

EXECUTIVE SUMMARY

Survey Background

MiCHWA has conducted CHW Employer surveys biennially since 2014, with funding support from the Michigan Department of Health and Human Services. The 2020 Community Health Worker Survey was open from May 1 to June 30, 2020 to all Michigan-based CHW programs that MiCHWA could identify. The final dataset included **53 CHW programs** from 47 organizations. Respondents were asked to **report data as of March 1, 2020** (prior to pandemic-related changes), except for a small set of COVID-19 specific open-ended questions.

CHW Locations

Respondents reported **at least one CHW program in 75 of Michigan's 83 counties**, compared to at least one CHW in 62 counties reported by the respondents to the 2018 survey. The largest number of programs served only one county (38%) and 89% served fewer than ten counties. The counties with the largest number of programs were Wayne (14 programs), Kent (10 programs), and Macomb (9 programs). The increase in the number of counties with CHW programs in 2020 appears to be influenced, in part, by the presence of CHWs hired or contracted by Medicaid Health Plans throughout the state.

CHW Roles

Among the 36 sub-roles of the ten core CHW roles specified by the Community Health Worker Core Consensus (C3) Project, survey results showed **CHWs working in an average of 23 sub-roles**. CHWs in all programs **connected clients to resources and advocated for basic needs and motivated and encouraged people to obtain care and other services**. The frequency of some sub-roles varies substantially between organization settings. For example, only 20% of responding health systems had CHWs engaged in building community capacity, whereas 100% of responding community-based organizations and Medicaid health plans had CHWs in this role.

Program Sustainability

Two-thirds of programs (65%) receive more than half of their funding from sources considered more sustainable by the Centers for Disease Control and Prevention (CDC). However, less sustainable funds are common: **Time-limited grants (regardless of source) were the most common source of funds (41%, n = 20)**. The programs receiving time-limited funds relied on the time-limited sources for 77% of their funding. Many programs (65%) were **concerned with funding uncertainty**.

CHW Certification, Training, and Continuing Education

The top two strategies for promoting long-term program sustainability were **paying for CHWs to become certified** (76% of programs) and offering opportunities for CHW professional development (74%). CHW programs reported many benefits to CHW certification. Between 78% - 98% of programs agreed either completely or somewhat with each of ten different statements regarding the benefits of certification. **While only 10% of employers require the MiCHWA Core Competency-Based training before CHWs are hired, 78% require the training after hire**. Approximately half of programs (54%) require continuing education for their CHWs, in keeping with MiCHWA requirements for certification renewal. Six of these programs mentioned utilizing MiCHWA webinars to meet these expectations.

Changes in CHW Programs in Response to COVID-19

The most common change in response to the COVID-19 Pandemic, as of June 2020, was to CHW program service delivery mode: **37 programs increased telehealth services. Eight programs reduced**

client services because of the pandemic. On the other hand, **seven programs described responding to new client needs**, such as securing food or medication. Fifteen programs described changes in where CHWs deliver services, including **eight programs that ceased home visits** and six programs where CHWs began conducting porch drop-offs. Last, **three programs stated that CHWs were furloughed**.

Educational and Other Hiring Requirements

Most CHW programs (92%) required CHWs to have a **high school diploma or a GED**. Most employers also required that CHW read and write **English** (92%), pass a **background check** (92%), have a **driver's license** (88%), and **own a car** (65%). The percentage of programs requiring the MiCHWA Core-Competency-Based training after hire increased from 68% in 2018 to 78% in 2020.

CHW Earnings

CHW hourly rate earnings ranged from \$12.00 - \$27.00, with an **average minimum of \$16.40 and an average maximum of \$18.93**. County health plan organizations had the lowest average hourly minimum and maximum. Health departments offered the highest average hourly maximum.

CHW Supervisor Training

CHWs are supervised by people with a wide range of credentials and role titles. Most programs (74%) reported providing supervisors with **training on CHW roles and responsibilities** as well as social determinants of health (68%) and cultural competency (64%). Nine programs reported that supervisors do not receive any training specific to supervising CHWs. The most common challenge faced by supervisors was being located in a different place than CHWs (36%).

Evaluation, Monitoring, and Quality Improvement

Most programs (80%) **track the number and type of clients served** and over half of programs (53%) conduct satisfaction surveys or assessments with clients. While most programs (78%) reported **using a social determinants of health (SDOH) screening or assessment tool**, there was little consistency in the tools programs are using; the PRAPARE being the most common at 20% of programs. The majority of programs reported collecting data on indicators of general social support (82%) and of general health status (76%).

Survey Strengths and Limitations

This survey report has several strengths and limitations. Strengths include that **survey items have been refined over time**, cover a broad array of topics, and are designed to facilitate comparisons between states. Additionally, over 50 responses to the survey were received despite the fact that it was implemented during the first peak of the COVID-19 Pandemic in Michigan.

Limitations include the fact that we **do not know what proportion of all CHW programs in Michigan are represented in this data**, nor what types of respondent bias may be present. Furthermore, comparisons to 2018 or prior surveys are limited in this report due to changes in survey items over time as well as variance in the respondent pool.

Implications and Next Steps

The implications for MiCHWA from these findings include continuing to support CHW core-competency training, pursuing sustainable funding mechanisms for all CHW programs, and working toward more uniform evaluation indicators of CHW programs. This report will be disseminated widely and findings will later be shared through infographic summaries for specific stakeholders. The survey instrument will be refined for use in the 2022 survey.