non-certified CHWs likely outnumbers the certified CHWs and could be well into the thousands.

One of the most valuable aspects of CHWs is that they are from the community and can relate to the population served. Based on findings from the statewide CHW survey,

it is known that there are both certified and non-certified CHWs practicing in all 88 counties in Ohio. It is also now known that the top three traits CHWs in Ohio share with the community they serve are zip code, socioeconomic status, and race/ethnicity. Furthermore, both certified and non-certified CHWs and their employers state that they relate to the APHA definition of a CHW as well as the core roles of a CHW defined by the C3 Project. Below are the demographic estimates of the CHW profession in Ohio (both certified and non-certified):

- 94 percent of CHWs are female
- Most CHWs are African American (46 percent) or Caucasian (44 percent)
- The highest level of education for most CHWs is some college or an associate's degree (54 percent)
- No differences were observed between certified and non-certified CHWs in terms of employment status, education level, job title, supervisor and other health professionals understanding and acceptance of the CHW role, and the definition of a CHW

CHW Employment in Ohio

According to the statewide CHW survey, there are at least 487 CHWs that are employed in Ohio and 58 CHWs that are unemployed. Both of these numbers are likely higher, particularly the number of unemployed CHWs in Ohio. Due to the fact that survey recruitment was mostly through known or likely employers of CHWs, it is probable that the estimate of unemployment found in this survey is undercounting the true number of unemployed CHWs (certified and non-certified) in Ohio. According to comments from CHWs in both the focus groups and surveys, it is difficult to find, and in some cases maintain, employment as a

CHW in Ohio. CHWs commented there are not enough CHW positions in Ohio, many positions require a bachelor's degree or higher (the survey found that a majority of the unemployed CHWs did not have a bachelor's degree), life experience is not counted enough in hiring decisions, and due to the nature of grant funding CHW positions have little job security. Employers should therefore consider revising position requirements and find ways to count life experience for hiring considerations since most certified and non-certified CHWs do not have a bachelor's degree. Additionally, CHW training programs should consider using the information collected on CHW job descriptions in this assessment and tailor pieces of their curriculums to the common required skills of the job descriptions so that CHWs are successful in obtaining employment after graduation.

In terms of employment characteristics once employed, CHWs are known by many job titles. The most prevalent job title from this sample was community health worker. Other common titles included home visitor, community connector, outreach worker, health coach, and patient navigator among many other titles. Additionally, most CHWs in this sample were supervised by a nurse or social worker. However, a large number of respondents from both surveys report a wide variety of other types of professionals that currently supervise CHWs in Ohio. Very few employers from the surveys require CHWs to have characteristics in common with the population served and many employers are requiring CHWs to practice in multiple counties.

One common theme throughout the assessment is that CHWs and other stakeholders reported that they feel underpaid. The most common response

for the CHW annual salary range from both CHWs and employers was \$30,000.01-\$35,000 annually. This was similar to the average findings from the national workforce study of CHWs (HRSA, 2007). Additionally, it was found through this assessment that there is no significant difference between the pay of certified CHWs versus the pay of non-certified CHWs. In some cases, non-certified CHWs are paid higher than certified CHWs. Another common complaint of CHWs was high caseloads and unrealistic expectations placed upon them. It was found from the employer survey that most CHWs have caseloads of 10 or more clients per day. As a result, employers need to employ an adequate number of CHW staff so that caseloads are manageable and realistic to avoid CHW turnover. Finally, many CHWs commented that they want to move forward in this profession but their current employers provide few or no advancement opportunities. Employers, therefore, should consider creating pathways for advancement and leadership roles for CHW staff within their organizations.

Settings that are Utilizing CHWs in Ohio

Another common theme from this assessment was that CHWs are found in a variety of settings. The top five types of organizations that CHW survey respondents reported working for were managed care organizations, community-based organizations, local health departments, hospitals, and FQHCs. Other types of organizations where CHWs are found according to both the CHW and employer surveys include, but are not limited to, clinics, faith-based organizations, free or charitable clinics, home health agencies, Pathways HUBs, PCMHs, schools, shelters, social service agencies, university or community colleges, fitness centers, boards

of developmental disabilities, cancer centers, pharmacies, AmeriCorps, disaster relief agencies, Help Me Grow, non-profit organizations, dental offices, homeless shelters, early childhood centers, residential facilities, outpatient mental health agencies, veterans affairs healthcare systems, and educational service centers.

Settings that may potentially be underutilizing or not utilizing CHWs include specialty outpatient settings such as physical therapy, occupational therapy, speech therapy, optometry, and audiology clinics as none of these professional types were represented in the employer/supervisor survey. Due to the nature of the sampling and survey questions, these settings were not directly assessed. Additional assessment may be needed to identify if CHWs are working in these settings as CHWs may provide a benefit to these specialties, particularly with physical therapists on fitness and chronic disease prevention programs.

Funding Mechanisms for CHWs in Ohio

One of the major concerns cited throughout all phases of the assessment was sustainable funding mechanisms for CHWs. According to findings from key informant interviews, focus groups and surveys, a majority of CHWs are funded by grants. Other sources of funding include health plan contracts, self-generated agency revenue, private foundations, non-profit organizations, and general agency funds. Of the 37 percent of employers who reported they receive insurance reimbursement for CHW services, they reported reimbursement from the following sources:

- Medicaid (51 percent)
- Medicaid Managed Care (49 percent) (Pathways HUB contracts)

- Private Health Insurance (24 percent)
- Medicare (14 percent)
- State Children’s Health Insurance Program (SCHIP) (6 percent)

A majority (45 percent) of employers reported that they are uncertain if their funding mechanisms are sustainable and 35 percent feel that their funding mechanisms are not sustainable. Only 20 percent of respondents feel their mechanisms are sustainable (mostly managed care plans). Finally, the greatest concern for survey respondents regarding the sustainability of CHW programs is funding uncertainty (74 percent).

From this assessment it appears that funding for CHW programs through employers establishing contracts with health insurance plans or through the direct hiring of CHWs by health insurance plans are promising models for CHW funding sustainability in Ohio. Those CHWs and employers who were contracting with or employed by managed care plans reported that they felt their funding mechanisms for CHWs are sustainable. Therefore, those CHWs and employers who are currently primarily funded through grants may want to look for alternative funding options that involve health insurance plans. In addition, other states have established numerous models of CHW funding that may be a starting point for Ohio to establish more funding sustainability statewide. See the *2018 Ohio Community Health Worker Statewide Assessment Report* for a review of other state CHW models and funding.

CHW Training and Certification in Ohio

Overall, it was found through this assessment that CHWs receive various formal and informal training for their current positions,

with particular emphasis on chronic disease management. There are several options for training in Ohio which include OBN approved training programs, employer training programs, and other programs throughout Ohio. Furthermore, CHWs continually noted the value of training and continuing education. However, it was stated that CHWs need more information and access to free continuing education opportunities. Although free and low-cost continuing education options for CHWs may already be available across the state, from this assessment it is clear that many CHWs do not know where to find these continuing education trainings or how to access them due to lack of connectivity between CHWs and resources for CHWs across the state. Another identified issue is that CHWs need access to continuing education outside of normal business hours as they are often unable to take time off work in order to participate in these opportunities.

Additionally, it was discussed that the OBN training programs may place too much focus on nurse delegation tasks in their curriculum as CHWs often practice in a variety of settings and have roles that do not always include nurse delegation types of tasks. OBN approved CHW training programs in Ohio should consider expanding or enhancing curriculum to reflect the varying roles and responsibilities that CHWs are asked to fulfill in the field beyond a focus on nurse delegation tasks. Furthermore, it was reported that training programs also need to focus on teaching CHWs self-care to prevent burnout as well as professionalism and soft skills to ensure they are successful in finding and maintaining employment. Additionally, several CHWs in this assessment received additional training as facilitators for the CDSMP which was reported to be highly valued by employers.

One finding that came out of the additional focus groups of primarily non-certified CHWs was the desire for a unifying, core training for all CHWs (both certified and non-certified) to make the profession more cohesive.

In terms of CHW certification, it was found throughout this assessment that there are generally favorable attitudes towards CHW certification in Ohio from stakeholders, employers, and CHWs (both certified and non-certified). However, barriers to certification exist in Ohio. Findings revealed that both certified and non-certified CHWs agree that certification is valuable for the profession and allows CHWs to be connected to each other in an organized way, provides a core educational knowledge that benefits clients, helps to establish a professional identity, and provides recognition and respect by other health care professionals. A majority of non-certified CHWs from the survey and focus groups expressed the desire or interest to become certified as they wanted to grow in their knowledge and credibility, however, it was noted that several barriers to certification exist in Ohio. These barriers primarily include the costs associated with certification (i.e., tuition, certification applications and renewal, and continuing education). Many non-certified CHWs reported throughout the surveys and focus groups that the cost of tuition for the certification training programs are too expensive and their current employers will not reimburse for the cost of training. The current OBN approved CHW training programs tuition and fees range from approximately \$2000-\$7,650 unless the CHW has grant funding to complete the training or tuition reimbursement from their employer. Due to the fact that CHWs are often in the same socioeconomic circumstances as the population they serve, the current costs associated with training and maintaining

certification combined with low CHW wages are preventing many non-certified CHWs from accessing certification. Other barriers include the process of initial certification and renewal are not clear to all CHWs and background checks prohibit some CHWs from ever getting certified.

Because of the clear desire of many non-certified CHWs to become certified and the current barriers that exist, tiering certification in Ohio may be a possible solution. A tiered certification process could provide an entryway for all CHWs to achieve a basic core set of knowledge that is affordable and accessible for all in the community, and as an individual progresses in their career and their income increases they could complete more rigorous training and requirements to achieve higher levels of certification with increased expectations for responsibility in their job positions.

Many CHWs in Ohio are not even aware that certification exists. CHW stakeholders in Ohio should consider providing outreach to local communities, organizations, community colleges, and universities regarding CHW training and certification opportunities in Ohio. Other CHWs also noted that they may not maintain their certification because there are not enough job opportunities to remain a CHW, the pay is too low to remain a certified CHW, they do not plan on being a CHW long-term, and they have burnout from unrealistic caseloads. Finally, participants in the focus groups and key informant interviews also discussed title protection for certified CHWs, meaning only those with certification would be allowed to use the term “community health worker.” Some participants were in favor of title protection as it would give more credibility to the profession. One non-certified participant noted that title protection for certified CHWs would

incentivize her to overcome the barriers to obtaining her certification. However, others noted reservations about moving towards title protection and mandatory certification to practice as a CHW. These participants noted that while title protection may be good for respect, it might be too restrictive and exclusive for many current non-certified CHWs and CHWs should be inclusive of all in the community. Others noted that it is not the title that really matters but the educational requirements for CHWs. More discussion is needed in Ohio regarding moving towards potential title protection and a mandate for certification in Ohio to practice as a CHW. These discussions will be critical as CHWs seek to improve their professional identity and become a more unified profession in Ohio.

Focus of CHW Work in Ohio

Another overarching finding of this assessment is that CHWs work with a variety of populations in Ohio and have a variety of roles and responsibilities. While CHWs may work with any population or topic area, the most frequently reported target population and or/topic areas from CHW survey respondents were adult women, pregnancy/prenatal care, adult men, children, and infants. Many CHWs reported targeting low-income and underserved populations as well as minority populations as a particular focus of their work. Additionally, the top five health conditions that CHWs reported they address most often in their practice were mental health, diabetes, high blood pressure, asthma, and obesity. Though again, CHWs reported working with a wide range of conditions.

In terms of CHW responsibilities, both CHWs and employers report these top 10 roles (in order of frequency reported by CHWs):

- Connect clients to other community resources (i.e., food, housing, and/or

employment needs)

- Educate clients about how to use health and social services
- Motivate and encourage people to obtain care and other services
- Provide patients with information to understand and prevent/manage health conditions (including chronic disease)
- Conduct home visits to provide education, assessment, and social support
- Assist clients in reading and understanding health information from their provider
- Attend care coordination and/or case management meetings with a team in the organization
- Make referrals to providers
- Build individual and community capacity (teaching those served to manage their own health needs)
- Conduct individual assessments (such as home environmental assessment)

Again, CHWs responsibilities were not limited to these 10 items, but a wide variety was seen and a majority of the roles and responsibilities of CHWs aligned with the C3 Project's defined roles of CHWs nationally. Many CHWs reported that their roles and responsibilities were different everyday depending on their clients. It was also noted that some employers may not utilize CHWs to their fullest capacity as evidenced by CHWs spending a lot of time in the office rather than in the community and CHWs performing office administrative support duties, such as filing paperwork and making copies. Again, no difference was observed between the reported responsibilities of non-certified CHWs in comparison to certified CHWs.

What Employers and Other Stakeholders Want and Need in the Next 5 Years

Key informants and employers noted that it will be very important to the sustainability of the profession to clearly define the profession in Ohio, demonstrate the evidence-based value, return on investment, and outcomes of CHWs, and address funding sustainability. It is clear from the informants that there is wide variability in what measures are collected as well as little sharing across the state. A mechanism for collecting and reporting CHW data is needed in Ohio as well as to establish the business case for CHWs and reimbursement of services.

One interesting finding from the focus groups was that perhaps current methods of obtaining data on CHW program outcomes are flawed. One participant noted that her employers think that their CHW program outcomes are poor because of patient satisfaction scores. However, the participant pointed out that the way in which the patient satisfaction survey question is worded regarding the CHW program is flawed. At her organization clients are asked about their experience with “case management” rather than with their CHW. The participant stated if the client was directly asked about their experience with their CHW, rather than about case management, the results of the survey would be much different. This point should be considered when employers are measuring CHW outcomes. The wording of questions should be evaluated with care to ensure that surveys measure what is intended.

Many key informants and employers also noted that sustainable funding mechanisms need to be identified for reimbursement of

CHW services, and CHWs need to be paid a competitive wage in order for the profession to be sustainable as many noted that a low salary was one of the top reasons for leaving the profession. Finally, many key informants and employers would like to see CHWs fully integrated and accepted in the health system.

What CHWs Want and Need in the Next 5 Years

CHWs reported that they want and need the following things in order to advance and have a sustainable profession in Ohio:

- Clearly defined scope of practice in Ohio with possible title protection
- Have the CHW profession and role known by all providers and professionals in Ohio (i.e., starting with provider training on the role of the CHW)
- Improved training that reflects what they are doing in the field and self-care needs
- Improved continuing education opportunities, including an annual CHW conference that focuses on CHW professional development
- Improved connectivity of CHWs across the state
- A centralized source for CHW information on training, certification, continuing education, and employment opportunities
- Stronger advocacy for the CHW profession in Ohio
- CHW representation on committees at OBN
- Improved salaries
- Improved employment opportunities that reflect the particular employment considerations of CHWs

Finally, both CHWs and employers/ stakeholders noted that there is a need for a

more defined scope of practice for CHWs in Ohio. The defined focus of current CHW work in Ohio found from this assessment may be a first step at that definition. Since current CHW practice aligns with the C3 Project defined roles of a CHW, Ohio should consider using these roles as a template to clearly define scope of practice for CHWs in Ohio (Sabo et al., 2017).

Assessment Conclusion

It is clear that both certified and non-certified CHWs play a vital role in addressing both chronic disease and behavioral health issues in Ohio among other conditions and in a variety of populations and settings. Both certified and non-certified CHWs have a place in Ohio's health care system and are greatly valued by employers. Despite the many positive aspects of this profession in Ohio, improvements can be made to CHW training, certification, employment, utilization, and funding as discussed above to better sustain and advance the profession in Ohio leading to better population health outcomes for all Ohioans.

Based on the results of this assessment it seems that certification for CHWs would be a pathway to achieve a clearly defined scope of practice, professional identity through potential title protection, credibility and recognition from other health care providers and the community, potential reimbursement from insurance, and a core, standardized training desired by CHWs in Ohio. However, the assessment also revealed that the current certification structure is not accessible to many non-certified CHWs in Ohio. The assessment team therefore recommends that Ohio adopt a tiered certification structure where different levels

of certification exist starting with a pre-certification level and advancing through other levels of certification based on hours of training, level of education, experience, and/or specialization attained (i.e., dual certification in the CDSMP). This model will allow for CHWs to maintain one identity with possible title protection, establish core education for all practicing CHWs, allow for career advancement within the profession as desired by many CHWs, inform employers and healthcare providers about the type of training and educational background that a particular CHW has, and remove barriers for those who cannot achieve the traditional certification by reducing the costs associated and training requirements.

In order to achieve any meaningful change to the identified CHW training, certification, employment, utilization, and funding needs in Ohio, there needs to be one unifying organization that can act as the catalyst for change and work with the various stakeholders across the state. The assessment team believes that OCHWA is in the prime position to be able to implement change for the CHW profession in Ohio. However, as found in the assessment, the association needs to be strengthened and supported by a lead partner in order to have the infrastructure necessary to become a powerful change agent for CHWs in Ohio. This will be the first necessary next step to achieve the desired improvements to CHW practice and utilization in Ohio. Once OCHWA is strengthened, the next priority steps to address according to CHWs are training for health care providers and employers on the role of the CHW and improved training and continuing education for all CHWs in Ohio.

Recommendations



The following recommendations were formulated based on the findings of the Ohio Community Health Worker Statewide Assessment.

Overarching Recommendation

- Identify a lead entity to organize and convene a coalition, which includes certified and non-certified CHWs engaged in advocacy in Ohio, consultants from other state CHW associations, consultants from other established state professional associations, and other key Ohio CHW advocacy and workforce development groups to establish a sustainable infrastructure for addressing CHW priority issues in Ohio
 - The coalition's initial focus should be to provide technical support to the Ohio Community Health Workers Association (OCHWA) to strengthen it as a membership organization, increase CHW membership and involvement in the organization, and strengthen its ability to form partnerships with other entities across Ohio to advocate for the CHW profession. A first step of the coalition may be to partner or integrate OCHWA as a professional group within an already established state association to provide more infrastructure, support, and connectivity within the state

Profession in General

- Clearly define the scope of practice for certified CHWs and for non-certified CHWs in Ohio using the findings of this assessment, definitions from other state models, and the CHW Core Consensus Project defined roles of a CHW as a starting point
- Seek funding to train health providers (i.e., in hospitals, PCMHs, FQHCs, local health departments, etc.) and supervisors on the CHW profession and how to integrate CHWs into the team to increase appropriate CHW utilization for chronic disease and behavioral health management
 - The training should include CHW scope of practice, beyond nurse delegated tasks, populations that CHWs work with, types of settings CHWs work in, CHW return on investment, and best practices for CHW integration on the health team. Those supervising CHWs should be required to participate in at least one training. Several states including Minnesota, Michigan, Massachusetts and New Mexico offer training for CHW supervisors. These examples could help Ohio develop a standardized training for supervisors that could be adopted by organizations that hire CHWs
- Seek funding to support and sustain a centralized source of information and resources for CHW training, continuing education, job boards, and OCHWA activities using the already created CHW website for Ohio: <http://communityhealthcollaborative.org>
- Develop ways to measure and report on outcomes attributed to CHWs annually in Ohio

Training and Continuing Education

- Conduct further exploration of CHW training programs to determine exact curricular content, program capacity, program costs, program length, graduation rates, certification rates, and employment rates in order to determine the need for targeted improvements in a CHW training program structure that is accessible and affordable to all current non-certified CHWs and those interested in becoming a CHW as well as curricular content that adequately prepares CHWs for the workplace (i.e., self-care, soft skills, professionalism, content that reflects skills required in current job descriptions) and management of client conditions beyond a focus on nurse delegation tasks (i.e., chronic conditions through training as a facilitator for the Chronic Disease Self-Management Program)
- Create and/or compile affordable and accessible continuing education opportunities for CHWs across Ohio specific to chronic disease and behavioral health management and post on the centralized source (such as the already created CHW website for Ohio: <http://communityhealthcollaborative.org>)
- Conduct an annual Ohio CHW Conference focused on CHW professional development

Certification

- Appoint a CHW representative to attend meetings regarding the management and administration of CHW certification and/or practice in Ohio
- Consider adopting a tiered model of CHW certification in Ohio that are similar to those adopted by other states

- Create a grandfathering process for certification for non-certified CHWs that requires a certain number of hours as a CHW and/or evidence of previous work experience in the community

Employment

- Employers should explore ways to provide CHW staff with competitive salaries (i.e., explore contracting with managed care plans for sustainable reimbursement of CHW services)
- Health care settings and health care professionals not currently utilizing

CHWs as part of the team should consider hiring CHWs to address chronic disease prevention and management

Funding

- Create a strategy for sustainable reimbursement for CHWs in Ohio based on established models within Ohio and in other states
- Conduct research on CHW reported patient outcomes and return on investment to develop the business case for CHW funding in Ohio

References

- American Public Health Association. (2018). *Community Health Workers*. Retrieved from <https://www.apha.org/apha-communities/member-sections/community-health-workers>.
- C3 Project. (2016). *The Community Health Worker Core Consensus (C3) Project: 2016 Recommendations on CHW Roles, Skills, and Qualities*. Retrieved from <https://sph.uth.edu/dotAsset/55d79410-46d3-4988-a0c2-94876da1e08d.pdf>.
- Campbell, J.D., Brooks, M., Hosokawa, P., Robinson, J., Song, L., Krieger, J. (2015). Community health worker home visits for Medicaid-enrolled children with asthma: effects on asthma outcomes and costs. *American Journal of Public Health, 105*(11), 2366-2372.
- Carter, N., Corey, M., O'Brien, C., Cauley, K. (contributor), Warren, J. (contributor), Whalen, C.N. (contributor), Rodriguez, E. (contributor). August 2016. *Integrating Community Health Workers in Ohio's Health Care Teams* [Report]. Columbus, OH: UHCAN Ohio.
- Collinsworth, A.W., Vulimiri, M., Schmidt, K.L., Snead, C.A. (2013) Effectiveness of a community health worker-led diabetes self-management education program and implications for CHW involvement in care coordination strategies. *The Diabetes Educator, 39*(6), 792-799.
- Community Preventive Services Task Force. (2015). Cardiovascular disease prevention and control: interventions engaging community health workers. Accessed March 15, 2016. Available at <http://www.thecommunityguide.org/cvd/CHW.html>.
- Gilmore, G.D. Needs and capacity assessment strategies for health education and health promotion. 4th edition. (2012). Jones & Bartlett Learning.
- Green LW, Kreuter MW: *Health promotion planning. An educational and ecological approach*. London: Mayfield Publishing Company; 1999.
- Hughes, M., Yang, E., Ramanathan, D., & Benjamins, M. (2016). Community-based diabetes community health worker intervention in an underserved Chicago population. *Journal of Community Health, 41*(6), 1249-1256.
- Ingram, M., Doubleday, K., Bell, M. L., Lohr, A., Murrieta, L., Velasco, M., et al. (2017).

- Community health worker impact on chronic disease outcomes within primary care examined using electronic health records. *American Journal of Public Health*, 107(10), 1668-1674.
- Kangovi, S., Mitra, N., Grande, D., Huo, H., Smith, R.A., Long, J.A. (2017). Community health worker support for disadvantaged patients with multiple chronic diseases: a randomized clinical trial. *AJPH*, 107(10), 1660-1667.
- Kim, K. B., Kim, M. T., Lee, H. B., Nguyen, T., Bone, L. R., & Levine, D. (2016). Community health workers versus nurses as counselors or case managers in a self-help diabetes management program. *American Journal of Public Health*, 106(6), 1052-1058.
- Kim, K., Choi, J. S., Choi, E., Nieman, C. L., Jin, H. J., Lin, F. R., et al. (2016). Effects of community-based health worker interventions to improve chronic disease management and care among vulnerable populations: A systematic review. *American Journal of Public Health*, 106(4), e3-e28.
- Kollannoor-Samuel, G., Shebl, F.M., Segura-Perez, S., Chhabra, J., Vega-Lopez, S., Perez-Escamilla, R. (2016). Effects of food label use on diet quality and glycemic control among latinosaurs with type 2 diabetes in a community health worker-supported intervention. *AJPH Research*, 106(6), 1059-1066.
- Krantz, M.J., Coronel, S.M., Whitley, E.M., Yost, J., Estacio, R.O. (2013). Effectiveness of a community health worker cardiovascular risk reduction program in public health and health care settings. *American Journal of Public Health*, 103(1), e19-e27.
- Perez-Escamilla, R., Damio, G., Chhabra, J., Fernandez, M.L., Segura-Perez, S., Vega-Lopez, et al. (2015). Impact of a community health workers-led structured program on blood glucose control among Latinos with type 2 diabetes: the DIALBEST Trial. *Diabetes Care*, 38, 197-205.
- Postma, P., Karr, C., & Kieckhefer, G. (2009). Community health workers and environmental interventions for children with asthma: a systematic review. *Journal of Asthma*, 46(6), 564-576.

- Rothschild, S.K., Martin, M.A., Swider, S.M., Tumialan Lynas, C.M., Janssen, I., et al. (2014). Mexican American trial of community health workers: a randomized controlled trial of a community health worker intervention for Mexican Americans with type 2 diabetes mellitus. *American Journal of Public Health, 104*(8), 1540-1548.
- Sabo, S., Allen, C.G., Sutkowi, K., Wennerstrom, A. Community health workers in the United States: challenges in identifying, surveying, and supporting the workforce. (2017). *AJPH, 107*(12):1964-1969.
- Shani, R.G., Scott, R.G., Schofield, L.S., Johnson, J.H., Williams, E.R., Hampton, J., Ramprasad, V. Effect of a home intervention program on pediatric asthma in an environmental justice community. (2015). *Health Promotion Practice, 16*(2), 291-298.
- Thompson, R.H., Snyder, A.E., Burt, D.R., Greiner, D.S., Luna, M.A. (2014). Risk screening for cardiovascular disease and diabetes in Latino migrant farmworkers: a role for community health worker. *J Community Health, 40*, 131-137.
- U.S. Department of Health and Human Services Health Resources and Services Administration Bureau of Health Professions (HRSA). Community Health Worker National Workforce Study. (2007). 1-285.

