

Community Health Workers in Vermont

Workforce Snapshot

November 2020

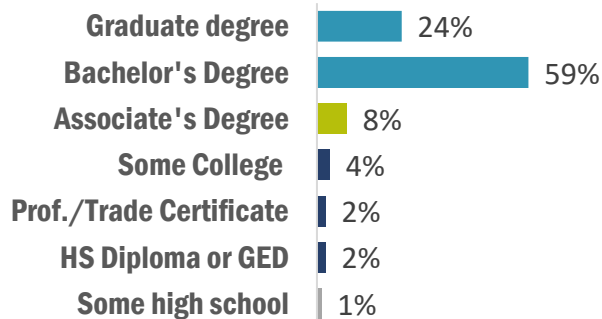
Introduction

This brief provides a summary of key data points derived from a May 2020 survey¹ of 85 community health workers (CHW) and 24 CHW supervisors from across Vermont. The survey, conducted by the Vermont Department of Health (VDH) in collaboration with the Vermont CHW Steering Committee, represents an initial effort by VDH to collect information about the roles, scope of work, skills and training of the current CHW workforce in the state.

CHW Professional Background

Most CHW employers require CHWs to have at least a high school degree or GED and the majority of CHWs reported having education levels at or above this requirement.

Educational Level



The majority of CHW employers do not require CHWs to be certified, which is echoed by over half of CHWs (51%) reporting that they do not have a health professions license. Of those that reported having a professional license, around 14% were Registered Nurses, 9% had a social work or mental health certification, 4% reported being Nursing Assistants or Registered Dietitians, 2% were drug or alcohol counselors, 1% were Medical Assistants, and another 15% reported having a variety of other certifications or licenses.

Highlights

CHW Profile

59% have served as a CHW for 4+ years

82% work full-time

91% have a degree beyond high school

51% do not have a health professions license

Essential CHW Skills



Communication



Interpersonal



Capacity-building

Benefits of CHWs



Improved client health outcomes



Improved access to care

Source: 2020 Vermont Community Health Worker Landscape Assessment

Learn more at healthvermont.gov/CHWs

CHW WORKFORCE

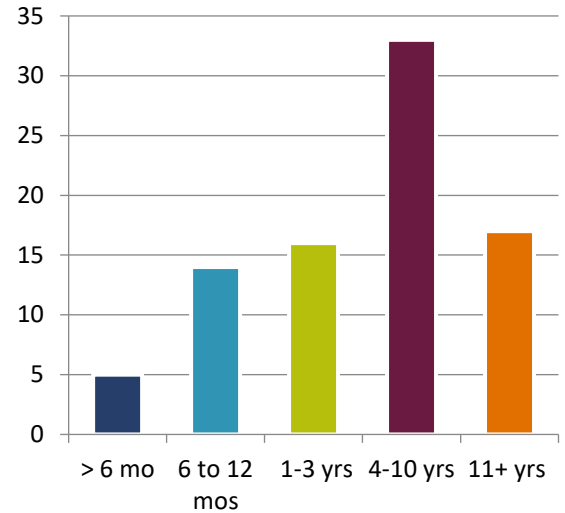
CHW Scope of Practice & Populations Served

Most CHWs (82%) reported being employed full-time. About 41% reported serving in a CHW role for three years, 39% reported 4-10 years, and 20% reported 11 years or more as a CHW.

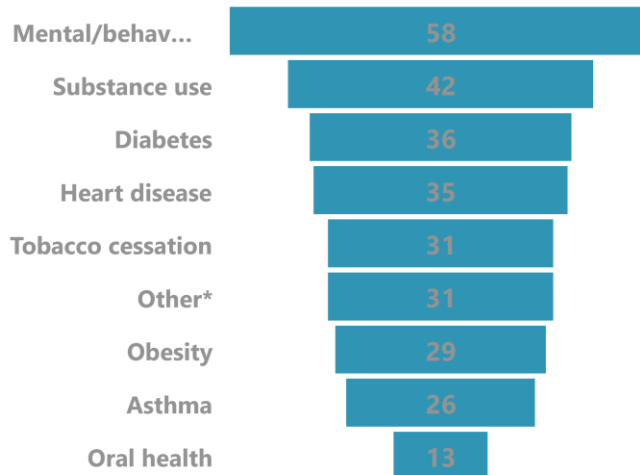
CHWs report working with multiple populations and on multiple physical and mental health conditions. The most common populations served are those that are low-income, people with disabilities and older adults.

The next most common populations served are those with chronic conditions, the homeless, isolated rural residents, those in substance use recovery, the uninsured and those that identify as LGBTQ. Just under a half of CHWs report working with women and children. Close to a third serve incarcerated populations or those in transition from incarceration and refugees or recent immigrants. About a fifth work with migrant farm workers.

Years as CHW

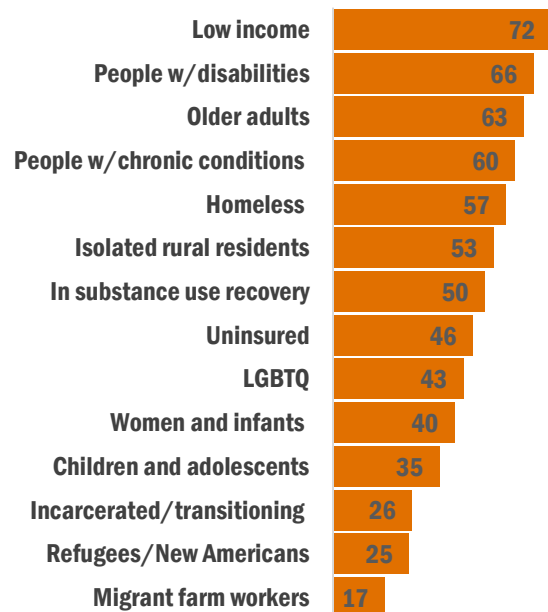


Health Issues Addressed



* Of the 31 "other" responses, those mentioned 3+ times:
All the above, None of the above, COPD, Social Determinants of Health, Chronic Pain, Cancer

Populations Served



CHW WORKFORCE

CHW Essential Skills & Training Needs

Both CHWs and CHW supervisors endorsed communication skills, interpersonal and relationship-building skills, and capacity-building skills as being **essential skills** for CHWs. CHWs and supervisors endorsed use of public health concepts and approaches, and evaluation and research skills as two of the top CHW **training needs**. CHWs also indicated a need for more training in cultural and linguistic competency. CHW supervisors additionally endorsed more CHW training in the areas of advocacy skills and in legal, ethical and professional skills and conduct. CHWs report receiving training, and CHW supervisors report providing training, on essential CHW skills.



CHW Integration

Most CHWs (88%) indicated that they were included in their organization's approach to team-based care. This included being included in regular team meetings (95%), Receive and making patient referrals or assignments (84%), assisting in developing and implementing care plans (77%), and participating in case reviews or care management (72%). Relatedly, around two out of three (67%) CHW supervisors report that CHWs participate in interdisciplinary team meetings and that CHWs are available if providers want to engage with them. Over half (63%) of supervisors indicate that CHWs have access to the electronic medical record (EMR) or electronic health record (EHR) and 50% report that the CHWs they employ work within the clinical setting.

88% of CHWs indicated that they were included in their organization's approach to team-based care

Key CHW Contributions

CHW supervisors were asked to endorse key benefits or contributions of CHWs. Most supervisors (92%) indicated that CHWs help improve health outcomes and access to care for clients (88%). Additionally, 79% indicated that CHWs were beneficial due to their success reaching hard-to-reach target populations and CHWs ability to increase client medication and treatment adherence. Three out of four (75%) indicated that CHWs helped to reduce healthcare costs for clients and 63% indicated that CHWs helped reduce healthcare costs for organizations.

Improve client health outcomes 92%

Improve access to care 88%

Success reaching hard-to-reach pops 79%

Increased medication/treatment adherence 79%

Reduce costs for clients 75%

Reduce costs for organizations 63%

Next Steps

The Vermont Community Health Worker Steering Committee directs efforts to accomplish sustainable change in promoting and supporting the work of Community Health Workers in Vermont. The committee will conduct an annual survey to collect critical information to inform the statewide priorities to recognize and advance the work of Community Health Workers in Vermont.

For more information: Visit [Healthvermont.gov/CHWS](https://healthvermont.gov/CHWS) or contact Jennifer Woolard, jennifer.woolard@vermont.gov



ⁱ **A note about survey methods and respondents:** Data for this brief was gathered from a web-based survey (administered 05/18/2020 –06/15/2020) of a convenience sample of CHWs and CHW supervisors across Vermont. A total of 24 CHW supervisors from 13 organizations (at least one survey respondent from each county) and 85 CHWs (working across 84 Vermont towns) responded to the survey. This was a first effort of VDH to gather baseline information about CHW professionals and organizations that engage CHWs; therefore, it is unclear the extent to which the responses are representative of all CHWs or all organizations that engage CHWs in Vermont.

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