



colorado health  
INSTITUTE

# Lay Health Navigator Survey

Prepared for the Colorado Department  
of Public Health and Environment



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## Introduction

The Colorado Health Institute conducted a survey of health employers on behalf of the Colorado Department of Public Health and Environment (CDPHE) to understand the current and future workforce issues regarding non-licensed health navigators.

The survey results reveal that several types of health care employers — from statewide health systems to local public health agencies — employ health navigators (HNs) to provide a range of services that help patients to effectively access health care services as well as other programs. Respondents consider most of the skills and competencies associated with CDPHE's Patient Navigator Competencies to be important for their HN employees. While most HNs employed by safety net clinics target specific populations on a broad range of health issues, health systems are more likely to have their HNs target specific health issues.

Future demand for HNs is promising. Seven respondents are currently hiring additional HNs, and most respondents expect their organizations to use more HNs in the next three years.

This report summarizes the overall findings of the survey and highlights notable differences between respondent types and variations among rural and urban respondents.

The Excel workbook provides additional details, including separate analyses for each respondent category and rural and urban respondents.

## Methodology

CHI engaged in a multi-step process in preparing the survey. CHI conducted meetings with community college partners, CDPHE and select employers to develop the survey structure. CHI also read CDPHE's Patient Navigator Entry Level Competencies and revisited previous CHI health care workforce surveys in order to develop the survey questions.

A focus group of health care stakeholders from across the state reviewed an initial draft of the survey, providing feedback on questions and survey design. CHI also tested the survey with two recipients – a rural provider and a health system representative – to further refine and clarify the questions.

The survey was distributed to a convenience sample of more than 200 health care employers across the state. Recipients included hospitals, community health centers, safety net clinics, local public health agencies, health insurance companies, Regional Care Collaborative Organizations and multi-specialty provider groups. CHI identified survey recipients in partnership with CDPHE and membership organizations representing health care and safety net providers. Each survey recipient was asked to complete the survey on behalf of the entire organization.

The survey was in the field between May and June 2016 for approximately five weeks. Recipients received several reminders to complete the survey. CHI received the surveys, cleaned the data and then sorted and compiled it into one master database. CHI classified respondents into provider types based on their selections in the survey. CHI also categorized respondents as rural, urban or both based on respondents' identified service locations.

## Overview of Respondents

Thirty-two organizations completed the survey. Respondents include health systems, local public health agencies, Federally Qualified Health Centers, Regional Care Collaborative Organizations and safety net providers such as Rural Health Clinics, Community Mental Health Centers and School-based Health Centers.

A majority of respondents (19) are located in Colorado's urban communities. Eleven respondents serve rural areas, and two have locations in both rural and urban areas.

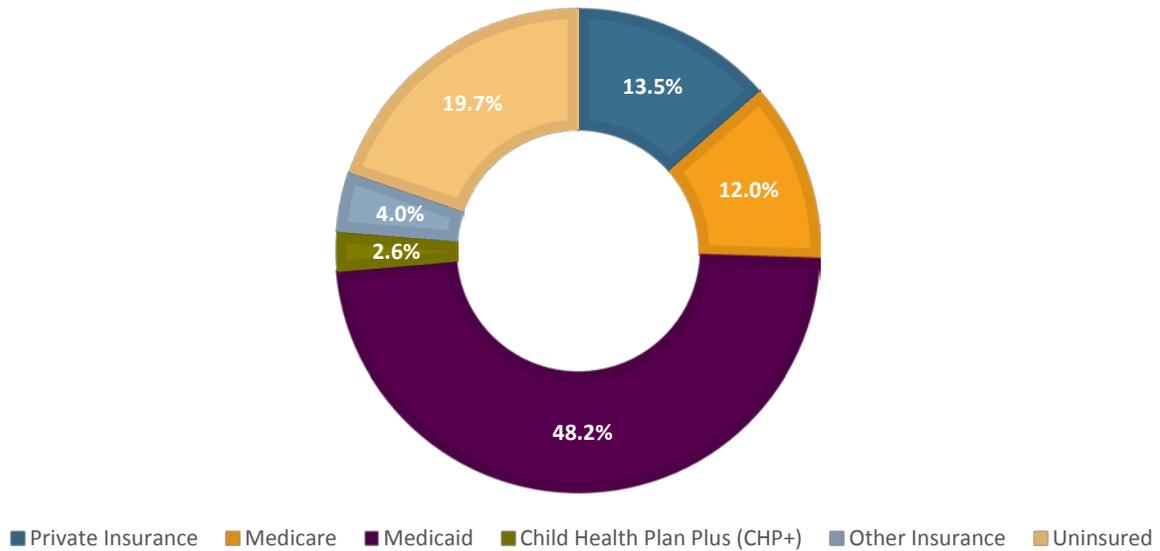
The respondents employ approximately 36,003 full time equivalent (FTE) employees. The average number of FTEs is 1,126 and the median is 48. Three respondents (one safety net clinic and two local public health agencies) employ fewer than three FTEs while one respondent (a health system) employs 21,000.

Primary care and behavioral health are the most frequently cited types of care provided by respondents. Seventeen respondents (58.6 percent) provide specialty care, 14 (48.3 percent) provide acute health care and 12 (41.4 percent) provide dental care.

The survey asked respondents to estimate the number of patients they served in the last full calendar year, 2015. Twenty-seven respondents served approximately 1,670,000 patients in 2015, with a median of 9,000 patients. Note that due to survey methods, there is duplication of patients in these data.

Graph 1 shows the average payer mix of all respondents. The majority of patients served by the respondents have some type of public insurance coverage (Medicaid, Medicare and/or Child Health Plan *Plus*). The average payer mix of only those respondents who employ HNs is similar to the overall average payer mix. The proportion of Medicaid insured is much higher than expected, and the proportion of privately insured is much lower than expected. This is due to safety net clinics having the highest representation among survey respondents.

**Graph 1. Average Payer Mix of Survey Respondents**



## Respondents Employing Health Navigators

Twenty-one respondents (66 percent) currently employ HNs under various titles. (See “Health Navigator Profile” section for more information.)

Urban respondents are more likely to employ HNs, with 73.7 percent (14) indicating they employ these workers while 45.5 percent (five) of rural respondents have HNs.

Respondents currently employ 195 FTE HNs. Nearly half (48 percent) employ one to two FTEs. Three respondents employ more than 20 FTEs.

The HNs employed by survey respondents served approximately 195,000 patients in the last year. The median number of patients served was 800, with a minimum of 100 and a maximum of more than 155,200.

Table 1 shows the number of respondents that employ HNs by organization type, the total number of HN FTE they employ and the average ratio of patients served by HNs. Health systems have the lowest average ratio of patients to HNs while RCCOs have the highest ratio. Rural organizations have a lower average patient-to-HN ratio (944:1) compared with urban organizations (1553:1).

**Table 1. Respondents That Employ Health Navigator FTE**

Organization Type	Respondents who Employ HNs	Total HN FTEs Employed	Average Patient: HN Ratio
Health Systems	4	82	199:1
Safety Net Clinics	11	81	718:1
Local Public Health Agencies	4	19	840:1
Regional Care Coordination Organizations	2	2	7,162:1

### **Current HN Hiring**

Seven respondents are currently adding HNs. Together, these respondents are looking to hire an additional 13 FTEs, ranging from one to six each.

## **Health Navigator Profile**

### **Titles**

Fourteen of 21 respondents that employ HNs indicated their organization uses titles other than health navigator, lay or peer health navigator or family/patient navigator. The following titles are used for workers who perform the activities described in the survey as associated with HNs:

- ACS Lay Navigator
- Care Coordinator
- Care Manager
- Case Managers
- Community Health Worker
- Outreach Specialists
- Patient Care Coordinator
- Peer/Youth/Family Support Specialist
- Promotor/ Promotora
- Resource Specialist
- Social Work Interns
- WIC Educator

### **Education**

Twenty of 21 respondents that employ HNs provided the typical level of education required for their workers. All of these respondents typically require their HNs to have some level of demonstrated educational attainment.

Half of respondents (10) require their HNs to have a high school diploma or GED. Eight respondents require a B.A./B.S. degree and two require an A.A./A.S. degree.

Health systems are most likely to require their HNs to have a B.A./B.S. degree, with 75 percent of systems that responded indicating this educational requirement, compared with 50 percent of local public health agencies and 30 percent of safety net clinics.

A greater percentage of rural respondents (60 percent) indicated a preference for B.A./B.S. training, compared with urban respondents (38.5 percent).

### **Activities**

Appointment planning is the most common activity performed by HNs, with 19 respondents (91 percent) responding yes.

More than half of all respondents indicate their HNs perform the following activities:

- Assess need for local, state and federal assistance programs (such as SNAP or WIC). (15 respondents, 71 percent responding yes)
- Arrange for translation or interpreter services. (15 respondents, 71 percent responding yes)
- Assist with health insurance coverage. (14 respondents, 67 percent responding yes)
- Assist with applications and other paperwork for local, state and federal assistance programs. (12 respondents, 57 percent responding yes)
- Provide disease self-management education. (11 respondents, 52 percent responding yes)

Only one respondent indicated its HNs perform lab tests and/or provide basic first aid.

The most common activity among HNs employed by health systems was arranging for translation or interpreter services. For HNs in safety net clinics, assisting with appointment planning was most frequently cited. Among LPHAs, all HNs assess need for local, state and federal assistance programs as well as assist with appointment planning.

### **Targeted Populations**

The responses were split evenly between those whose HNs work with specific patient populations and those who do not.

Among respondents whose HNs do work with specific patient populations, children and American Indian/Alaskan Native patients were the most frequently cited groups.

Local public health agencies and safety net clinics are most likely to report their HNs work with specific populations while RCCOs and system respondents are least likely.

## **Targeted Health Issues**

Just under half (45 percent) of respondents said their HNs focus on specific health issues. Among these nine respondents whose HNs target specific health issues, cancer, mental health and nutrition were most frequently cited.

Health systems respondents are more likely to target their HN efforts on health issues than safety net clinics, local public health agencies and/or RCCOs. Conditions and services most commonly targeted by HNs in health systems include cancer, asthma, cardiovascular disease, diabetes, high blood pressure, immunizations, pregnancy/sexual health and tobacco cessation.

A majority of rural respondents (60 percent) indicated their HNs target specific health issues compared with 30.8 percent of urban respondents.

## **Where HNs Work**

A majority of respondents (55 percent) indicated their HNs also work outside their organizations' offices. Nearly all (91 percent) said their HNs work in patients' homes, followed by community events (82 percent), shelters (73 percent) and schools (64 percent).

Half (50 percent) of all system, safety net clinic and local public health agency respondents indicated their HNs provide services outside the office. Both RCCO respondents that employ HNs indicated they work outside their offices.

## **Health Navigator Skills and Competencies**

### **Training**

Most respondents (60 percent) that employ HNs prefer to hire employees who are already trained. Only three (15 percent) conduct their own on-site skills training. These respondents are a health system, a local public health agency and a RCCO.

### **Current and Future Importance**

Nearly all respondents rate professionalism, collaboration among care team members and identifying resources to reduce patients' barriers to care as "very important." Respondents said the following skills were less important: building patient and community capacity, informal coaching and supporting communication between communities and the health care system.

The five HN skills and competencies that received the highest and lowest average scores among respondents that currently employ HNs are listed below.

### Top Five Highest-Rated Skills and Competencies Now

1. Demonstrates professionalism through adherence to organizational rules and regulations, ethical principles, and professional standards. (Average score: 4.95)
2. Collaborates with the health care team, patients and community agencies. (Average score: 4.95)
3. Develops and supports open, appropriate communication between patients and the health care team. (Average score: 4.71)
4. Ensures patients receive needed services and, as necessary, arranges referrals to community resources for supportive services. (Average score: 4.71)
5. Identifies resources to reduce barriers to care. (Average score: 4.65)

### Bottom Five Rated Skills and Competencies Now

1. Uses knowledge of the health care system, including insurance programs and specialty disciplines, to improve patient care. (Average score: 3.81)
2. Supports communication between communities and health care system. (Average score: 3.76)
3. Builds patient capacity. (Average score: 3.67)
4. Builds community capacity. (Average score: 3.50)
5. Advocates for community needs. (Average score: 3.48)

The five rural respondents all rated the following HN skills and competencies as “very important,” the highest rating:

- Identifies health communication issues, such as health literacy, that affect patients’ knowledge and attitudes about their health care.
- Ensures patients receive needed services and, as necessary, arranges referrals to community resources for supportive services.
- Arranges referrals to behavioral and physical health providers if needed.
- Identifies health care system barriers and challenges to patients' care.
- Demonstrates professionalism through adherence to organizational rules and regulations, ethical principles, and professional standards.

The only skill and competency that received the highest rating from all urban respondents was: Collaborates with the health care team, patients and community agencies.

Respondents feel that all skills and competencies are as important to their organization’s workforce over the next three years.

## Employer Future Demand for Health Navigators

Eighteen respondents (56 percent) expect to use more HNs in the next three years. In total, these respondents anticipate hiring an additional 62 FTEs over the period. This translates to an increase of 36.0 percent compared with the number of HNs currently employed by these eighteen respondents or a 31.8 percent increase among all respondents.

Four respondents — a health system, RCCO and two safety net clinics — expect their use of HNs to substantially increase from their current use.

Seven respondents (22 percent) expect to use the same as they are currently using and seven others don't know how their use of HNs will change in the next three years.

Lack of sustainable funding and limited reimbursement were the most frequently cited barriers among respondents not anticipating hiring HNs over the next three years.

Ten respondents (31 percent) that currently employ HNs cited a lack of qualified candidates as additional barriers to hiring HNs. Safety net clinics were the most likely organization type to cite this reason, with four safety net clinics (12.5 percent) responding.