Michigan Community Health Worker Alliance

In coordination with the MiCHWA Evaluation Advisory Board

Community Health Worker Employer Survey 2016: Final Evaluation Report for Public Use

September 30, 2016

Centers for Disease Control and Prevention Grant 1305 in coordination with the Michigan Department of Health & Human Services

For questions about this report, please contact MiCHWA at info@michwa.org.

Community Health Worker Employer Survey 2016: Final Evaluation Report for Public Use

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PROGRAM EVALUATION TEAM

Michigan Evaluation Advisory Board

Mary Janevic, MPH, PhD
University of Michigan School of Public Health

Edith C. Kieffer, MPH, PhD*
University of Michigan School of Social Work

Gloria Palmisano, MA
CHASS Center, Inc./REACH Detroit Partnership

Lee Anne Roman, MSN, PhD
Michigan State University

Claireta Thomas, BS
Community Health Worker

Elizabeth K. Towner, PhD
Wayne State University School of Medicine

** Evaluation Project Director*

Michigan Community Health Worker Alliance Evaluation Report Team

Caitlin Allen, MPH
CHW Employer Survey Analysis & Reporting
CGA Consulting, Inc.

Katherine Mitchell, LMSW
Former Project Director
MiCHWA

Priscilla Hohmann, LLMSW
Project Manager
MiCHWA

Kara Siedlik, MSW
CHW Employer Survey Development
MiCHWA

Michigan Department of Health & Human Services Staff

Dawn Crane, MS, RN, ACNS-BC, CDE
Michigan Dept. of Health & Human Services
Diabetes Prevention & Control Program

Kristina Dawkins, MPH
Michigan Dept. of Health & Human Services
Heart Disease & Stroke Prevention Unit

Nana Ama Erzuah, MPH
Michigan Dept. of Health & Human Services
Heart Disease & Stroke Prevention Unit

Karen Fuller, MPH
Michigan Dept. of Health & Human Services
Heart Disease & Stroke Prevention Unit

Theresa Wilson, PhD, MPH
Michigan Dept. of Health & Human Services
Heart Disease & Stroke Prevention Unit

MiCHWA AND MDHHS BACKGROUND

Michigan Community Health Worker Alliance (MiCHWA)

MISSION: To promote and sustain the integration of community health workers into Michigan's health and human service systems through coordinated changes in policy and workforce development.

MiCHWA is a statewide coalition that unites community health workers (CHWs) and stakeholders from health systems, health plans, non-profit community agencies, federally qualified health centers, academic research units, CHW programs, workforce development organizations, community colleges, and local health coalitions. MiCHWA currently has 36 organizational partners, a 28-member Steering Committee, four working groups, an evaluation board, a management team, and hundreds of active participants. MiCHWA is housed and administratively supported by the University of Michigan School of Social Work. One paid staff member and student interns conduct day-to-day activities. MiCHWA uses community-based participatory approaches to inform decision making and its activities.

MiCHWA members and participants are located throughout Michigan, including the Lower and Upper Peninsulas. Members work with organizations and CHW programs that serve urban and rural populations from diverse ethnic and socioeconomic backgrounds focusing on issues including diabetes, cancer, maternal child health, infant mortality, nutrition, migrant health, housing, hypertension, depression, obesity, and insurance enrollment, among others. All CHW programs work to address the social determinants of health. MiCHWA's direct service partner organizations serve many Medicaid-eligible clients. CHW programs, nationally and in Michigan, reach and successfully address health and health care disparities, particularly in underserved communities. MiCHWA's long-term focus areas include CHW education and certification; policy and financing; professional development and continuing education; evaluation; and program sustainability.

Why MiCHWA?

MiCHWA works with CHWs and their programs statewide. With a network of over 800 participants, MiCHWA distributed this survey to relevant stakeholders statewide. MiCHWA staff and management team members have extensive experience conducting community-based participatory research, including surveys. As the research arm of MiCHWA, the Evaluation Advisory Board oversaw the project and worked directly with the MDHHS Survey Team. MiCHWA has previously administered statewide CHW employer surveys in 2012 and in 2014.

Why MDHHS?

The Michigan Department of Health and Human Services (MDHHS) Diabetes Prevention and Control Program and the Heart Disease and Stroke Prevention Unit sought to complete a statewide assessment of CHWs as part of their Centers for Disease Control and Prevention (CDC) grant (CDC-RFA-DP13-1305). This created a natural, collaborative opportunity for MiCHWA and MDHHS to work together on the program survey. MiCHWA and MDHHS (formerly MDCH) partnered on the 2014 CHW program survey.

EXECUTIVE SUMMARY

Purpose of Survey & Methods

This report provides the Michigan Department of Health and Human Services (MDHHS) and the Centers for Disease Control and Prevention (CDC) with the final results of the 2016 Community Health Worker Employer Survey,[1] designed, conducted, and analyzed by the Michigan Community Health Worker Alliance (MiCHWA) at the University of Michigan School of Social Work. In April and May 2016, MiCHWA conducted this survey of employers and managers of CHWs to gain a better understanding of the work CHWs are doing in Michigan, how CHWs positions are sustained, and how the CHW field has evolved since 2014. The survey was distributed online to employer representatives through MiCHWA's existing mailing list database, Web-based media, and partner mailing lists. It was open to all Michigan-based CHW employers.

Analysis

Once the online survey closed, data was exported from Qualtrics© into Excel. The data were cleaned, and analysis began according to the analysis plan. Descriptive statistics such as counts, percentages, means, and standard deviations were used to describe the quantitative data. All "other" responses are write-in and have been included in the results. Those without a number represent one response. Open-ended items were compiled and analyzed by two independent coders for themes.

Response Rate

A total of 154 surveys were initiated. Evaluators excluded surveys that were blank, responses from programs that were not Michigan-based or had no reported CHWs in Michigan, those that were not currently employing or working with CHWs, and those with significant missing data. In total, the following data respresent surveys from 55 employers. Data is only reported for respondents per question; see full report for more detail about the total number of respondents per question.

Key Findings

What type of agencies employ CHWs in Michigan and where are they located?

- The largest number of employers report CHWs serving in urban areas (n=41, 74.5%).
- The most frequent locations for CHW service delivery were client's home (n=41, 74.5%) and the agency location (n=39, 70.9%).
- Employers most frequently identified themselves as community-based organizations (n=14, 25.5%), federally qualified health centers (n=14, 25.5%), hospital/medical clinics (n=9, 16.4%) government agency (n=7, 12.7%), and health insurance plan (n=6, 10.9%).

What functions do CHWs serve in Michigan?

- The most frequently reported races/ethnic groups served were black (n=51, 92.7%) and white (n=51, 92.7%).
- Most agencies serve adults ages 26-64 (n=50, 90.9%) and young adults ages 19-25 (n=42, 76.4%).

[1] See Appendix A for copy of survey.

- The special populations most frequently identified that CHWs serve include individuals without a medical home or primary care provider (n=37, 67.3%), homeless (n=35, 63.6%), uninsured (n=35, 63.6%), frequent ED users (n=33, 60.0%), and pregnant women/infants (n=32, 58.2%).
- Employers report CHWs address social issues that include connecting to resources (n=51, 92.7%), connecting to medical home/PCP (n=46, 83.6%), health services (n=46, 83.6%), food security (n=45, 81.8%), transportation (n=45, 81.8%), establishing/maintaining health insurance (n=42, 76.4%), human services (n=41, 74.5%), and housing (n=40, 72.7%).
- Most CHWs work in multidisciplinary teams (n=42, 74%) which include social workers/behavioral health specialists (n=37, 88.1%) and registered nurses (n=37, 88.1%).
- The majority of agencies employ full time CHWS (85.2%). The average organization employs 10.2 CHWs (SD=21.4).
- Most organizations report that their CHWs serve large numbers of clients. This is an overall annual organization average for clients served by CHWs, distinct from average CHW caseload. More than 85% of organizations reported that their CHWs serve more than 100 clients, including 30.9% of organizations serving 101-500 clients, 25.4% serving 500-1000 clients and 30.9% serving more than 1000 clients. At any given time, the average caseload for CHWs per year is 41-60 clients (n=15, 28.3%).

Who are CHWs in Michigan, in terms of education, training, and demographics?

- Most employers report Community Health Worker as the title for CHWs in their agency (n=38, 69.1%).
- The majority of employers report requiring a high school diploma or GED for CHWs in their agency (n=36, 65.5%).
- Other CHW employment requirements included a background check (n=50, 90.9%) and ability to read and write in English (n=48, 87.3%).
- Preferred requirements for CHW employees include prior community experience (n=39, 70.9%) and prior experience with the target population (n=36, 65.5%).
- Most employers do not have a specific minimum requirement for years of experience (n=30, 54.5%).

How are CHWs trained in Michigan?

- Most employers do not require CHW training prior to hire (n=32, 86.5%).
- Nearly half of the respondents report that their CHWs had completed the MiCHWA CHW training (n=21, 38.9%) or were currently taking part in the training (n=6, 11.1%).

How do agencies support CHW employment?

- Most CHWs are paid by salary (n=36, 66.7%) with the majority being paid $40,000-$45,000 per year. Of those who are paid hourly (n=14, 25.9%), the majority receive $15-$20 per hour.
- The majority of CHWs are eligible for compensation increases (n=42, 82.9%).
- The most common CHW employee benefits include health insurance (n=45, 81.8%), mileage reimbursement (n=45, 81.8%), personal leave (n=38, 69.1%), sick leave (n=38, 69.1%), vacation accrual (n=38, 69.1%), and pension/retirement plan (n=30, 54.5%).
- Most CHWs are supervised by nurses (n=29, 55.8%) or social workers/behavioral health specialists (n=24, 46.2%).
- The most frequent challenges for supervision include CHWs being in different locations than their supervisors (n=19, 45.2%), more supervisory guidelines are needed (n=12, 28.6%), and not enough time for supervision (n=11, 26.2%).

To what extent and how are CHW positions sustained in Michigan?

- CHWs are primarily funded by state grants (n=26, 50.0%) or federal grants (n=20, 38.5%).
- Health plan contracts fund CHWs from 17.3% (n=9) of organizations.
- To-date, fewer than 20% of organizations report funding CHWs from self-generated agency revenue or agency general funds (n=7, 13.5%).
- CHWs are not typically reimbursed by insurers (n=39, 73.6%).
- Of the 14 organizations reporting that their CHW services are at least partially reimbursed by insurer/payers, the most common payer is Medicaid and/or Medicaid Managed Care (n=9, 64.3%).
- The top three CHW sustainability concerns for agencies are funding uncertainty (n=41, 80.4%), finding qualified CHWs (n=27, 52.9% and staff turnover (n=20, n-39.2%).

How do CHWs contribute to evidence-based lifestyle programs?

- Personal Action Toward Health (PATH) (n=17, 30.9%) and Diabetes PATH (n=17, 30.9%) are the two most common programs where CHWs are trained as leaders.
- Of those trained in PATH, 30.8% (n=17) are currently serving as leaders or co-leaders; of those working in Diabetes PATH, 20.0% (n=11) are currently serving as leaders or co-leaders.

SURVEY BACKGROUND

The 2016 CHW Employer Survey[2] was designed, conducted, and analyzed by MiCHWA under contract with MDHHS. The 2016 CHW Employer Survey was designed to answer a number of questions:

- What type of agencies employ CHWs in Michigan and where are they located?
- What functions do CHWs serve in Michigan?
- Who are CHWs in Michigan, in terms of education, training, and demographics?
- How are CHWs trained in Michigan?
- How do agencies support CHW employment?
- To what extent and how are CHW positions sustained in Michigan?
- How do CHWs contribute to evidence-based lifestyle change programs?
- How has the CHW field changed in Michigan since 2014?

This report consists of three parts:

1) Evaluation methods, including development of an analysis plan
2) Results
3) Appendix of materials

Survey Development

In July 2014, MiCHWA conducted a survey of employers and managers of CHWs to gain a better understanding of CHWs and their programs statewide. The MiCHWA Evaluation Advisory Board recommended this survey be administered every two years to assess CHW program sustainability and identify CHW growth trends. The 2014 CHW Program Survey was developed after reviewing the 1998 National Community Health Advisor Study, the 2007 HRSA Community Health Worker Workforce Survey, and the 2012 MiCHWA Employer Survey.

The 2014 CHW Program Survey Evaluation Report was released January 9, 2015. This report can be found at: http://www.michwa.org/wp-content/uploads/MiCHWA-Program-Survey-2014_Public-Report_FINAL.pdf. With feedback from MiCHWA's Steering Committee, MiCHWA staff began to adjust and adapt the 2014 Program Survey to develop the 2016 Employer Survey. MiCHWA's staff and Evaluation Advisory Board made edits to the 2014 Program Survey in creating the 2016 Employer Survey. The 2014 survey asked questions at the program level; the 2016 survey asked questions at the employer level, which may represent more than one program.

The 2016 CHW Employer Survey was submitted to the University of Michigan Institutional Review Board, where it was assigned "Not Regulated" status on April 12, 2016 [HUM00114743]. This status was granted because "Based on the information provided, IRB approval is not required for this project, as it does not include identifiable private information about individual members, employees or staff of the organization that is the subject of the research."

[2] See Appendix A for copy of survey.

SECTION 1: METHODS

Survey Instrument

The 2016 CHW Employer Survey instrument was developed following review of existing survey tools and gathering stakeholder feedback from MiCHWA, MDHHS, and others. The final 63-item survey consisted of open- and close-ended items. The survey was transferred to an electronic survey format using Qualtrics©, a Web-based survey tool used by the University of Michigan. MiCHWA evaluation staff solicited feedback from five individuals with CHW program or evaluation expertise who provided comments about the content, flow, and usability of the electronic survey.

Survey Distribution

The survey was distributed online to employer representatives through MiCHWA's existing mailing list, reaching over 800 individuals. An employer-specific mailing list was created, totaling 107 individual email addresses from 53 unique organizations. These individuals were identified as CHW program managers, supervisors, or other staff from agencies that may employ CHWs. Additionally, the Michigan Primary Care Association, the Michigan Department of Health and Human Services, and the Michigan Health Council distributed the survey to their member lists or through social media. MiCHWA further promoted the survey on its website, social media, and through its April newsletter that was sent to 851 individuals. Survey launch and reminder emails were sent to MiCHWA's mailing April 20, April 27, and May 12 and were sent to the employer-specific list on May 6 and May 10. Because the survey was disseminated widely, MiCHWA staff were unable to identify the number of individuals or agencies who received the survey. Staff were also unable to identify the proportion of existing CHW employers that were reached.

The survey was initially scheduled to close May 4. Upon reviewing the number of responses, MiCHWA's Evaluation Advisory Board chose to extend the survey open period. All data in this report reflect surveys received when the survey closed on May 16, 2016.

Analysis

Once the online survey closed, data was exported from Qualtrics© into Excel. The data were cleaned, and analysis began according to the analysis plan. Descriptive statistics such as counts, percentages, means, and standard deviations were used to describe the quantitative data. Open-ended written responses from "Other – please specify" were compiled and analyzed by two independent coders to identify themes, if indicated and included in the results. Those without a number represent one response. .

Response Rate

A total of 154 surveys were initiated. Evaluators excluded surveys that were blank, responses from programs that were not Michigan-based or had no reported CHWs in Michigan, those that were not currently employing or working with CHWs, and those with significant missing data. For surveys that were partially completed and contained unique responses, answers were kept for surveys with at least a 50% response completion rate. Additionally, three surveys were completed in full twice. Agencies were contacted and a survey response for analysis was chosen by each agency. In total, the following data respresent surveys from 55 employers. In some cases, programs housed by different agencies completed surveys separate from the larger agency. Evaluators verified no duplication in surveys in these situations.

SECTION 2: RESULTS

A. What types of agencies employ CHWs in Michigan and where are they located?

CHW Reach

Service Areas

- The largest number of employers reported CHWs serving in urban areas (n=41, 74.5%).

Table 1. What service area(s) do your CHWs serve?		
	***n* (55)**	%
Urban	41	74.5%
Rural	37	67.3%
Suburban	31	56.4%

CHW Service Delivery

- The most frequent locations for CHW service delivery are client's home (n=41, 74.5%) and the agency location (n=39, 70.9%).
- Community events (n=34, 61.8%), private clinic or medical practice (n=28, 50.9%) and community health centers (n=27, 49.1%) are other frequent locations.

Table 2. Where CHWs deliver services		
	***n* (55)**	**%**
Client's home	41	74.5%
Agency's location	39	70.9%
Community events	34	61.8%
Private clinic or medical practice	28	50.9%
Community health center	27	49.1%
School	18	32.7%
Shelters	18	32.7%
Other non-profit organization	16	29.1%
Hospital	15	27.3%
Faith-based organization	14	25.5%
Public housing unit	14	25.5%
Free clinic	13	23.6%
Client's work site	12	21.8%
On the street	10	18.2%
Other*	8	14.5%
Teen centers	6	10.9%
Migrant camp	4	7.3%
Health maintenance organization	3	5.5%

*Anywhere in the community (3), farmer's market (2), senior center, clubhouse, library, county jail, local health department, local college/university dorms, substance use disorder treatment centers

Types of CHW Employers

- Employers most frequently identified themselves as community-based organizations (n=14, 25.5%), federally qualified health centers (n=14, 25.5%), hospital/medical clinics (n=9, 16.4%) government agency (n=7, 12.7%), and health insurance plan (n=6, 10.9%).

Table 3. Agency types

	***n* (55)**	**%**
Community-based organization	14	25.5%
Federally qualified health center	14	25.5%
Hospital/Medical clinic	9	16.4%
Government agency	7	12.7%
Health insurance plan	6	10.9%
Other*	2	3.6%
Advocacy Group	1	1.8%
Community health center	1	1.8%
Medical practice	1	1.8%

*Non-profit, free clinic

B. What functions do CHWs serve in Michigan?

Populations Served and Issues Addressed by CHW Programs

Respondents were asked to identify whom the CHW program at their agency serves, as defined by race/ethnicity, health issues, other specific issues, age of population, and special populations. For tables 4-7, respondents were able to check more than response for each question.

Demographic Characteristics

- The most frequently reported races/ethnic groups served were black (n=51, 92.7%) and white (n=51, 92.7%).
- Most agencies serve adults ages 26-64 (n=50, 90.9%) and young adults ages 19-25 (n=42, 76.4%).
- The special populations most frequently identified that CHWs serve include individuals without a medical home or primary care provider (n=37, 67.3%), homeless (n=35, 63.6%), uninsured (n=35, 63.6%), frequent ED users (n=33, 60.0%), and pregnant women/infants (n=32, 58.2%).

Table 4. What populations do your CHWs serve?

Race	***n* (55)**	**%**
Black	51	92.7%
White	51	92.7%
Hispanic/Latino	49	89.1%
American Indian	39	70.9%
Asian	33	60.0%
Arab/Middle Eastern	32	58.2%
Hawaiian/Pacific Islander	29	52.7%
Other*	8	14.5%
Age Groups	***n* (55)**	**%**
Children (0-5)	25	45.5%
Youth (6-18)	24	43.6%
Young adults (19-25)	42	76.4%
Adults (26-64)	50	90.9%
Seniors (65+)	40	72.7%
Special Populations	***n* (55)**	**%**
Without medical home or PCP	37	67.3%
Homeless	35	63.6%
Uninsured	35	63.6%
Frequent ED users	33	60.0%
Pregnant women/infants	32	58.2%
Isolated rural residents	22	40.0%
Immigrants	18	32.7%
Migrant workers	17	30.9%
Other**	13	23.6%

*All races/ethnicities (5), >75% African American (1), refugee families from various countries (1)

**People with HIV (2), Medicare recipients (2), caregivers, all who are insured, dual diagnosis (substance abuse), 50+, children and youth, expectant fathers, children under 2, children with asthma, chronically ill with mental health issues

Health Issues

- Programs reported addressing a variety of health issues. Among the most common were diabetes (n=42, 76.4%), obesity (n=37, 67.3%), hypertension (n=36, 65.5%), and mental/behavioral health (n=36, 65.5%).
- Over half of CHWs serve clients with chronic diseases (diabetes, obesity, hypertension, mental/behavioral health issues, heart disease, asthma) and address health literacy and nutrition.

Table 5. What specific health issues do your CHWs serve?

	***n* (55)**	**%**
Diabetes	42	76.4%
Obesity	37	67.3%
Hypertension	36	65.5%
Mental/Behavioral health	36	65.5%
Heart disease	33	60.0%
Health literacy	33	60.0%
Nutrition	31	56.4%
Asthma	29	52.7%
Maternal/Child health	27	49.1%
Physical activity	26	47.3%
HIV/AIDS	21	38.2%
Infant mortality	21	38.2%
Oral health	21	38.2%
Cancer	20	36.4%
Other*	8	14.5%

*STDs (2), "Unsure of the specifics," COPD, women's health, Hepatitis C, tobacco cessation, reducing 30 day readmission rates, "All that apply MI health"

Social Issues

- At least 70% of Employers report CHWs address the following social issues: connecting to resources (n=51, 92.7%), connecting to medical home/PCP (n=46, 83.6%), health services (n=46, 83.6%), food security (n=45, 81.8%), transportation (n=45, 81.8%), establishing/maintaining health insurance (n=42, 76.4%), human services (n=41, 74.5%), and housing (n=40, 72.7%).

Table 6. What specific social issues do your CHWs manage?

	***n* (55)**	**%**
Connecting to resources	53	96.4%
Connecting to medical home/PCP	46	83.6%
Health Services	46	83.6%

Food security	45	81.8%
Transportation	45	81.8%
Establishing/maintaining health insurance	42	76.4%
Human services	41	74.5%
Housing	40	72.7%
Education	35	63.6%
Income	35	63.6%
Employment	34	61.8%
Immunizations	27	49.1%
Other*	8	14.5%

*Veterans eligibility, caregiver support, "Help with anything to give member a higher quality of life," drug assistance, early intervention, social security assistance, dietitian, nutrition education, cancer screening, "unsure of the specifics"

CHW Integration

- Most CHWs work on multidisciplinary teams (n=42, 76.4%)
- Of those who work on teams, social workers/behavioral health specialists (n=37, 88.1%) and registered nurses (n=37, 88.1%) are the most common other team members. Over half of teams also have a primary care provider (n=24, 57.1%), other CHWs (n=22, 52.4%), and a case manager (n=22, 52.4%).

Table 7. CHW Integration		
Do any CHWs at your agency work on a multidisciplinary team?		
	***n* (55)**	**%**
Yes	42	76.4%
No	13	23.6%
If yes, who else works on the team with the CHWs?		
	***n* (42)**	**%**
Social Worker/Behavioral Health Specialist	37	88.1%
Registered Nurse	37	88.1%
Primary Care Provider	24	57.1%
Other CHWs	22	52.4%
Case Manager	22	52.4%
Dietitian/Nutritionist	18	42.9%
Medical Assistants	14	33.3%
Other*	14	33.3%

*Pharmacist (2), Early Intervention Specialists (2), Certified Diabetes Educator, Certified Medical Assistant, Licensed Practical Nurse, Behavioral Health Specialist, Infectious Disease Physician, Naturopathic Physician, Patient Navigation Services, Psychiatrist, Dentist, Emergency Medical Technician, Quality Assurance Coordinator, Health Education Coordinator

CHW Characteristics

Number of CHWs in Program

- The majority of agencies employ full time CHWS (85.2%). The average organization employs 10.2 CHWs (SD=21.4).

Table 8. How many CHWs does your agency employ? (n=54)				
	Mean	**Min**	**Max**	**% of agencies**
Full-time	10.2	0	150	85.2%
Part-time	0.9	0	9	31.5%
Volunteer	0.1	0	2	3.8%

Average Number of Clients CHWs Serve per Year

- Most organizations report that their CHWs serve large numbers of clients. This is an overall annual organization average for clients served by CHWs, distinct from average CHW caseload. More than 85% of organizations reported that their CHWs serve more than 100 clients annually, including 30.9% of organizations serving 101-500 clients, 25.4% serving 500-1000 clients and 30.9% serving more than 1000 clients.

Table 9. What is the total number of individual clients served annually?		
	***n* (55)**	**%**
1-50	4	7.3%
51-100	3	5.5%
101-250	9	16.4%
251-500	8	14.5%
501-750	6	10.9%
751-1000	8	14.5%
> 1000	17	30.9%

Average CHW Caseload per Year

- At any given time, the average caseload for CHWs per year is 41-60 clients (n=15, 28.3%).

Table 10. What is the average caseload per CHW?		
	***n* (53)**	**%**
1-20	1	1.9%
21-40	13	24.5%
41-60	15	28.3%
81-100	5	9.4%
> 100	2	3.8%
N/A	24	45.3%

C. Who are CHWs in Michigan, in terms of education, training, and demographics?

CHW Titles and Roles in Programs

CHW Titles

- Most programs report Community Health Worker as the title for CHWs in their agency (n=38, 69.1%). Organizations use many other titles.

Table 11. What titles to CHWs go by?		
	***n* (55)**	**%**
Community Health Worker	38	69.1%
Other*	10	18.2%
Community Health Outreach Worker	7	12.7%
Advocate	6	10.9%
Health Navigator/Patient Navigator**	5	9.1%
Community Outreach Worker	4	7.3%
Certified Peer Support Specialist	3	5.5%
Outreach and Enrollment Worker	3	5.5%
Medical Case Manager/Case Manager**	3	5.5%
Health Coach	2	3.6%
Maternal Child Health Worker	2	3.6%
Promotore/a	2	3.6%
Community Health Advocate	1	1.8%
Community Neighborhood Navigator	1	1.8%
Early Intervention Services Worker	1	1.8%
Family Health Outreach Worker	1	1.8%

* MMAP Counselor, PAP Facilitator, Certified Application Counselor, Early Intervention Specialist, Care Coordinator, Prevention Specialist, Client Services Coordinator, Behavioral Health Therapist, Housing Specialist, Dietitian, Food and Nutrition Advocate, Quality Assurance Manager, Outreach Worker, Development Worker, Intern, Nutrition Instructor, Doula, Community Health Technicians
** These responses were written in under "other"

CHW Roles

The following list of roles were based on the Community Health Worker Core Consensus (C3) project, which took place from 2014-2016 (c3report.chwsurvey.com). Each role includes sub-roles.

- The most frequently reported sub-roles reported include motivating people to obtain services (n=51, 92.7%), making referrals/providing follow up (n=50, 90.9%), connecting to resources and advocating for basic needs (n=50, 90.0%), providing individual support and coaching (n=48, 87.3%), educating people about health/social systems (n=47, 85.5%), facilitating transportation and overcoming other treatment barriers (n=46, 83.6%), follow up on patient and community encounters (n=46, 83.6%), and providing information to manage chronic disease (n=45, 81.8%).

- Three roles have all sub-roles reported by over 50% of respondents: Providing appropriate education/information, Care coordination/system navigation, and Conducting outreach.
- All roles have at least one sub-role chosen by over 50% of respondents

Table 12. What roles do CHWs play in your agency?

Cultural mediation	***n* (55)**	**%**
Educating about health/social systems	47	85.5%
Building health literacy	34	61.8%
Educating about community/cultural norms	17	30.9%
Providing appropriate education/information	***n* (55)**	**%**
Information to manage chronic disease	45	81.8%
Culturally sensitive health promotion	43	78.2%
Care coordination/system navigation	***n* (55)**	**%**
Making referrals/providing follow-up	50	90.9%
Facilitating transportation/other treatment barriers	46	83.6%
Care coordination/case management	43	78.2%
Informing people and systems about the community	39	70.9%
Documenting individual and population data	37	67.3%
Providing coaching and social support	***n* (55)**	**%**
Motivating people to obtain services	51	92.7%
Providing individual support and coaching	48	87.3%
Supporting self-management of health	42	76.4%
Planning and/or leading support groups	20	36.4%
Advocating for individuals and communities	***n* (55)**	**%**
Connecting to resources and advocating basic needs	50	90.9%
Advocating for community needs	37	67.3%
Conducting policy advocacy	8	14.5%
Building individual and community capacity	***n* (55)**	**%**
Building individual capacity	41	74.5%
Building capacity with CHW groups and peers	21	38.2%
Building community capacity	19	34.5%
Providing direct service	***n* (55)**	**%**
Meeting basic needs	31	56.4%
Providing basic screening tests	10	18.2%
Providing basic services	3	5.5%
Implementing individual/community assessments	***n* (55)**	**%**
Participating in individual-level assessments	29	52.7%
Participating in community-level assessments	13	23.6%
Conducting outreach	***n* (55)**	**%**
Follow-up on patients and community encounters	46	83.6%
Recruitment for services and systems	34	61.8%

Education Expectations and Hiring Requirements

- The majority of employers report requiring a high school diploma or GED for CHWs in their agency (n=36, 65.5%).
- Other requirements include a background check (n=50, 90.9%) and ability to read and write in English (n=48, 87.3%).
- Preferred requirements include prior community experience (n=39, 70.9%) and prior experience with the target population (n=36, 65.5%).
- Most employers do not have a specific minimum requirement for years of experience (n=30, 54.5%).

Table 13. What are the educational requirements for CHWs to be hired?

	n (55)	%
High School Diploma/GED	36	65.5%
No specific requirement	10	18.2%
Some College	2	3.6%
Associate's degree	1	1.8%
Bachelor's degree	6	10.9%

Table 14. Desired minimum prior experience

	n (55)	%
No specific req.	30	54.5%
< 1 year	1	1.8%
1 year	6	10.9%
2 years	8	14.5%
3 years	1	1.8%

Table 15. What are the hiring requirements for CHWs? (n=55)

	Not required		Preferred		Required	
	n	%	*n*	%	*n*	%
Background check	2	3.6%	3	5.5%	50	90.9%
Ability to read and write in English	3	5.5%	4	7.3%	48	87.3%
Prior community experience	3	5.5%	39	70.9%	13	23.6%
Prior experience with target population	9	16.4%	36	65.5%	10	18.2%
Prior health/healthcare experience	14	25.5%	32	58.2%	9	16.4%
Bilingual in Spanish*	35	63.6%	17	30.9%	3	5.5%

*No organizations had a requirement for fluency in another language

D. How are CHWs trained in Michigan?

On the Job Training

- Most employers do not require training prior to hire (n=32, 86.5%).
- CHW-specific training is typically not required (n=37, 67.3%).
- Of those employers who require CHW-specific training (n=18, 32.7%), the majority (14/18) require MiCHWA core competency training.
- Based on the open-ended responses, CHW program-specific or agency training was provided by internal staff/trainer, insurance provider, governmental organizations, and universities/colleges (See Appendix A/Table 34 for specific examples).
- Based on the open-ended responses, agencies were interested in having CHWs trained on evidence-based practices/concepts, insurance, client engagement and relationships, professional development, and health topics as part of continued education (See Appendix A/Table 35 for specific examples).

Table 16. Is CHW-specific training required for your CHWs?		
	***n* (55)**	**%**
Yes	37	67.3%
No	18	32.7%
If yes, what type of CHW training do you require?		
	***n* (37)**	**%**
MiCHWA core competency	14	37.8%
Other core competency	12	32.4%
Agency-developed/In-house training	6	16.2%
Other*	5	13.5%
Is training required before hire?		
	***n* (37)**	**%**
Yes	5	13.5%
No	32	86.5%
Is training required to maintain employment?		
	***n* (36)**	**%**
Yes	8	21.6%
No	29	78.4%

*Eric Coleman model of care transition, HIPAA, person centered training.
A s*ingle program reported the following:* "MDHHS HIV basic knowledge and counseling, testing and referral certification, MDHHS medical case management training, CLAS standards training , motivational interviewing training, internal diversity, cultural competency, and cultural humility training, internal training "African Americans and 300 years of mistrust with the medical community," internal community outreach training , ACA Patient Navigation and Enrollment

MiCHWA Training

Core Competency-Based Training

- Nearly half of respondents reported that their CHWs had completed the MiCHWA CHW training (n=21, 38.9%) or were currently taking part in the training (n=6, 11.1%); 41.5% reported their CHWs had completed another (non-MiCHWA) core competency-based training.
- Based on the open-ended responses, core-competency based training was delivered internally by agency staff/clinic manager/etc. and externally by Spectrum/ Wayne Community College/ Michigan Public Health Institute/ etc. (See Appendix A/Table 36 for more examples).

Table 17. Type of core competency training

Have any CHWs completed MiCHWA's core competency training?		
	***n* (54)**	**%**
Yes	21	38.9%
Currently in training	6	11.1%
No	27	50.0%
Have any CHWs completed a different core competency training?		
	***n* (53)**	**%**
Yes	22	41.5%
No	31	58.5%

E. How do agencies support CHW employment?

CHW Benefits

- Most employers report CHWs are paid by salary (n=36, 66.7%) with the majority being paid $40,000-$45,000 per year. Of those who are paid hourly (n=14, 25.9%), the majority receive $15-$20 per hour.
- The majority of CHWs are eligible for compensation increases (n=42, 82.9%).
- The most common benefits for CHW employees include health insurance (n=45, 81.8%), mileage reimbursement (n=45, 81.8%), personal leave (n=38, 69.1%), sick leave (n=38, 69.1%), vacation accrual (n=38, 69.1%), and pension/retirement plan (n=30, 54.5%).
- Based on the open-ended responses, CHW pay raises or other increases in compensation are determined based on performance, funding availability, or contract/company policy (See Appendix A/Table 37 for specific examples).

Table 18. Type of compensation and rates

How are CHWs compensated?		
	***n* (54)**	**%**
Hourly	14	25.9%
Salary	36	66.7%
Hourly Rates		
	***n* (36)**	**%**
$0-10	0	0.0%
$10.01-15	14	38.9%
$15.01-20	19	52.8%
$20.01-25	3	8.3%
$25.01+	0	0.0%
Salary ranges		
	***n* (14)**	**%**
$0-25K	0	0.0%
$25,000.01-30K	3	21.4%
$30,000.01-35K	4	28.6%
$35,000.01-40K	0	0.0%
$40,000.01-45K	7	50.0%
$45,000.01+	0	0.0%

Table 19. Are CHWs eligible for compensation increases?		
	***n* (51)**	**%**
Yes	42	82.4%
No	9	17.6%

Table 20. What benefits do CHWs receive?		
	***n* (55)**	**%**
Health insurance	45	81.8%
Mileage reimbursement	45	81.8%
Personal leave	38	69.1%
Sick leave	38	69.1%
Vacation accrual	38	69.1%
Pension/retirement plan	30	54.5%
Tuition assistance	19	34.5%
Parking	15	27.3%
Other	8	14.5%
Educational leave	7	12.7%

CHW Supervision

Supervisor Characteristics

- The most commonly reported CHW supervisors are Project Directors (n=28, 52.8%) and Team Leaders, with a wide variety of managers and supervisors with other titles.
- Most CHWs are supervised by nurses (n=29, 55.8%) or social workers/behavioral specialists (n=24, 46.2%).
- Based on the open-ended responses, essential practices or strategies for supervising CHWs include communication, team work, training, community knowledge, experience, and consistency (See Appendix A/Table 38 for specific examples).

Table 21. Who directly supervises CHWs at your agency?		
	***n* (53)**	**%**
Project Director	28	52.8%
Team Leader	20	37.7%
Other*	13	24.5%
Clinic Director	9	17.0%

* Manager (3), Program Manager (2), Quality Manager, their Case Manager (they are employed by community mental health), Site Director, Care Transitions Manager, Care Coordinator/Supervisor, Agency Supervisors, Clinical manager, Behavioral Health Coordinator/Medical Case Management Supervisor/Housing Supervisor/Dietician, Supervisor, Clinical Supervisor, Program Manager/Program Coordinator, Project Coordinator/Clinical Supervisor, Patient Account Manager, Case Management Supervisor, Program Manager/Public Health Nurse III, Social Worker, Senior CHW

Table 22. What types of professionals supervise CHWs at your agency?		
	***n* (52)**	**%**
Registered Nurse	29	55.8%
Social Worker/Behavioral Health Specialist	24	46.2%
Master of Public Health	11	21.2%
Other CHWs	9	17.3%
Other*	9	17.3%
Dietitian/Nutritionist	6	11.5%
Primary Care Provider	5	9.6%
Case Manager	5	9.6%

*Medical Director, BAA in Public Health Education, Manager with BS degree, someone with a Bachelor's degree in nursing plus a Master's degree of some kind, Master of public administration and other education background, certified in billing/coding, facility manager, supervised by unit or program supervisor, Outreach Manager, Program Manager

Supervisor Training

- Supervisors were selected for a variety of reasons, which include knowledge or skills relevant to the program (n=46, 85.2%), experience with outreach/social/health programs (n=38, 70.4%), and background experiences in relevant fields (n=38, 70.4%).
- Fewer than half of CHW supervisors receive CHW-specific training (n=23, 42.6%).
- Based on the open-ended responses, CHW supervisors have received specific CHW trainings from a supervision manual for CHWs, MPH Salud Training, Michigan Primary Care Association, Webinar, CHW training, etc. (See Appendix A/Table 39 for specific examples).

Table 23. Why were these CHW supervisors chosen?		
	***n* (54)**	**%**
Knowledge/skills relevant to the program	46	85.2%
Experience with outreach/social/health programs	38	70.4%
Background experiences in relevant fields	38	70.4%
Strong supervisory experience	35	64.8%
Clinical expertise	22	40.7%
Experience in the field with CHWs	21	38.9%
Other*	3	5.6%

*Strong bonds with other community resource agencies, not much thought was put into supervisor choice, Patient Account Manager oversees all enrollment staff in addition to billing staff

Table 24. Have supervisors received CHW-specific training?		
	***n* (54)**	**%**
Yes	23	42.6%
No	31	57.4%

Supervision Challenges

- Nearly 80% (n=42, 79.6%) of respondents report having sufficient resources for CHW supervision.
- The most frequent challenges for supervision are CHWs being in different locations than their supervisors (n=19, 45.2%), more supervisory guidelines are needed (n=12, 28.6%), and not enough time for supervision (n=11, 26.2%).
- The most common suggestions for additional support for CHW supervisors include training on CHW supervision (n=36, 69.2%), group training with other CHW supervisors (n=34, 65.4%), peer networking with other CHW supervisors (n=30, 57.7%), and training on supervision in general (n=17, 32.7%).

Table 25. Does your agency have sufficient resources for CHW supervision?

	***n* (54)**	**%**
Yes	43	79.6%
No	11	20.4%

Table 26. What are the challenges your agency faces in regards to CHW supervision?

	***n* (42)**	**%**
CHWs in different locations than supervisors	19	45.2%
More supervisory guidelines are needed	12	28.6%
Not enough time for supervision	11	26.2%
Too many employees reporting to one supervisor	9	21.4%
CHW and supervisor have conflicting schedules	7	16.7%
Other*	6	14.3%

***"**Not enough CHWs to fill the available positions puts a strain on the employees. Lengthy training would increase this barrier, that's why we customize our training in house for our specific needs. this takes the least amount of time," " Main challenge is that 50% of our supervisors are white and 100% of CHWs are men and women of color," " Small budgets do not allow for special incentives and raises for CHWs, Have not found a similar support organization for program managers," " Multiple departments- CHW role performed in more than one department"

Table 27. What additional supports would be valuable to your supervisors?

	***n* (52)**	**%**
Training on supervision of CHWs	36	69.2%
Group training with other CHW supervisors	34	65.4%
Peer networking with other CHW supervisors	30	57.7%
Training on supervision in general	17	32.7%
Other*	4	7.7%

*Everything, funding for programs offered, reflective supervision, clinical supervision, NA

F. To what extent and how are CHW positions sustained in Michigan?

The following questions were designed to elicit information on the challenges faced by CHW programs, including challenges in sustaining programs over time. Responses have been grouped by theme and may fall into multiple categories. Responses are included directly from survey results. Brackets [ ] have been added to indicate where an agency or individual identifier was removed. Only selected quotes are included as examples; full qualitative results are available upon request.

Why does your agency employ CHWs?

- Based on the open-ended responses, agencies employ CHWs based on: experience with client populations and communities, funding, program specific reasons, team building, and addressing health outcomes (See Appendix A/Table 40 for specific examples).

Funding Mechanisms

- CHWs are primarily funded by state grants (n=26, 50.0%) or federal grants (n=20, 38.5%).
- Health plan contracts fund CHWs from 17.3% (n=9) of organizations.
- To-date, fewer than 20% of organizations report funding CHWs from self-generated agency revenue or agency general funds (n=7, 13.5%).

Table 28. How are your CHWs funded?

	n (52)	%
State grants	26	50.0%
Federal grants	20	38.5%
Private foundations	13	25.0%
Non-profit organizations	10	19.2%
Local grants	9	17.3%
Health plan contracts	9	17.3%
Self-generated agency revenue	7	13.5%
Community benefit	5	9.6%
Other public funding	4	7.7%
General agency fund	3	5.8%

Reimbursement Strategies

- CHWs are not typically reimbursed by insurers (n=39, 73.6%).
- Of the 14 organizations reporting that their CHW services are at least partially reimbursed by insurer/payers, the most common payer is Medicaid and/or Medicaid Managed Care (n=9, 64.3%).
- Most respondents do not have agreements with Medicaid managed care organizations (n=27, 51.9%) but many are in discussions with Medicaid managed care organizations (n=15, 28.8%).

Table 29. Type of reimbursement

Are CHW services reimbursed (in part or full) by an insurer or other payer?		
	***n* (53)**	**%**
Yes	14	26.4%
No	39	73.6%
If yes, what insurers/payers?		
Medicaid and/or Medicaid Managed Care	9	64.3%
Medicare	5	35.7%
Private Health Insurance	3	21.4%
Other	2	14.3%
State Children's Health Insurance	1	7.1%

Table 30. Medicaid managed care organizations

Do you have any agreements with Medicaid managed care organizations to pay for CHW services?		
	***n* (52)**	**%**
Yes	10	19.2%
No, but in discussions	15	28.8%
No	27	51.9%

Agency Challenges

- The top three concerns regarding CHW sustainability for agencies are funding uncertainty (n=41, 80.4%), finding qualified CHWs (n=27, 52.9% and staff turnover (n=20, n-39.2%)
- The most frequent ways in which agencies work to promote CHW sustainability are through professional development opportunities (n=40, 83.3%), providing education on the CHW role (n=30, 62.5%) and building a business case within the agency (n=27, 56.3%. Working with payers on contracts for CHW services was reported by 29.2% of agencies (n=14).

Table 31. What are your agency's top three concerns regarding sustainability of CHW employment?		
	***n* (51)**	**%**
Funding uncertainty	41	80.4%
Finding qualified CHWs	27	52.9%
Staff turnover	20	39.2%
Management support	14	27.5%
Non-acceptance of CHW role by other team members	12	23.5%
Other	2	3.9%

Table 32. How does your agency work to promote CHW sustainability?		
	***n* (48)**	**%**
Offering professional development opportunities	40	83.3%
Providing education on the CHW role	30	62.5%
Building a business case internally	27	56.3%
Working with payers on contracts for CHW services	14	29.2%
Other	3	6.3%

*Developing self-sustaining methods of funding, we are conducting a cost-benefit analysis and working on long-term return on investment demonstration, securing on-going funding,

G. How do CHWs contribute to evidence-based lifestyle change programs?

CHWs lead, or refer people to, various evidence-based lifestyle change programs. In Michigan, many of these programs seek to prevent or manage chronic disease. For the following questions, respondents had the option to choose multiple programs or choose none. These programs are as follows:

PATH: Personal Action Toward Health
This is the Michigan name for the Stanford Chronic Disease Self-Management Program. PATH exists to help people manage their long-term health conditions. PATH has been tailored to specific conditions, resulting in Diabetes PATH, Chronic PATH, and Kidney PATH. Additionally, Tomando Control de su Salud is a Spanish-only version of PATH.

DPP: Diabetes Prevention Program
DPP is a CDC-recognized program that works with high-risk individuals on preventing diabetes.

Enhance Fitness
This program is a physical activity program for older adults designed to improve functional fitness and wellbeing.

Bodyworks
This program is designed to improve family eating and activity habits.

Evidence-based programming

- PATH (n=17, 30.9%) and Diabetes PATH (n=17, 30.9%) were the two most common programs where CHWs are trained as leaders
- Per respondents, 30.8% (n=17) of CHWs trained in PATH are currently serving as leaders or co-leaders, of those working in Diabetes PATH, 20.0% (n=11) are currently serving as leaders or co-leaders

Table 33. How CHWs contribute to lifestyle change programs

Are any CHWs currently trained as leaders of these programs?			Currently serving as leaders or co-leaders?	
	***n* (55)**	**%**	***n* (55)**	**%**
PATH	17	30.9%	12	21.8%
Diabetes PATH	17	30.9%	11	20.0%
Diabetes Prevention Program	9	16.4%	9	16.4%
Chronic PATH	4	7.3%	3	5.5%
Other*	3	5.5%	2	3.6%
Kidney PATH	2	3.6%	2	3.6%
Enhance Fitness	1	1.8%	1	1.8%
Bodyworks	1	1.8%	1	1.8%
Tomando Control de su Salud	1	1.8%	1	1.8%

PATH = Personal Action Toward Health
* Matter of Balance, MMAP, CAC

SECTION 3: APPENDICES

Appendix A: Qualitative Data Tables

Table 34. Who provided/delivered this program-specific or agency-specific training?

Theme	Selected Examples
Internal Staff/ Trainer	• Our Education Coordinator • IT department did Electronic Medical Record training • CHW Coordinator employed by the agency • Program training director and manager • Program Manager and inter-agency entities specific to CHW subject matter • Agency Staff: HR/ supervisor/ fellow CHW's • Internal workforce development • Previous Director • Clinical Care team leader
Insurance Provider	• Meridian Health Plan Care Coordination Department
Governmental Organizations	• Michigan Department of Health and Human Services • State of Michigan • County Staff
Universities/Colleges	• Henry Ford Macomb-blood pressure measurement training • Grand Rapids Community College • Michigan State University extension
Other	• Saginaw Pathways to Better Health • Red Cross • Planned Parenthood • Arbor Circle • Coldspring Center for Health and Social Innovations • Michigan Primary Care Association • Baxter Dental Clinic

Table 35 . What topics would you be interested in having your CHWs trained in as a part of continuing education?

Theme	Selected Examples
Evidence-Based Practices / Concepts	• Motivational interviewing • Mental health • First aid • Trauma informed care • Active listening • Stages of Change • Brief Action planning
Insurance	• Health insurance navigation • Continuing updates about Medicaid • Medicaid outreach • Social security • Disability • Medicare
Client Engagement and Relationships	• Cultural competency • Community engagement • Family engagement • Relationship building with patients, community, and stakeholders • Community connections • Communication • Outreach techniques • Home assessments • Supporting caregivers
Professional Development	• Leadership (specifically for building confidence to participate on councils) • Professional boundaries • Time management • Documentation • Administrative skills • Team skills • Project management • Update in CHW roles and responsibilities • Group visits • Core-competencies update yearly
Health Topics	• Breastfeeding and maternal and child health • Dental and vision resources in Macomb County • Prenatal care, infant care, family planning, breastfeeding, immunizations • Social determinants of health • Medical and behavioral health conditions • Mental health
Other	• Updates with CHW culture • Social justice/ Health equity

	• Social service system • CHW funding • Community support groups • Participating in health fairs • Safety

Table 36. Who delivered this core competency-based training?

Theme	Selected Examples
Internal Staff	• Our staff, and Eric Coleman Care Transition Model • Clinic Manager • SIEU training conducted by internal staff training director
External Sources	• Spectrum • Wayne County Community College • Healthy Families America Home Visitor training delivered by Family Futures to our CHWs before MiCHWA offered its training • Michigan Public Health Institute • Michigan Pathways to Better Health • Michigan Primary Care Association • MHP Salud • State of Michigan

Table 37. How are CHW pay raises or other increases in compensation determined?

Theme	Selected Examples
Performance Based	• Increases are determined based on an evaluation that follows their job description • Depends on amount of successful home visits and proper documentation. There are several variables taken into account. • Organizational, program, and individual goals achievement • Bonuses are on performance of whole team, and raises as supervisors decide who deserves what. • Evaluated on work and progress • Board approved/ merit raises • Merit bonuses
Funding Availability	• By available funding • Grant funding and availability of funds • Each partner agency determines individual pay raise annually. We budget 3% pay raise in each of our grant-funded budgets. • Based on market data
Contract/Company Policy	• Cost-of-living annual raise • Based on the number of years employed, CHW may receive incremental step increases. • Annual pay increases for 5 years, then small (annual) cost of living increases
Other	• Gas reimbursement

Table 38. In your experience, what are essential practices or strategies for supervising CHWs?

Theme	Selected Examples
Communication	• Being open, listening to their experiences/viewing them as the expert in their work with families in combination with the need to be accountable for funders, your time, programmatic expectations, etc. • Having an open door policy, good communication and knowledge of the communities that the CHWs are working within to help assist as needed. • Be flexible, have open communication and multiple avenues for doing so, provide them with the tools they need, be consistent • Good communication / Multidisciplinary approach / Written processes to clarify needs • Understand the life experiences of CHWs. Provide clear guidance on setting boundaries. Offer frequent feedback. Always be constructive. Set high expectations. Be aware of micro-aggressions; differentiate between intentions and impact. • Respect, patience, kindness, open mind to suggestions; CHOWS work very independently and reach out as needed, and as any concern arises.
Team Work	• Good teamwork and group goals • Stressing the importance of team work
Training	• Complete and customized training at our Agency • I seek out free educational or training opportunities for staff to attend. I encourage participation in MiCHWA.
Community Knowledge	• Keeping current with the changes resources of the community • Broad based knowledge of public health and community resources. • Understanding community needs
Experience	• Outreach experience is essential for a supervisor • Experience having been a CHW. Understanding of public health issues and barriers to health care. Being able to be a mentor and developing employees, especially since we only require a high school diploma.
Consistency	• Having clear guidelines, understanding scopes of service and specifying targets • Clear expectations, structure and organization, availability of supervisor, frequent feedback, supportive team environment • Regular reflective supervision with each CHW on an individual basis. • Time to meet and discuss work including problem solving and solutions to dilemmas
Other	• Supervisors have to be able to balance the financial needs of the program as a whole against the needs of clients. And they have to be able to motivate the CHWs because their jobs are very difficult. • Flexibility and the ability to delegate and lead by example. CHW's jobs are community and field based and a supervisor should set an

	example of the standards that they expect the CHW's to abide by (timeliness, trustworthy, accountable etc.). • Having the right fit, good relationship between the CHW and supervisor • Use a coaching model - Ask how, why, etc. • Allow self-initiative

Table 39. What kind of CHW specific training have they received?

Theme	Selected Examples
Internal Training	• We offer CHW supervisor training internally. We have also developed a Supervision Manual for CHWs that is available to all staff • Director is trained in supervision of home visitors who provide services in the community
External Training	• MHP Salud Training • Michigan Primary Care Association • Coleman Associates • Training offered through Linkages grant at Michigan Primary Care Association • Michigan Community Health Worker Alliance • Michigan Department of Health and Human Services Supervision training
CHW Training	• Attended the same training as CHWs • Introduction to CHW/Team Building conference in Lansing
Other	• Webinar • Diversity training I&O training • Motivational interviewing, community resources, member engagement • Reflective Supervision; “Supervising CHWs” at APHA conference; Understanding Unconscious Bias and Unconscious Self-concept, secondary traumatization

Table 40. Why does your agency employ CHWs?

Theme	Selected Examples
Experience with Client Populations and Communities	• To provide the community we serve with advocates that are equipped to remove barriers, connect clients to necessary care and help the clients we serve reach their goals for health and well-being • To engage, recruit and retain vulnerable population into critical, client-centered, health and social services • CHWs are able to reach people where providers are not. They build relationships and those personal relationships give patients and community members a sense of hope and the desire to want to do better. If not for their sake, for the sake of making their CHW proud. They feel like someone cares, and we do. • It is the best way to reach the community and make lasting change. We've been using this model for over 30 years and we strongly believe it is a successful way to improve health in under-served communities. • So many reasons! They have life experience and personal expertise that enable them to 1) engage vulnerable families that might otherwise be reluctant to participate in our program, 2) develop long-term trust relationships, 3) connect them to needed resources and services including mental health and treatment for substance use disorder. Their unique professional roles complement and enhance the roles of other professionals such as RNs and SWs. They serve as peer mentors and as role models. They serve as advocates for their clients and as bridges between the formal complex health system and community members.
Funding	• Grant funded project • Program funding through MPCA and better patient outcomes • Grants such as Linkages, 1422, and MiPCT. We are looking at employing more because they have proven to be very valuable.
Program Specific Reasons	• Mandatory part of the project to begin with. Now, organization sees the value and hires because of this. • The reasons vary by program and their specific needs, which include referring community members to our programs and services, providing basic services such as blood pressure screenings, glucose screenings and height and weight measurement, providing health education, resources and referrals. It is also cost effective to employee CHWs. • To provide ongoing support to schools that we service through the Community Education Initiative that's in place
Team Building	• Find value of CHW in patient care team and enrollment efforts- create more effective. Efficient patient care teams
To Address Social Determinants of Health	• Bridge the gap from home to health care • We believe it's in the best interest of our patients and over time will have a strong impact on improving health outcomes • To help the community get on the road of becoming health

Appendix B: Employer Survey

The following questions were included on the employer survey. Please note that the electronic version included several skip patterns; therefore, every respondent may not have been presented with every question. Additionally, some questions was edited for phrasing once the survey was transferred into Qualtrics© software.

SECTION 0: SCREENING

1. Are you a CHW employer, program manager, or director?
    - Yes (taken to the rest of the survey)
    - No (Thank you, this survey is to be completed by an employer, program manager, or director who can answer questions about CHWs at your agency, please forward the link http://www.michwa.org/about/evaluation/program-survey/ to the appropriate individual within your agency)

SECTION 1: Background

2. What is the name of your **agency**? (*note: this is NOT the CHW program name. On survey, will provide example of the agency name versus the program name with dummy text)*

3. What is your **agency** type? (Choose the **one type** that most applies)
    - Academia/Research
    - Advocacy group
    - Community-based organization (not faith-based)
    - Faith-based organization
    - Federally qualified health center (FQHC)
    - Community health center (Not FQHC)
    - Medical practice
    - Hospital/Medical clinic (Not FQHC)
    - Health insurance plan
    - Local health department
    - Government agency (not local health department)
    - IHS/Tribal organization
    - Other (Please specify)

4. Does your agency currently employ at least one CHW?
    - Yes
    - No (*respondent will be taken to the OTHER section*)

5. In which county is your **agency** located? *(Choose one; if your agency is in multiple counties, identify the respondent's current county)*

Alcona	Cheboygan	Houghton	Lenawee	Muskegon	Sanilac
Alger	Chippewa	Huron	Livingston	Newaygo	Schoolcraft
Allegan	Clare	Ingham	Luce	Oakland	Shiawassee
Alpena	Clinton	Ionia	Mackinac	Oceana	Tuscola

Antrim	Crawford	Iosco	Macomb	Ogemaw	Van Buren
Arenac	Delta	Iron	Manistee	Ontonagon	Washtenaw
Baraga	Dickinson	Isabella	Marquette	Osceola	Wayne
Barry	Eaton	Jackson	Mason	Oscoda	Wexford
Bay	Emmet	Kalamazoo	Mecosta	Otsego	
Benzie	Genesee	Kalkaska	Menominee	Ottawa	
Berrien	Gladwin	Kent	Midland	Presque Isle	
Branch	Gogebic	Keweenaw	Missaukee	Roscommon	
Calhoun	Grand Traverse	Lake	Monroe	Saginaw	
Cass	Gratiot	Lapeer	Montcalm	St. Clair	
Charlevoix	Hillsdale	Leelanau	Montmorency	St. Joseph	

6. In what **county or counties** do your agency's CHWs deliver services? (Check **all** that apply)

Alcona	Cheboygan	Houghton	Lenawee	Muskegon	Sanilac
Alger	Chippewa	Huron	Livingston	Newaygo	Schoolcraft
Allegan	Clare	Ingham	Luce	Oakland	Shiawassee
Alpena	Clinton	Ionia	Mackinac	Oceana	Tuscola
Antrim	Crawford	Iosco	Macomb	Ogemaw	Van Buren
Arenac	Delta	Iron	Manistee	Ontonagon	Washtenaw
Baraga	Dickinson	Isabella	Marquette	Osceola	Wayne
Barry	Eaton	Jackson	Mason	Oscoda	Wexford
Bay	Emmet	Kalamazoo	Mecosta	Otsego	
Benzie	Genesee	Kalkaska	Menominee	Ottawa	
Berrien	Gladwin	Kent	Midland	Presque Isle	
Branch	Gogebic	Keweenaw	Missaukee	Roscommon	
Calhoun	Grand Traverse	Lake	Monroe	Saginaw	
Cass	Gratiot	Lapeer	Montcalm	St. Clair	
Charlevoix	Hillsdale	Leelanau	Montmorency	St. Joseph	

7. What service area(s) do your agency's CHWs serve? (Check **all** that apply)
   - Urban
   - Suburban
   - Rural

8. How many CHWs does your agency employ? *(Write in # for each type of employment)*
   - Full-time: _____
   - Part-time: _____
   - Volunteer: _____

SECTION 2: CHW EMPLOYMENT ACTIVITIES

Which population(s) do CHWs serve at your agency? *(If your agency has multiple CHW programs or multiple populations served by different CHWS, include all populations served by CHWs)*

9. **Race/ethnicity** (if applicable) (Check **all** that apply)
   - Black or African American
   - American Indian and Alaska Native
   - Asian

- Native Hawaiian and Other Pacific Islander
- White
- Hispanic or Latino
- Arab American/Middle Eastern Descent
- Other: (Please specify)

10. **Age groups** (Check **all** that apply)
    - Children (0-5)
    - Youth (6-18)
    - Young adults (19-25)
    - Adults (26-64)
    - Seniors (65+)

11. **Special populations** (Check **all** that apply)
    - Pregnant women and infants
    - Immigrants
    - Migrant workers
    - Isolated rural residents
    - Homeless
    - Uninsured
    - Frequent ED users
    - Individuals without a medical home/primary care provider
    - Other (Please specify)

12. **Specific health issues** (Check **all** that apply)
    - Heart disease
    - Hypertension
    - Diabetes
    - Nutrition
    - Physical Activity
    - Obesity
    - Cancer
    - Asthma
    - Mental/Behavioral health
    - HIV/AIDS
    - Infant mortality
    - Maternal/Child Health
    - Health Literacy
    - Oral health
    - Other (Please specify)

13. **Other specific issues** (Check **all** that apply)
    - Connecting to resources
    - Housing
    - Employment
    - Food Security
    - Education
    - Income

- Transportation
- Establishing/maintaining health insurance
- Immunizations
- Connecting to a medical home and/or primary care provider
- Human services
- Health services
- Other (Please specify)

14. What is the **total** number of individual clients/patients served annually by all the CHWs at your agency?
    - 1-50
    - 51-100
    - 101-250
    - 251-500
    - 501-750
    - 751-1000
    - Greater than 1000 (Please specify)

15. What is the average client/patient caseload of CHWs? If this is not applicable to your CHWs please pick **N/A.** *(Please respond with the average caseload at any given time; **not** total clients per year)*
    - N/A
    - 1-20
    - 21-40
    - 41-60
    - 81-100
    - Greater than 100

16. Do any CHWs at your agency work on a multidisciplinary team?
    - Yes
    - No

    If yes, who else works on the multidisciplinary team with CHWs? (Check all that apply)
    - Primary Care Provider (physician, nurse practitioner, physician assistant)
    - Registered Nurse
    - Social Worker/Behavioral Health Specialist
    - Dietitian/Nutritionist
    - Case Manager
    - Medical Assistants
    - Other CHWs
    - Other: (Please specify)

17. What roles do CHWs play in your agency? *(Qualtrics will be formatted so respondents will check off sub-roles by category. We will code role on the back end of analysis.)*

Role	Sub-Roles
Cultural Mediation among Individuals, Communities, and Health and Social Service Systems	a. Educating individuals and communities about how to use health and social service systems (including understanding how systems operate) b. Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services [CLAS] standards) c. Building health literacy and cross-cultural communication
Providing Culturally Appropriate Health Education and Information	a. Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community b. Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)
Care Coordination, Case Management, and System Navigation	a. Participating in care coordination and/or case management b. Making referrals and providing follow-up c. Facilitating transportation to services and helping to address other barriers to services d. Documenting and tracking individual and population level data e. Informing people and systems about community assets and challenges
Providing Coaching and Social Support	a. Providing individual support and coaching b. Motivating and encouraging people to obtain care and other services c. Supporting self-management of disease prevention and management of health conditions (including chronic disease) d. Planning and/or leading support groups
Advocating for Individuals and Communities	a. Advocating for the needs and perspectives of communities b. Connecting to resources and advocating for basic needs (e.g. food and housing) c. Conducting policy advocacy
Building Individual and Community Capacity	a. Building individual capacity b. Building community capacity c. Training and building individual capacity with CHW peers and among groups of CHWs
Providing Direct Service	a. Providing basic screening tests (e.g. heights & weights, blood pressure) b. Providing basic services (e.g. first aid, diabetic foot checks) c. Meeting basic needs (e.g., direct provision of food and other resources)
Implementing Individual and Community Assessments	a. Participating in design, implementation, and interpretation of individual-level assessments (e.g. home environmental assessment)

	b. Participating in design, implementation, and interpretation of community-level assessments (e.g. windshield survey of community assets and challenges, community asset mapping)
Conducting Outreach	a. Case-finding/recruitment of individuals, families, and community groups to services and systems b. Follow-up on health and social service encounters with individuals, families, and community groups c. Home visiting to provide education, assessment, and social support d. Presenting at local agencies and community events
Participating in Evaluation and Research	a. Engaging in evaluating CHW services and programs b. Identifying and engaging community members as research partners, including community consent processes c. Participating in evaluation and research: i) Identification of priority issues and evaluation/research questions ii) Development of evaluation/research design and methods iii) Data collection and interpretation iv) Sharing results and findings v) Engaging stakeholders to take action on findings

18. Where do CHWs deliver services? (Check **all** the apply)
    - Agency's location
    - Client's home
    - Client's work site
    - Community events
    - Private clinic or medical practice
    - Community health center
    - Free clinic
    - Hospital
    - Health maintenance organization
    - Faith-based organization
    - Public housing unit
    - School
    - Migrant camp
    - On the street
    - Shelters
    - Teen centers
    - Other Non-profit organization
    - Other: (Please specify)

19. How or by what method do CHWs deliver services? (Check **all** that apply)
    - One-on-one meetings in person
    - One-on-one meetings by telephone call
    - One-on-one meeting through text message
    - One-on-one through video communication, including FaceTime or Skype
    - Group classes or sessions
    - Email or other electronic communication

- Other: (Please specify)

SECTION 3: CHW CHARACTERISTICS & DEMOGRAPHICS

20. What title or titles do CHWs go by at your agency? (Check **all** that apply)
    - Advocate
    - Certified Peer Support Specialist
    - Community Health Advocate
    - Community Health Outreach Worker
    - Community Outreach Worker
    - Community Health Worker
    - Community Neighborhood Navigator
    - Early Intervention Services (EIS) Worker
    - Family Health Outreach Worker
    - Health Aid
    - Health Coach
    - Lay Leader Lifestyle Coach
    - Maternal Child Health Worker
    - Outreach and Enrollment Worker
    - Promotore/a
    - Other (Please Specify)

21. What educational requirement must CHWs meet to be hired at your agency?
    - No specific education requirement
    - High School Diploma/GED
    - Some College
    - Associate's Degree
    - Bachelor's Degree
    - Master's Degree
    - PhD/MD

The following questions are related to hiring preferences. Please identify each of the following qualities as either *Not Required*, *Preferred*, or *Required*.

Question	Not Required	Preferred	Required
22.Bilingual	Not Required	Preferred	Required
If yes, what language(s) in addition to English must CHWs be fluent in?	• Spanish • Portuguese • Arabic • Other: (please specify)		
23.Ability to read and write English	Not Required	Preferred	Required
24.Prior health or healthcare related experience	Not Required	Preferred	Required

25.Prior experience working with the community	Not Required	Preferred	Required
26.Prior experience working with the target population	Not Required	Preferred	Required
If yes, how many years of prior experience working with the target population(s) are required for the CHW position within this program?	• No specific year requirement • Less than 1 year • 1 year • 2 years • 3 years • 4+ years		
27.Background check prior to hire	Not Required	Preferred	Required

SECTION 4: CHW TRAINING

28. Is CHW-specific training required for your CHWs?
    - Yes
    - No

What type of CHW training do you require?
- MiCHWA Core Competency
- Other Core Competency
- Other: (Please Specify)

Do you require CHW training before hire?
- Yes
- No

Do you require CHW training to maintain employment?
- Yes
- No

29. Have any of the CHWs at your agency completed MiCHWA's core competency training?
    - Yes
    - We currently have CHWs in training or enrolled in training
    - No

30. Have any of the CHWs at your agency completed a different CHW core competency training?
    - Yes
    - No

If yes, who delivered this core competency-based training? *(Free Response)*

31. Did your CHWs receive program-specific or agency-specific training for their current position(s)?
    - Yes
    - No

    Who provided/delivered this program-specific or agency-specific training? (*Free response)*

32. What topics would you be interested in having your CHWs trained in as part of continuing education? *(Free response)*

SECTION 5: AGENCY LEVEL SUPPORT

33. Are CHWs in your agency paid by an hourly rate or salary?
    - Hourly rate
    - Salary
    - Volunteer
    - Other: (Please Specify)

If hourly, please choose the rate that best reflects your CHWs pay range.
- $0 - $10
- $10.01 - $15
- $15.01 - $20
- $20.01 - $25
- $25.01 – or higher

If salary, please choose the range best reflects your CHWs pay if working full time.
- $0 - $25,000
- $25,000.01 - $30,000
- $30,000.01 - $35,000
- $35,000.01 - $40,000
- $40,000.01 – $45,000
- $45,000.01 - $50,000
- $50,000.01 or higher

34. Are CHWs working at your agency eligible for pay raises or other increases in compensation?
    - Yes
    - No

    How are CHW pay raises or other increases in compensation determined? *(Free response)*

35. Do CHWs working at your agency receive any of the following benefits? (Check **all** that apply)
    - Child care
    - Commuter subsidy
    - Educational leave
    - Health insurance

- Mileage reimbursement
- Parking
- Pension or retirement plan
- Personal leave
- Sick leave
- Tuition assistance
- Vacation accrual
- Other: (Please specify)

36. Who directly supervises CHWs at your agency? (Check **all** that apply)
    - Project Director
    - Team Leader
    - Senior CHW
    - Clinic Director
    - Volunteer Coordinator
    - Other: (Please specify)

37. What types of professionals supervise CHWs at your agency? (Check **all** that apply)
    - Primary Care Provider (physician, nurse practitioner, physician assistant)
    - Registered Nurse
    - Social Worker/Behavioral Health Specialist
    - Master of Public Health
    - Dietitian/Nutritionist
    - Case Manager
    - Medical Assistants
    - Other CHWs
    - Other: (Please specify)

38. Why were these CHW supervisors chosen? (Check **all** that apply)
    - Experience in the field with CHWs
    - Knowledge/skills had relevant to the goals and objectives of the program
    - Experience with outreach programs, social programs, or health programs
    - Strong supervisory experience
    - Clinical expertise
    - Background experience in social work, nursing, public health, or program development
    - Other: (Please specify)

39. Have supervisors at your agency received any kind of training specific to supervising CHWs?
    - Yes
    - No

If yes, what kind of CHW specific training have they received?

40. What additional supports would be valuable to your supervisors?
    - Group education or training with other CHW supervisors
    - Training on supervision of CHWs
    - Training on supervision in general

- Peer networking with other CHW supervisors
- Other: (Please specify)

41. Does your agency have sufficient resources for CHW supervision?
    - Yes
    - No

42. What are the challenges your agency faces in regards to CHW supervision?
    - Not enough time for supervision
    - CHW and supervisor have conflicting schedules
    - CHWs are mobile/ located in different places than supervisor(s)
    - More supervisory guidelines are needed
    - Too many employees reporting to one supervisor
    - Other: (Please specify)

43. In your experience, what are essential practices or strategies for supervising CHWS? These may be best practices in your agency or your personal perspective. *(Free Response*)

44. What additional support or continuing education would be beneficial for CHW supervisors? *(Free Response)*

SECTION 6: CHW SUSTAINABILITY

45. Why does your agency employ CHWs?

46. How are your CHWs funded? (Check **all** that apply)
    - Federal agency/government grant(s)
    - State agency/government grant(s)
    - Local agency/government grant(s)
    - Private foundation(s)
    - Non-profit organization(s)
    - Self-generated agency revenue
    - Community benefit
    - Health plan contracts
    - Internal competitive grant(s)
    - General agency fund (not time-limited)
    - Other public funding

47. Are services provided by CHWs at this agency being reimbursed or paid for, in part or in full, by an insurer or other payer?
    - Yes
    - No

    Please check all insurers or other payers that apply:
    - State Children's Health Insurance Program (SCHIP)
    - Medicaid
    - Medicare
    - (Private) Health insurance

- Medicaid Managed Care
- Other (Please specify)

48. Do you have any contracts or agreements with Medicaid managed care organizations to pay for CHW services?
(Note: MiCHWA will not share any contract information, except de-identified in aggregate.)
    - Yes
    - No, but are in discussions with one or more health plans
    - No

If yes, with which ones? (Check all that apply)
- Aetna Better Health of Michigan
- Blue Cross Complete of Michigan
- HAP Midwest Health Plan
- Harbor Health Plan
- McLaren Health Plan
- Meridian Health Plan of Michigan
- Molina Healthcare of Michigan
- Priority Health Choice
- UnitedHealthCare Community Plan
- Upper Peninsula Health Plan

49. What are your agency's top three concerns when it comes to longevity and sustainability of CHW employment?
    - Funding uncertainty
    - Staff turnover
    - Finding qualified CHWs
    - Management support for CHWs
    - Non-acceptance of CHW role by other team members
    - Other (please specify)

50. How does your agency work to support and/or to promote CHWs and their long-term sustainability? (Check **all** that apply)
    - Offering opportunities for CHW professional development (e.g., in-services/ trainings/ career path development)
    - Providing education on the CHW role
    - Working with health plan payers on contracts for CHW services
    - Building a business case internally
    - Other (Please specify)

SECTION 7: LIFESTYLE CHANGE PROGRAMS

51. Are any of the CHWs at your agency **currently trained** as leaders of the following evidence-based lifestyle change program(s)? (Check **all** that apply)
    - Diabetes Prevention Program (DPP)
    - Personal Action Toward Health (PATH)
    - Chronic PATH
    - Diabetes PATH

- Kidney PATH
- Tomando Control de su Salud
- Enhance Fitness
- Bodyworks
- Other: _____

52. Are any of the CHWs at your agency **currently serving** as leaders or co-leaders in the following evidence-based program(s)? (Check **all** that apply)
    - Diabetes Prevention Program (DPP)
    - Personal Action Toward Health (PATH)
    - Chronic PATH
    - Diabetes PATH
    - Kidney PATH
    - Tomando Control de su Salud
    - Enhance Fitness
    - Bodyworks
    - Other: _____

53. Would your agency like materials about any of the following programs or about how individuals can become leaders of these programs? (Check **all** that apply)
    - Diabetes Prevention Program (DPP)
    - Personal Action Toward Health (PATH)
    - Chronic PATH
    - Diabetes PATH
    - Kidney PATH
    - Tomando Control de su Salud
    - Enhance Fitness
    - Bodyworks
    - Other: _____

    If you indicated interest in any of the above programs, please provide your contact information. Contact information provided below will not be associated with other survey responses or included on any survey reports.
    - Name
    - Program Name
    - Email
    - Phone Number

SECTION 8: FOLLOW-UP MATERIALS

MiCHWA members value supporting CHWs statewide. The following questions gauge your interest on a variety of CHW-related opportunities. If you are interested in any of the opportunities listed or would like someone to follow-up with you, please leave your information in the designated box. This information will be disconnected from the remaining part of the survey and not included with or associated with your responses.

54. What are other things you would like to know about the CHW workforce in Michigan and/or nationally?

- How CHW services are being paid for
- What is happening with certification
- What evidence exists for CHW impact
- How CHWs can serve on a team
- Other (Please specify)

55. Would you like more information about MiCHWA?
    - Yes
    - No

56. Would you be interested in learning more about continuing education opportunities for CHWs, including training events or other informational sessions?
    - Yes
    - No

57. Are you interested in resources for CHW supervisors?
    - Yes
    - No

58. Would you be willing to provide a CHW job description that is used by your agency? (MiCHWA is currently compiling a collection of CHW job descriptions. Any agency identifying information will be removed from the description before it is shared outside of MiCHWA staff. If yes, we will contact you for a copy.)
    - Yes
    - No

If you indicated that you would like follow-up materials, please provide your contact information. Contact information provided below will not be associated with other survey responses or included on any survey reports.

- Name
- Program Name
- Email
- Phone Number

SECTION 9: MiCHWA

MiCHWA is seeking feedback on several new initiatives that we hope to launch in 2016.

59. Other CHW alliances and associations charge organizational member fees on a yearly or biyearly basis to sustain infrastructure and activities. Would your organization be open to paying a yearly membership fee connected to member-only benefits?
    - Yes
    - No

    If yes, what type of fee would be appropriate for your organization?

A stated list of membership benefits would be appropriate with an organizational membership fee. The following amounts are based on other CHW associations' member fees. In some cases, there are multiple fees with varying benefits.

- $200-$499 per year
- $500-$749
- $750-$1,000 per year
- More than $1,000 per year

60. MiCHWA is launching a CHW registry in early 2016. Any CHW can register. CHWs who meet certification requirements (grandparenting or successful completion of the MiCHWA curriculum) will receive certification confirmation through the registry. Individual CHWs will have password protected profiles and the ability to enter continuing education completed, track skills development, and upload training documentation. The registry would also allow employers to create profiles, post jobs, and seek candidates for employment.

    The registry will be a paid service. There will be a yearly or bi-yearly fee associated with use. Note: depending on mechanism, it is possible that the first registry fee could be included in training cost for CHWs who go through MiCHWA's certification curriculum.

    As an employer, would you be willing to pay for your CHWs' registry fees?
    - Yes
    - Yes, but the initial payment should be included in training cost
    - No
    - Each CHW would need to pay on their own

61. How much is reasonable to charge per CHW for registry access, including certification?
    - $20 every two years
    - $30 every two years
    - $50 every two years
    - $100 every two years
    - More than $100 every two years

62. As an employer, would you be interested in an employer account on MiCHWA's registry? This would provide employers an opportunity to post jobs, post continuing education opportunities, and recruit potential job candidates. Employers would pay a yearly fee for registry access.
    - Yes
    - No
    - I would need to know more about the benefits of the registry.

63. As an employer, how much would be reasonable to charge for employer registry access? *Benefits of the registry would be clearly outlined prior to launch.*
    - $100-$199 per year
    - $200-$499 per year
    - $500-$1,000 per year
    - More than $1,000 per year
    - Other

SECTION 10: CLOSING REMARKS

Thank you for participating in the CHW Employer Survey. We really appreciate your responses as we learn more about CHWs in Michigan.

If you requested follow-up or materials, you will be contacted soon regarding these requests. All survey inquiries may be made to MiCHWA at: info@michwa.org.

Thank you! Learn more about MiCHWA and this survey on our website, http://www.michwa.org/about/evaluation/program-survey/.