



TEXAS

Health and Human Services

**Texas Department of State
Health Services**

**Community Health Worker
Hypertension Survey Findings,
March 13-April 20, 2017**

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Introduction

The Texas Department of State Health Services (DSHS) Heart Disease and Stroke Program (HDSP) team members are interested in utilizing Community Health Workers (CHWs) to reach their clients within Texas who have uncontrolled hypertension. In order to better understand whether CHWs have had any training related to hypertension control and management, HDSP worked with the Office of Surveillance, Evaluation and Research (OSER) to conduct a survey.

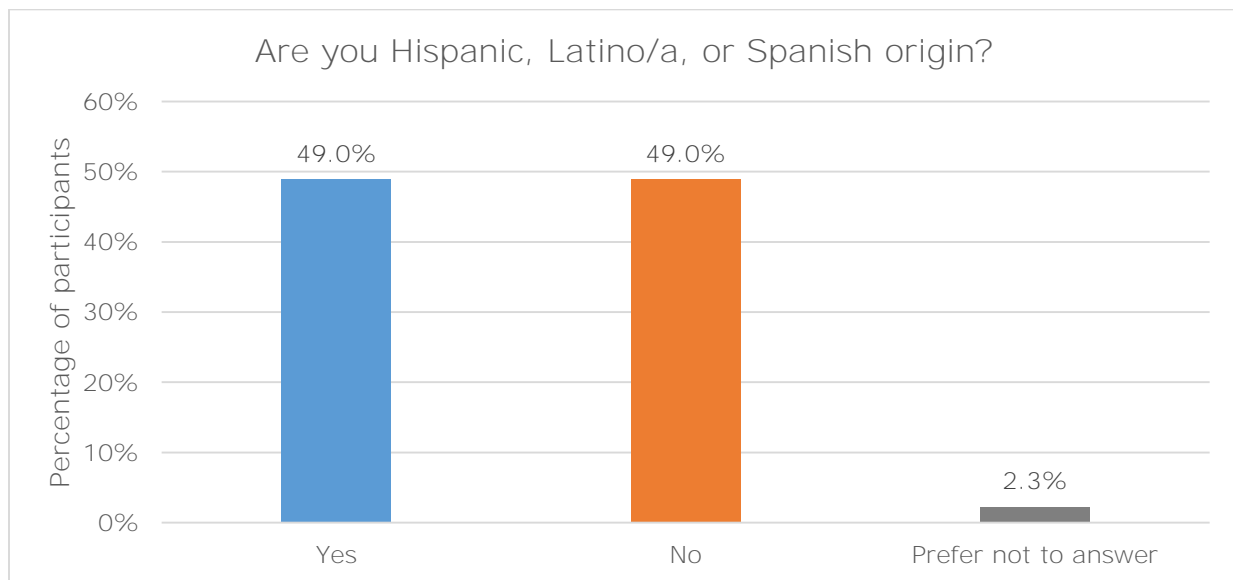
Methods

OSER created an English and Spanish version of the survey using the online software SurveyMonkey. HDSP did not have direct access to any contact information for the CHWs, so the CHW Training and Certification Program Coordinator at DSHS distributed the survey to approximately 4,017 certified CHWs. The survey opened on March 13, 2017 and closed on April 20, 2017. In total, 43 people completed the English survey and 0 completed the Spanish survey (response rate = 1%). The results below show the descriptive statistics for quantitative questions and qualitative analysis when appropriate.

Results

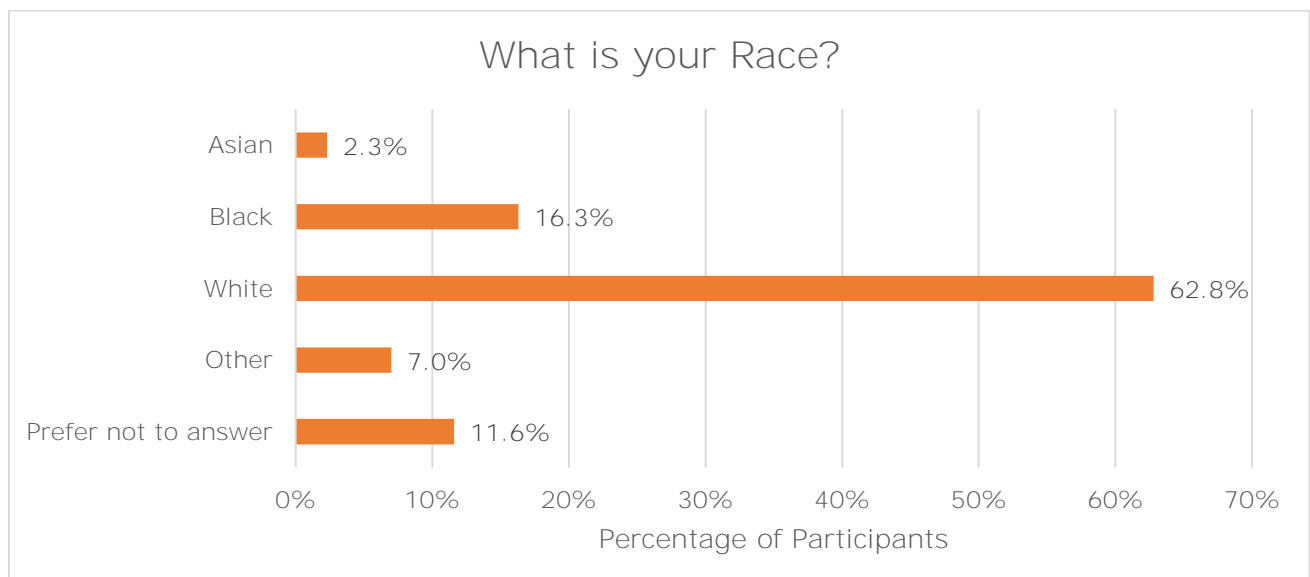
First respondents were asked general demographic questions. Of the 43 respondents, half (48%) identified as being of Hispanic, Latina/o, or Spanish origin and half (48%) were not. One person (2.3%) preferred not to answer. See Chart 1 for full results.

Chart 1: Hispanic/Latino origin? (n=43)



Participants were then asked to identify their race. As seen in the chart below, the majority of respondents were White (62.8%) and Black (16.3%). **Several respondents identified as "other" (7%) while several selected "Prefer not to answer" (11.6%).** See Chart 2 for full results.

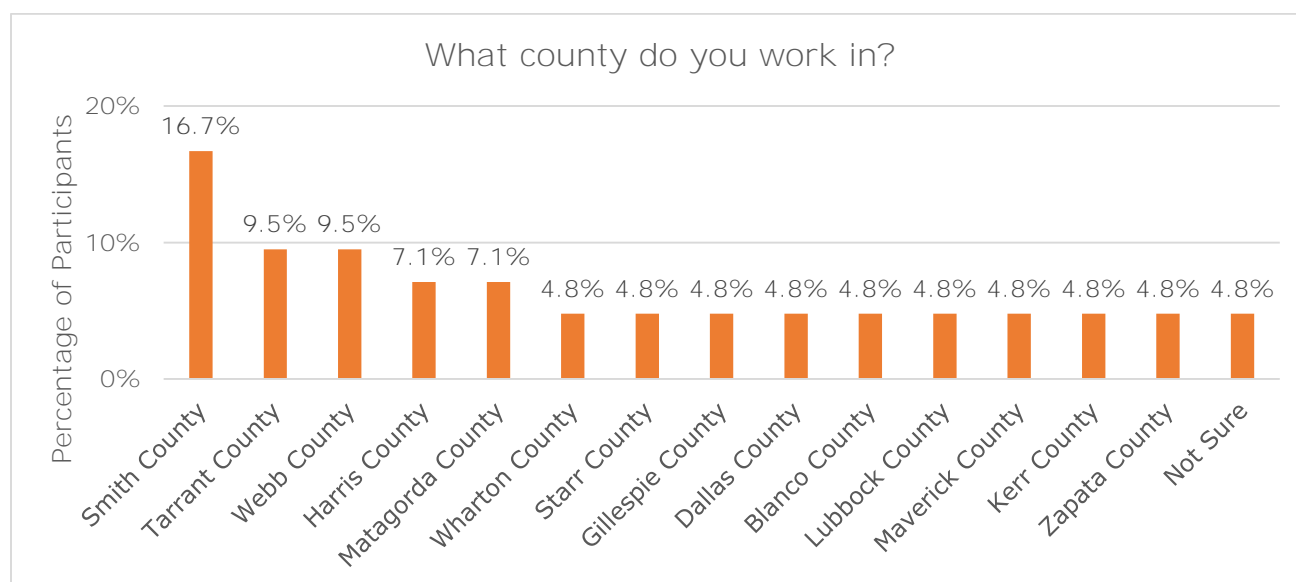
Chart 2: Demographics: Race (n=43)



For this question, participants were asked to select the counties that they currently work in. They were only allowed to pick one from the drop down list, but could provide multiple counties in the comment box. A total of 42

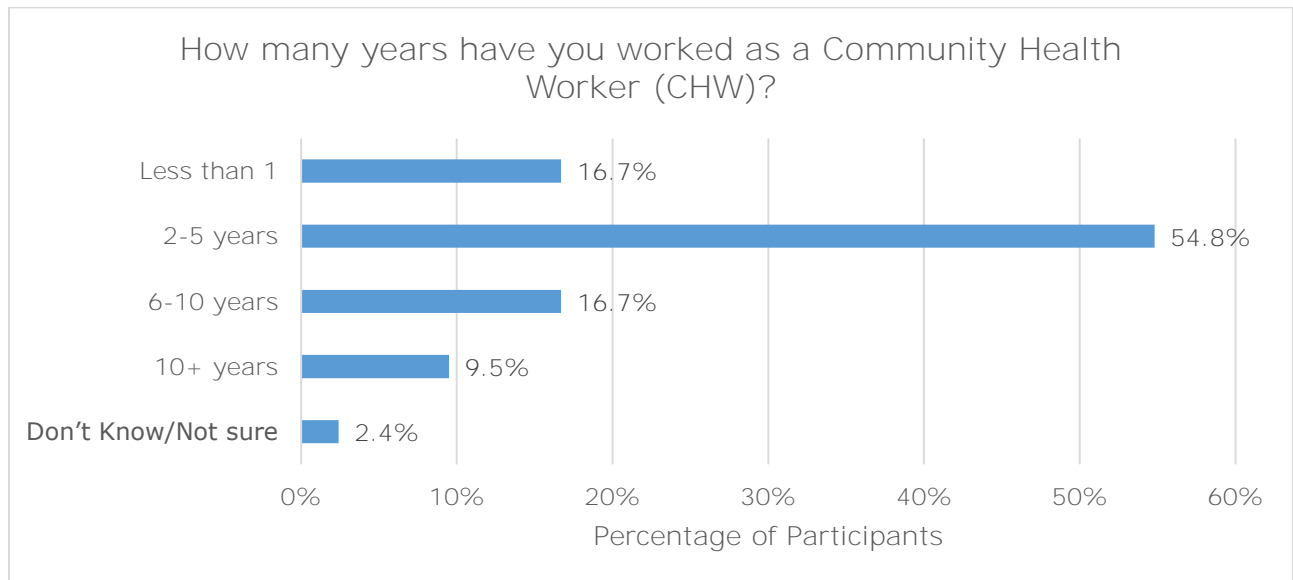
participants answered this question and 12 provided additional counties. Chart 3 only shows the counties with multiple responses. The top 3 counties participants worked in were Smith County (16.7%), Tarrant and Webb County (9.5%), and Harris and Matagorda County (7.1%). Two participants were not sure of the counties they worked in. The following counties had only one response: Bandera, Bexar, Cameron, Erath, Fort Bend, Goliad, Grayson, Hidalgo, Lavaca, Maverick, Taylor, Travis, Val Verde, Walker, Wilson, and Wood County. See Chart 3 for full results.

Chart 3: Where do you work? (n=42)



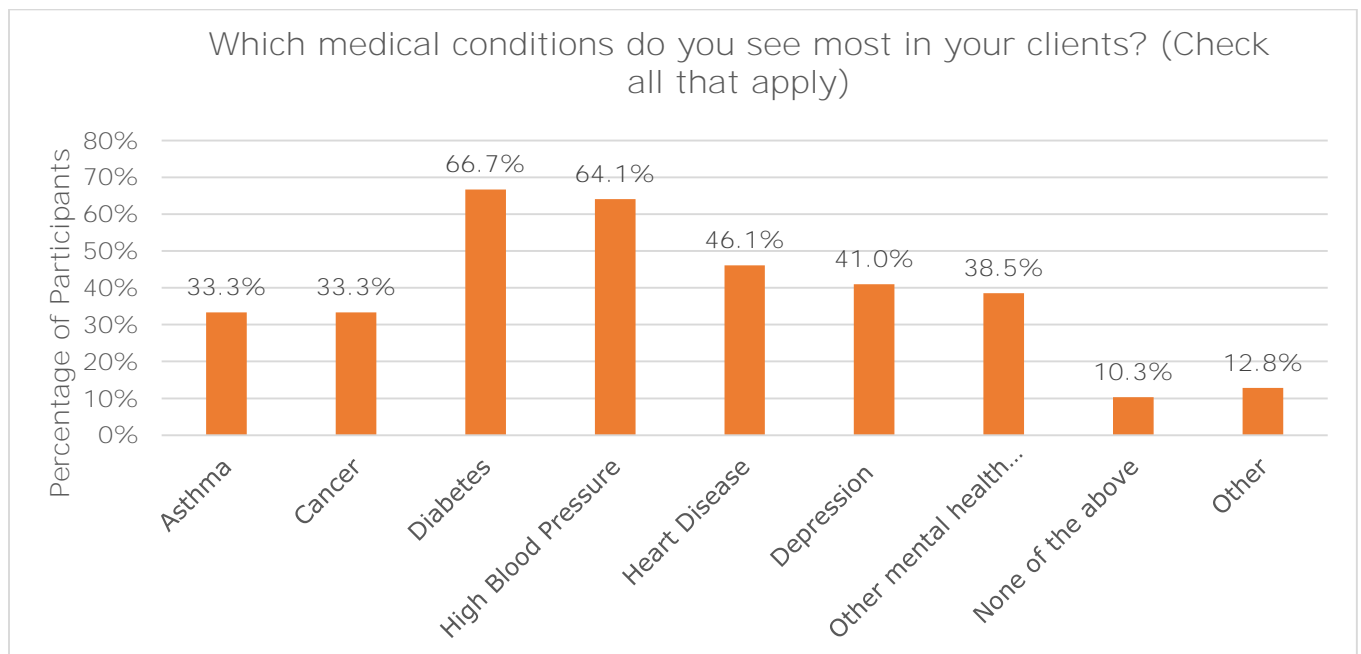
Next, respondents were asked about the length of time they have been a CHW. The majority of participants, 54% have worked as a CHW for 2-5 years, while 16% have worked for less than one year. The same percentage of participants have worked as a CHW for over 10 years. Only one participant was unsure of the number of years worked as a CHW. See Chart 4 for full results.

Chart 4: Years worked as a CHW (n=42)



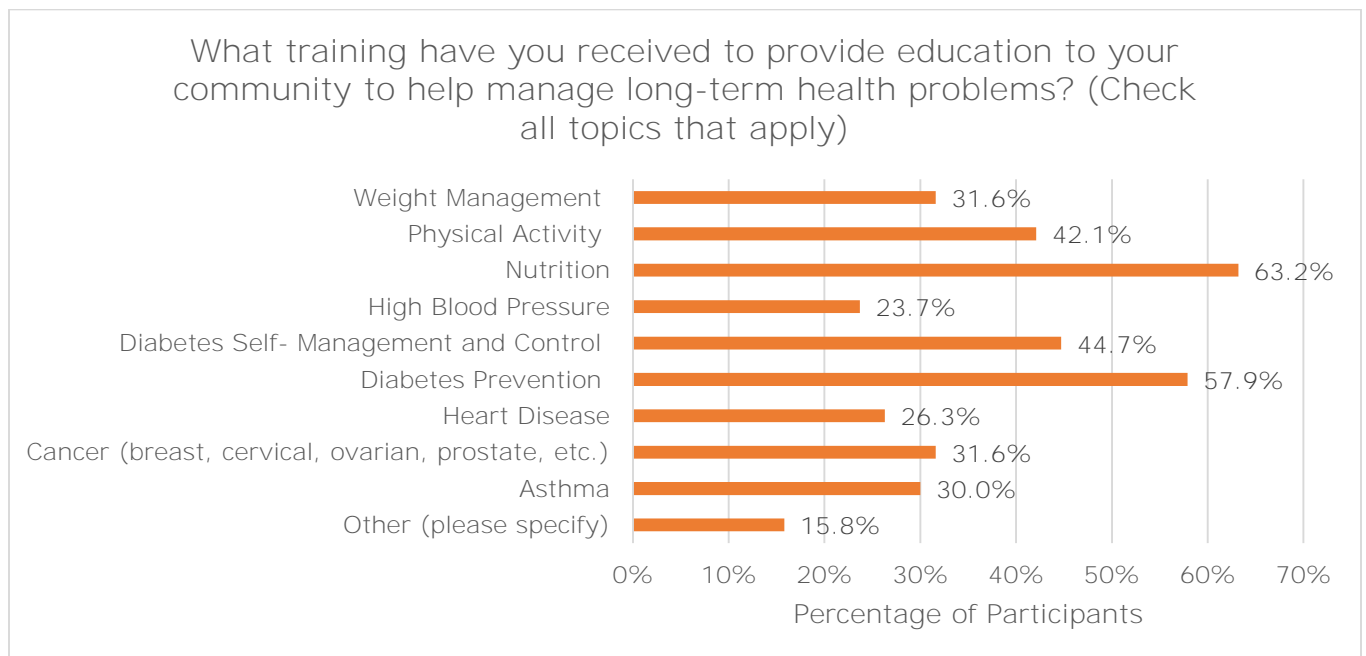
In order to understand their current client population, respondents were then asked to select the conditions they see most in their patients. The top three conditions were diabetes (67%), high blood pressure (64%), and heart disease (46%). Asthma and cancer were tied for the least seen condition in patients (33%) **while 13% of respondents marked "Other" as the conditions** they see, but were not listed. A few of these conditions are: autism, cerebral palsy (CP), and chronic obstructive pulmonary disease (COPD). See Chart 5 for full results.

Chart 5: Medical conditions seen most (n=39)



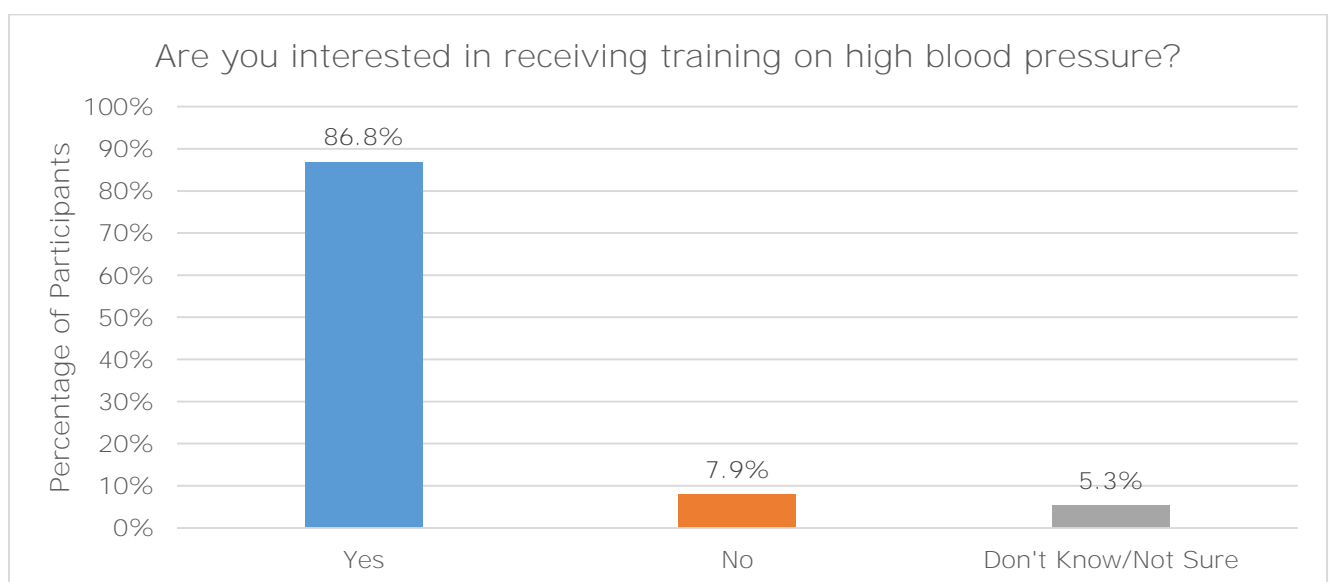
To understand their past training experiences, we asked participants to select the training topics they have received instruction on. The top 3 topics were nutrition (63%), diabetes prevention (31%) and diabetes self-management and control (29%). The topic that participants seemed to be the least trained on was high blood pressure (23%). Of the 6 participants who indicated that they have received other training, one person commented that they are new to the field and are not seeing any patients, while the other 4 **marked "none"**, as they have not received any training. See Chart 6 for full results.

Chart 6: Training received (n=38)



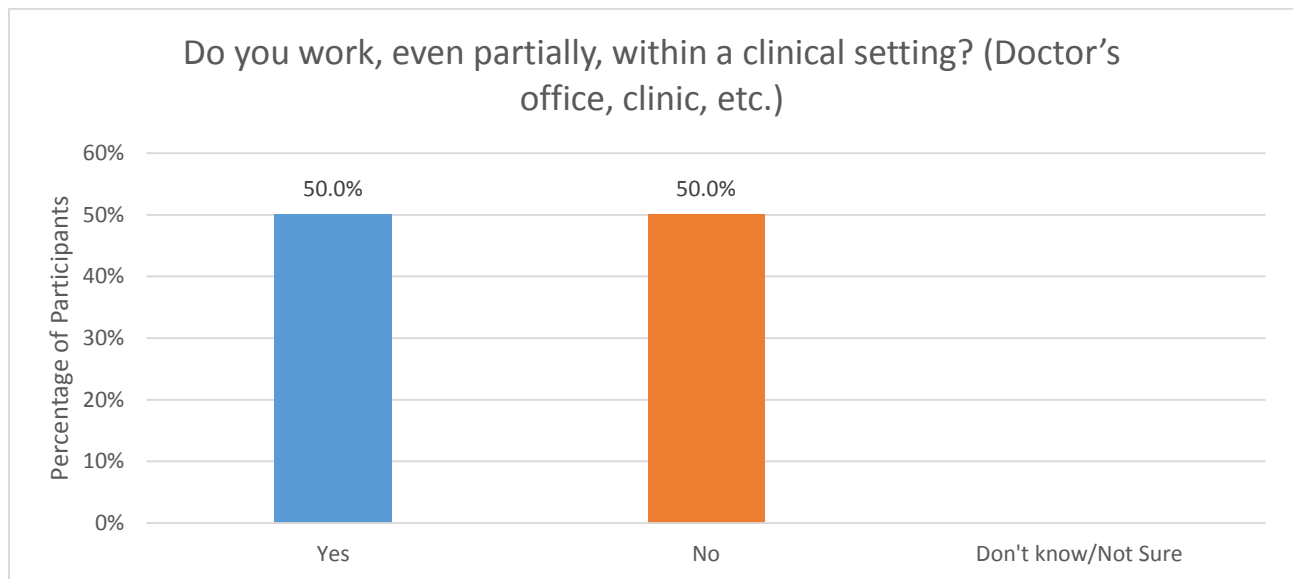
The next several questions on the survey were specific to high blood pressure and the CHWs experiences/interactions with clients and hypertension. Participants were first asked if they were interested in receiving training on high blood pressure. **86.8% of respondents said "Yes"** and **7.9% of respondents said "No"**. See Chart 7 for full results.

Chart 7: Interested in high blood pressure training? (n=38)



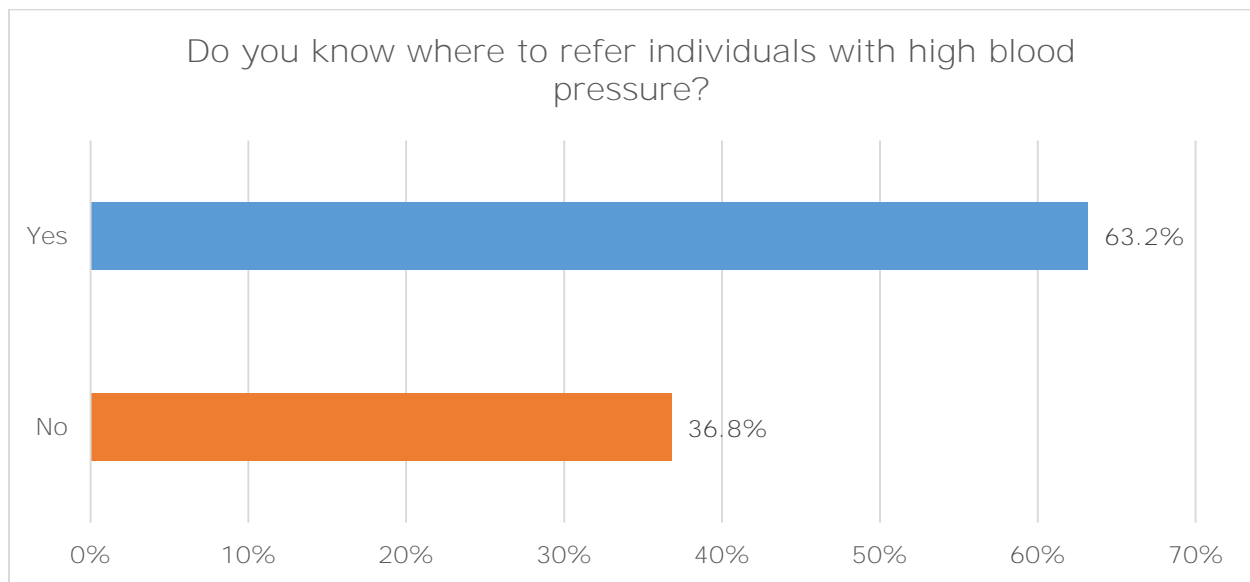
To understand where most CHWs interact with clients, respondents were asked if they worked in a clinical setting. The results were split evenly with 50% of respondents working in a clinical setting and the other 50% not working in a clinical setting. See Chart 8 for full results

Chart 8: Do you work in a clinical setting? (n=38)



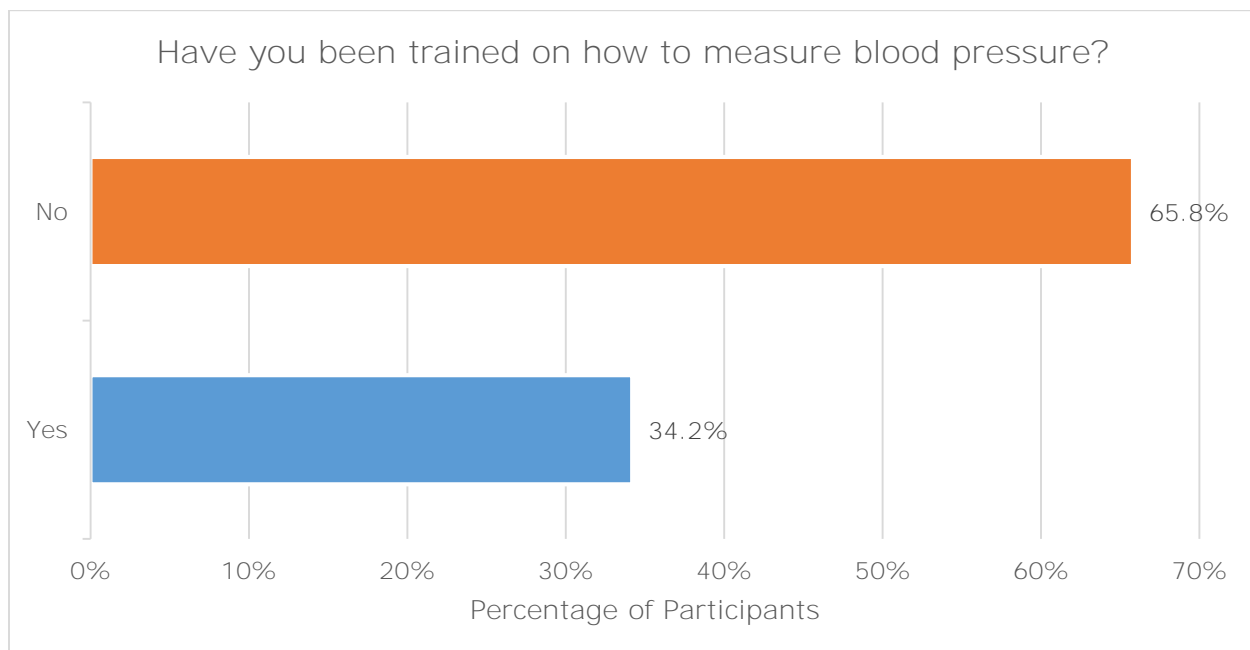
Next, participants were asked if they knew of services or resources to refer their clients who had high blood pressure. The majority of participants did know about referral services, with 63.2% **answering "Yes"**. **Only 14** participants (36.8%) knew of a place to refer individuals with high blood pressure. See Chart 9 for full results.

Chart 9: Referring patients with high blood pressure (n= 38)



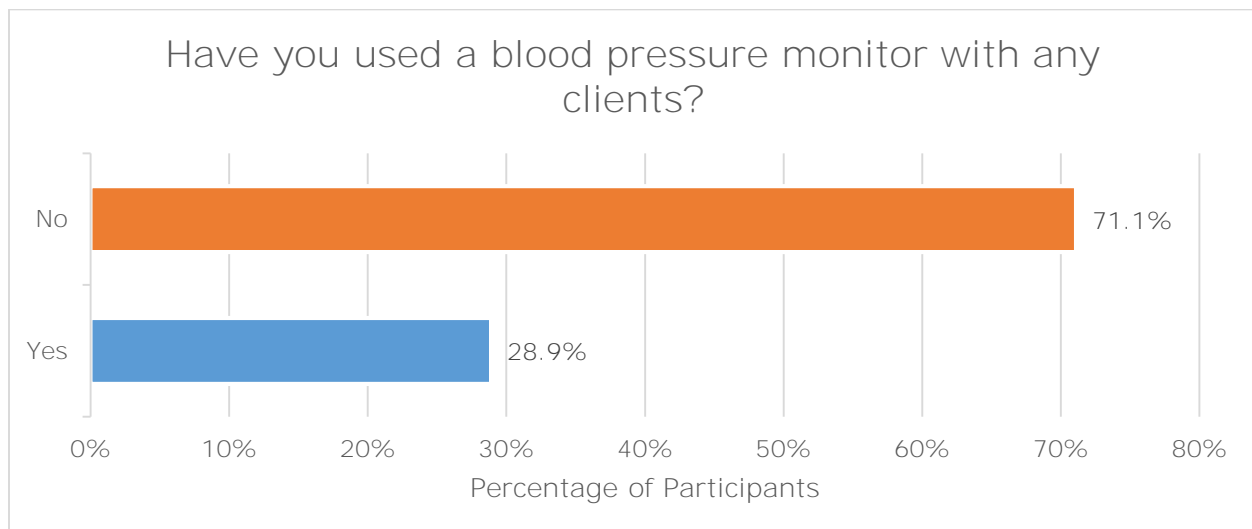
Participants were then asked if they had specific training on taking blood pressure. The majority of respondents (65.8%) have not been trained. See Chart 10 for full results.

Chart 10: Blood pressure training (n=38)



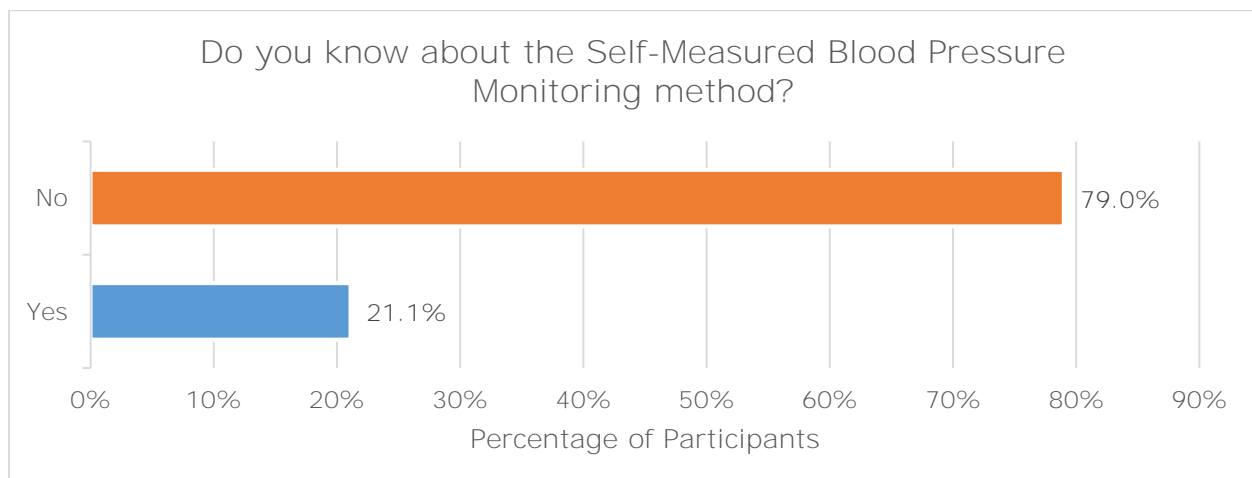
A follow up to this questions, asked participants if they knew how to use a blood pressure cuff. When asked if they had ever used a blood pressure **monitor with clients, 71% of respondents said "No". See Chart 11 for full results.**

Chart 11: Blood pressure monitor use (n=38)



The next question asks participants if they are familiar with the self-measured blood pressure monitoring method (SMBP). Throughout the ASTHO and 1305 projects, this method of controlling hypertension has proven invaluable and the HDSP team has seen success with lowering high blood pressure among program participants. However, only 21% of CHWs responded that they were aware of the SMBP method, while 79% said that did not know about the method. See chart 12 for full results.

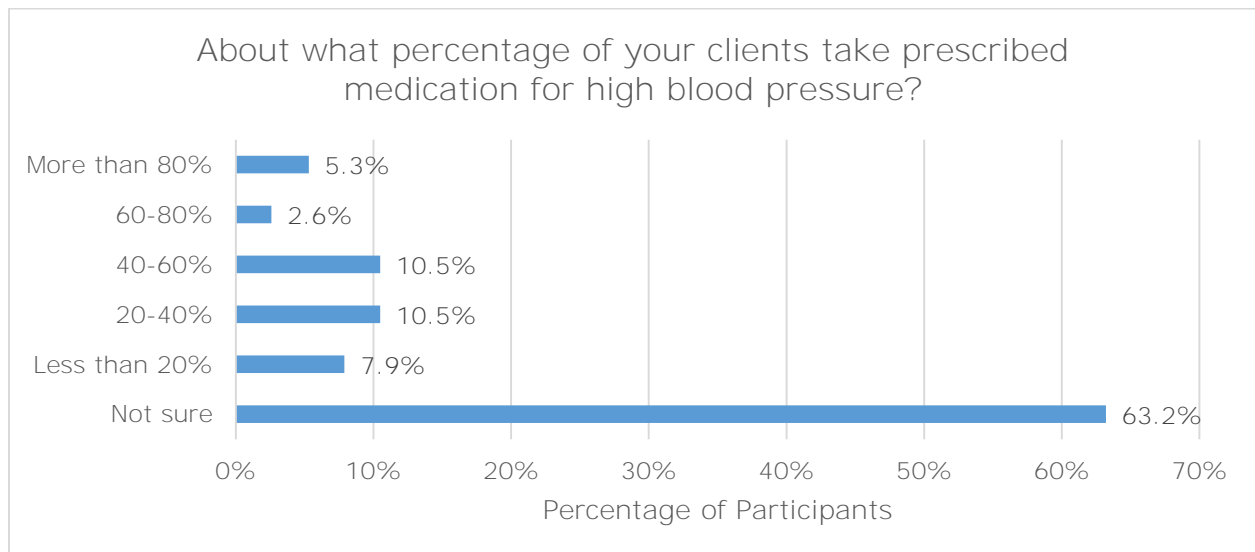
Chart 12: SMBP: are you aware of this method? (n=38)



Medication adherence is a large part of hypertension control. The following questions asked CHWs about their clients medication use. Question 13 asked CHWs to estimate how many of their clients are prescribed blood pressure medication. The majority of respondents (63%) were unsure if any of their

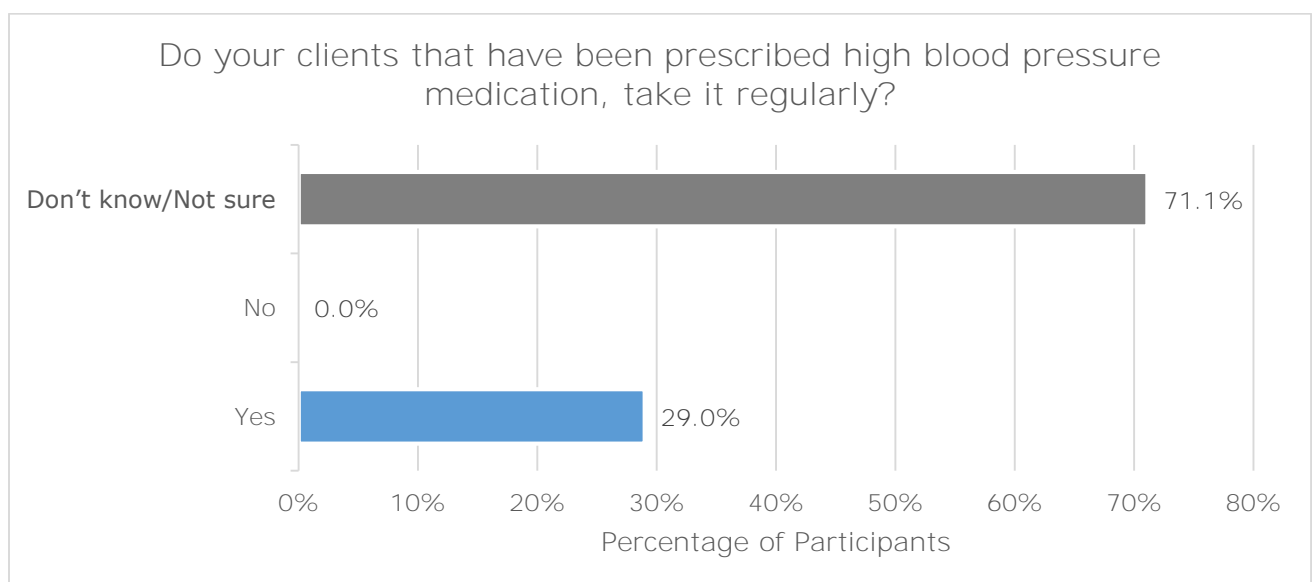
clients take medication. Several participants (10.5%) estimated between 20-40% and 40-60% of their clients take medication. See Chart 13 for full results.

Chart 13: Population of clients on medication (n=38)



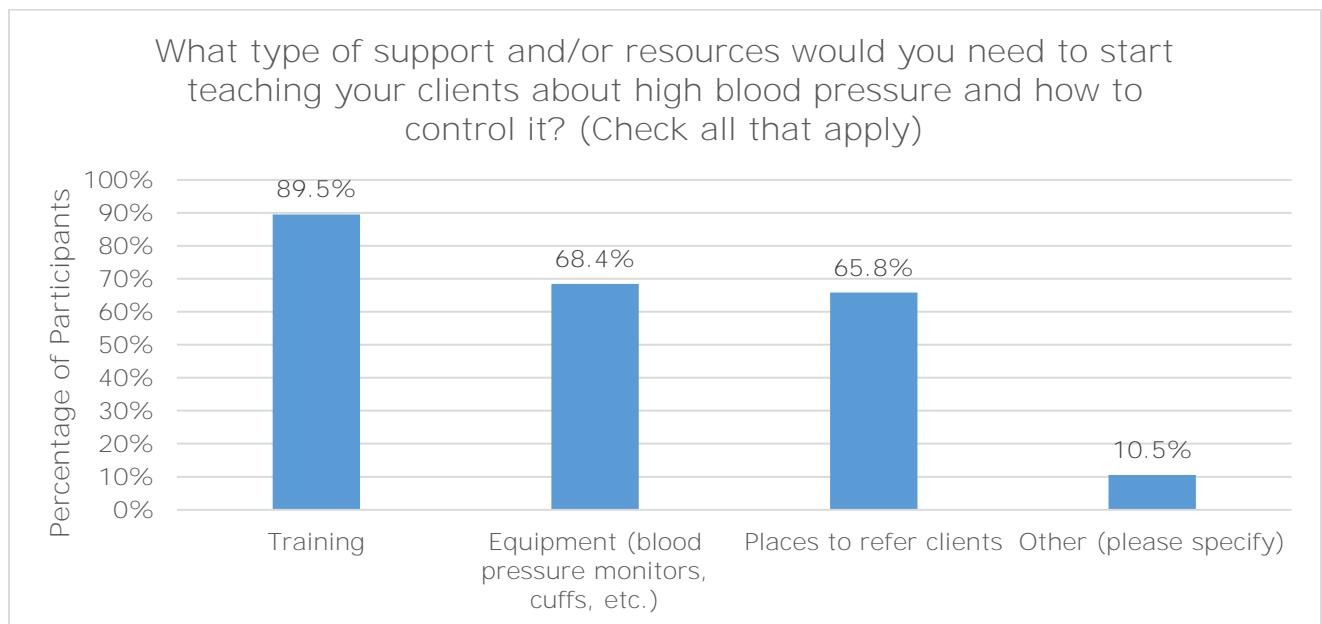
Participants were then asked if their clients who were prescribed medication, took it regularly. **Only 28.9% of respondents answered "Yes"** that their clients take their prescribed medication regularly. See Chart 14 for full results.

Chart 14: Medication adherence (n=38)



The final question of the survey asked respondents what additional support they would need to support their clients with hypertension. 89% of respondents reported that additional training would be helpful. That was closely followed by 68.4% requesting help in the form of more equipment (blood pressure cuffs, machines, etc.) and finally, 65.8% of participants would like to know of more places to refer clients.

Chart 15: Support needed (n=38)



Limitations

The biggest limitation of this survey was the lack of participants. Links for the surveys were sent to more than 4,000 CHWs. With a response rate of about 1% this survey is by no means representative of the number of CHWs in Texas. Also as the survey progressed, several people stopped taking the survey, making our response rate even lower. Out of the 43 that started, only 38 people finished the entire survey. Since the HDSP team did not have direct access to the listserv, we are unsure if all the emails were delivered or if email addresses were accurate. Also, we are not sure of the status of everyone on the listserv, if they are active CHWs or not; this might have affected some of the answer choices.

Conclusions and Recommendations

CHWs need and want more hypertension specific trainings, with 89% of participants expressing interest in receiving training on high blood pressure. They have the clientele, as 64% of CHWs report seeing high blood pressure their patients, but only 24% of respondents reported receiving training on high blood pressure. There seems to be disconnect between the needs of their population and the training they have received.

A potential next step would be to review the current CHW trainings that discuss chronic diseases in order to understand exactly what elements of hypertension are taught. CHWs are also looking for more resources in order to support their clients with high blood pressure. In the words of one CHW “[We need] *information that is easy to understand for the client. Take out the big words that medical professionals use and make it easy. This way, once you have taught/counseled with them, they can go home and look over the information and it makes sense to them.*”

The results from this survey also highlights a need to educate CHWs on the Self-Measured Blood Pressure (SMBP) method. More than half of respondents (79%) were not aware of SMBP, and only 34% reported knowing how to take blood pressure. With this method gaining support in clinical settings, as well as the HDSP team promoting this method within their current initiatives (ASTHO and 1305), discussing how to introduce this method to Texas CHWs seems appropriate. In addition to teaching this method, it is recommended that trainings address the importance of medication adherence. Most CHWs were either unsure if their patients were on any medication or for those that did know, a small percentage of could say that their clients were adherent. It is important that any future trainings address all facets of hypertension control to ensure that CHWs are fully equipped to support their clients.