



**Michigan Community Health Worker Alliance**  
***In coordination with the MiCHWA Evaluation Advisory Board***

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**Community Health Worker Program Survey 2014:  
Final Evaluation Report Executive Summary for Public Use**  
*January 9, 2015*

*Centers for Disease Control and Prevention Grant 1305 in coordination with the  
Michigan Department of Community Health*

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# EXECUTIVE SUMMARY

## Purpose of Survey & Methods

This report provides the Michigan Department of Community Health (MDCH) and the Centers for Disease Control and Prevention (CDC) with the final results of the 2014 Community Health Worker Program Survey, designed, conducted, and analyzed by the Michigan Community Health Worker Alliance (MiCHWA). In July 2014, 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 and their programs are funded, and what kind of data CHW programs currently collect. The survey was distributed online to program representatives, MiCHWA's existing database, Web-based media, and mailing lists and was open to all Michigan-based CHW programs.

## Key Findings

### Where are CHWs in Michigan and who is employing them?

- The **37 programs represented** in this survey were found in **11 Michigan counties**.
- About one-third of programs (n=12, 32%) were located in Wayne County, which includes Detroit. The next largest number of programs were found in Kent County (n=9, 24%), which includes Grand Rapids and Washtenaw County (n=9, 14%), which includes the Ann Arbor/Ypsilanti area.
- The majority of agencies self-identified as **community-based service providers** (n=23, 62%). The most common services agencies provide to clients include case management (n=23, 64%), individual and family services (n=22, 61%), social advocacy (n=18, 49%), primary care (n=17, 47%), and psychological services (n=16, 44%).

### What types of programs are CHWs working in currently?

- The majority of programs who took the survey (71%) had between 0-10 CHWs in their programs with an **average of 9.7 CHWs** (SD=10, range 1-40).
- **Respondents reported the following major themes about what their CHW programs do:** provide social interaction, system navigation including outreach and enrollment, prevention work, care coordination and care management, research, address health disparities, and provide patient education. Providing social/emotional support and addressing the social determinants of health were highlighted by many.
- **Primary reasons for employing CHWs included:** their ability to engage and establish trust in community, their work as "cultural brokers," first-hand knowledge of the program, cost effectiveness and sustainability, funding requirements, and demonstrated effectiveness.
- CHW programs (n=31) reported a **total of 301 full-time, part-time, and volunteer CHWs**.
- The majority of respondents (n=22, 63%) selected "**Community Health Worker**" as the title used for CHWs in their programs.
- Over half of programs reported addressing **major health issues** that include diabetes, nutrition, obesity, heart disease, and physical activity.
- Over half of programs reported addressing **social issues** including connecting to resources and food security; almost half of programs also reported addressing housing, employment, and education assistance.

- The majority of CHW programs work with **uninsured populations** (n=19, 68%) and **individuals without medical home/primary care providers** (n=18, 64%); half of the agencies work with pregnant women and infants (n=14, 50%).
- The most frequently reported hourly rate was **\$12** (n=9), with an hourly range of \$10-\$28. Annual salaries ranged from **\$25,000-\$58,000**. CHW benefits include sick leave (n=23, 89%), health insurance (n=23, 89%), mileage reimbursement (n=22, 85%), personal leave (n=22, 85%), and vacation accrual (n=21, 80%).
- About two-thirds of programs (68%) indicated that **they have sufficient resources** for CHW supervision.

#### What types of funding mechanisms are currently supporting CHWs and their programs?

- Over half (n=17, 52%) of CHW programs were funded through **federal agency grants** with current support ranging from **6 months to 5 years**.

#### What barriers do CHW programs have in reaching sustainability?

- The largest reported barrier to sustaining CHWs in the program was **funding uncertainty** (n=26, 87%).
- In order to increase CHW sustainability, **most programs provided ongoing support or training** for CHWs (n=29, 91%) and professional development for the CHWs (n=21, 66%).

#### What education do CHWs working in the field have?

- The majority of programs reported that they require CHWs to have a **minimum of high school diploma/GED** (n=19, 59%). A majority (n=13, 77%) of programs did not require that CHWs have prior health-related experience.
- Virtually all programs offer **program-specific training** for their CHWs (n=30, 97%). Most programs (n=27, 82%) also offer **competency-based training for their CHWs**, which was led by a variety of academic, state, and not-for-profit organizations.

#### What additional training needs have employers identified for CHWs?

- The majority of programs (n=24, 80%) **do not require continuing education** for their CHWs.
- Ninety percent of respondents indicated an interest in **learning more about continuing education**.