

Profile of CHAPS CHW Training Program Applicants and Participants

January 2021 - January 2024

Prepared for the Ohio University College of Health Sciences
and Professions by Ohio University's Voinovich School of
Leadership and Public Service

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EXECUTIVE SUMMARY

The Ohio University College of Health Sciences and Professions (CHSP) received a grant from the U.S. Department of Health and Human Services Health Resources and Services Administration to fund a project to address workforce shortages in certified mental health and addiction treatment agencies in Appalachian Ohio. The Community Health and Peer Support (CHAPS) project provides training to expand the number of community health workers (CHWs) and peer support specialists serving individuals and families who have been impacted by opioid use disorder and other challenges in Southeast Ohio. Ohio University's Voinovich School of Leadership and Public Service was enlisted to provide technical assistance for the project.

Information provided by applicants and participants in the CHAPS Community Health Worker Training Program via online surveys from January 2021 to January 2024 was analyzed to identify the demographic profile of the community health workers, their experiences, and perceptions of the Appalachian region. Key findings include:

- Nearly half of applicants (46%) had earned a college degree.
- Of the applicants with college degrees, 82 percent had an educational background in a “helping” field.
- Although the majority of applicants were from Southeast Ohio, the program attracted applicants from across all regions of Ohio and even out-of-state.
- The majority of CHWs have experienced economic, environmental, and/or educational disadvantages.
- Participants’ responses to open-ended questions revealed a strong awareness of the challenges facing clients in the Appalachian region, including the social determinants of health that affect their health, functioning, and quality of life.

INTRODUCTION

The Ohio University College of Health Sciences and Professions (CHSP) received a grant from the U.S. Department of Health and Human Services Health Resources and Services Administration to fund a project to address workforce shortages in certified mental health and addiction treatment agencies in Appalachian Ohio. The Community Health and Peer Support (CHAPS) project provides training to expand the number of community health workers and peer support specialists serving individuals and families who have been impacted by opioid use disorder and other challenges in Southeast Ohio. The CHAPS program expands paraprofessionals' knowledge, skills, and expertise through both didactic training and experiential opportunities to serve in integrated, inter-professional teams in providing services to children whose parents are impacted by opioid use disorders (OUD) and other substance use disorders (SUD) and their family members who are in guardianship roles.

This report focuses on the profiles of both the individuals who applied and those who participated in the CHAPS Community Health Worker Training Program. The document provides detailed information on the demographic profile of the community health workers as well as information on their experiences, perceptions, and future plans.

METHODOLOGY

Individuals interested in participating in the training program complete an online application detailing background information such as education, employment history, and interest in the program. Individuals selected to participate in the program complete an online participant survey, which includes demographic information and essay questions designed to capture the participants' experiences, perceptions of Appalachia, and plans for the future. A total of 564 responses were reviewed; however, not all participants provided full information or completed the program.

Staff members from Ohio University's Voinovich School of Leadership and Public Service analyzed data from the online application and the participant survey using both quantitative and qualitative analysis techniques. Responses to a few open-ended questions were tabulated by using content analysis, while the majority of the qualitative questions were examined with emergent thematic analysis.

RESULTS

Educational Background of CHW Applicants

As indicated in Figure 1 below, the CHW Training Program attracts individuals from all educational levels, from those with a General Education Development diploma to those holding a master’s degree. The program also attracts individuals from a wide range of college majors (Figure 2).

Figure 1. Educational Level of CHW Applicants

Nearly half of applicants (46%) earned a college degree.

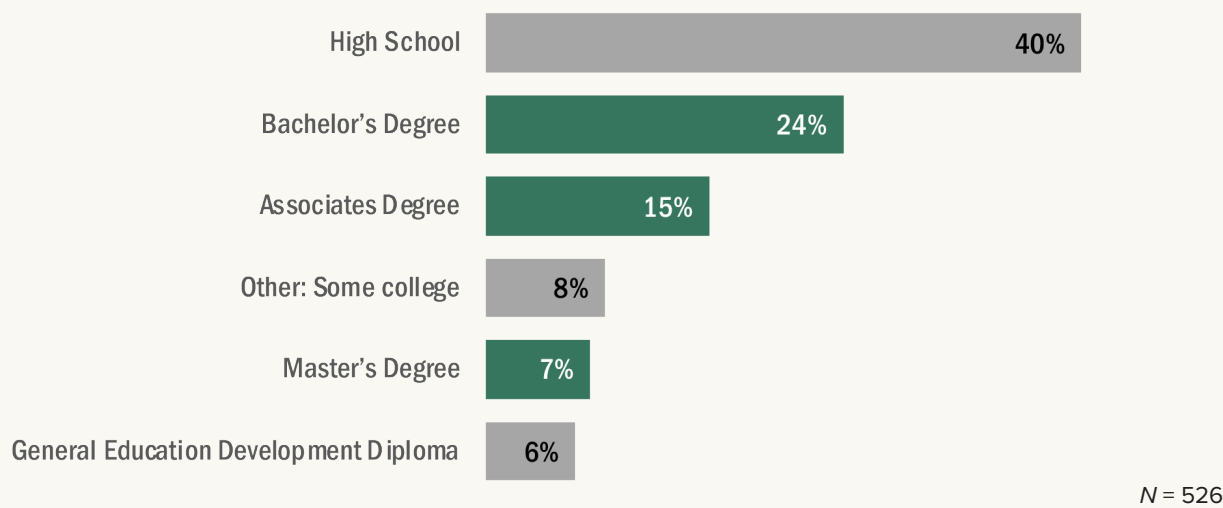
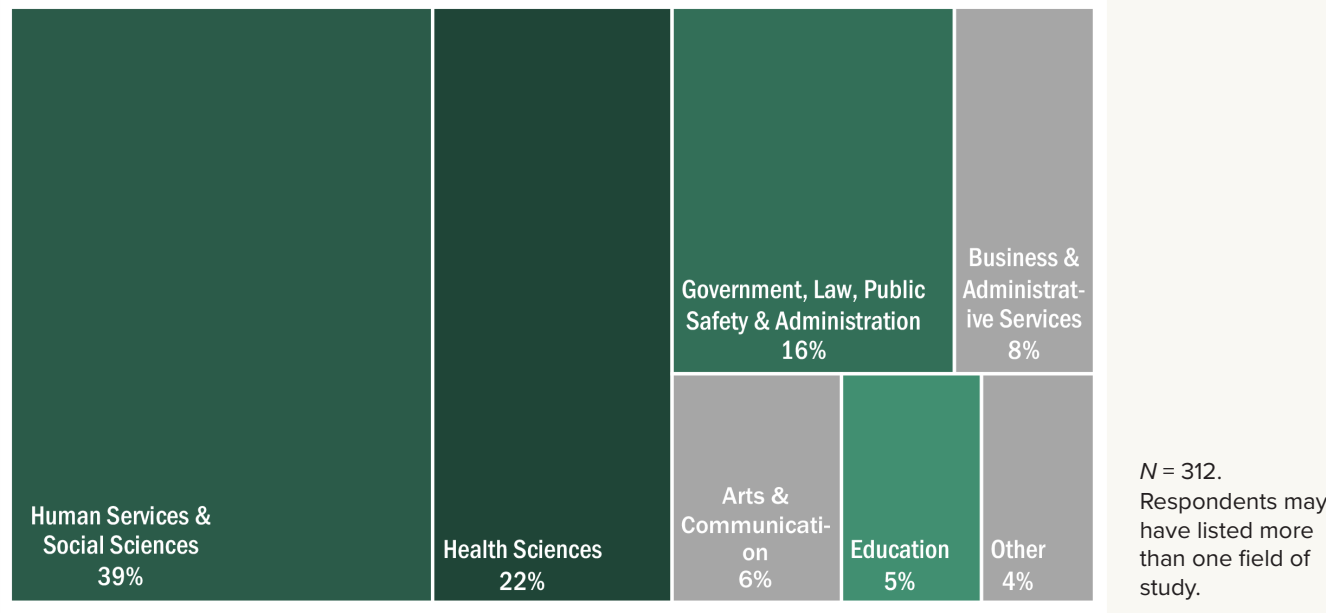


Figure 2. College Majors of CHW Applicants

The majority of CHW applicants completed college coursework in one or more “helping” fields.



Employment Status of CHW Applicants

Just over two percent of the CHWs are Ohio University employees. The majority of CHWs (51%) report that their employers will provide benefits for earning their CHW certification.

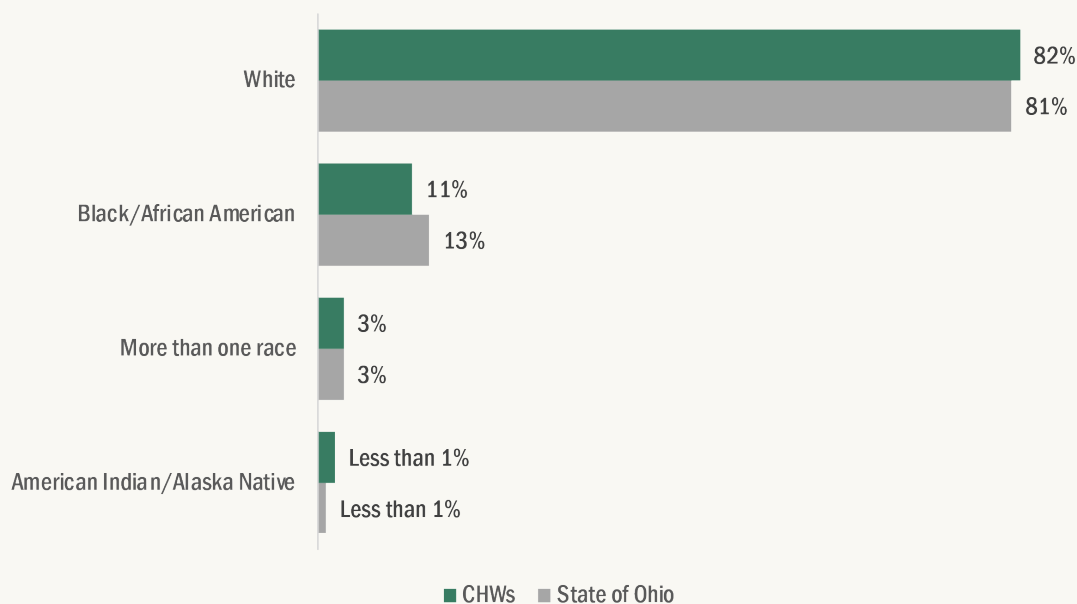
Demographic Profile of CHW Participants

Information was collected on the CHW's gender, race, ethnicity, citizenship, veteran status, parental status, Appalachian identity, financial assistance, home address, and background. Key findings are listed below, with additional details in Figures 3, 4, and 5:

- As is common in helping professions, the majority of the CHWs (89%) were females, while only 11 percent identified as male. One percent preferred to self-describe.
- The majority of CHWs (97%) identify as Non-Hispanic/Non-Latino. Only two percent identified as Hispanic/Latino. Others preferred not to say (1%). The race of CHWs is presented in Figure 3 below.
- Nearly all of the CHWs (98%) were U.S. citizens.
- Only two percent of the CHWs were veterans with prior service.
- Most CHWs (73%) are parents.
- The majority of the CHWs (55%) indicated that they identify as Appalachian.
- The majority of CHWs (78%) indicated that they were not receiving some type of financial assistance.

Figure 3. Race of CHWs Compared to Residents of the State of Ohio

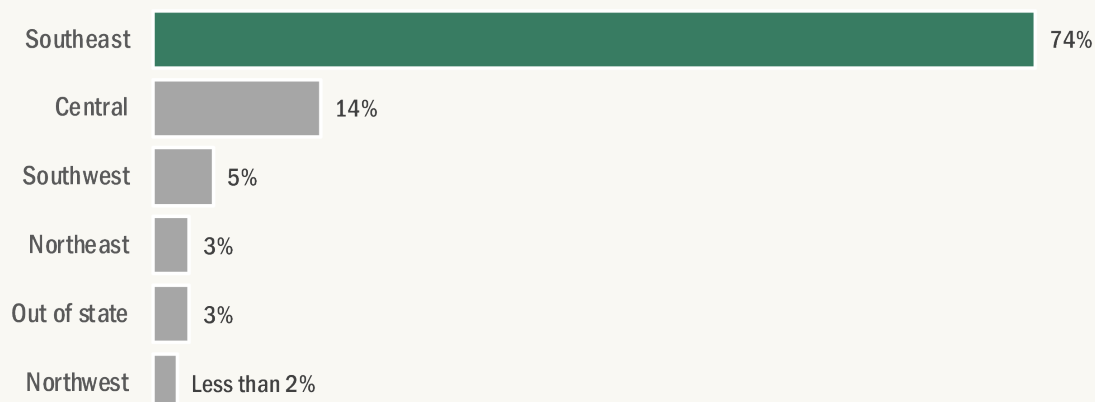
The race of the CHWs was similar to that of the residents of the State of Ohio but includes fewer persons of color.



Source: "QuickFacts Ohio," United States Census Bureau, last modified July 1, 2023, <https://www.census.gov/quickfacts/OH>.

Figure 4. Home Regions of CHWs

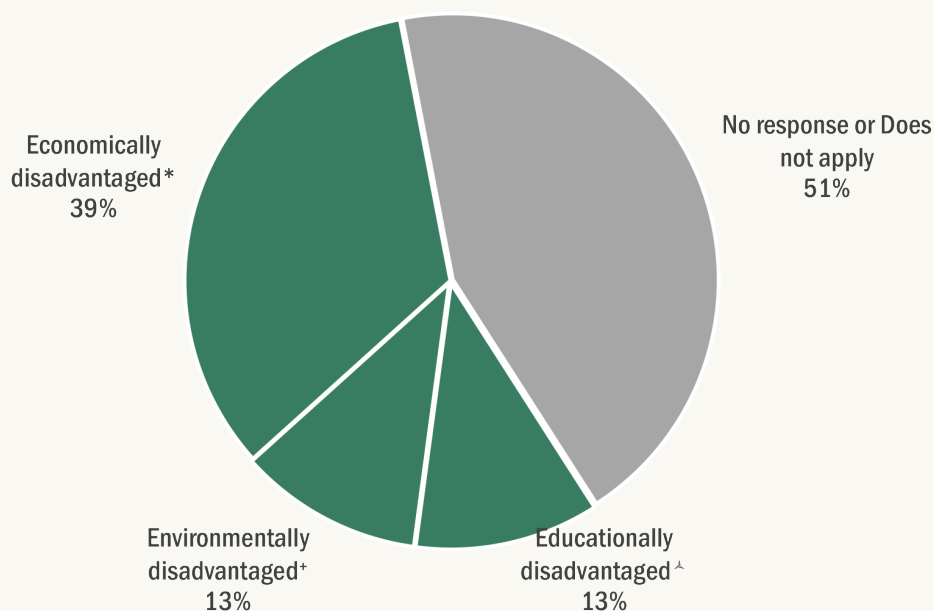
The majority of CHWs (74%) are from Southeast Ohio.



N = 555

Figure 5. Disadvantages Faced by CHWs

The majority of CHWs have experienced economic, environmental, and/or educational disadvantages.



N = 504.
Percentages total more than 100% as participants could select more than one option.

* Economically disadvantaged, as it is used here, is defined as, "an individual from a family with an annual income below a level based on low-income thresholds, according to family size established by the Census Bureau, adjusted annually for changes in the consumer price index and adjusted by the Secretary of the US Department of Health and Human Services for use in all health professions programs. A family is a group of two or more."

+ Environmentally disadvantaged, as it is used here, is defined as, "An individual's environment has inhibited him/her from obtaining the knowledge, skills, and abilities required to enroll and graduate from a health professions program."

Educationally disadvantaged, as it is used here, is defined as, "an individual who comes from a social, cultural or educational environment that has demonstrably and directly inhibited the individual from obtaining the knowledge, skills and abilities necessary to develop and participate in a health professions program."

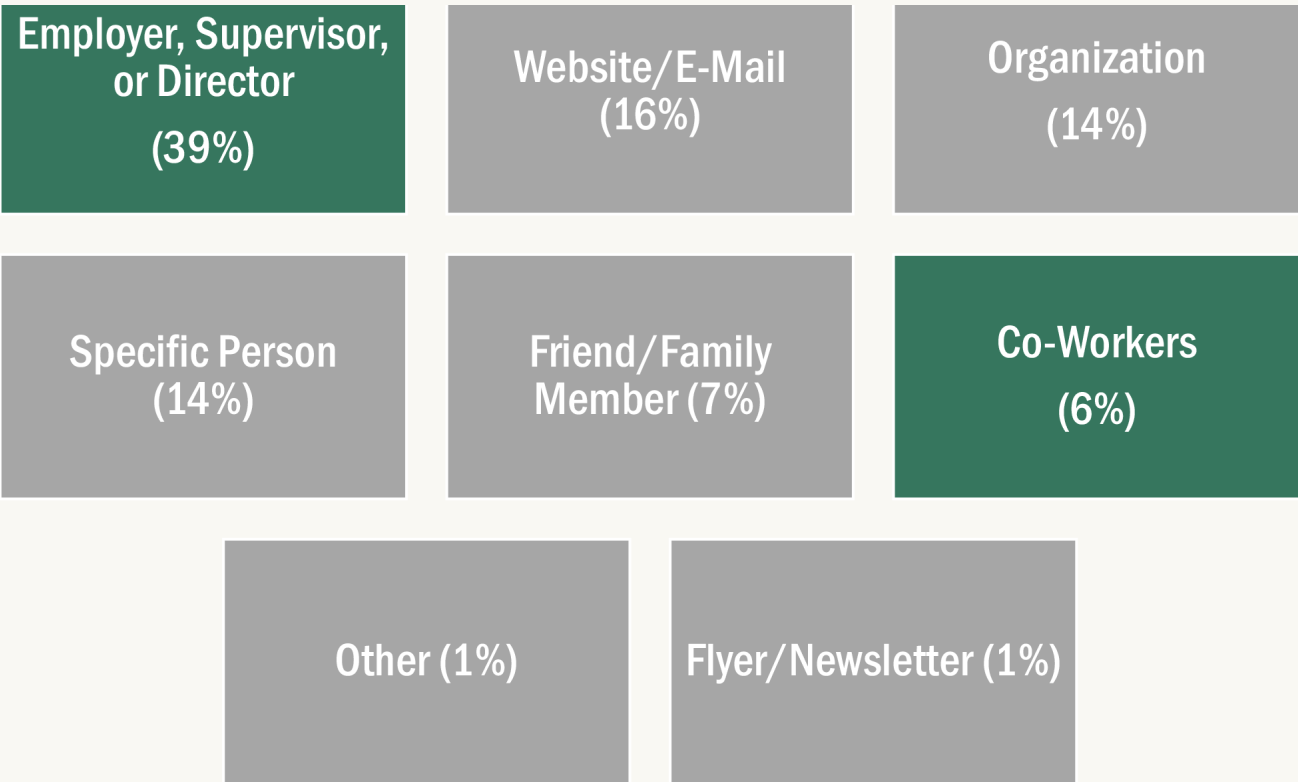
Applicants’ Interest and Goals for the CHW Training Program

Applicants to the program were asked to provide information on how they heard about the program, their interest in the program, and the content they would like to see in the program. Results are presented in Figures 6, 7, and 8 below.

Participants in the CHW Training Program were asked what they plan to do after they complete the CHW Certificate. Results are presented in Figure 6 below.

Figure 6. How CHWs Heard About the Program

Nearly half of CHW applicants (45%) heard about the program through their employer or place of work.



N = 527

Figure 7. Reasons for Interest in the CHW Program

CHW applicants' reasons for applying to the program fell into four main categories.

Employer/Career Benefits
<ul style="list-style-type: none">• "This program will open more opportunities for me in the work force. I will be able to use my current knowledge and expertise with vulnerable populations and hopefully gain experience to further my career in different settings."• "I'd like to be able to accomplish more for my place of employment by gaining new skills that I can utilize to help the community and clients we care for."
Helping Others
<ul style="list-style-type: none">• "I am interested in becoming a community health worker because my goal with my education is to be an advocate for the people of our community and to help spread health awareness and education."• "I am very passionate about my work and helping others. This program will expand my knowledge to become a better asset to the members I service."
Obtaining New Knowledge
<ul style="list-style-type: none">• "I am interested in participating in this program so that I can increase my knowledge base and learn how to better assist my community."• "I am interested in pursuing this program...to allow me to enhance my skillset and build community connections to better serve my clients and community."
Improving and Serving the Community
<ul style="list-style-type: none">• "I would like to help promote a stronger community...in what ever steps they might need to invoke trust and understanding in their life experiences."• "I want to apply to this program to sharpen my knowledge and understanding of community relations and service."

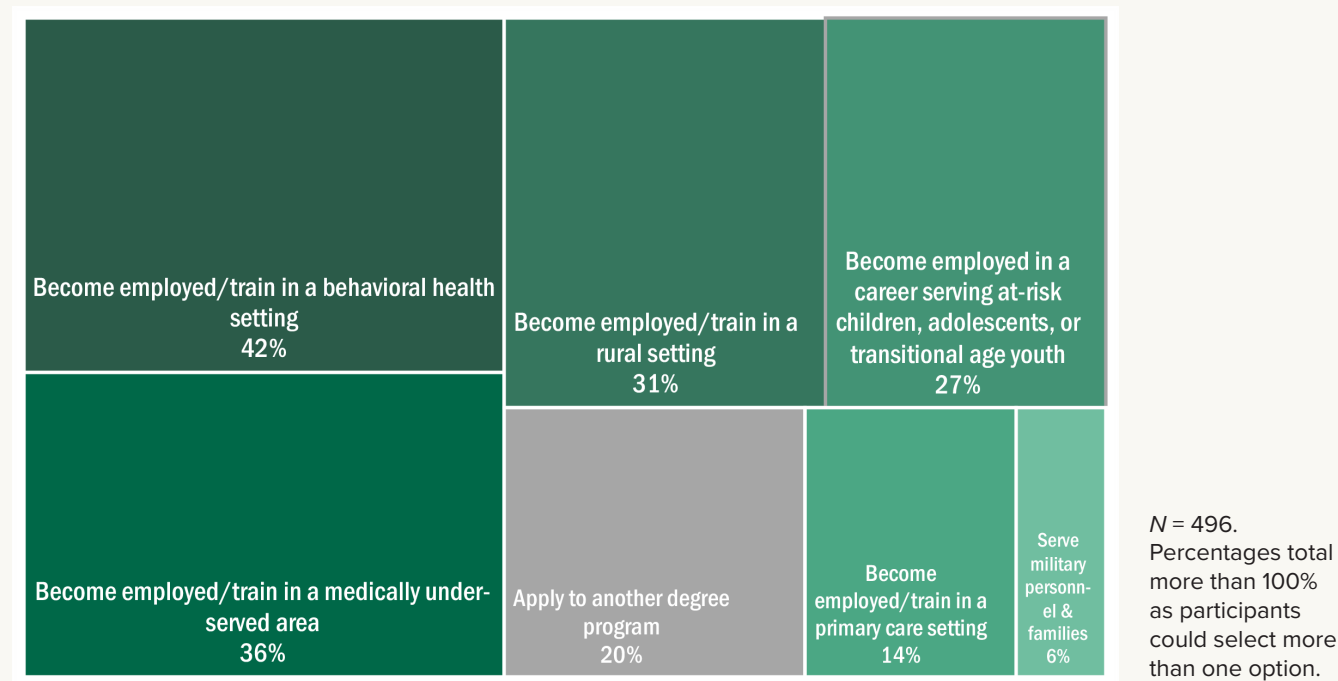
Figure 8. Content Applicants Would Like to See in the Program

CHW applicants indicated a wide range of interests in various health topics.



Figure 9. Post-Completion Plans of CHWs

CHW participants generally plan to become employed/pursue training, with a small percentage planning to apply to another degree program.



CHWs' Life and Work Experiences

After being admitted to the CHW training program, participants were asked to describe their experience working in or with health care; their experiences living and working in the Appalachian region; and what social determinants of health they believe have the greatest influence on the health of people living in Appalachia. Results are presented in Figures 10, 11, 12a, 12b, and 13 below.

Figure 10. Prior Health Care or Social Services Experience of CHWs

Many participants described previous work experience in health care or social services.



Figure 11. CHWs' Experiences Working in Health Care

Participants described both negative and positive aspects of their experiences working in health care and social services.

Positive Experiences	Negative Experiences
<ul style="list-style-type: none">• "Working in the field, there is nothing more rewarding than being able to help others get the services they need and making connections with people."• "I enjoy giving back to the community by working in a helping field."• "I worked in healthcare for most of my adult life. Being a part of a team that nourished individuals back to health felt good. Knowing that many people were without the same opportunities due to living in poverty was saddening."• "The best job in the world! So rewarding."	<ul style="list-style-type: none">• "I work with a lot of underprivileged individuals with lack of income, education, transportation, and resources to live a stable life. They constantly struggle to make ends meet, and therefore their healthcare takes a backseat to the more prevalent struggles they face in a given day."• "[Patients] get frustrated with not being able to be seen by correct specialists...no CHW are available to help [patients] find correct resources. I commonly hear, 'I just get the run around.'"• "Working in health can be difficult, emotionally taxing, and frustrating at times."

CHW participants provided detailed information regarding their experiences in Appalachia, commenting on the population and the challenges they face in the region. Figure 12a provides the challenges that CHWs reported, while Figure 12b summarizes the positive experiences and perceptions reported by CHWs.

Figure 12a. CHWs' Challenges Experienced Living and Working in Appalachia

Participants identified poverty, a lack of available resources to assist, and a mistrust of outsiders as significant challenges living and working in Appalachia.

Poverty	Lack of Available Resources to Assist	Mistrust of Outsiders
<ul style="list-style-type: none"> • "I have worked in Appalachia for the past four years, and I have seen many people live below the poverty levels, struggling to meet their own and their families basic needs of food, shelter, clothing." • "In my community there are still people that lack basic essentials like indoor plumbing and water. Most of the people that lack such things are generational members that continue to live on their families properties. 73% of the seniors in our community live under federal poverty guidelines." • "Since the poverty rate in my region is high, I see a lot of families in need of resources including food assistance, transportation, clothing, educational information, etc." • "Poverty, drug use, and untreated mental conditions are very common in my community." 	<ul style="list-style-type: none"> • "I find that most of my members who live in the Appalachian region struggle to find the resources they need. They often struggle with finding close providers near them, companies that supply DME equipment near them. There are also very few resources for the homeless and food insecurity." • "It's been truly eye-opening seeing the large amount of disadvantaged people that go unnoticed due to the rural setting in which we live in." • "The communities that I live/have lived in are underserved by behavioral health workers." • "We live in such a rural community and you can drive miles and miles out without ever seeing a house or gas station. This, in turn, affects our county by not having the proper resources available to help with the social determinants of health." 	<ul style="list-style-type: none"> • "I have also noticed some Appalachian families are more guarded. They seem afraid to 'let you in' or share any personal information, especially when it comes to mental health." • "I have come across quite a bit of consistent prejudice since moving into the Appalachian region, due to not being native to the area. This includes not being able to work or socialize in certain areas because of my background. That being said, there are some who do not display such bias." • "My experience in Appalachian Region is that most folks are friendly and helpful, but often tend to not trust new people in the area." • "People don't know the resources or are afraid to ask for help in fear for being judged."

Figure 12b. CHWs' Positive Experiences Living and Working in Appalachia

Participants identified the pride of the people, their friendly and supportive nature, and their own ability to relate to Appalachian clients as positive outcomes of their experiences.

Pride

- "I [have] lived in Athens since 2007 and didn't really know Appalachian culture until two years ago. CHW class was eye-opening, and extremely useful in my job with Covid operations where I experienced first-hand both bad and good sides of Appalachian culture. There were situations where good sides almost made me cry when I recognized [the] strength and pride of this population."
- "I was born, raised, went to college, and settled in this area. Growing up I always wanted to move away but as I got older, I realized living in Appalachia is not bad. We have a sense of 'pride' and I am hoping that being a CHW, I can encourage fellow Appalachians that it is ok to ask for help."
- "Appalachian culture is very proud of what they have even if it is very little."

Friendly and Supportive Nature

- "I live in Athens, Ohio, and I have not lived here my entire life but the community is very close knitted and everyone is very ethnically diverse. The trust in the community is like no other."
- "I've met some of the worst racist individuals of my life thus far, as well as some of the best people one could ever meet. People who would literally give you the shirt off their back. Even a good amount of the people who judged my lifestyle, were also some of the first to lend a helping hand when needed."
- "People are friendly, and helpful."
- "Living in Appalachia is unique. The people are down to earth, friendly and overall good people. Living in a smaller town has more of a community feel about it that larger cities do not seem to have."

Lived Experiences Build Understanding

- "I grew up in Southeastern Ohio and my father was a farmer so we did not go without, but by no means did we have money so I understand our culture very well."
- "I have lived in the Appalachian region all my life, but sometimes I wonder what my life would have been like if I was not born and raised in Appalachia. I enjoy helping people in the Appalachian Community, and I have the knowledge to help them with resources because I have needed help in the past."
- "It is challenging to overcome obstacles on behalf of clients because of lack of education, transportation issues, etc. However, I am proud of my roots and enjoy serving those in my own community, helping to eliminate barriers and reach goals."
- "I was born and raised in Portsmouth OH and now live in Chillicothe OH. I enjoy working with the underprivileged population because I enjoy showing people that you do not need to become a product of your environment."

Figure 13. CHWs' Perceptions of Social Determinants of Health on Communities

CHWs identified poverty and education as the primary social determinants impacting the health of individuals in Appalachia. Eleven percent identified "all social determinants" as influencing health in the region.

Economic Stability (67%)

- "I believe poverty has the greatest influence on people's health. When [Appalachian people] can't afford to have their basic needs met, it's increasingly difficult to support good health."
- "Poverty is the main problem in our area and closely associated with health or absence of healthy habits."
- "Poverty has a huge influence on the health of people in our region. I have witnessed poverty persisting for generations in families."

Education Access & Quality (34%)

- "Lack of education keeps people from securing meaningful and gainful employment."
- "Many children are often forced to drop out of high school due to needing to get jobs to help their parents keep a roof over their heads and food in their homes."
- "Education can help can your [situation] but poverty or culture can make it hard to get education."

Social & Community Context (23%)

- "Many of [the Appalachian people] live by the rule of what happens at home stays at home which perpetuates the cultural belief of isolation, which promotes lack of health care, isolation, trauma, and addiction."
- "...Appalachian folks have not always had the best experiences with people of power, and if they have grown up in a family that has not experienced positive experiences with healthcare, they usually do not continue to seek treatment."

Neighborhood & Built Environment (19%)

- "I live in Vinton County, and for several years we did not have a grocery store/market within 30 minutes of town. For people without a reliable car or gas to put in it, this meant eating frozen foods from Dollar General or maybe McDonald's for most meals."
- "Addiction is harming a portion of our population. The ripple effect affects coworkers and society."
- "Transportation can be an issue as public transportation does not run to rural areas and scheduling can be challenging without phone service."

Health Care Access & Quality (13%)

- "The [main] social determinant is the working poor. Many can't afford health insurance if their company doesn't provide it and they make a little over guidelines to be able to get Medicaid. These people are eaten up with medical bills that they can't afford to pay."
- "The cost of healthcare without coverage makes everyone squeamish but the reality is that some people are stuck in a place where they have to pick if they can afford their medicine that month or groceries."

N = 385. Percentages total more than 100% as participants often described more than one SDOH.

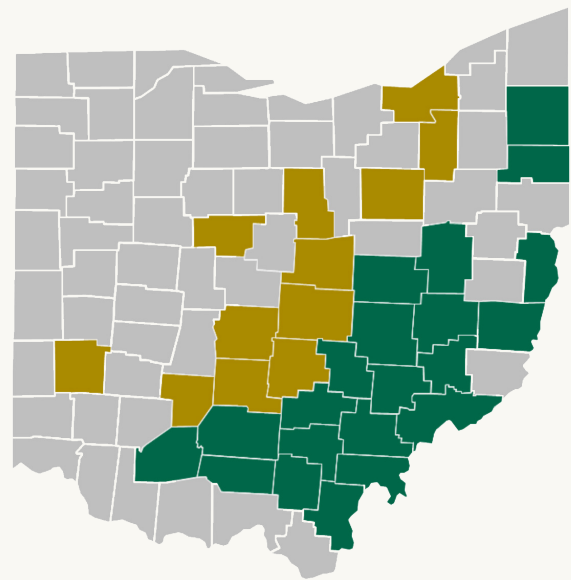
CAPITAL USES OF THE FULL CHAPS PROJECT

The CHAPS project made a transformational investment of **\$1,598,469.77**, impacting 33 Ohio counties. Notably, 21 of these counties are in the Appalachian region, highlighting the particular focus on this area. The project expenditure was primarily allocated to funds that went to the participants (via didactic stipends and agency passthrough). Other allocations included funds that stayed with the agencies; salaries and benefits for primary investigators and instructors; technical assistance; indirect expenses; and other expenses.

A total of \$916,412.50 was distributed to eight agencies with brick-and-mortar locations in a combined 33 Ohio counties. The agencies received a stipend of approximately \$10,000 for each participant. The agencies retained some of these funds for administrative use; however, the lion's share passed through the agencies to the participants. The funds that stayed with the agencies were used to cover the costs related to expanding the number, and monitoring the training, of CHWs and peer support specialists. Of the total funds distributed to the eight agencies, 68% went to the participants, while 32% stayed with the agencies. In regard to the full project budget, the **agencies retained about 18%** of total project funds and participants received 39%.

Figure 14. Ohio Counties that Received CHAPS Funds

The CHAPS project invested in 33 Ohio counties, 21 of which are in Appalachia.



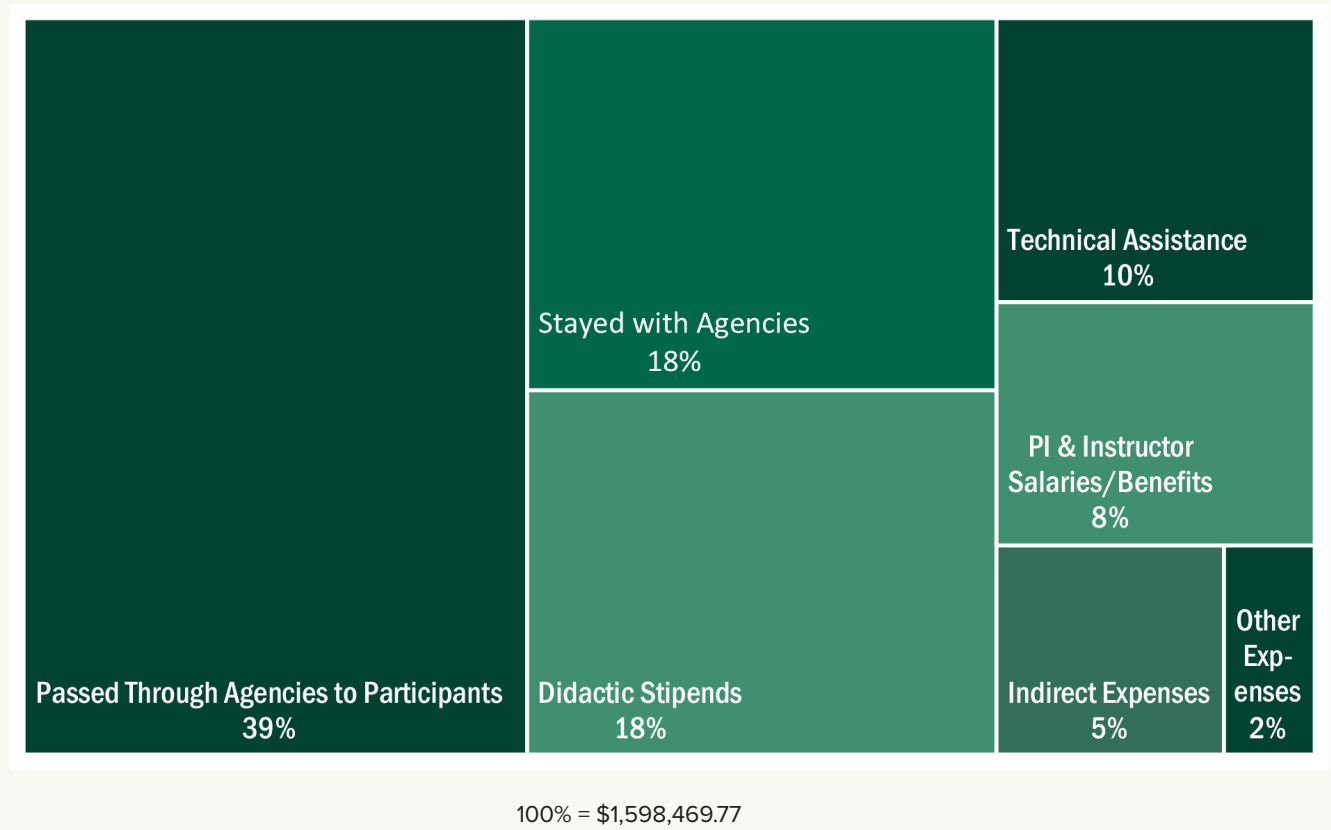
In addition to the 39% that passed through the agencies, participants also received didactic stipends. The didactic stipends, a maximum of \$2,500 per participant, were distributed in alignment with their logged (completed) training hours. The didactic stipends accounted for 18% of the project budget. Coupled with the capital that passed through the agencies, nearly **57% of project funds were distributed to participants**. In other words, about 57 cents of every dollar spent on the CHAPS project went to a participant.

Project funds also went to Ohio University's Voinovich School of Leadership and Public Service for providing technical assistance. Over the four-year period, around **10% of the budget was directed toward technical assistance**. Of these funds, about 86% went toward salaries and benefits while 8% went for indirect purposes. The remaining approximate 6% was used for travel and stipends for human subjects. Notable for the purpose of this project is that most of the personnel who provided technical assistance, including administrative staff, faculty, and student workers, both live and work in Appalachia.

CHAPS funds also covered the salaries and benefits of the primary investigators and instructors. A total of \$129,527.42, amounting to about **8%, went towards salaries and benefits** over the four-year project. A combined **2% was used for other expenses**, such as basic life support training and facilitators. The final **5% was for indirect expenses**, which went to Ohio University. Ohio University is located in Appalachia, suggesting that these indirect expenses will, in part, redirect to the community over time.

Figure 15. Four-Year CHAPS Project Capital Distributions

About 57 cents of every dollar spent on the CHAPS project went to a participant



CONCLUSION

Through the online application to the program and the participant survey, applicants and participants in the CHAPS Community Health Worker Training Program provided details about their educational background, demographics, work and life experiences, and perceptions of Appalachia. They also provided information about how they heard about the program, why they chose to apply, and the content they would like to learn about in the program. The analysis of the data from the application and the participant survey contained in this report may be useful to assist the continuous improvement efforts of the CHAPS Community Health Worker Training Program especially regarding recruitment and program content.

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<https://www.census.gov/quickfacts/OH>.