

# Pierce County Community Health Worker Workforce Assessment Survey 2023



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Thank you to our colleagues and partners for their contributions to this project:



foundation for  
**healthy generations**  
CREATING ENDURING HEALTH EQUITY

### Pierce County Local Impact Network (LIN)



### Community Health Worker (CHW) Volunteers

Amphone Phoummony, Derrick Kretschuer, Joyce Williams, Leonila Correa, Mattye Berry-Evans.

### Pierce County CHWs

The 377 CHWs who took time to complete the survey.

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# FULL REPORT

## EXECUTIVE SUMMARY

### Background

Pierce County has documented significant health inequities in low-income and communities of color as one of the county's top health concerns as well as racism as a public health crisis<sup>1</sup>. As members of these communities, Community Health Workers (CHWs) are uniquely positioned to develop and lead culturally relevant approaches to addressing disparities, and to identify systemic inequities that lead to and perpetuate disparities.

### Project purpose

The overarching purpose of this assessment was to describe the CHW workforce in Pierce County, learn about training needs and workforce issues, and identify ramifications from the COVID-19 pandemic, in order to inform local efforts to support CHWs and the communities they serve.

The specific goals were to:

- 1) Develop a report that describes CHWs in Pierce County:
  - Who they work for
  - How they are paid
  - Roles and training related to chronic disease prevention or self-management
  - Opportunities to include CHWs in care teams for chronic disease prevention and self-management
  - Barriers and needs of priority populations that impact access to and participation in chronic disease prevention and self-management programs, oral health needs for themselves, their families, neighbors, and people they serve
- 2) Develop a database with contact information for CHWs interested in training or positions related to chronic disease prevention and self-management, and oral health-related issues.

### Project funding

- Funding was provided through a grant which is funded by ARCORA Foundation, the Pierce County Local Impact Network (LIN), November 2022 through February 2023. The project was a collaborative effort between Foundation for Healthy Generations, ARCORA Foundation, Tacoma Pierce County Health Department and the LIN members.

### Project approach

Health equity was central throughout the planning, design, and implementation of this assessment. CHWs reviewed and had input into the project work plan, survey instrument, consent form, report outline, and interpretation of results. Additionally, five CHWs were trained to staff the project and CHWs led outreach and

survey administration in person and online. All materials were produced in English and Spanish, and the survey was available in hard copy and online.

- The survey was open from January 15, 2023 to February 15, 2023 to anyone who felt they met the American Public Health Association definition of a CHW<sup>2</sup>. The survey collected demographic characteristics of CHWs, titles, past and current CHW paid, and volunteer experience, compensation, roles, and training related to chronic disease prevention/self-management and oral health, and an invitation to learn about training, employment, or networking opportunities.
- CHW volunteers distributed posters, flyers, and surveys throughout Pierce County; invitations were also emailed to several local organizations including Tacoma Pierce County Health Department, Washington State Department of Health (DOH), and Pierce County CHW Collaborative members. To collect surveys, in person events were hosted at two day-long Celebrating CHWs events in Lakewood and Tacoma and additional outreach at All Nations Church (Vida Nueva) in Tacoma, Tacoma New Apartment Mercy Housing, Tahoma Church, and 1:1 meetings.

### CHW workforce description

There were a total of 608 surveys completed in 2019; 90% were current or former CHWs compared to a total of 377 completed in 2023; 85.4% were current CHWs. Fewer respondents shared a race or ethnicity with their clients in 2023 (19.4%), compared with 2019 (39.8%).

A majority of respondents in 2019 (58%) shared two or more traits in common with the population they serve. They represented 53 different zip codes and 30 different languages; three-quarters identified as non-white and about a third could speak a language other than English. Over one in four had completed an associate's degree or higher.

Fewer respondents shared a race or ethnicity with their clients in 2023, compared with 2019 (39.8% vs 19.4%, [ $<0.005$ ]). More CHWs shared a health condition (20.2% in 2019 vs 26.3% in 2023), Social Economic Status (SES) (24.5% in 2019 vs 34.2% in 2023), and geographical location (30.3% in 2019 vs 47.7% in 2023) when comparing 2019 to 2023. The percentage of CHWs that shared at least 1 trait in common increased significantly in 2023 (81.2% in 2019 to 98.4% in 2023).

Overall, more women than men completed the survey in both 2019 and 2023, though fewer women completed it in 2023 compared to 2019 (55% vs. 69%).



## Project Design:

### Health equity statement

Health equity considerations were central throughout the design and implementation of this assessment and served to strengthen both the content and reach of the assessment. A leadership team representing Healthy Generations, the Local Impact Network, community partners, and the Pierce County Community Health Worker volunteers worked together to collectively design and manage the project.

CHWs reviewed and had input into the project work plan in 2019 and we adapted these key lessons and added oral health questions into the 2023 CHW survey; CHWs informed best practices when conducting in-person data collection during the CHW assessment events, design of the survey instrument, consent form, report outline, and interpretation of results. Additionally, CHWs took the lead in deciding how and where to administer the survey, recruiting, and training. Volunteers did outreach and administered the survey 1:1 as well as hosted mini-data collection meetings at community locations such as community churches and other organizations. All outreach and survey materials were made available in both English and Spanish, and CHWs were available to support others in taking the survey in other languages.

### Survey design and content

The survey included 49 questions designed to measure the demographic characteristics of CHWs, including titles, past and current CHW paid, and volunteer experience, compensation, roles, and training related to chronic disease prevention or self-management. In 2023 we added an oral health section that increased the survey to 49 questions compared with 37 in the 2019 survey. On the last page of the survey, CHWs were invited to provide their contact information to be included in a database of CHWs interested in training, work, or networking opportunities. The survey is included as an appendix at the end of this report in English and Spanish.

To develop the survey, Healthy Generations staff gathered and reviewed survey instruments in 2019 and reports from 10 CHW workforce surveys from Washington State and other states from across the country. Healthy Generations staff met with a Research Scientist from the University of Washington Health Promotion Research Center to finalize the oral health questions for the 2023 CHW survey. Many survey questions for this assessment were borrowed or adapted from the 2018 Ohio Community Health Worker Statewide Assessment published by the Ohio Department of Health and Ohio Colleges of Medicine Government Resource Center, and the 2014 National Community

Health Worker Advocacy Survey published by the Arizona Prevention Resource Center at the University of Arizona.

To more fully address opportunities to include CHWs in care teams for chronic disease prevention and self-management, we also coordinated with the YMCA to incorporate questions about CHWs into a survey of healthcare providers. This was conducted and reported separately by other Reducing Chronic Disease Inequities grant partners.

### Protection for study participants

The Tacoma-Pierce County Health Department determined this assessment to be a public health surveillance activity not designed to develop or contribute to generalizable knowledge, and thus did not require IRB review. A consent form was included at the beginning of the survey and staff assisting with data collection and data entry were trained in research ethics.

### Participant eligibility

CHWs and representatives from healthcare and community agencies in Pierce County were consulted about who should be eligible to take the survey. Consistent with other CHW surveys across the United States, we used the American Public Health Association definition of a Community Health Worker<sup>1</sup>, which was adopted by the 2016 Washington State CHW Task Force: “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 workers 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.” CHWs provide culturally appropriate health education and information, coaching, and social support, and act as a cultural bridge, among other roles.

Additionally, recruitment materials included the following statement, adapted from the 2018 Ohio Community Health Worker Survey, “In Washington, CHWs are known by many titles, which include but are not limited to promotor(a), community health advocate, community health representative, outreach worker, patient navigator, peer advocate, peer educator, health educator, family caregiver, health minister, faith community nurse, etc. If this sounds like you, we invite you to take this survey regardless of your title.”



## Outreach

Partners recruited five CHW volunteers to help with outreach and survey administration in 2023, compared with 10 CHWs recruited in 2019. The CHW volunteers participated in an interactive two-hour training designed by the project leadership team, which covered expectations and compensation for volunteers, basic principles of ethical practices in human subjects' research (confidentiality, avoiding coercion, etc.), and role-play scenarios.

The CHW volunteers distributed posters and flyers in English and Spanish at locations throughout Pierce County. The CHW volunteers also sent invitations by email to a list of CHWs in their network and supporters based on records obtained from the Washington State Department of Health Community Health Worker Training Program. In addition, Healthy Generation staff conducted the following outreach:

Previous CHW training rosters, membership lists from the Pierce County CHW Collaborative, churches, and personalized letters to over 25 local organizations to notify them of the project and invite CHWs to take the survey.

## Survey administration

The survey was open from January 15, 2023 to February 15, 2023. The survey was available online and in print, in both English and Spanish. The CHW volunteers distributed and collected the printed surveys to CHWs in their community and with local organizations. In addition, partner agencies hosted three day-long *Celebrating CHWs* events (one at the Lakewood YMCA and two at Mercy Housing's New Tacoma Apartments), events at the Tahoma Church and All Nation (Vida Nueva) Church as well as 1:1 meetings with participants. During these events, CHWs were invited to take the survey, enjoy food, network with other CHWs, and visit resource tables.



## Supplemental data

Other data was collected/accessed to support this assessment.

Healthy Generations gathered published and unpublished reports from six recent assessments and events in Washington State which asked CHWs about their needs and preferences for training in 2019 and added the oral health questions in 2023. We also reviewed the Pierce County Health Equity Report and County Health Rankings for Pierce County. These were used to contextualize and compare the findings from our survey.

Additionally, people who attended the 2019 and 2023 Celebrating CHWs events were invited to add notes to a large “sticky wall” indicating what their communities like and dislike about several chronic disease prevention and management programs. They were asked to provide feedback about the Diabetes Prevention Program, Chronic Disease Self-Management Program, Blood Pressure Self-Monitoring Program, Oral Health Access, and any other program of their choice.

## Data management and analysis

Staff entered all surveys collected in hard copy into a secure online data collection system--REDCap--hosted by the University of Washington Health Promotion Research Center with the collaboration of the Research Scientist. The evaluators at the Tacoma Pierce County Health Department and the Research Scientist at UW Health Promotion Research Center downloaded all records. Equivalent Spanish and English survey questions were combined, and records were reviewed for completeness and analysis of the 2019 versus 2023 surveys. Blank records were excluded from analysis.



## What we learned about CHWs in Pierce County

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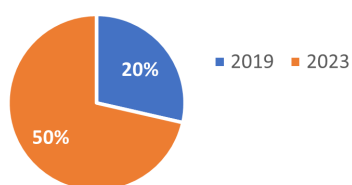


## Age:

**Summary:** The age distribution was significantly younger ( $p < 0.005$ ) in 2023 compared to 2019, with about 50% of the respondents under age 35 in 2023 vs 20% under 35 in 2019.

Age	2019	2023	Total
18-24	35	16	51
25-34	84	177	261
35-44	122	83	205
45-54	107	45	152
55+	248	46	294
.	12	10	22
<b>Total</b>	<b>608</b>	<b>377</b>	<b>985</b>

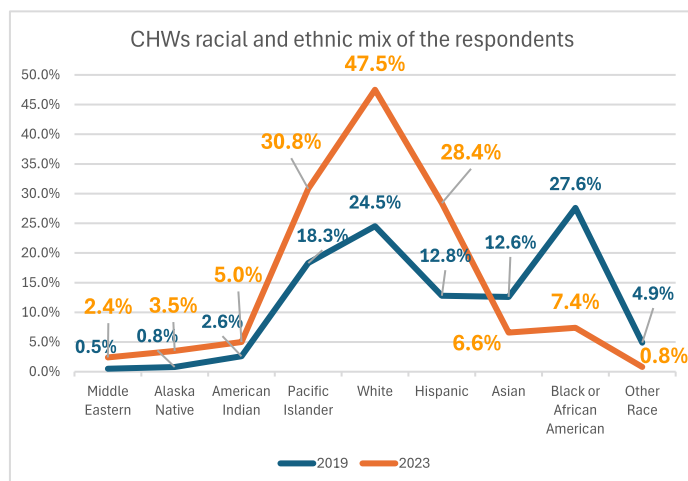
Age distribution of CHWs who completed the survey under 35 years



## Race:

**Summary:** The racial and ethnic mix of the respondents changed significantly between 2019 and 2023. In 2023, more people were identifying as Middle Eastern (0.5% vs 2.4%,  $p < 0.05$ ), Alaska Native (0.8% vs 3.5%,  $p < 0.005$ ), American Indian (2.6% vs 5.0%,  $p < 0.005$ ), Pacific Islanders (18.3% vs 30.8%,  $p < 0.005$ ), White (24.5% vs 47.5%,  $p < 0.005$ ), and Hispanic or Latino (12.8% vs 28.4%,  $p < 0.005$ ). In contrast, fewer community health workers in 2023 identified as Asian (12.6% vs 6.6%,  $p < 0.005$ ), Black or African American (27.6% vs 7.4%,  $p < 0.005$ ), and some other race (4.9 vs 0.8,  $p < 0.005$ ), compared to 2019. Similar percentages for those identifying as African responded for each of the years.

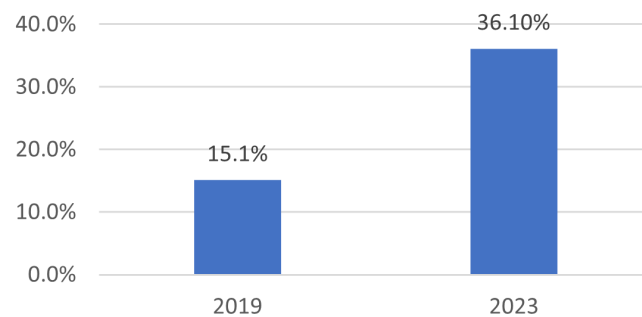
Race	2019	2023
Middle Eastern	0.5%	2.4%
Alaska Native	0.8%	3.5%
American Indian	2.6%	5.0%
Pacific Islander	18.3%	30.8%
White	24.5%	47.5%
Asian	12.8%	28.4%
Black or African	12.6%	6.6%
American	27.6%	7.4%
Other Race	4.9%	0.8%



## Education:

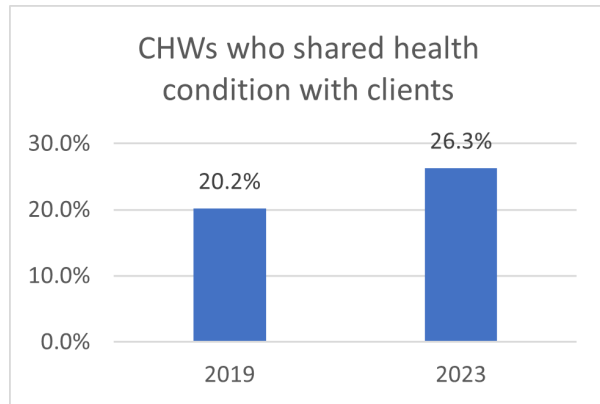
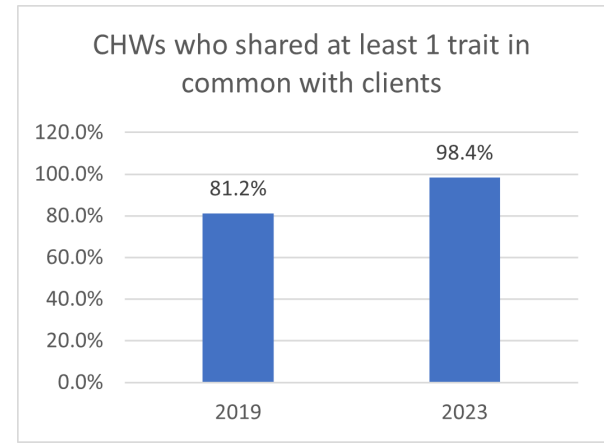
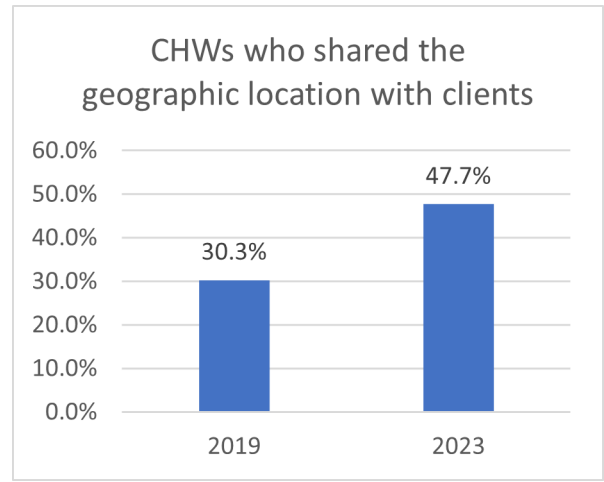
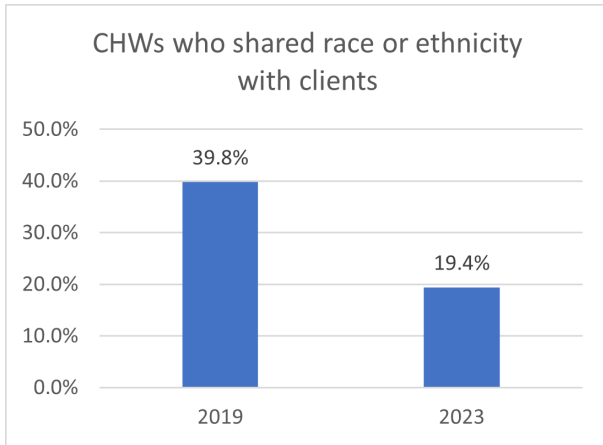
**Summary:** The community health workers responding in 2023 had significantly more education than those responding in 2019. In 2019, 15.1% held a bachelor's degree or higher, compared to 36.1% of those in 2023 ( $p < 0.005$ ).

CHWs who held a bachelor's degree or higher



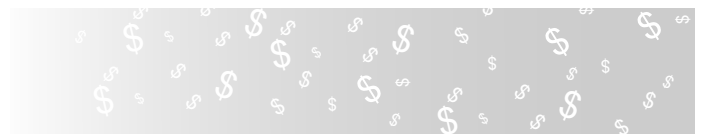
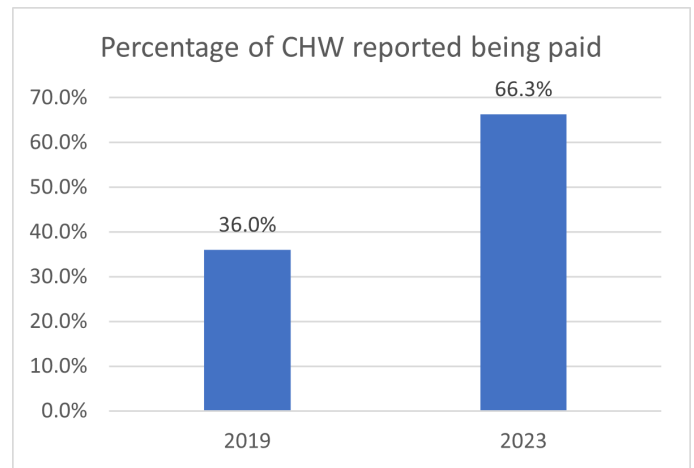
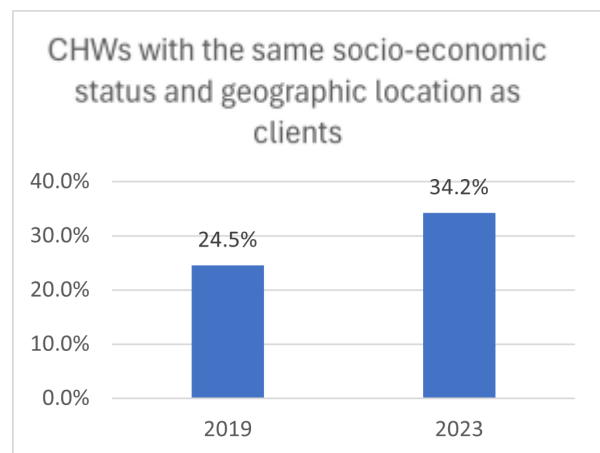
## Traits in Common:

**Summary:** Fewer respondents shared a race or ethnicity with their clients in 2023, compared with 2019 (39.8% vs 19.4%, [ $p < 0.005$ ]). More CHWs shared a health condition (20.2% vs 26.3%,  $p < 0.05$ ), Social Economic Status (SES) (24.5% vs 34.2%,  $p < 0.05$ ), and geographical location (30.3% vs 47.7%,  $p < 0.005$ ), when comparing 2019 to 2023. The percentage of CHWs that shared at least 1 trait in common increased significantly in 2023 (81.2% to 98.4%,  $p < 0.005$ ).



## Paid Positions, Stipends or Unpaid:

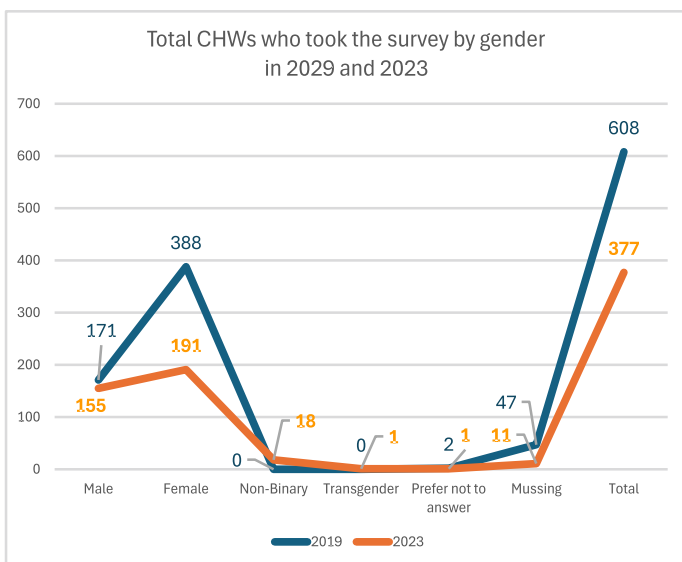
**Summary:** A far higher percentage of participants reported being paid in 2023, compared to 2019 (36.0% vs 66.3%,  $p < 0.005$ ).



## Gender:

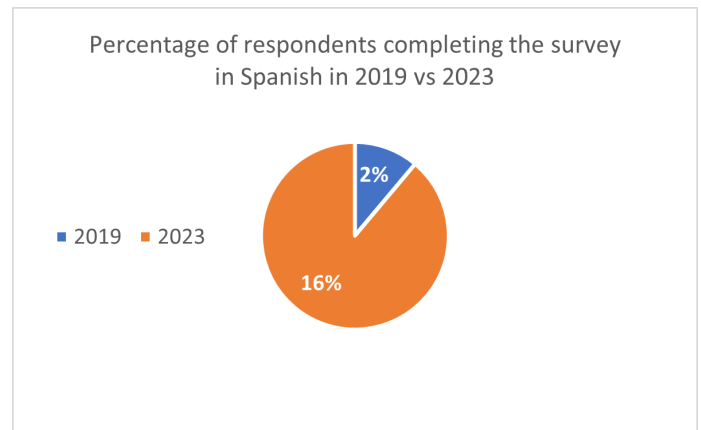
**Summary:** Overall, more women than men completed the survey in both 2019 and 2023, though fewer women completed it in 2023 compared to 2019 (55% vs. 69%;  $p < 0.005$ ).

Gender	2019	2023
Male	171	155
Female	388	191
Non-Binary	0	18
Transgender	0	1
Prefer not to answer	2	1
Not reported	47	11
<b>Total</b>	<b>608</b>	<b>377</b>



## Survey Language:

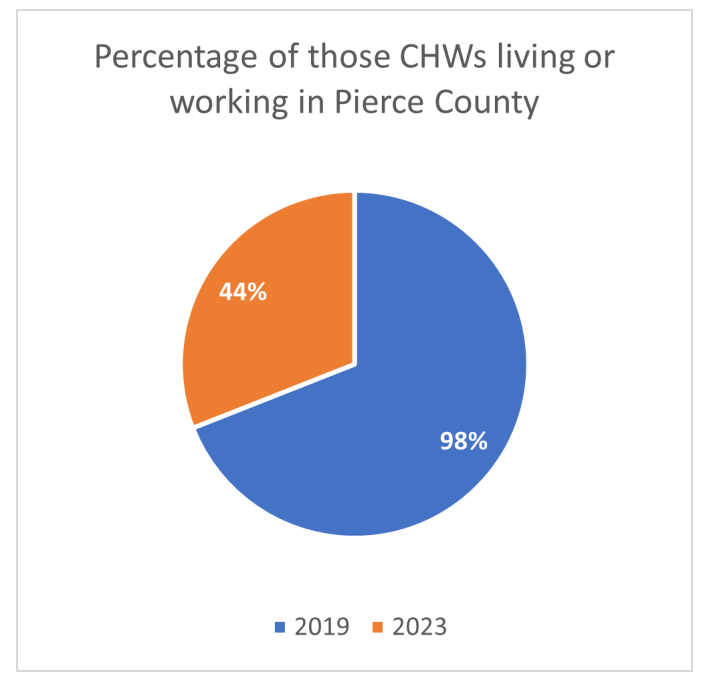
**Summary:** The percentage of respondents completing the survey in Spanish in 2023 was significantly more in 2023, compared with 2019 (2% vs 16%,  $p < 0.005$ ) compared to 2019 (55% vs. 69%;  $p < 0.005$ ).



## Live or Work in Pierce County:

	2019	2023	p-value
No	6 (1.0%)	203 (53.9%)	<0.005
Yes	595 (97.9%)	165 (43.8%)	
Missing	7 (1.2%)	16 (1.6%)	

**Summary:** The percentage of those living or working in Pierce County was significantly lower in 2023, compared to 2019 (44% vs. 98%,  $p < 0.005$ ).

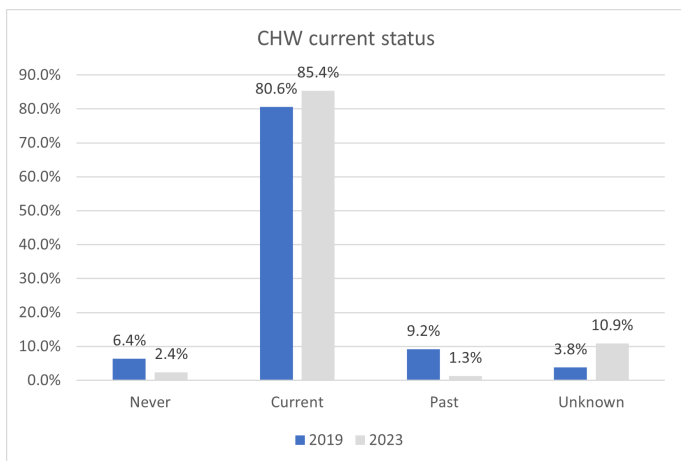




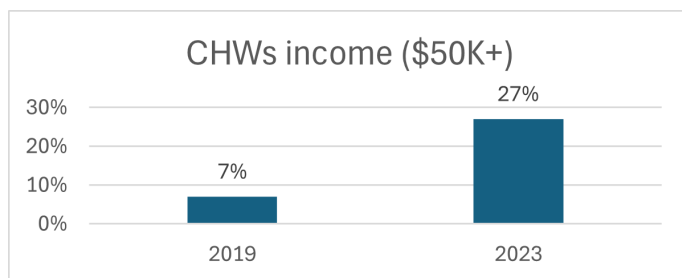
## CHW Current Status:

**Summary:** There are significantly more current CHWs in 2023 than responded in 2019.

	2019	2023	p-value
Never	39 (6.4%)	9 (2.4%)	<0.005
Current	490 (80.6%)	322 (85.4%)	
Past	56 (9.2%)	5 (1.3%)	
Unknown	23 (3.8%)	41 (10.9%)	



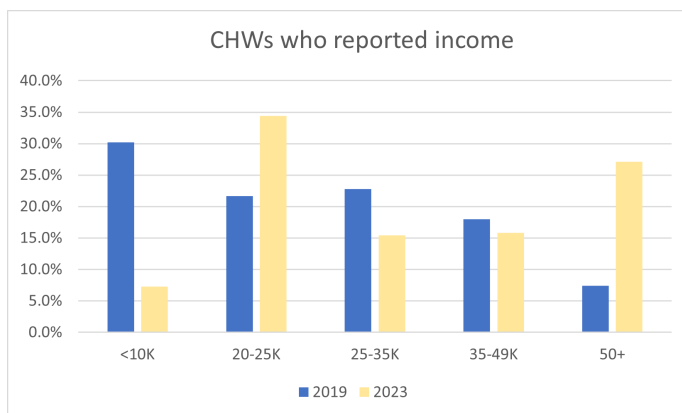
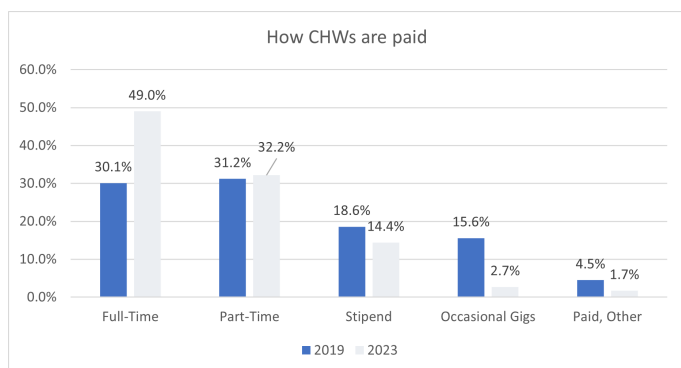
Income	2019	2023	p-value
<10K	30.2%	7.3%	<0.005
20-25K	21.7%	34.4%	
25-35K	22.8%	15.4%	
35-49K	18.0%	15.8%	
50K+	7.4%	27.1%	



## How CHWs are Paid:

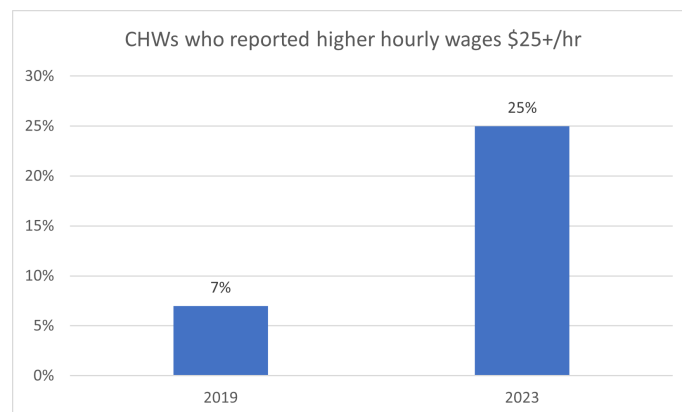
**Summary:** There were significantly more full-time workers interviewed in 2023 than in 2019.

	2019	2023	p-value
Full-Time	81 (30.1%)	143 (49.0%)	<0.005
Part-Time	84 (31.2%)	94 (32.2%)	
Stipend	50 (18.6%)	42 (14.4%)	
Occasional Gigs	42 (15.6%)	8 (2.7%)	
Paid, Other	12 (4.5%)	5 (1.7%)	



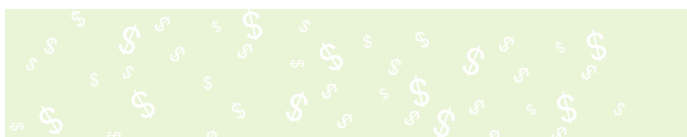
## Current Hourly Income:

**Summary:** Among the subset of 440 respondents who answered a dollar amount to the question, 2023 respondents reported higher hourly wages, with almost 25% of respondents saying they made more that \$25/hr compared to 7% in 2019 (p<0.005).



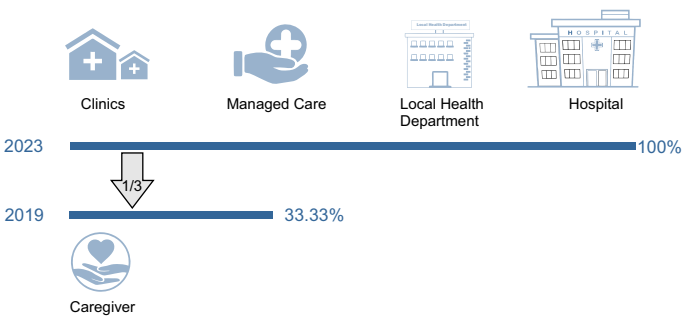
## Current Annual Income:

**Summary:** Among those who reported income, we saw an increase in higher income from 7% in 2019 to 27% in 2023 (p<0.005).



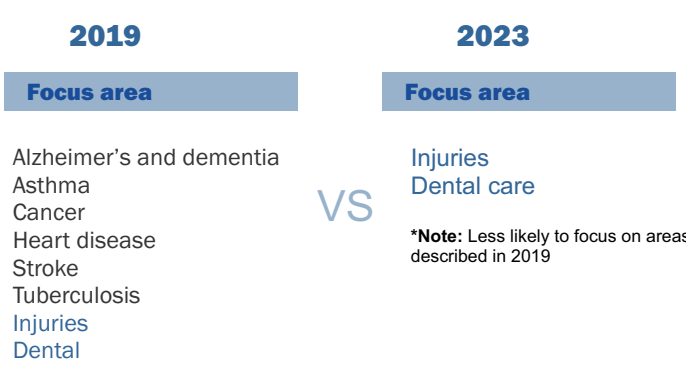
## Organization Type:

**Summary:** There was significantly less variation in organizations where CHWs worked in 2023, compared to 2019, with workers in 2023 reporting working at higher rates in more formal settings such as clinics, managed care, local health departments, and hospitals ( $p < 0.005$ ). In 2019, nearly a third of respondents reported working in less formal positions such as personal caregiver.



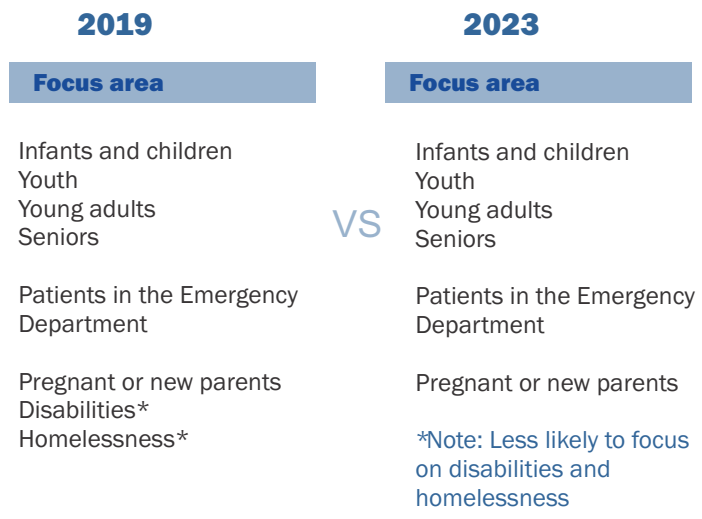
## Health Conditions:

**Summary:** Compared to 2019, the respondents in 2023 focused less on Alzheimer's and dementia ( $p < 0.005$ ), asthma ( $p < 0.005$ ), cancer ( $p < 0.005$ ), heart disease ( $p < 0.05$ ), strokes ( $p < 0.005$ ) and tuberculosis ( $p < 0.05$ ). Instead, the newer cohort were more likely to address Injuries ( $p < 0.005$ ) and dental care ( $p < 0.005$ ) than those in 2019.



## Priority Populations:

**Summary:** Compared to 2019, the respondents in 2023 were more likely to prioritize infants and children ( $p < 0.005$ ), youth and young adults ( $p < 0.005$ ), seniors ( $p < 0.05$ ), patients in the ED ( $p < 0.05$ ), and pregnant or new parents ( $p < 0.05$ ). The 2023 cohort was less likely to focus on those with disabilities ( $p < 0.005$ ) and those experiencing homelessness ( $p < 0.005$ ) than the 2019 respondents.



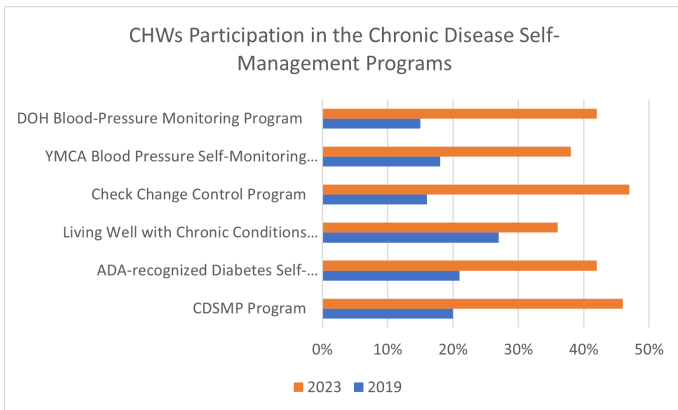
## Roles:

**Summary:** Compared to 2019, the respondents in 2023 were more likely to see their role as a cultural bridge ( $p < 0.005$ ), health educator ( $p < 0.05$ ), or care coordinator ( $p < 0.005$ ). Respondents in 2023 were less likely to see their role as assessing individual or community needs ( $p < 0.005$ ), helping with evaluations ( $p < 0.05$ ), or conducting outreach ( $p < 0.005$ ).



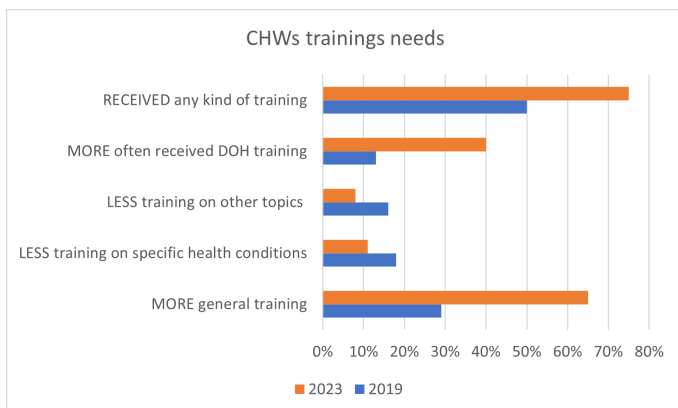
## Chronic Disease Self-Management Programs:

**Summary:** Compared to 2019, CHWs in 2023 were more likely to have led or participated in a CDSMP program (20% vs 46%,  $p < 0.005$ ), an ADA-recognized diabetes self-management program (21% vs 42%,  $p < 0.005$ ), a Living Well with Chronic Conditions program (27% vs 36%,  $p < 0.05$ ), Check Change Control Program (16% vs 47%,  $p < 0.005$ ), YMCA Blood Pressure Self-Monitoring Program (18% vs 38%,  $p < 0.005$ ) or a DOH blood-pressure monitoring program (15% vs 42%,  $p < 0.005$ ).



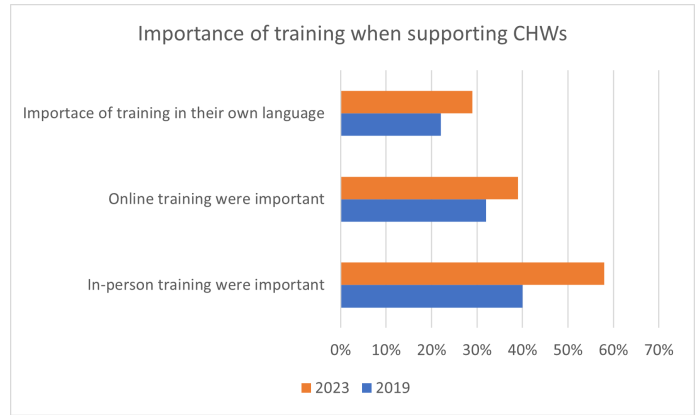
## Self-Perception of Needs:

**Summary:** Compared to 2019, CHWs in 2023 perceived they needed much more general training than the 2019 cohort (29% vs 65%,  $p < 0.005$ ), less training on specific health conditions (18% vs 11%,  $p < 0.005$ ), less training on other topics (16% vs 8%,  $p < 0.005$ ), more often received DOH core training (13% vs 40%,  $p < 0.005$ ), and received any kind of training (50% vs 75%  $p < 0.005$ ).



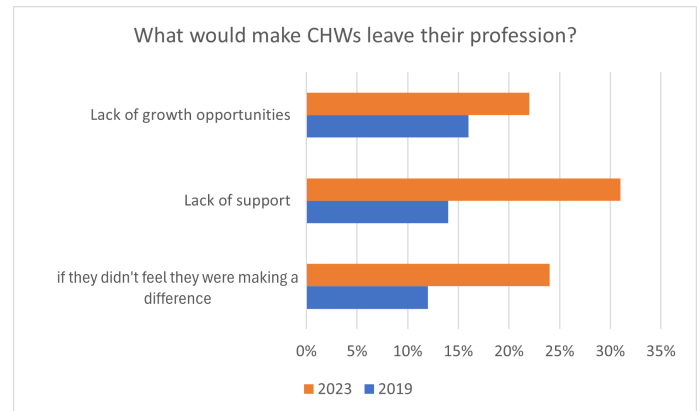
## Important Supports:

**Summary:** Compared to 2019, CHWs in 2023 were more likely to feel in-person trainings were important (40% vs 58%,  $p < 0.005$ ), online trainings were important (32% vs 39%,  $p < 0.05$ ), and the importance of training in their own language (22% vs 29%,  $p < 0.05$ ).



## What would make you leave the profession?:

**Summary:** Compared to 2019, CHWs from the 2023 survey would be more likely to leave the profession if they didn't feel like they were making a difference (12% vs 24%,  $p < 0.005$ ), lacked support (14% vs 31%,  $p < 0.005$ ), or lacked growth opportunities (16% vs 22%,  $p < 0.05$ ).





## Conclusions

### Key Outcomes

This was a comprehensive assessment of CHWs in Pierce County. We identified 377 current CHWs across 44 Pierce County zip codes. The CHW respondents were racially, linguistically, and culturally diverse and spanned a wide variety of CHW professions, volunteer positions, and health service areas.

During the 2023 assessment, oral health questions were added, revealing that 38% of CHWs have dental health problems and need oral health services for themselves. In addition, 21.5% of those who have their natural teeth have tooth decay or pain and the rest have other dental problems such as gum and tissue issues, denture(s) that need realignment, and other dental or mouth problems.

The database that complements this report includes CHWs who provided their contact information to learn about future training, employment, and networking opportunities. The database contents will be shared upon request to the Tacoma-Pierce County Health Department and the Pierce County CHW Collaborative or LIN partners, if requested.

### Key Findings

Compared with the 2019 subset of 440 respondents who answered compensation questions, the 2023 respondents reported higher hourly wages, with almost 25% of respondents saying they made more than \$25/hr. compared to 7% in 2019.

Pierce County CHWs want training in basic CHW skills, specific health conditions, oral health (given the fact they need the services themselves), diabetes, cardiovascular diseases, and hypertension. These diseases are the conditions they address most often in their communities. This is consistent with training needs identified during the 2019 assessment and other reports. Compared to 2019, CHWs in 2023 were more likely to have led or participated in a Chronic Disease Self-Management Program (CDSMP) program (20% vs 46%), an ADA-recognized diabetes self-management program (21% vs 42%), or Living Well with Chronic Conditions program (27% vs 36%).



## Recommendations

The following recommendations are based upon the findings from this assessment and our review of other recent reports on CHWs in Washington State:

- Train CHWs on basic CHW skills as well as specific health conditions, especially oral health, diabetes, cardiovascular disease, and high blood pressure. There is a need to develop or adapt trainings to be available in multiple languages, especially in Spanish and geographic areas. CHWs are very diverse, and there is also a need to diversify options for training delivery and format that includes information and resources, such as providing in-person trainings in different geographic areas as well as online options, free of cost. CHWs want to be trained by people with firsthand experience as CHWs. There are also opportunities to build the capacity of CHWs to lead or assist with chronic disease prevention and self-management programs happening in their communities. In addition, they want general support addressing barriers to care.
- Continue expanding funding streams to support CHW employment. CHWs reporting full-time paid employment increased in 2023 to 49.0% vs 30.16% in 2019. Part-time employment in 2023 slightly increased to 32.% vs 31.2% in 2019, but stipends and other methods of payment combined decreased in 2023 to 18.8% 19.9%.
- About half (49%) of the CHWs said they have a full-time job and get paid for their work, 32.2% had part-time employment, and other methods of compensation decreased as noted above.
- Continue to involve CHWs in the leadership and staffing of projects that affect them. Hiring diverse CHWs to staff this project resulted in 377 survey responses in just one month. The five CHW volunteers were paid a minimum wage of \$25 per hour for all their work hours and pre-training. Furthermore, involving CHWs in the leadership team that developed and piloted the survey, managed the data collection, and reviewed preliminary results helped to ensure that the assessment focused on issues that CHWs care about and that CHWs understand and can use the results. For example, the Foundation for Healthy Generations in collaboration with the Local Impact Network (LIN) is planning an upcoming event on December 3rd, 2024 at which time they will disseminate the survey results to community members and leaders. Survey respondents also had the option to provide their email address to receive a copy of this report.

## Recommendations (continue...)

- Invest in CHW training development and delivery to meet the diverse needs of CHWs.
- Engage CHWs early in the process and partner authentically to ensure that the needs of the community are served.
- Hire CHWs and pay them a living wage and benefits.
- Hire CHWs for leadership and staff roles.
- Facilitate collaboration, education, and resource and data sharing across agencies that hire, fund, train, and support CHWs.
- Support CHWs to receive training and professional development specifically in areas they have an interest for example; oral health, diabetes, and hypertension.
- Disseminate assessment findings to potential funders and seek out or create additional funding streams to support CHW employment.
- Describe how Managed Care Organizations, clinics, and community-based organizations can support the CHW workforce, and the value that CHWs bring to their patients.
- Disseminate assessment findings to potential funders/funding streams for CHW employment.
- Advocate for new or expanded funding streams to support CHW jobs, their professional development, and their health needs.
- Ensure that supervisors receive information and training on best practices for CHW integration and supervision.



# APPENDICES



# Appendix 1

## Paper Responses of Question 34 in English and Spanish

34. What are some reasons you have not been seen by a dental provider? please explain.

34. Cuales son algunas razones por las que no ha visitado a un proveedor dental, por favor explique?

Español	English
<b>Between Feb 14-Feb 17</b>	
Ingresos Falta de dinero Relleno de una muela Limpieza, root canal NO aseguranza Rutina Alto costo, no tengo seguro. Problemas dentales No job No tengo trabajo	Income Lack of money Filling a tooth Cleanup, root channel NO insurance Routine High cost, I don't have insurance. Dental problems Non-job I don't have a job
<b>Between Jan 23-Feb 13</b>	
Es care Falta de tiempo No tengo seguro dental Es caro Porque es muy caro Por falta de dinero Porque hay que pagar Porque es un poco caro Es caro Porque es caro N/A Falta de seguro y acceso (costo) Tiempo, acabo de obtener aseguranza Ocupado, trabajo y la vida Me moví y entonces no tengo un dentista N/A Extracción No aseguranza dental Obtener tiempo libre para ir He estado muy ocupado(a) No he hecho una cita Me moví No puedo pagar una No tengo tiempo N/A Ansiedad N/A Necesito un puente dental, dolor en mis dientes None Covid-19. Caro.	It is expensive. I don't have time I don't have dental insurance It is expensive Because it is very expensive Lack of money Because you have to pay Because is a little expensive It is expensive Because it is expensive N/A Lack of Insurance and access (cost) Time, just got insurance Busy, work and life I moved and then didn't have a dentist N/A Extraction No dental insurance Getting time off to go Have been too busy Just haven't made an appointment Moved Can't afford one. No time N/A Anxiety N/A I need a root canal, pain in my teeth None. Covid-19. Expensive.

# Appendix 2

# Celebrating CHWs!

**Promotoras**

Peer Educators  
Peer Advocates  
Patient Navigators  
Faith Community Nurses

Neighborhood Health Advisor  
Health Promoter  
Family Care-Givers

Community Health Advocates  
Volunteer  
Health Ministers  
Outreach Workers  
Community Health Representatives

Health Educators  
Community Organizer

Community Aid  
Promotores  
Consejero(a)  
Senior Aid  
Community Instructor

Trabajadora Comunitaria de la Salud  
Trabajador Comunitario de la Salud

Animadora

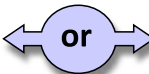


Photo by: Athena



• Take a survey • Enjoy food and refreshments • Socialize

**January 23**  
Stop by between 9am - 7pm



**January 25**  
Stop by between 9am - 7pm

**New Tacoma Apartments**  
1709 S G St,  
Tacoma, WA 98405

**Lakewood YMCA**  
9715 Lakewood Dr SW,  
Lakewood, WA 98499

**Can't make it to one of these events?**

You can still take the Survey at: [https://redcap.link/Pierce\\_CHW\\_Survey2023](https://redcap.link/Pierce_CHW_Survey2023)

**Pierce County**  
Invite your CHW friends!

Edgar Lopez-Baez, CHW Specialist, Foundation for Healthy Generations  
Office: 206-649-9801 Ext. 1, Cell: 206-334-7195: [EdgarL@healthygen.org](mailto:EdgarL@healthygen.org)

Karen Lewis, Arcora Foundation: [kewis@arcorafoundation.org](mailto:kewis@arcorafoundation.org)

Marlana J Kohn, University of Washington Health Promotion Research Center: [marlana@uw.edu](mailto:marlana@uw.edu)





# Appendix 3

# ¡Celebrando CHWs!

**Promotoras** Peer Educators, Peer Advocates, Patient Navigators, Faith Community Nurses, Health Promoter, Family Care-Givers, Health Ministers, Outreach Workers, Community Health Representatives, Community Health Advocates, Health Educators, Volunteer, Health Ministers, Outreach Workers, Community Health Representatives, Community Aid, Promotores, Consejero(a), Senior Aid, Community Instructor, Animadora, Neighborhood Health Advisor, Health coach, Community Organizer, Trabajadora Comunitaria de la Salud, Trabajador Comunitario de la Salud, Consejera de Salud

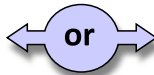


Foto por: Athena

● Complete la encuesta ● Disfrute de comida y bebidas saludables ● Socialice

**Enero 23**

Pase por aquí entre 9am a 7pm



**Enero 25**

Pase por aquí entre 9am a 7pm

**New Tacoma Apartments**  
1709 S G St,  
Tacoma, WA 98405

**Lakewood YMCA**  
9715 Lakewood Dr SW,  
Lakewood, WA 98499

**¿No puedes asistir a ninguno de esos eventos?**

Aún puede completar la encuesta en: [https://redcap.link/Pierce\\_CHW\\_Survey2023](https://redcap.link/Pierce_CHW_Survey2023)

**Condado Pierce**  
¡invite a sus amigos CHWs!

Edgar Lopez-Baez, CHW Specialist, Foundation for Healthy Generations  
Oficina: 206-649-9801 Ext. 1, Celular: 206-334-7195: [EdgarL@healthygen.org](mailto:EdgarL@healthygen.org)  
Karen Lewis, Arcora Foundation: [kewis@arcorafoundation.org](mailto:kewis@arcorafoundation.org)

Marlana J Kohn, University of Washington Health Promotion Research Center: [marlana@uw.edu](mailto:marlana@uw.edu)



# Appendix 3a

## ¡Celebrando CHWs!

**Promotoras**  
Peer Educators  
Peer Advocates  
Patient Navigators  
Faith Community Nurses  
Trabajadora Comunitaria de la Salud  
Trabajador Comunitario de la Salud

health coach  
Neighborhood Health Advisor  
Health Promoter  
Family Care-Givers

**Animadora**

Community Health Advocates  
Volunteer  
Health Educators  
Community Organizer  
Health Ministers  
Outreach Workers  
Community Health Representatives

Community Aid  
Promotores  
Consejero(a)  
Senior Aid  
Community Instructor  
Consejera de Salud



**Aún puede completar la encuesta en:**

[https://redcap.link/Pierce\\_CHW\\_Survey2023](https://redcap.link/Pierce_CHW_Survey2023)

**¡Haga valer su voz!**

Condado Pierce  
¡Comparta con sus amigos CHWs!

Edgar Lopez-Baez, CHW Specialist, Foundation for Healthy Generations  
Oficina: 206-649-9801 Ext. 1, Celular: 206-334-7195: [EdgarL@healthygen.org](mailto:EdgarL@healthygen.org)  
Karen Lewis, Arcora Foundation: [klewis@arcorafoundation.org](mailto:klewis@arcorafoundation.org)  
Marlana J Kohn, University of Washington Health Promotion Research Center: [marlana@uw.edu](mailto:marlana@uw.edu)



# Appendix 4

## Pierce County Community Health Workers Survey 2023

The purpose of this survey is to help the Pierce County Local Impact Network (LIN) (a large group of non-profit community partners working together to improve health in Pierce County) learn more about the training needs and other Community Health Worker (CHW) workforce issues in Pierce County. The information you share will be summarized and given to LIN partners including ARCORA Foundation, University of Washington, and Tacoma-Pierce County Health Department so they may better support CHWs to serve their communities.

The survey will take about 15 to 30 minutes to complete.

### **Questions you may have:**

#### **I'm not sure if I am a Community Health Worker (CHW)? Can I take this survey?**

*The Washington State CHW Task Force and American Public Health Association define a Community Health Worker (CHW) as "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 workers 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."*

In Washington, CHWs are known by many titles, which include but are not limited to: promotoras(es), community health advocate, community health representative, outreach worker, patient navigator, peer advocate, peer educator, health educator, family caregiver, health minister, Care Coordinator, Community Aid, faith community nurse, etc. CHWs provide culturally appropriate health education and information, coaching and social support, and act as a cultural bridge, among other roles.

If this sounds like you, we invite you to take this survey regardless of your title.

#### **Who is leading this survey?**

The survey was developed and funded by the Pierce County Local Impact Network with leadership from Foundation for Healthy Generations. The survey was informed by Community Health Workers in Pierce County and the Pierce County CHW Collaborative.

#### **Do I have to take this survey?**

No. You do not have to take this survey. This will not impact your employment or volunteer work. You will still be able to get training and support from the Pierce County Local Impact Network and other entities and organizations.

#### **Do I have to answer every question?**

No. You may skip any questions that you do not want to answer.

#### **Will I get anything for taking this survey?**

You will not receive compensation for taking this survey. However, if you choose to join the contact list then you may hear about future training or other opportunities to support CHWs.

#### **Who should I contact if I have questions or concerns?**

Edgar Lopez-Baez, CHW Specialist, Foundation for Healthy Generations

Office: 206-649-9801 Ext. 1, Cell: 206-334-7195: [EdgarL@healthygen.org](mailto:EdgarL@healthygen.org)

Julie Peterson, Executive Director, Foundation for Healthy Generations: [juliep@healthygen.org](mailto:juliep@healthygen.org)

Karen Lewis, Arcora Foundation: [klewis@arcorafoundation.org](mailto:klewis@arcorafoundation.org)

Marlana J Kohn, University of Washington Health Promotion Research Center: [marlana@uw.edu](mailto:marlana@uw.edu)

**SECTION 1: ABOUT YOU**

1. What zip code do you live in? \_\_\_\_\_
2. In which zip codes do you most often work or volunteer as a CHW? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
3. How old are you?
  - 18-24     25-34     35-44
  - 45-54     55 or over
4. What is your gender: \_\_\_\_\_
5. What is your race & ethnicity (check all that apply):
  - African                                     Middle Eastern
  - Alaska Native                                 Native American
  - Asian     Pacific Islander
  - Black/African American                     White/European descent
  - Hispanic/Latino                               Other: \_\_\_\_\_
6. What traits do you have in common with the population you serve? (check all that apply)
  - Spoken languages other than English: \_\_\_\_\_
  - Race/ethnicity    Which race/ethnicities \_\_\_\_\_
  - Health condition(s) (e.g. diabetes, high blood pressure, etc.)
  - Socioeconomic status (income, education, occupation)
  - Zip code or geographic region
  - Faith or religious tradition
  - Other, please specify: \_\_\_\_\_
  - No traits in common
7. I can serve clients who speak these languages:
  - English
  - Spanish
  - \_\_\_\_\_ (please write)
8. What is your highest level of education?
  - Some high school
  - High school diploma or GED
  - Some college
  - Associates degree
  - Bachelor's degree
  - Graduate degree or higher
  - Other: \_\_\_\_\_

**SECTION 2: EXPERIENCE & INCOME**

*This section asks about your experience as a CHW or similar title. There are many different titles and types of CHWs such as promotoras(es), navigators, health educators, caregivers, faith ministers, etc. For a longer list of examples, please see page 1.*

**9. Think about all the years in your life that you have served as a CHW or similar title. In total, about how many years did you...**

- a. Receive a salary or hourly wage
  - Never             Less than 1 year             1-2 years
  - 3-5 years         6-10 years                     10+ years
  - Don't know
- b. Receive a stipend (a fixed amount each month or week)
  - Never             Less than 1 year             1-2 years
  - 3-5 years         6-10 years                     10+ years
  - Don't know
- c. Volunteer or donate your time without pay
  - Never             Less than 1 year             1-2 years
  - 3-5 years         6-10 years                     10+ years
  - Don't know

**10. Which of the following best describes how you are CURRENTLY paid for your services as a CHW or similar title?**

- Salary – full time employee
- Salary – part time employee
- Stipend (a fixed amount each month or week)
- Occasionally paid for short-term gigs
- Unpaid
- Other: \_\_\_\_\_
- I am not currently serving my community (retired, taking a break, working a different job, etc.) → **skip to SECTION 3: HOW YOU SERVE YOUR COMMUNITY (Question 16)**



**11. What is your annual income as a CHW or similar title?**

- Less than \$10,000
- \$10,000-\$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000 or more
- Volunteer only (unpaid)
- Don't know
- Prefer not to answer
- Other, please describe: \_\_\_\_\_

**12. What is your hourly pay as a CHW or similar title?**

- \$1-\$12
- \$12.01-\$15
- \$15.01-\$20
- \$20.01-\$25
- \$25.01 or more
- Volunteer only (unpaid)
- Don't know
- Prefer not to answer
- Other, please describe: \_\_\_\_\_

**13. If you are paid in a different way, please tell us how:**

**14. What is the name of the organization where you currently work or volunteer as a CHW or similar title?**

---

**This is a:**

- Clinic
- Managed care organization/Health plan
- Local health department
- Community-based organization
- Hospital
- Other: \_\_\_\_\_

**15. What is your current CHW job/volunteer title?**

---

**SECTION 3: HOW DO YOU SERVE YOUR COMMUNITY**

**16. What health conditions do you address most often in your role as a CHW or similar title? (check up to 3)**

- Dental/Oral health problems
- Alzheimer's Disease or Dementia
- Arthritis or osteoporosis
- Asthma
- Cancer
- Heart Disease, diabetes, high blood pressure, and/or obesity
- STDs/HIV/AIDS/Hepatitis
- Injuries
- Behavioral health/Mental health
- Stroke
- Tuberculosis
- Other: \_\_\_\_\_
- I do not address any specific conditions as a CHW

**17. What populations/topics are a focus of your role as a CHW or similar title? (check up to 3)**

- Infants/children
- Youth/young adults
- Seniors/older adults
- People with disabilities
- LGBTQ people
- Incarcerated or formerly incarcerated people
- Emergency department patients
- Pregnant or new parents
- People with substance use or addiction challenges
- Victims of domestic violence
- Prevention (e.g., promoting nutrition/physical activity)
- Homeless or unstably housed people
- Other: \_\_\_\_\_
- I don't focus on a specific population



**18. Which of the following do you do in your role as a CHW or similar title? (check all that apply)**

- Act as a cultural bridge between individuals, communities, and health and social service providers or systems
- Provide Culturally Appropriate Health Education and Information
- Provide Care Coordination, Case Management, or System Navigation (help people access regular care)
- Provide Coaching and Social Support to motivate and encourage people
- Advocate for individuals and communities (speaking up for their needs)
- Build capacity (Teach others how to manage their own health and wellbeing)
- Provide Direct Service (e.g. take blood pressure, diabetic foot care, etc.)
- Assess individual or community needs
- Lead or help with evaluation and research
- Outreach (e.g. visiting the homes, places of worship, community events, etc. of people who would benefit from services)
- Other, please describe: \_\_\_\_\_
- None

**SECTION 4: TRAININGS**

Please tell us about your experience with the following evidence-based chronic disease programs.

**19. Have you participated in or led Chronic Disease Self-Management Program (CDSMP)?**

- No
- Yes – what was your highest role?
  - Participant
  - Co-facilitator
  - Lead facilitator
  - Master Trainer
  - Other: \_\_\_\_\_
  - Don't know

**20. Have you participated in or led the American Diabetes Association (ADA) Diabetes Prevention Program (DPP), or American Academy of Diabetes Educators (AADE) recognized Diabetes Self-Management program?**

- No
- Yes – what was your highest role?
  - Participant
  - Co-facilitator
  - Lead facilitator
  - Master Trainer
  - Other: \_\_\_\_\_
  - Don't know

**21. Have you participated in or led Stanford University's Living Well with Chronic Conditions program?**

- No
- Yes – what was your highest role?
  - Participant
  - Co-facilitator
  - Lead facilitator
  - Master Trainer
  - Other: \_\_\_\_\_
  - Don't know

**22. Have you participated in or led any blood pressure self-monitoring programs?**

- No
- Yes
- Other: \_\_\_\_\_
- Don't know

If yes, which program(s) and what was your role?

	Participant	Lead
Check Change Control	<input type="checkbox"/>	<input type="checkbox"/>
YMCA Blood Pressure Self-Monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Department of Health (DOH) Blood Pressure Self-Monitoring	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 4: TRAININGS (continue)**

**23. What other trainings have you received? (check all that apply)**

- Department of Health (DOH) core CHW training
- Department of Health (DOH) online Health Specific Modules
- Department of Health (DOH) CHW Conference
- Department of Health (DOH) online CHW Oral Health Training
- Motivational Interviewing
- None
- Don't know
- Other: \_\_\_\_\_

**24. Overall, how equipped do you feel to meet your community's needs? (circle a star)**

<b>Not equipped at all</b>		<b>Somewhat equipped</b>		<b>Completely equipped</b>
★	★	★	★	★

**25. Do you need training in any of the following?**

- General CHW skills (communication, motivational interviewing, coaching, etc.)
- Specific health conditions  
If yes, which conditions?  
\_\_\_\_\_
- Please list any other training topics you need:

**26. How strongly do you agree or disagree: The tasks I currently perform as a CHW or similar title match what I learned in my CHW training program**

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- I did not complete a training program
- I am not currently working/volunteering as a CHW or similar title

**27. Which of the following are important to your ability to participate in training? (check all that apply)**

- Free or low cost
- Available in person in my area
- Available online
- Available in my language
- Can be completed in 3 hours or less
- An employer who supports me to get more training
- Other: \_\_\_\_\_

**28. Other than loss of funding, what would cause you to leave the CHW profession? (check all that apply)**

- Work hours
- Low pay
- Don't feel like I am making a difference/helping
- Lack of support from supervisor/agency
- Lack of opportunity for growth in the field
- Barriers or inability to become certified
- Other, please specify: \_\_\_\_\_

**29. Is there anything else that you would like us to know?**

**30. If you would like to receive a copy of the final report from this project, please provide your email address: \_\_\_\_\_**

**31. Where did you hear about this survey?**

- I saw a poster. Please tell us where:
- I received an email. Please tell us who emailed you:
- I received a phone call. Please tell us who called you:
- Other: \_\_\_\_\_

**SECTION 5: ABOUT YOU & ORAL HEALTH INFORMATION AND BENEFITS KNOWLEDGE**

Your information in this section is strictly confidential and protected, which shall not be less than a reasonable standard of care.

**32. Do you have dental insurance?**

- I do not have dental insurance
- I do not know whether I have dental insurance
- I do have commercial dental insurance (private)
- I do have Apple Health insurance (public Medicaid)
- Other: \_\_\_\_\_

**33. Have you visited a dental provider in the last 12 months? (check all that apply)**

- Yes, I have visited a dental provider in the last 12 months
- I do not have a dental provider
- I do have a dental provider, but I have not been seen
- My family visited the dental provider, but I have not.

**34. What are some reasons you have not been seen by a dental provider, please explain?**

\_\_\_\_\_

**35. Do you currently have any dental problems? (check all that apply)**

- I do not have dental problems now
- I do have dental problems Specific problems:
  - Lips
  - Tongue
  - Gums & tissues (gum recession (gingival recession), inflammation, and/or tissue problems)
  - Saliva
  - Natural teeth (decay, pain)
  - Denture(s) (need or realignment)
  - Oral cleanliness
  - Oral pain
  - Other dental gum or mouth problems: -----

**36. What would be the best approach to navigate dental and oral health services for you and people in the community you serve? (check all that apply)**

- Having access to care
- Expanding access to fluoridated water
- Finding a dental provider who takes my insurance
- Understanding my oral health benefits
- Overcoming transportation barriers
- Reducing cultural barriers
- Help with financial barriers
- Addressing language barriers
- Other: \_\_\_\_\_

**37. Do you know about Apple Health (Medicaid) dental health benefits? (check all that apply)**

- No, I do not know about Apple Health (Medicaid) dental benefits
- Yes, I do know about Apple Health (Medicaid) dental benefits
- I'm not sure

**38. Would you like to learn more about Apple Health (Medicaid) dental health benefits?**

- Yes
- No
- Not sure

**39. Have you ever referred a client/patient to a dental provider? (check all that apply)**

- No
- Yes – what was your role?
  - I provided information about dental insurance
  - I helped my client/patient with the application for dental insurance
  - I referred a client/patient to a dental office
  - I have provided brief education about the importance of oral health and dental visits
  - Other: \_\_\_\_\_
  - Don't know

**40. If a client/patient needed dental insurance information or dental education, where would you look for information to share with your client/patient?**

\_\_\_\_\_

**41. What would be the best way organizations/entities and health departments can support you and the people you serve when it comes to dental insurance, oral health information, and trainings?**

To you:

To people you serve:

**SECTION 5: ABOUT YOU & ORAL HEALTH INFORMATION AND BENEFITS KNOWLEDGE (continue).**

**42. Have you ever received formal oral health training for yourself or to train people you serve in your community? (check all that apply)**

- No
- Yes – what training have you received?
  - I received some training for myself at a dental office or DOH oral health module.
  - I have received oral health training as part of my work/volunteer strategies.
  - I have received dental insurance benefits training.
  - Other: \_\_\_\_\_

**43. Would you be interested in receiving free oral health training for yourself, your family, and/or people you serve in the community? (check all that apply)**

- No
- Yes – what would be your role?
  - I would like to receive training for myself to share with my family
  - I would like to receive training to share with people I serve in the community
  - Other: \_\_\_\_\_

**44. If we offered oral health training, what would be the best method for you? (check all that apply)**

- In person training and support
- In person training and virtual support
- Virtual training and virtual support
- Other: \_\_\_\_\_

**SECTION 6: CONTACT LIST**

**THIS SECTION IS OPTIONAL. YOU DO NOT HAVE TO COMPLETE THIS SECTION.**

You are invited to join a contact list of CHWs in Pierce County. If you choose to share your contact information, we will include you in a list of Pierce County CHWs that we will give to the survey sponsoring organizations. The list will only include: your name, your phone number and email address, the languages you speak, the health conditions that you most often address in your work, the priority populations you serve, the trainings you have received, and the things you told us you wanted to be contacted about.

If you choose to join the list, the Tacoma-Pierce County Health Department and/or ARCORA Foundation may contact you about upcoming training and work opportunities that match your interests and areas of expertise.

**45. Are you interested in joining the contact list to hear about upcoming trainings or other opportunities for CHWs?**

- Yes
- No → **Thank you. You do not need to complete the rest of the survey**

**46. What is your name?**

\_\_\_\_\_

**47. How may we contact you?**

- Work Phone: \_\_\_\_\_
- Work Email: \_\_\_\_\_
- Personal Cell Phone: \_\_\_\_\_
- Personal Email: \_\_\_\_\_
- Other: \_\_\_\_\_

**48. What is the best way to reach you?**

- Phone call
- Email
- Text Message

**49. Please contact me about: (check all that apply)**

- Training opportunities
- Oral health training specifically
- Work opportunities
- Networking opportunities with other CHWs
- Other: \_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY. WE VALUE YOUR INPUT!**



# Appendix 5

## Cuestionario para Trabajadores Comunitarios de la Salud en el Condado de Pierce

*El propósito de este cuestionario es ayudar a la Red de Impacto Local del condado de Pierce (Local Impact Network (LIN), por sus siglas en inglés), (un gran grupo de socios comunitarios sin fines de lucro que trabajan juntos para mejorar la salud en el condado de Pierce) a aprender más en relación con las necesidades de entrenamiento y otros problemas que enfrentan los Trabajadores Comunitarios de la Salud (CHWs) en el Condado de Pierce. La información que usted comparta será resumida y brindada a los compañeros de (LIN), la Fundación ARCORA, La Universidad de Washington y al Departamento de Salud de Tacoma, así ellos podrán brindar mejor apoyo a los CHWs que sirven en sus comunidades.*

*El cuestionario puede tomar entre 15-20 minutos para completar.*

### *Preguntas que quizás tenga usted:*

#### ***¿No estoy seguro si soy un Trabajador Comunitario de la Salud (CHW)? ¿Puedo tomar este cuestionario?***

*La Fuerza Trabajadora de los CHWs en el Estado de Washington y La Asociación Americana de Salud Pública definen un Trabajador Comunitario de la salud (CHW por sus siglas en Inglés) como “Trabajador de salud pública de primera línea que es miembro de confianza y / o tiene un entendimiento inusual cercano de la comunidad a la que sirve. Esta relación de confianza permite que el trabajador sirva de coordinador / enlace / intermediario entre los servicios sociales, de salud y la comunidad.”*

*En Washington, los CHWs son conocidos por muchos títulos, los cuales incluye pero no se limita a: promotoras(es), community health advocate, community health representative, outreach worker, patient navigator, peer advocate, peer educator, health educator, family care-giver, health minister, faith community nurse, entre otros.*

*Los CHWs proveen educación e información de salud culturalmente apropiada, entrenamiento y apoyo social y actúa como “Puente” cultural, entre muchos otros roles.*

*Si esto suena como usted, le invitamos a tomar este cuestionario independientemente de su título de trabajo.*

#### ***¿Quién es el encargado de este cuestionario?***

*Este cuestionario fue creado y fundado por la Red de Impacto Local del condado de Pierce con el liderazgo de Foundation for Healthy Generations. Este cuestionario fue revisado por los Trabajadores Comunitarios de la Salud en el condado de Pierce, El colaborativo de CHWs.*

#### ***¿Tengo que tomar este cuestionario?***

*No. Usted no tiene que tomar este cuestionario. Esto no impactará sus labores o su trabajo voluntario. Usted será capaz de recibir entrenamiento y apoyo de la Red de Impacto Local del Condado de Pierce y otras entidades y organizaciones.*

#### ***¿Tengo que responder todo el cuestionario?***

*No. Usted puede saltar cualquier pregunta que no desee responder.*

#### ***¿Recibiré algo por tomar este cuestionario?***

*Usted no recibirá ninguna compensación por tomar este cuestionario. De todos modos, si usted selecciona formar parte de la lista de contactos entonces usted quizás escuche sobre futuros entrenamientos u otras oportunidades de apoyo para los Trabajadores Comunitarios de la Salud (CHWs).*

#### ***¿A quién debería contactar si tengo alguna pregunta o preocupación?***

*Edgar Lopez-Baez, CHW Specialist, Foundation for Healthy Generations*

*Oficina: 206-649-9801 Ext. 1 Celular: 206-334-7195: [EdgarL@healthygen.org](mailto:EdgarL@healthygen.org)*

*Julie Peterson, Executive Director: [juliep@heathygen.org](mailto:juliep@heathygen.org)*

*Karen Lewis, Arcora Foundation: [klewis@arcorafoundation.org](mailto:kewis@arcorafoundation.org),*

*Marlana J Kohn, University of Washington Health Promotion Research Center: [marlana@uw.edu](mailto:marlana@uw.edu)*



**SECCIÓN 1: ACERCA DE TI**

1. ¿Cuál es el código postal del área donde vive?

\_\_\_\_\_

2. ¿Cuáles son los códigos postales del área donde normalmente usted trabaja como CHW? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

3. ¿Qué edad tiene?

- 18-24     25-34     35-44  
 45-54     55 o más

4. ¿Cuál es su género?  Masculino  Femenino

No-binario  Transgénero  Prefiero no responder

Otra identidad de género: \_\_\_\_\_

5. ¿Cuál es su raza o etnicidad? (marque todas las que apliquen):

- |   |  |
|---|--|
| <input type="checkbox"/> Africano             | <input type="checkbox"/> Medio Oriente       |
| <input type="checkbox"/> Nativo de Alaska     | <input type="checkbox"/> Nativo Americano    |
| <input type="checkbox"/> Asiático             | <input type="checkbox"/> Mixtos del Pacífico |
| <input type="checkbox"/> Negro/Afro Americano | <input type="checkbox"/> Blanco/Europeo      |
| <input type="checkbox"/> Hispano/Latino       | <input type="checkbox"/> Otro: _____         |

6. ¿Qué rasgos tiene usted en común con las poblaciones que sirve? (marque todas las que apliquen)

- Idiomas que habla además del Inglés \_\_\_\_\_
- Raza/etnicidad  
 ¿Qué razas/ etnicidades? \_\_\_\_\_
- Condiciones de salud (ej. diabetes, presión arterial, etc.)
- Estatus Socioeconómico (ingreso, educación, ocupación)
- Código Postal o región geográfica
- Fe o tradición religiosa
- Otro, por favor especifique: \_\_\_\_\_
- No tengo rasgos en común

7. Puedo servir clientes que hablan estos idiomas:

- Inglés
- Español
- Otros idiomas \_\_\_\_\_ (por favor escriba)

8. ¿Cuál es su nivel más alto de educación?

- Algún estudio en Nivel Secundario
- Diploma de Escuela Secundaria o GED
- Algún estudio en colegio
- Grado Asociado
- Bachillerato
- Nivel Graduado o mayor
- Otro: \_\_\_\_\_

**SECCIÓN 2: EXPERIENCIA E INGRESO**

*Esta sección pregunta acerca de su experiencia como CHW o título similar. Existen muchos títulos y tipo de CHWs tales como promotoras, navegadores, educadores de salud, asistente de cuidados, ministros de la fe, etc. Para una lista más completa de ejemplos favor ver página 1.*

9. Piense en todos los años en su vida que ha servido como CHW o algún título similar. En total, cuántos años usted...

a. Recibió un salario o pago por hora

- Nunca     Menos de un año     1-2 años  
 3-5 años     6-10 años     10+ años  
 Desconozco

b. Recibió estipendio (una cantidad mensual o semanal)

- Nunca     Menos de un año     1-2 años  
 3-5 años     6-10 años     10+ años  
 Desconozco

c. Voluntario o donó su tiempo sin pago

- Nunca     Menos de un año     1-2 años  
 3-5 años     6-10 años     10+ años  
 Desconozco

10. Cuál de los siguientes describe la mayor manera en que recibe actualmente su pago por los servicios de CHW o título similar?

- Salario – empleado a tiempo completo
- Salario – empleado a tiempo parcial
- Estipendio (una cantidad mensual o semanal)
- Ocasionalmente recibe pago por tareas cortas o específicas
- Sin pago
- Otros: \_\_\_\_\_
- Actualmente no estoy sirviendo a mi comunidad (retirado(a), tomando un descanso, laborando en otro tipo de trabajo, ect.) → **adelante hacia la SECCION 3: COMO USTED SIRVE A SU COMUNIDAD (Pregunta 16).**

**11. ¿Cuál es su ingreso anual como CHW o título similar?**

- Menos de \$10,000
- \$10,000-\$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000 o mas
- Voluntario solamente (sin paga)
- No se
- Prefiero no contestar
- Otros, describa: \_\_\_\_\_

**12. ¿Cuánto le pagan por hora como CHW o título similar?**

- \$1-\$12
- \$12.01-\$15
- \$15.01-\$20
- \$20.01-\$25
- \$25.01 o más
- Voluntario solamente (Sin paga)
- No se
- Prefiero no contestar
- Otra, describa: \_\_\_\_\_

**13. Si usted recibió pago de otra manera, por favor comparta con nosotros esa información:**

**14. ¿Cuál es el nombre de la organización en la que actualmente trabaja o es voluntario como CHW o título similar? \_\_\_\_\_**

**Esto es una:**

- Clínica
- Organización de Manejo de Cuidado/Plan de Salud
- Departamento de salud local
- Organización con base comunitaria
- Hospital
- Otro: \_\_\_\_\_

**15. ¿Cuál es su título actual como trabajador o voluntario CHW o título similar?**

\_\_\_\_\_

**SECCIÓN 3: COMO USTED SIRVE A SU COMUNIDAD**

**16. ¿En cuáles de las siguientes condiciones de salud trabaja como CHW o título similar? (elija hasta 3)**

- Problemas de salud oral dental/oral
- Alzheimer o Demencia
- Artritis u osteoporosis
- Asma
- Cáncer
- Enfermedad del corazón, diabetes, alta presión, y/o obesidad
- ETS/VIH/SIDA/Hepatitis
- Heridas
- Salud del comportamiento/Salud Mental
- Infarto
- Tuberculosis
- Otros: \_\_\_\_\_
- No trabajo en ninguna condición específica como CHW

**17. ¿Con qué población o temas se enfoca su trabajo como CHW o título similar? (elija hasta 3)**

- Infantes/Niños
- Jóvenes/adultos jóvenes
- Seniors/adultos mayores
- Personas con discapacidades
- Personas LGBTQ
- Convictos o exconvictos
- Pacientes del departamento de emergencias
- Embarazada o padres primerizos
- Personas con problemas de adicción o uso de sustancias
- Víctimas de violencia domestica
- Prevención (Ejemplo, promover nutrición/actividad física)
- Sin hogar o personas sin un hogar estable
- Otros: \_\_\_\_\_
- No me enfoco en ninguna población en específico

**18. ¿Cuál es su papel o rol como CHW o título similar? (marque todos los que apliquen)**

- Actúo como puente cultural entre individuos, comunidades, y sistemas o proveedores de servicios sociales y de salud
- Proporciono educación e información de la salud apropiada culturalmente
- Proporciono coordinación de cuidado, manejo de caso, o navegación de sistema (ayuda a personas a acceder servicios de salud regulares)
- Proporciono entrenamiento y apoyo social para motivar y animar las personas
- Abogo por necesidades de individuos y comunidades
- Capacitación (Enseñar a cómo manejar su salud y bienestar)
- Proporciono servicio directo (Ejemplo; tomar la presión arterial, cuidado del pie para personas con diabetes; etc.)
- Evaluar las necesidades del individuo y las comunidades.
- Liderar o ayudar con evaluaciones e investigaciones
- Salir a ayudar "Outreach" (Ejemplo; visitar hogares, lugares de preferencia, eventos comunitarios etc., de personas que se beneficiarían de los servicios)
- Otros, por favor describa: \_\_\_\_\_
- Ninguna

**SECCIÓN 4: ENTRENAMIENTOS**

Por favor díganos acerca de su experiencia en la evidencia de los siguientes programas de enfermedades crónicas.

**19. ¿Ha participado o dirigido el Programa de Automanejo de Salud de Enfermedades Crónicas (por sus siglas en Ingles CDSMP )?**

- Sí –
  - 19.a ¿Cuál fue su papel de más rango?
    - Participante
    - Sub asistente
    - Encargado de dirigir
    - Entrenador Master
    - Otros: \_\_\_\_\_
    - No lo se
- No

**20. ¿Ha participado o dirigido el Programa de Prevención de Diabetes (DPP) o automanejo de la Asociación Americana de Diabetes(ADA), Academia Americana de Educadores de Diabetes (AADE)?**

- Sí
  - 20ª. ¿Cuál fue su papel de más rango?
    - Participante
    - Sub asistente
    - Encargado de dirigir
    - Entrenador Master
    - Otros: \_\_\_\_\_
    - No lo se
- No

**21. ¿Ha participado o dirigido Viviendo Bien con Enfermedades Crónicas?**

- Sí
  - 21a. ¿Cuál fue su papel de más rango?
    - Participante
    - Sub asistente
    - Encargado de dirigir
    - Entrenador Master
    - Otros: \_\_\_\_\_
    - No lo se
- No

**22. ¿Ha participado o dirigido el programa de automanejo Viviendo Bien con Enfermedades Crónicas de la universidad de Stanford?**

- Sí
- No
- Otros: \_\_\_\_\_
- No lo se

Si la respuesta es sí, ¿Cuáles programas y cuál fue su papel?

	Participante	Dirigente
Check Change Control <i>Verificando el control de Cambio</i>	<input type="checkbox"/>	<input type="checkbox"/>
YMCA Blood Pressure Self-Monitoring <i>Automanejo de Presión Arterial en YMCA</i>	<input type="checkbox"/>	<input type="checkbox"/>
DOH Blood Pressure Self-Monitoring <i>Automanejo de Presión Arterial en Departamento de Salud</i>	<input type="checkbox"/>	<input type="checkbox"/>
Otros: _____	<input type="checkbox"/>	<input type="checkbox"/>

**SECCION 4: ENTRENAMIENTO (continua)**

**23. ¿Cuáles otros entrenamientos han recibido? (marque todos los que apliquen)**

- Entrenamiento básico de CHW del Departamento de Salud (DOH)
- Módulos específicos de salud en línea de Departamento de Salud (DOH)
- Conferencia de CHW de Departamento de Salud (DOH)
- Entrenamiento de salud oral para CHW del Departamento de Salud (DOH)
- Entrevista Motivacional
- Ninguno
- No lo se
- Otros: \_\_\_\_\_

**24. En general, ¿Cuan preparado se siente para atender las necesidades de su comunidad? (marque con un circulo una estrella)**

Nada preparado		Un poco preparado		Altamente preparado
★	★	★	★	★

**25. ¿Necesita entrenamiento en alguna de las siguientes áreas?**

- Habilidades generales de CHW (comunicación, entrevista motivacional, orientación, etc.)
- Condiciones de salud específicas  
Si responde si, ¿cuáles condiciones?  
\_\_\_\_\_
- Favor enumerar algún otro tema de entrenamiento que necesite:

**26. ¿Qué tan de acuerdo o desacuerdo está con las labores que realiza actualmente en su trabajo, en relación con lo aprendido en mi programa de entrenamiento de CHW o título similar?**

- Muy de acuerdo
- Acuerdo
- Desacuerdo
- Muy en desacuerdo
- No he completado ningún programa de entrenamiento
- No estoy actualmente trabajando/voluntario como CHW o título similar

**27. ¿Cuál de los siguientes son importantes para su posibilidad de participar en los entrenamientos? (marque todos los que apliquen)**

- Bajo costo o gratis
- Disponible en persona y en mi área
- Disponible en línea
- Disponible en mi idioma
- Pueda ser completado en 3 horas o menos
- Un empleador que me apoye a recibir más entrenamiento
- Otras: \_\_\_\_\_

**28. Además de la pérdida de fondos, ¿que causaría que dejara la profesión como CHW? (marque todos los que apliquen)**

- Horas de trabajo
- Paga baja
- No siento que ayude o haga alguna diferencia
- Falta de apoyo del supervisor o agencia
- Falta de oportunidad de crecimiento en el campo
- Barreras o inhabilidad de ser certificado
- Otro, por favor especifique: \_\_\_\_\_

**29. ¿Hay alguna otra cosa que desee compartir con nosotros?**

**30. Si desea recibir una copia del informe final de este proyecto, favor de proveer se correo electrónico:**

---

**31. ¿Donde escuchó este cuestionario?**

- Lo miré en un poster. Por favor díganos donde:  
\_\_\_\_\_
- Por favor díganos quien le envió el correo:  
\_\_\_\_\_
- Recibí una llamada telefónica. Por favor díganos quien le llamó:  
\_\_\_\_\_
- Otros: \_\_\_\_\_

**SECCION 5: ACERCA DE USTED HE INFORMACION DE SALUD ORAL Y CONOCIMIENTO DE LOS BENEFICIOS**

La información en esta sección será estrictamente confidencial y protegida, y no será menor de los estándares razonables de cuidado.

**32. ¿Tiene usted seguro dental?**

- No-No tengo seguro dental
- No estoy seguro -No sé si tengo seguro dental
- Sí -Tengo seguro dental comercial (**privado**)
- Sí -Tengo Apple Health (seguro público **Medicaid**)
- Otros: \_\_\_\_\_

**33. ¿Ha visitado a un proveedor dental en los últimos 12 meses? (marque todas las que apliquen)**

- Si - he visitado a un proveedor dental en los últimos 12 meses
- No - No tengo un proveedor dental
- No - Tengo un proveedor dental, pero no lo he visitado
- No -Mi familia ha visitado a un proveedor dental, pero no yo.

**34. Cuales son algunas razones por las que no ha visitado a un proveedor dental, por favor explique?**

**35. ¿Tiene algún problema reciente salud dental? (marque todas las que correspondan)**

- No tengo problemas dentales en este momento
- Tengo problemas dentales, Problemas específicos:
  - Labios
  - Lengua
  - Encías y tejidos (recesión de las encías (recesión gingival), inflamación, y/o problemas del tejido
  - Saliva
  - Dientes naturales (caries, dolor)
  - Dentadura(s) (necesidad o realineamiento)
  - Limpieza bucal
  - Dolor oral
  - Otros problemas de encías o de la boca: \_\_\_\_\_

**36. ¿Cuál sería el mejor enfoque para navegar por los servicios de salud dental y oral para usted y las personas de la comunidad a las que ofrece servicios? (marque todas las que correspondan)**

- Tener acceso a los cuidados/atención
- Expandir el acceso a la fluoración del agua
- Encontrar un proveedor dental que acepte mi seguro
- Comprender mis beneficios para la salud oral
- Superar las barreras de transporte
- Reducir las barreras culturales
- Ayuda con barreras financieras
- Tomar cuidado de las barreras lingüísticas
- Otros: \_\_\_\_\_

**37. ¿Conoce los beneficios de salud dental de Apple Health (Medicaid) ? (marque todas las que correspondan)**

- Si sé sobre los beneficios dentales de Apple Health (Medicaid)
- No sé sobre los beneficios dentales de Apple Health (Medicaid)
- No estoy seguro(a)

**38. ¿Le gustaría aprender más sobre los beneficios de salud dental Apple Health (Medicaid) ?**

- Yes
- No
- No estoy seguro(a)

**39. ¿Alguna vez ha referido a un cliente/paciente a un proveedor dental? (marque todas las que correspondan)**

- Sí
  - 39a. ¿Cuál fue su papel?
    - Proporcioné información sobre seguros dentales
    - Ayudé a mi cliente/paciente con la solicitud de seguro dental.
    - He referido a un cliente/paciente a un consultorio Dental.
    - Proporcioné brevemente educación sobre la importancia de las visitas de salud oral.
    - Otros: \_\_\_\_\_
    - No lo sé
- No

**40. ¿Si un cliente/paciente necesita información sobre seguro dental o educación: ¿Dónde buscaría información para su cliente/paciente para compartir?**

**41. ¿Cuál sería la mejor manera en que las organizaciones/entidades y los Departamentos de Salud podrían apoyarlo(a) a usted y a las personas que brinda servicios sobre el seguro de salud oral, en cuanto a información y capacitaciones?**

**A usted:**

**A las personas que brinda servicios:**



**SECCION 5: ACERCA DE USTED HE INFORMACION DE SALUD ORAL Y CONOCIMIENTO DE LOS BENEFICIOS**

La información en esta sección será estrictamente confidencial y protegida, y no será menor de los estándares razonables de cuidado.

**42. ¿Alguna vez ha recibido capacitación formal en salud oral para usted o para capacitar a las personas que provee servicios en la comunidad? (marque todas las que correspondan)**

- Sí
- 42a. ¿Qué entrenamientos ha recibido?
- Recibí algo de capacitación para mí en el consultorio Dental o módulos de salud oral del DOH.
- He referido capacitación en salud oral como parte de mis estrategias de trabajo/voluntariado.
- He recibido capacitación de beneficios de seguro dental.
- Otros: \_\_\_\_\_
- No

**43. ¿Estaría interesado(a) en recibir capacitación gratuita en salud oral para usted, su familia y las personas a las que provee servicios en la comunidad? (marque todas las que correspondan)**

- Sí
- 43a. ¿Cuál sería su papel?
- Me gustaría recibir capacitación para mí y así compartir con mi familia.
- Me gustaría recibir capacitación para mí y así compartir con las personas a las que provee servicios en la comunidad.
- Otros: \_\_\_\_\_
- No

**44. Si ofreciéramos capacitación en salud oral, ¿Cuál sería el mejor método para usted?**

- Capacitación y apoyo en persona
- Capacitación presencial y apoyo virtual
- Capacitación y apoyo virtual
- Otros: \_\_\_\_\_

**SECCIÓN 6: LISTA DE CONTACTOS****ESTA SECCION ES OPCIONAL. NO TIENE QUE COMPLETAR ESTA SECCION.**

Está invitado a formar parte de la lista de contactos de CHWs del Condado Pierce. Si elige compartir su información, lo incluiremos en una lista de CHWs del condado Pierce que proveeremos a las organizaciones que brindaron fondos para esta encuesta. La lista solamente incluirá: su nombre, número de teléfono, correo electrónico, los idiomas que habla, las condiciones de salud en las que se enfoca con frecuencia, la población que atiende como prioridad, los entrenamientos que ha recibido y lo que desea para que sea contactado.

Si usted eligió ser agregado a la lista, El Departamento de Salud de Tacoma Pierce y/o El Colaborativo de CHW del Condado de Pierce, quizá se comunicarán con usted para hacerle saber de futuros entrenamientos y oportunidades de trabajo relacionados a sus áreas de interés y experiencia.

**45. ¿Está interesado en formar parte de la lista de contactos para informarse de próximos entrenamientos u otras oportunidades para CHWs?**

- Sí
- No → **Gracias. No necesita completar el resto de la encuesta.**

**46. ¿Cuál es su nombre?**

\_\_\_\_\_

**47. ¿Cómo podemos contactarle?**

- Teléfono del trabajo: \_\_\_\_\_
- Correo electrónico del trabajo: \_\_\_\_\_
- Teléfono móvil personal: \_\_\_\_\_
- Correo electrónico personal: \_\_\_\_\_
- Otro: \_\_\_\_\_

**48. ¿Cuál es la mejor manera de contacto?**

- Llamada telefónica
- Correo electrónico
- Mensaje de texto

**49. Por favor comuníquese conmigo acerca de (marque todas las que apliquen):**

- Entrenamiento y oportunidades
- Capacitación en salud oral específicamente
- Oportunidades de trabajo
- Oportunidades de conexión con los CHWs
- Otro: \_\_\_\_\_

**¡GRACIAS POR TOMARSE EL TIEMPO EN COMPLETAR ESTA ENCUESTA. VALORAMOS SU APORTACION!**

# Appendix 6

2023 Survey

## Community Health Workers (CHWs) of Pierce County

377 → 165

people took the survey

people are from Pierce County  
155 are current CHWs;  
5 are former CHWs

### Participants

CHWs from  
44

different zip codes in  
Pierce County

Average age: 35-54 years

### Community Services



**Most common work/volunteer place:**  
- Community-Based Organization  
- Clinical Managed Care Organization  
- Local Health Department

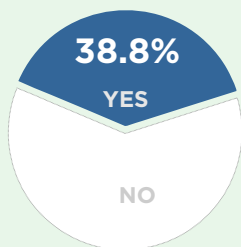


**Top 3 conditions addressed:** Dental/oral health problems, heart disease, diabetes and high blood pressure.

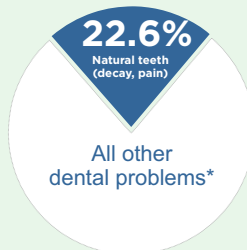


**Top 3 populations served:** seniors, youth/young adults, infants/children.  
In addition: people with disabilities.

### Dental Health Problems



59 CHWs  
38.8% currently have dental health problems



- 21.5% Gums and tissues\*
- 18.3% Oral cleanliness\*
- 15.1% Denture(s) (need or realignment)\*
- 9.7% Oral pain\*
- 9.7% Other dental gum or mouth problems\*

### Training Priorities



Free or low cost

Available in person or online  
Available in multiple languages



Topics: Oral health information and resources,  
General CHW support, addressing barriers to care.  
Available in multiple languages

Thank you to our CHW 2023 Survey sponsors/supporters



# Appendix 7

2023  
Encuesta

## Trabajadores(as) Comunitarios(as) de la Salud (CHWs) en Pierce County

377 → 165

personas realizaron  
la encuesta

personas son de Pierce County  
155 son CHWs actuales;  
5 fueron CHWs en el pasado

### Participantes

44

CHWs de diferentes códigos postales  
en el Condado Pierce

Edad promedio: 35-54 años

### Servicios Comunitarios



**Lugar de trabajo / voluntariado más común:**

- Organización basada en la comunidad
- Organización de Atención Clínica Administrada
- Departamento de Salud Local



**Las 3 condiciones principales abordadas:**

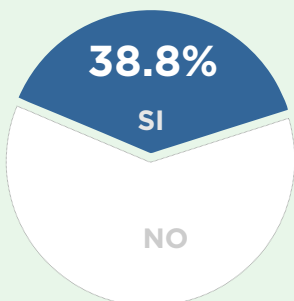
Salud dental / oral  
problemas, enfermedades del corazón, diabetes y  
presión arterial alta.



**Las 3 principales poblaciones atendidas:**

personas mayores,  
jóvenes/adultos jóvenes, bebés/niños.  
Además: personas con discapacidad.

### Problemas de Salud Dental



59 CHWs

38.8% actualmente tienen  
problemas dentales



Todos los problemas  
dentales\*

21.5% Encías y tejidos\*

18.3% Limpieza bucal\*

15.1% Dentadura(s) (necesidad o realineación)\*

9.7% Dolor oral\*

9.7% Otros problemas dentales de encías o boca\*

### Prioridades de Capacitación



Gratis o de bajo costo

Disponible en persona o en línea

Disponible en varios idiomas

Temas: Información y recursos de salud oral,

Apoyo general de CHW, abordando las barreras a la atención.

Disponible en varios idiomas



Gracias a nuestros patrocinadores/los que apoyaron con nuestra 2023 encuesta para CHW



## References

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2. American Public Health Association definition of CHW | Available at: [Community Health Workers \(apha.org\)](https://www.apha.org/healthy-people/health-equity/). (Accessed: July 12, 2024).
3. 2019 Pierce County CHW Workforce Assessment at <https://healthygen.org/projects/chw-2/> (Accessed: July 5, 2024).

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