



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

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

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

For questions about this report, please contact MiCHWA Project Coordinator Katherine Mitchell (mitchkl@umich.edu) or Program Survey Lead Evaluation Staff Caitlin Allen (allencg@umich.edu).



Community Health Worker Program Survey 2014: Final Evaluation Report

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MiCHWA AND MDCH 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 27 organizational partners, a 24-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 Detroit, Lansing, Grand Rapids, Muskegon, Ann Arbor, Ypsilanti, Oscoda, and Benton Harbor. 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 enrollment. 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 500 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 Michigan Department of Community Health (MDCH) Survey Team.

Why MDCH?

The MDCH 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 MDCH to work together on the program survey.

MICHWA PARTNER ORGANIZATIONS



American Cancer Society |
Great Lakes Division



Community Health and
Social Services, Inc.



FIT Families Project
(Wayne State University)



Grand Rapids Community
College



Health Project
(Mercy Health)



Henry Ford Health System



Ingham County Community
Health Center



Institute for Population
Health



Meridian Health Plan



MHP Salud



MI-Connect Network



Michigan Department of
Community Health



Michigan Institute for
Clinical and Health Research



Michigan Primary Care
Association



Michigan Public Health
Training Center



MPRO



Michigan State University
College of Human Medicine



Molina Healthcare of
Michigan



National Kidney Foundation
of Michigan



Network 180



Southeast Michigan
Community Alliance



Spectrum Health



Strong Beginnings
(Federal Healthy Start)



Trinity Health



Wayne Children's Healthcare
Access Program



University of Michigan
School of Social Work



Wayne State University
School of Medicine

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,¹ 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**. *Fig. 1, Pg. 10*
- 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. *Fig. 1, Pg. 10*
- 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%). *Table 4, Pg. 13*

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). *Fig. 4, Pg. 17*
- **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. *Table 6, Pg. 15*
- **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. *Table 7, Pg. 16*
- CHW programs (n=31) reported a **total of 301 full-time, part-time, and volunteer CHWs**. *Table 8, Pg. 18*
- The majority of respondents (n=22, 63%) selected “**Community Health Worker**” as the title used for CHWs in their programs. *Table 10, Pg. 19*
- Over half of programs reported addressing **major health issues** that include diabetes, nutrition, obesity, heart disease, and physical activity. *Table 13, Pg. 21*

¹ See Appendix A for copy of survey.

- 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. *Table 14, Pg. 22*
- 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%). *Table 15, Pg. 22*
- 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%). *Pg. 23; Table 17, Pg. 23*
- About two-thirds of programs (68%) indicated that **they have sufficient resources** for CHW supervision. *Pg. 24*

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**. *Table 22, Pg.27*

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%). *Table 24, Pg. 30*
- 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%). *Table 25, Pg. 30*

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. *Table 27, Pg. 32*
- 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. *Pg. 33*

What additional training needs have employers identified for CHWs?

- The majority of programs (n=24, 80%) **do not require continuing education** for their CHWs. *Pg. 34*
- Ninety percent of respondents indicated an interest in **learning more about continuing education**. *Pg. 34*

SURVEY BACKGROUND

The Program Survey² was designed, conducted, and analyzed by MiCHWA under contract with MDCH. In July 2014, MiCHWA conducted a 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 need for this information was identified by MiCHWA partners and outside agencies, including MDCH and the Michigan Public Health Training Center. MiCHWA plans to administer this survey every two years to assess CHW program sustainability and identify CHW growth trends. If possible, MiCHWA will also attempt to track individual program growth over time.

The survey was designed to answer a number of questions:

- Where are CHWs in Michigan and who is employing them?
- What types of programs are CHWs working in currently?
- What types of funding mechanisms are currently supporting CHWs and their programs?
- What barriers do CHW programs have in reaching sustainability?
- What education do CHWs working in the field have?
- What additional training needs have employers identified for CHWs?

This report consists of three parts:

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

Survey Development

The 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 Lead Evaluation Staff, MiCHWA Project Coordinator, MiCHWA Evaluation Advisory Board, and MDCH project team reviewed the survey and provided feedback on its content, flow, and goals.

Survey design began in 2013, compiling questions of interest to MiCHWA participants and the Evaluation Advisory Board. Evaluation Advisory Board members, MiCHWA participants, and others submitted potential questions. In winter 2014, MiCHWA began working with the MDCH Survey Team, supplementing the existing survey and refining its purposes to meet MiCHWA and MDCH needs. Sections of the final survey collected data about agencies employing CHWs in Michigan, as well as program specific information including: history, financing, scope, CHW training, CHW supervision, CHW compensation, and CHW sustainability. Additional questions collected information about program evaluation and program needs.

The survey was submitted to the University of Michigan Institutional Review Board, where it was assigned “Not Regulated” status on May 19, 2014 [HUM00089194]. 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 Program Survey instrument was developed following review of existing survey tools and gathering stakeholder feedback from MiCHWA, MDCH, and others. The final 66-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. The lead evaluation staff member solicited feedback from four 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 program representatives through MiCHWA's existing mailing list. Email recipients were informed that they could request a paper copy or a copy in Microsoft Word® but no such requests were made. An employer-specific mailing list was created, totaling 158 individual email addresses from 88 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 Association for Local Public Health, and the Michigan Health Council distributed the survey to their member lists. MiCHWA further promoted the survey on its website, social media, and through its July newsletter that was sent to 534 individuals. Reminder emails were sent to the program survey employer list on July 7, July 17, and July 31. Five contacts were removed from the employer list after the initial email due to invalid addresses. 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 programs that were reached.

The survey was initially scheduled to close July 21. Upon reviewing the number of responses on July 16, the MiCHWA Evaluation Advisory Board chose to extend the survey open period. All data in this report reflect surveys received when the survey closed on August 1, 2014.

Analysis

Once the online survey closed, data was exported from Qualtrics® into SPSS. 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 items were compiled and analyzed by two independent coders for themes.

A Note about the 'n' and %

For clarity, each question indicates the number of programs represented in the responses to that question. Because some respondents reported on more than one program (that is, they filled out a separate survey for each program), the total number of respondents differs from the total number of CHW programs reported. To calculate percentages, the denominator is generally the number of programs responding to the specific question.

SECTION 2: RESULTS

A. Where are CHWs in Michigan and who is employing them?

CHW Program Location by Michigan County³

- A total of 37 CHW programs completed the CHW Program Survey.
- 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.
- Other counties represented (1-2 programs each) include Muskegon, Saginaw, Chippewa, Genesee, Grand Traverse, Ingham, Macomb, and Roscommon.

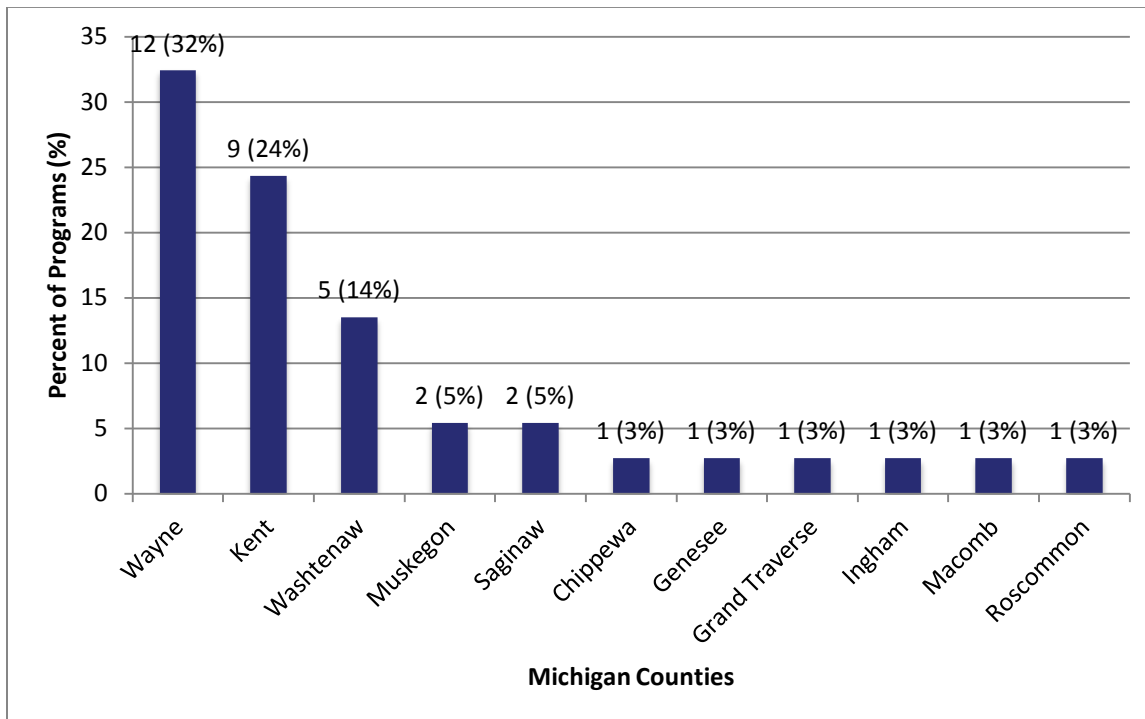


Figure 1. CHW program location by Michigan County (N=37)

CHW Reach

Service Areas

- The largest number of programs reported serving in the Detroit area (n=10, 30%) or Southeast Michigan (n=8, 24%).
- The next largest number of programs reported serving in West Michigan (n=6, 18%) or Grand Rapids (n=6, 18%).

³ See Appendix B for a table of respondents by zip code

- Clients in these programs primarily come from multicounty areas (n=17, 52%), a specific city (n=12, 36%), a specific zip code or zip codes (n=8, 24%), or a specific neighborhood (n=7, 21%).
- Other areas clients come from include the county and specific school systems (n=7, 21%).

Table 1. Areas served by program (N=33)

Area Served by Program	N (%)*
Detroit Area	10 (30%)
Southeast Michigan	8 (24%)
West Michigan	6 (18%)
Grand Rapids Area	6 (18%)
Mid-Michigan	5 (15%)
Other**	4 (12%)
Northern Michigan	3 (9%)
Easter Michigan/Thumb Area	2 (6%)
Upper Peninsula	2 (6%)
Lansing Area	2 (6%)
Southwest Michigan	1 (3%)

*Respondents were able to select multiple categories; total does not equal 100%

** Other areas include: Antrim, Benzie, Grand Traverse, Leelanau, Manistee, Mason and Oceana (1); Eaton and Clinton County (1); Kent County (1); Muskegon, Oceana, North Ottawa, Western Newaygo Counties (1)

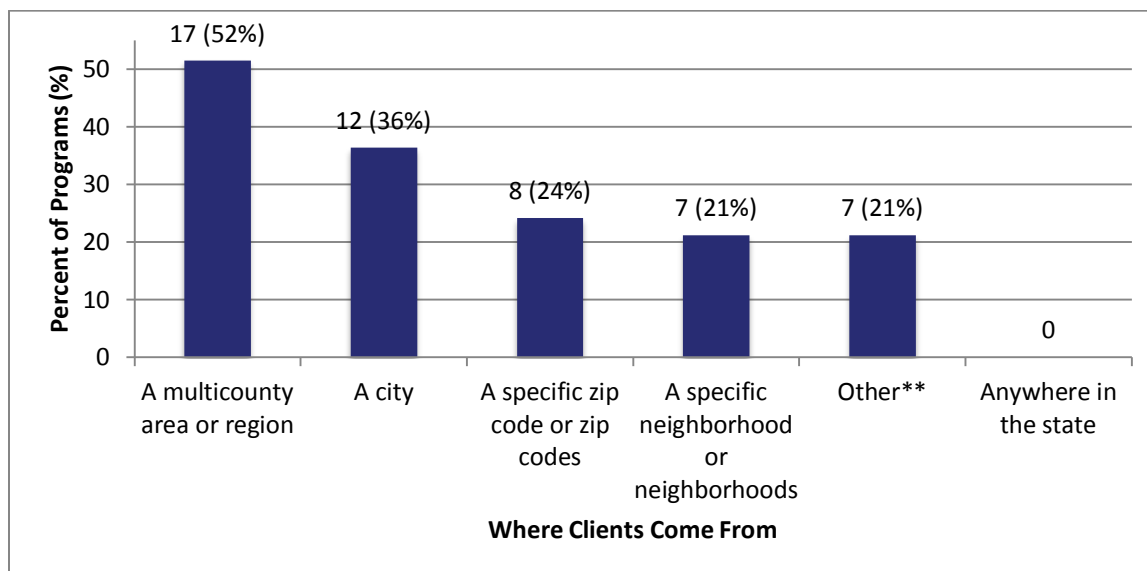


Figure 2. Where clients come from (N=33) Respondents were able to select multiple categories; total does not equal 100%. **Other includes: County (1), entire county (1), Grand Rapids Pubic Schools (1), Kent County (2), others from non-targeted areas can access programs (1)

CHW Service Delivery

- Programs reported that CHWs deliver services in a variety of settings statewide (n=33).
- The top five service delivery sites were: community health centers (n=23, 70%), community events (n=22, 67%), clients' homes (n=20, 61%), at the agency taking the survey (n=19, 58%), and at a non-profit organization (n=13, 39%).
- CHWs deliver services in a variety of ways including home visits, group classes, individual sessions, in-agency outreach, and community outreach.

Table 2. Where CHWs deliver program services (N=33)

Where CHWs Deliver Services	N (%)*
Community health center	23 (70%)
Community events	22 (67%)
Client's home	20 (61%)
Agency's location	19 (58%)
Non-profit organization	13 (39%)
School	12 (36%)
Faith-based organization	11 (33%)
Shelter	10 (30%)
Hospital	9 (27%)
On the street	9 (27%)
Public health clinic	6 (18%)
Public housing unit	6 (18%)
Client's worksite	4 (12%)
Health maintenance organization	4 (12%)
Other**	3 (9%)
Private clinic	2 (6%)
Migrant camp	1 (3%)
Teen centers	1 (3%)
CHW's home	0 (0%)

*Respondents were able to select multiple categories; total does not equal 100%

**Other responses include: farmers markets, school based health center, various community sites within each of our neighborhoods

Table 3. How CHWs deliver program services (N=32)

How CHWs Deliver Services	N (%)*
Home visits	21 (66%)
Outreach in community settings	21 (66%)
Outreach in agency setting (clinic, office)	19 (59%)
Group classes or sessions	18 (56%)
Individual sessions	18 (56%)
Other**	4 (13%)

*Respondents were able to select multiple categories; total does not equal 100%

**Other services include: clinic (1), over the phone (2), schools and churches (1)

Types of CHW Employers

- The majority of agencies self-identified as community-based service providers (n=23, 62%).
- Agencies also identified as federally qualified health centers (FQHC) (n=9, 24%) and hospitals or health systems (n=9, 24%).
- The majority of respondents identified their organization/agency as nonprofit (n=32, 87%).
- The majority of respondents specifically identified their organization/agency as a 501c3 nonprofit (n=23, 68%) while a smaller number (19%, n=7) identified as other nonprofit.
- The top 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%).

Table 4. Category of agency (N=37)

Category of Agency	Number of Programs (%)*
Community based service provider	23 (62%)
Federally Qualified Health Center	9 (24%)
Hospital or health system	9 (24%)
Advocacy group	4 (11%)
Faith-based agency	3 (8%)
Academia/Research	3 (8%)
Government agency (local, state, or federal)	3 (8%)
Health Plan	3 (8%)
Other	3 (8%)**

*Respondents were able to select multiple categories; total does not equal 100%

**Other categories include: Public Health Institute (1), Public School (1), did not respond (1)

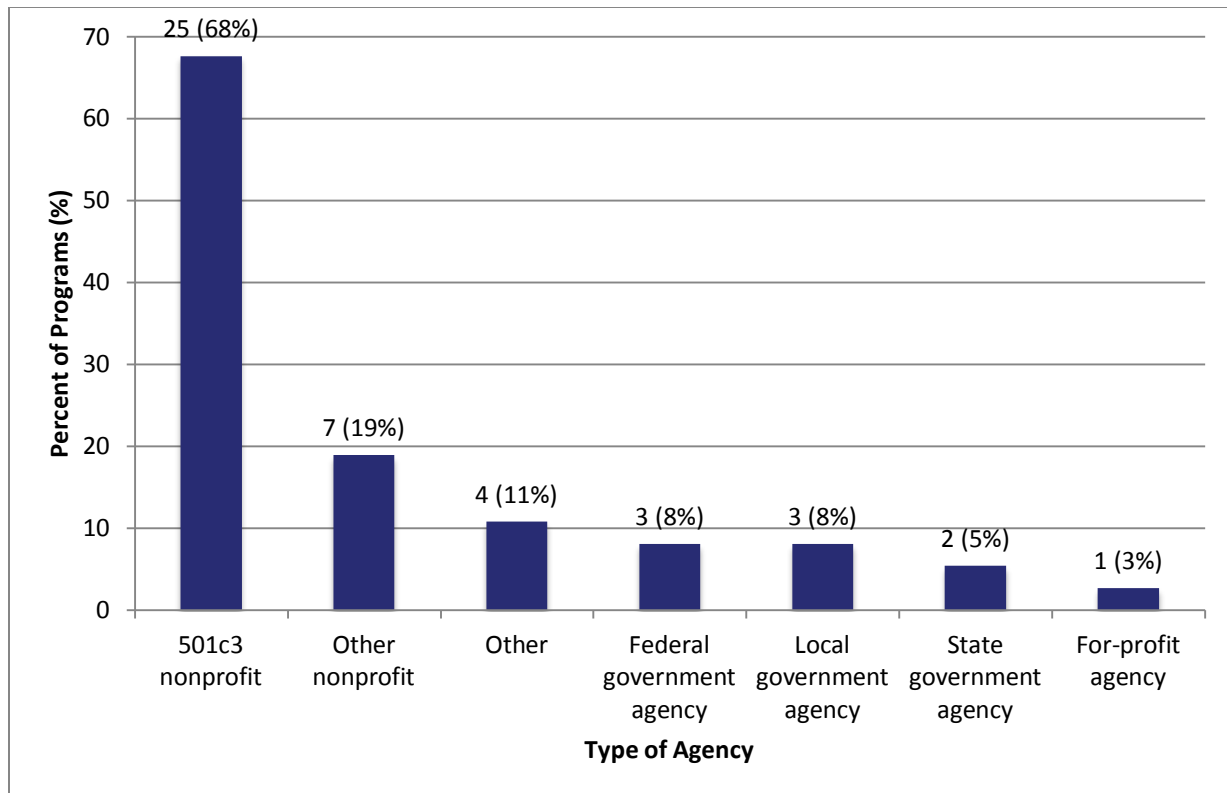


Figure 3. Agency Type (N=37) Respondents were able to select multiple types of agencies; total does not equal 100. Other agencies identified include: college (1), hospital (3)

Table 5. Services agency provides (N=36)

Services Provided by Agency	Number of Programs (%)**
Case management	23 (64%)
Individual and family services	22 (61%)
Social advocacy	18 (49%)
Primary care (health care)	17 (47%)
Psychosocial services (including counseling)	16 (44%)
Insurance or health coverage	14 (39%)
Other*	11 (31%)
Housing assistance	8 (22%)
State or federal aid assistance	8 (22%)
Workforce development or employment assistance	6 (17%)
Education elementary or secondary	4 (11%)
Inpatient health care	3 (8%)
Education: college-level	2 (6%)

*Other categories include: Community Based Prevention Programs (2); Community Health Services; Dental, Pharmacy, Wellness, WIC; Environmental Health Services; First Aid and Resources for families; Maternal Infant Health Program, Spiritual Health, Pharmacy, Dental; Parenting and child development; School based health care; supporting the adoption of the patient centered medical home

** Respondents were able to select multiple categories; total does not equal 100%

B. What types of programs are CHWs working in currently?

CHW Program Characteristics

Survey responses represent 37 unique programs from 33 agencies in the state of Michigan. This indicates that some agencies have multiple programs. Respondents indicated that programs began as early as 1995 and as late as July 2013.

The following responses have been grouped by theme. Some responses 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.

Respondents reported the following major themes about what their CHW programs do: system navigation including outreach and enrollment, prevention work, care coordination and care management, research, address health disparities, and provide patient education. Many programs foster social interaction and social/emotional support and address the social determinants of health.

Table 6. Open-ended responses: what each program does

Theme	Examples/Selected Quotes
System navigation, including outreach and enrollment	<ul style="list-style-type: none"> • “Assist adults in our community with navigating resources” • “connect individuals to our primary care provider, provide emotional support, increase recovery capitol, enroll individuals in insurance, provide support to them, engage with hot spotters, increase retention rate in behavioral health services” • “provided referrals” • “helping to educate and enroll with the Health Insurance Marketplace and Medicaid expansion”
Healthy lifestyles/ Prevention	<ul style="list-style-type: none"> • “chronic disease self-management workshops, physical activity and nutrition classes” • “HIV prevention and treatment” • “community based education and prevention services to promote health and prevent disease” • “improve the general health and well being” • “promote health and access to care”
Care coordination and care management	<ul style="list-style-type: none"> • “Care coordination and health navigation” • “connect individuals to our primary care provider...increase retention rate in behavioral health services” • “A Community Health Worker was recruited to contact patients with uncontrolled diabetes who have not had any or limited diabetes education within the previous 2 years. The Community Health Worker contacted the patients regarding any barriers they have to seeking and obtaining care for their diabetes. They provided referrals regarding the barriers to care. They also followed up with the patient after initial contact to determine if the referrals they made were completed and if any other assistance was needed.” • “connect [chronically ill Medicaid/Medicare beneficiaries] to needed health and human services” • “work closely with case managers and transitional care nurses to serve as member advocates...educate, engage, and assist them with managing their healthcare needs”
Research	<ul style="list-style-type: none"> • “Conduct community-based participatory research using a CHW model”
Health disparities	<ul style="list-style-type: none"> • “Improve maternal child health and eliminate disparities in birth outcomes for African Americans” • “To address the social determinants of health to impact and reduce infant mortality”

	<ul style="list-style-type: none"> • “reduce racial and ethnic disparities in perinatal health”
Patient education	<ul style="list-style-type: none"> • “Educate Hispanic women on breast cancer health and importance of early detection” • “Health education” • “Provide community based education and prevention services to promote health and prevent disease” • “teach the client to improve their self-management skills”

Respondents were asked to report their rationale for employing CHWs in their programs. Responses focused on CHW ability to engage and establish trust, role as cultural brokers, first-hand programmatic knowledge, cost effectiveness and sustainability, ability to meet the requirements for grants or other funders, and demonstrated effectiveness.

Table 7. Open-ended responses: rationale for employing CHWs

Theme	Examples/Selected Quotes
Ability to engage and establish trust in community	<ul style="list-style-type: none"> • “Ability to engage high-risk population” • “CHWs are viewed as trusted community members” • “The ability of CHWs to engage with, and relate to, our clientele was the original rationale. Over the years, that rationale has not changed! It continues to be the foundational value of the role!” • “community resident was employed who was known and respected by residents” • “Many CHWs share similar life experiences, backgrounds and characteristics of clients being served. As a result, they are able to connect with clients on a level that other health care providers are quite often not able.” • “Need for staff who understand and represent the populations and communities served” • “Based upon the literature, we felt that CHWs would be the best way in which to address barriers, connect patients with resources and foster a trusting relationship” • “Residents of our partnering neighborhoods identified development of a CHW program as their resident driven solution to promoting access to health care within their neighborhood.” • “CHWs work at a grassroots level and break down barriers that otherwise are impediments to overall health” • “Were able to reach more women in the community, understood and represented the community, well trusted within the community.” • “Trusted by the community, therefore more effective and able to engage people in an authentic way” • “As peer mentors, CHWs are best able to form trusting relationships, serve as role models, and engage and retain the most vulnerable families in our community”
“Cultural brokers”	<ul style="list-style-type: none"> • “CHWs are...culturally competent and closely connected to the community in which they serve” • “Our community has language, cultural and transportation barriers” • “To engage those members that have barriers to understanding their healthcare.” • “We feel they are effective because they represent the community we are serving” • “CHWs serve as cultural brokers and bring a unique personal and professional expertise that complements the expertise of our other case management team members (RNs and SWs)”
First-hand program knowledge	<ul style="list-style-type: none"> • “Huge value is added when CHWs, some of whom have been recipients of the benefit programs we refer to, are working with clients” • “Some are former program participants themselves, so have first hand knowledge of our program and its benefits.”

Cost effectiveness and sustainability	<ul style="list-style-type: none"> • “Effective delivery method, high rate of client engagement and outcome achievement. cost effective.” • “We also felt that employing CHWs, in the long run, would be a more cost-effective method...as opposed to utilizing a nurse or case manager” • “Sustainability - more likely to stay in their jobs and have a personal investment”
Meet some requirement for funders/ national standards	<ul style="list-style-type: none"> • “Need for staff who understand and represent the populations and communities served, strengthening individuals and communities, increasing employment opportunities, matching skills and abilities of staff to requirements of grants.” • “opportunity to have a position grant funded and we were in need of the services being offered” • “CHWs and the U.S. Department of Health and Human Services' Healthy People 2010 initiative challenges individuals, communities, and professionals to take specific steps to ensure that good health, as well as long life, are enjoyed by all” • “Fidelity of program model required use of CHW”
Demonstrated effectiveness	<ul style="list-style-type: none"> • “Our research results showed the effectiveness of CHWs” • “We have used CHWs for a number of years and understand the benefit of this type of workforce being developed in our community” • “Our organization is built on the CHW Model. CHWs are inherent to the organization's mission”

Number of CHWs in Program

- The majority of programs (n= 22, 71%) had between 0-10 CHWs in their program with an average of 9.7 CHWs (SD=10, range 1-40).
- On average, CHW programs in Michigan employ 8.2 full-time CHWs (SD=7.8, range 1-28).
- On average, programs that reported part-time CHWs employ 3.9 CHWs (SD=4.2, range 1-15).
- The average number of volunteer CHWs per program was 27.5 (SD= 17.6, range 15-40).
- Across Michigan, CHW programs (n=31) report a total of 301 full-time, part-time, and volunteer CHWs.

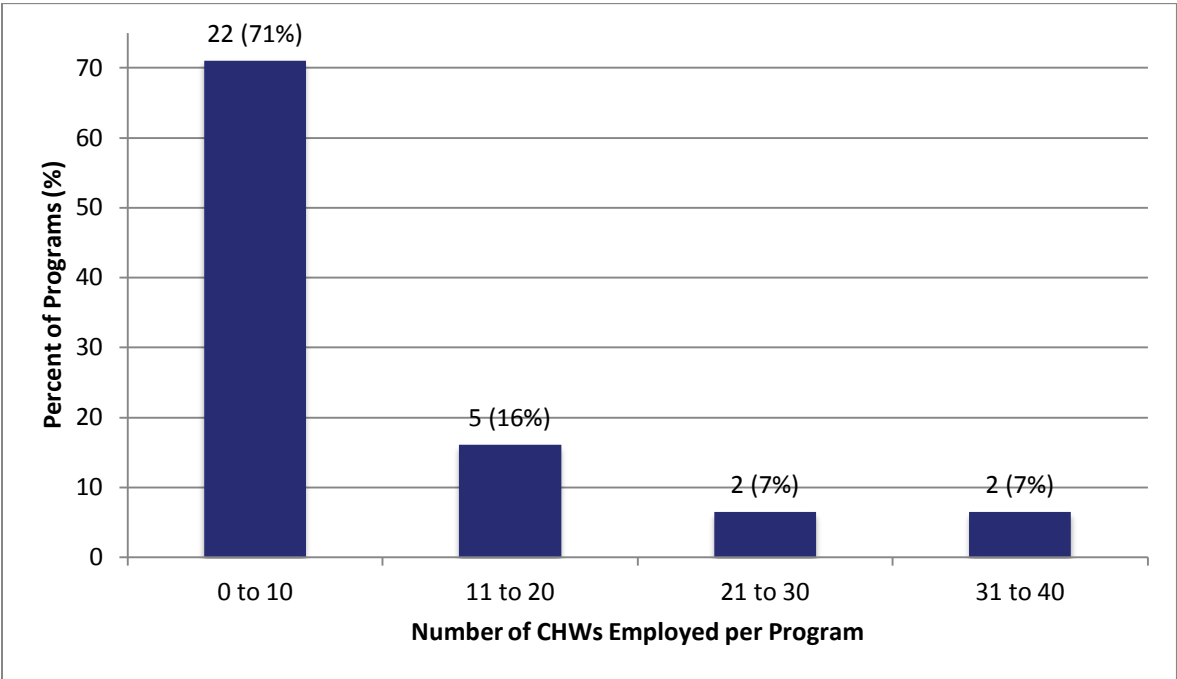


Figure 4. Number of CHWs employed per program (N=31)

Table 8. CHW employment status (N=31)

Employment Status	Number of Programs (%)*
Full Time	23 (74%)
Part Time	16 (52%)
Volunteer	4 (13%)

*Respondents were able to select multiple categories; total does not equal 100%

Average Number of Clients CHWs Serve per Year

- Twenty-seven programs reported the average number of clients served by the program annually (outlier of 35,000 was excluded from the calculation of the mean and Table 9 below).
- Programs reported serving an average of 569.9 clients per year (SD= 513.1, Min=1, Max=2,000).
- The majority of programs (n=15, 58%) reported the number of clients served to be between 1 and 500.
- The programs that reported serving the largest number of clients were located in Saginaw and Kent Counties.

Table 9. Average number of clients served (N=26)

Number of Clients	Number of Programs (%)
1-500	15 (58%)
501-1000	7 (27%)
1001-1500	3 (12%)
1500+	1 (4%)

Average CHW Caseload per Year

- Programs reported CHW annual caseloads to be between 7 and 600 (n=23).
- The average CHW caseload was 69.2 clients (SD=118.2).
- Over half of programs (n= 12, 52%) reported an average CHW caseload between 21-40 clients.

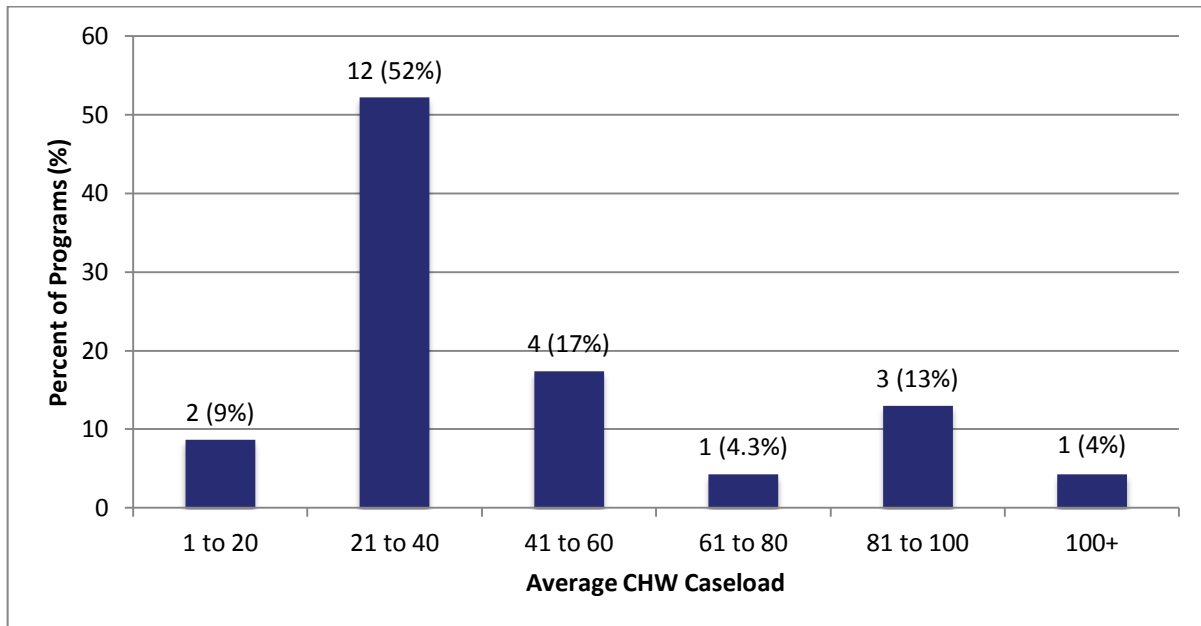


Figure 5. Average CHW caseload (N=23)

CHW Titles and Roles in Programs

CHW Titles

- The majority of programs (n=22, 63%) selected Community Health Worker as the CHW title.
- Of responding programs, 40% (n=14) reported other titles, as listed below Table 10.
- Agencies that use Community Health Worker as the primary title provided case management (77%), social advocacy (55%), psychosocial services (55%), and individual and family services (55%).

Table 10. CHW title (N=35)

CHW Title	Number of Programs (%)
Community Health Worker	22 (63%)
Other	14 (40%)
Community Outreach Worker	5 (14%)
Promotore/a	2 (6%)
Maternal Child Health Worker	1 (3%)

*Respondents were able to select multiple categories; total does not equal 100%

**Other categories include: advocate; advocates/health system navigator; certified peer support specialist; community and neighborhood navigator; community connectors; community health advocates; community health nurse, community social worker, advocates; enrollment specialist; family health educator; family health outreach; health aide; health coach; lay leader lifestyle coach

CHW Roles

- Survey respondents were asked about seven MiCHWA-recognized CHW roles.
- Half or more of responding agencies reported the following roles performed by CHWs, with the exception of participatory research.

Table 11. CHW role (N=32)

CHW Role	N (%)*
Health promotion and health coaching	26 (81%)
Systems navigation	24 (75%)
Case management and care coordination	20 (63%)
Outreach and community mobilization	20 (63%)
Home-based support	19 (59%)
Community/Cultural liaison	16 (50%)
Participatory research	6 (19%)
Other**	5 (16%)

*Respondents were able to select multiple categories; total does not equal 100%

**Other roles include: breastfeeding peer counselors, insurance enrollment, promote and incorporate patient/professional collaboration in all aspect of program, school health aid, their job is to work with the staff to coordinate integrate health care between our medical and [behavioral health] services

Populations Served and Issues Addressed by CHW Programs

Respondents were asked to identify whom the program serves, as defined by race, health issues, other specific issues, age of population, and special populations.

Demographic Characteristics

- The majority of programs serve Black or African American (n=27, 84%), Hispanic or Latino (n=22, 69%), and White populations (n=21, 69%).
- Agencies worked with all age groups, with the majority of programs working with adults over the age of 18: young adults (n=23, 72%), adults (n=24, 75%), and seniors (n=19, 59%).

Health Issues

- The top health issues agencies address through CHW programs are diabetes (n=20, 65%), nutrition (n=18, 55%), obesity (n=17, 55%), heart disease (n=16, 52%), and physical activity (n=16, 52%).
- Twenty-three percent of respondents identified “other health issues,” which included men and women of child bearing age; cystic fibrosis; prediabetes; breast feeding; health insurance coverage; reducing unintended pregnancy and promoting early pregnancy recognition; COPD; family planning; and life threatening allergies, seizures, ADD/ADHD, sickle cell, special needs with multiple health problems.

Social Issues

- CHWs also assist their clients with a variety of issues that can be classified as social determinants of health; almost all CHWs help connect clients to resources (96.8%) and the majority help clients address food security (n=17, 55%).
- CHWs from almost half of programs help clients address housing, employment and education issues, and over a third report helping clients connect with income assistance services and a variety of other issues.
- 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 programs work with pregnant women and infants (n=14, 50%).

Table 12. CHW program client race/ethnicity (N=32)

Race/Ethnicity of Clients	N (%)*
Black or African American	27 (84%)
Hispanic or Latino	22 (69%)
White	21 (66%)
Arab American/Middle Eastern Descent	11 (34%)
American Indian and Alaska Native	8 (25%)
Asian	8 (25%)
Native Hawaiian or Other Pacific Islander	6 (19%)
Other **	2 (6%)

*Respondents were able to select multiple categories; total does not equal 100%

**Other race/ethnicity include: 90% black men who have sex with men; other refugee groups

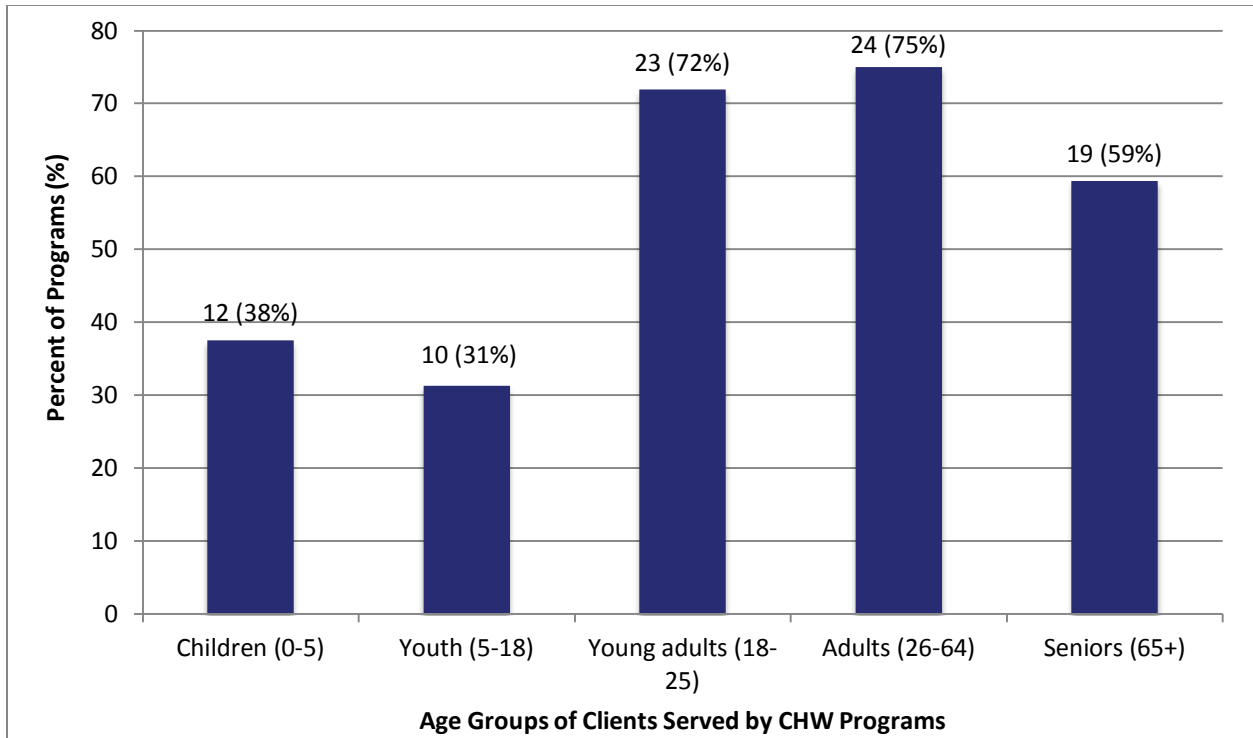


Figure 6. Age groups of clients served by CHW programs (N=32) Respondents were able to select multiple categories; total does not equal 100%

Table 13. Health issues of clients (N=31)

Health Issue	N (%)*
Diabetes	20 (65%)
Nutrition	17 (55%)
Obesity	17 (55%)
Heart disease	16 (52%)
Physical Activity	16 (52%)
Mental/Behavioral Health	15 (48%)
Hypertension	15 (48%)
Health Literacy	13 (42%)
Asthma	12 (39%)
Maternal/Child Health	10 (33%)
Other **	9 (29%)
Infant Mortality	8 (26%)
Cancer	8 (26%)
HIV/AIDS	7 (23%)
Oral Health	7 (23%)

*Respondents were able to select multiple categories; total does not equal 100%

**Other includes: men and women of child bearing age; cystic fibrosis; prediabetes; breast feeding; health insurance coverage; reducing unintended pregnancy and promoting early pregnancy recognition; COPD; family planning; life threatening allergies, seizures, ADD/ADHD, sickle cell, special needs with multiple health problems

Table 14. Social issues (N=31)

Social Issues	N (%)*
Connecting to Resources	30 (97%)
Food Security	17 (55%)
Housing	14 (45%)
Employment	14 (45%)
Education Assistance	14 (45%)
Income Assistance	11 (36%)
Other**	11 (36%)

*Respondents were able to select multiple categories; total does not equal 100%

**Other includes: insurance; health promotion and prevention; insurance applications; assist individuals with special needs; promoting access to health care; transportation, access to health care; improving parenting skills and knowledge; connecting to insurance, transportation; transportation, basic needs, healthcare compliance; add and other behavioral issues; addressing structural, financial and behavioral barriers to accessing care

Table 15. Special populations of clients program serves (N=28)

Special Population	N (%)*
Uninsured	19 (68%)
Individuals without a medical home/primary care provider	18 (64%)
Pregnant women and infants	14 (50%)
Frequent ED users	12 (43%)
Homeless	11 (39%)
Isolated rural residents	8 (29%)
Immigrants	7 (25%)
Other**	4 (14%)
Migrant workers	3 (11%)
Insured	0 (0%)

*Respondents were able to select multiple categories; total does not equal 100%

**Other populations include: elementary and high school students; free and reduced lunch; children; male partners of pregnant and/or parenting women

CHW Integration into Program

- The majority of programs report CHWs who work on multidisciplinary teams (n=27, 84%).
- The multidisciplinary teams consist of registered nurses (n=21, 78%), primary care providers (n=14, 52%), or social workers (n=19, 70%).

Table 16. Who CHWs work with (N=27)

Title of CHW Team Members	N (%)*
Registered Nurse	21 (78%)
Social Worker	19 (70%)
Primary Care Provider (physician, nurse practitioner, physician's assistant)	14 (52%)
Other CHWs	11 (41%)
Case Manager	9 (33%)
Medical Assistants	8 (30%)
Dietitian/Nutritionist	4 (15%)
Other**	4 (15%)

*Respondents were able to select multiple categories; total does not equal 100%

**Other populations include: advocates; health educator; outreach and enrollment staff, marketing; psychologist

Agency Finances and CHW Benefits

- Respondents were asked to write in the hourly range for CHWs. Responses included hourly rates, annual rates, and other rates.
- The most frequently reported hourly rate was \$12 (n=9, range \$10-\$28).
- Annual rates ranged from \$25,000-\$58,000.
- Other rates included stipends and \$45 per one-hour session.
- The majority of CHWs (n=23, 74%) are eligible for income raises or other forms of increase in compensation.
- 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%).
- Programs also offer CHW recognition through conference participation (n=18, 62%) and program awards (n=15, 55%).
- No programs reported offering recognition through academic credit.

Table 17. Agency benefits received by CHWs (N=26)

Benefits Received	N (%)*
Sick leave	23 (89%)
Health insurance	23 (89%)
Mileage reimbursement	22 (85%)
Personal leave	22 (85%)
Vacation accrual	21 (81%)
Pension or retirement plan	16 (10%)
Parking	11 (42%)
Tuition assistance	11 (42%)
Other**	4 (15%)
Educational leave	1 (4%)
Childcare	1 (4%)
Commuter subsidy	0 (0%)

*Respondents were able to select multiple categories; total does not equal 100%

**Other benefits include: cell phone reimbursement; professional development, training, conference attendance; varies by job; varies by site

Table 18. Type of CHW recognition offered (N=29)

Type of recognition	N (%)*
Conference participation	18 (62%)
Program awards or other recognition	15 (55%)
Wage increase	12 (41%)
Certification from program	9 (3%)
Promotion	8 (28%)
Adding fringe benefits	2 (7%)
Graduation ceremony	2 (7%)
Academic credit	0 (0%)
Other	0 (0%)

*Respondents were able to select multiple categories; total does not equal 100%

Respondents were asked how income raises are determined. Primary themes include:

- By the HR department/agency official (4)
- Based on level of responsibility (2)
- The overall cost of living (2)
- Effectiveness and performance (12)
- Funding availability (5)
- Merit and experience (2)

CHW Supervision

- Over half of programs (68%) of programs reported they have sufficient resources for CHW supervision.
- The majority of programs that reported sufficient resources for CHW supervision were not connected to research projects (n=14, 74%).
- Over half (n=19, 59%) of respondents indicated that CHW supervisors were someone other than the options provided. Supervisor names included: CHW supervisor and manager; clinical supervisor; community benefit coordinator; director of behavioral health and integrated primary care (doctoral level psychologist); each partner had its own supervisory staff; health or clinic director at each site; nurse; operations director; program coordinator (2); program manager; program supervisor (2); project manager; RN and social workers; site manager; social worker; special projects manager; school health advocacy supervisor.
- Many supervisors were registered nurses (n=13, 48%) and licensed social workers (n=13, 48%); however, the majority of respondents indicated that the CHW supervisor had “other” qualifications including, bachelor’s degree, experience in the field, master’s degrees, and relevant experience.

Table 19. Program supervisor (N=32)

Direct CHW supervisor	N (%)*
Other**	19 (59%)
Project Director	8 (25%)
Team Leader	7 (22%)
Clinic Director	2 (6%)
Senior CHW	1 (3%)

*Respondents were able to select multiple categories; total does not equal 100%

**Other supervisors included: CHW supervisor and manager; clinical supervisor; community benefit coordinator; director of behavioral health and integrated primary care (doctoral level psychologist); each partner had its own supervisory staff; health or clinic director at each site; nurse; operations director; program coordinator (2); program manager; program supervisor (2); project manager; RN and social workers; site manager; social worker; special projects manager; school health advocacy supervisor

Table 20. Qualifications of supervisor (N=27)

Direct CHW supervisor	N (%)*
Other**	14 (52%)
Registered Nurse	13 (48%)
Licensed Social Worker	13 (48%)
Master's in Public Health	7 (26%)
Case Manager	2 (7%)
Dietitian	1 (5%)
General Practitioner	0 (0%)

*Respondents were able to select multiple categories; total does not equal 100%

**Other qualifications included: BA, experience in field work, management, supervision; bachelor's degree; experience in field; master's degree; master's preferred; minimally a recovery coach certification; minimum of BS/BA, prefer masters level; minimum bachelors and supervising experience, licensed individual preferred; none (2); related experience supervising this work; relevant experience

The majority of CHW supervisors did not have training specific to CHWs (78%). Those that did have training specific to CHWs stated this training was from:

- Agency
- Corporate supervisor training done within the company
- Current supervisor who had received training previously
- I participated in overseeing a CHW program earlier in my career, so although I have not had specific training that experience prepared me well
- New CHW training from Dr. [name] and ongoing staff development
- Training through [nonprofit agency], how to recruit and supervise CHWs
- Supervisors have worked with CHWs for many years and have had training on scope of CHW practice, ways to support, and role of CHW in the team
- Training focused on utilizing strength based and reflective supervision practices

Respondents were asked an open-ended question about why they chose CHW supervisors. These responses were categorized into themes, which include: experience directly related to CHW, experience not related to CHW, past/present employment at the agency. Note that some responses 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.

Table 21. Open-ended responses: why CHW supervisors were chosen

Theme	Examples/Selected Quotes
Experience – Directly related to CHW	<ul style="list-style-type: none"> • “Experience in the field” • “Their previous CHW experience and/or willingness to help within the community” • “History working with CHWs”
Experience – Not directly related to CHW	<ul style="list-style-type: none"> • “Experience and knowledge with system navigation; expertise specific to their credentials” • “supervisory experience, strong leadership skills, financial/budgeting experience, knowledge of community resources, and cultural competency” • “Experience and relevance to program goals/objectives” • “Background in maternal/child health, social work, and strong supervisory experience” • “Previous experience in oversight of outreach programs” • “Experience working the community and volunteers” • “Ability to develop relationships, their stories of hope and recovery, and understanding that there are multiple pathways to recovery”
Experience – Not specified	<ul style="list-style-type: none"> • “Experience” • “Met job requirements” • “Most qualified” • “met the qualifications to be a team leader” • “These supervisor roles have typically “matched” the mission and expected outcomes of our programs.”
Past/present employment at agency or on team	<ul style="list-style-type: none"> • “Chain of command in place at sub-contracted site” • “Chosen by the partner agencies, were already on staff” • “I am site manager, worked with the grant writer/holder and we decided that the CHW would be employed by [agency] so that made me the immediate supervisor” • “The CHW supervisors were chosen due to their role in the clinic, primarily” • “Helped develop grant program” • “I created the program”

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

Funding Mechanisms

- Over half of CHW programs (n=18, 55%) were funded through federal agency grants.
- Other funding mechanisms included state agency grants (n=9, 27%), private foundation (n=8, 24%), nonprofit organizations (21%), self-generated revenue (15%), allocated funding/community benefits (18%), other public funding (9%), and local agency/government grant (9%).
- Compared to state programs, federally-funded programs tended to serve larger numbers of clients: 86% (n=6) of state funded programs serve between 1-500 clients, whereas only 46% of federally-funded programs served this number.

Funding mechanisms were self-reported by programs and organized by MiCHWA evaluation staff.

Table 22. Types of Funding Mechanisms (N=33)

Program Funding Mechanism	N (%)*
Federal agency grant	18 (55%)
State agency grant	9 (27%)
Private foundation or internal funding mechanism	8 (24%)
Nonprofit organization, including grant mechanisms within nonprofit agencies	7 (21%)
Self-generated revenue	5 (15%)
Allocated funding/community benefits	6 (18%)
Other funding	3 (9%)
Local agency/government grant	3 (9%)

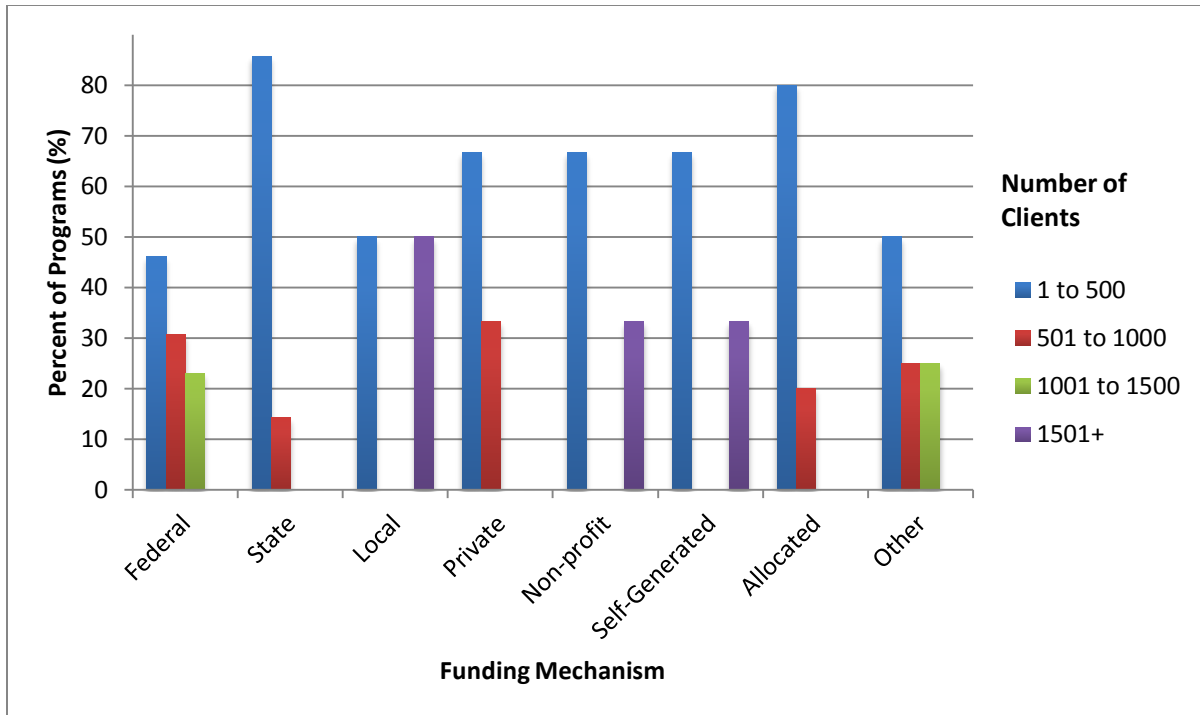


Figure 7. Number of clients served by program annually based on funding mechanism(s) (N=25)

Funding Duration

- Respondents were asked about the duration of the funding that currently supported their CHWs; responses ranged from 6 months to 5 years.
- Seventeen programs identified other ranges of funding (e.g., variable, renewed each year), of which five (29%) reported that funding was “ongoing” or “sustainable.”
- Most programs (n=19, 58%) reported renewed funding and 14 programs (42%) reported initial funding. The majority of programs are not funded through a research project (63%).
- Funding duration ranges include:
 - 6 months
 - 1 year
 - 2 years (2)
 - 3 years (3)
 - 5 years (3)
 - Other responses include: continual, indefinite, ongoing, sustainable through organization allocated funds, varies (2), year to year (2), annual renewal, 2013 and ongoing efforts, annual contract, August 2016, end of August 2014, federally mandated block grant, through December 2013, through September 2014.

Reimbursement Strategies

- Only 12% (n=4) of programs receive reimbursement for services through insurance or other payers. These included State Children’s Health Insurance Program, Medicaid, Private Health Insurance, Medicaid Managed Care, and Health Management Organizations (HMOs).
- Agencies with reimbursable services categorized themselves as academia/research, community-based service providers, and FQHCs.
- Programs that were reimbursed indicated that they provided primary care, social advocacy, housing assistance; state or federal aid assistance, workforce development or employment assistance, case management, psychological services (including counseling), insurance or health coverage, and individual and family services.

D. What barriers do CHW programs have in reaching sustainability?

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.

Agency Challenges

Table 23. Open-ended responses: needs and challenges agencies face

Theme	Examples/Selected Quotes
Time, scheduling, and competing priorities	<ul style="list-style-type: none"> • “Time” • “Conflicting schedules” • “Everyone wears multiple hats. CHWs who are very self motivated are the most successful, we honestly don’t have enough time for true mentoring” • “Too many employees reporting to one supervisor to allow adequate time for supervisions” • “I definitely think finding the time in a busy clinical setting to supervise the CHWs was a challenge. Integrating the CHW into the clinical process—some guidelines—would have been helpful. The staff at the clinic were able to incorporate the CHW easily. We worked as a group to deal with ambiguity as it arose.” • “Enough time for supervisors to spend adequate time one on one with CHWs” • “Specifically it is about having dedicated FTE time toward supervision and balancing that against other priorities”
Training and Knowledge of CHWs	<ul style="list-style-type: none"> • “Quarterly training classes with state to keep team leaders on task and informed with knowledge to run team with effectively” • “Being clear and consistent about scope of work, adjusting to staff with various level of education and experience, monitoring performance” • “Description of ideal skills necessary for employment and ongoing peer supervisory support group” • “Given the mobile nature of the job, it can be difficult to get a full feel for the day to day activities of the CHW” • “Having supervisors understand the unique needs of CHWs, both professionally and personally—the need for extra support and mentoring, use of reflective supervision” • “We did not have an orientation to CPSS and their services. That needs to be offered to supervisors.”
Location	<ul style="list-style-type: none"> • “Offices spread out over different locations, program has both internal goals and those of its primary funder” • “The CHWs are located all over the city which is difficult to have direct supervision for one supervisor. Also, the CHWs are working under Registered Nurse who is not employed by the same agency. Policies and procedures for both entities are vastly different”
New Program	<ul style="list-style-type: none"> • “The program is still new, so trying to find different ways to enhance our program and grow” • “We are currently developing our CHW program and what we have available is very limited”

CHW Program Sustainability

- The largest reported barrier to sustaining CHWs in the program was funding uncertainty (n=26, 87%). Other barriers included management support for CHWs (n=6, 20%).
- 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%).
- While barriers exist, 100% of respondents either agreed or strongly agreed with the statement, “My agency will continue to support the work of CHWs in the future.”

Table 24. Barriers to sustaining CHWs in program (N=30)

Barrier	N (%)*
Funding uncertainty	26 (87%)
Management support for CHWs	6 (20%)
Staff turnover	4 (13%)
Finding qualified CHWs	4 (13%)
Agency support	2 (7%)
Other**	2 (7%)

*Respondents were able to select multiple categories; total does not equal 100%

**Other includes: pay increases, promotion; and promotions

Table 25. Activities for CHW sustainability (N=32)

Activity	N (%)*
Ongoing support or training for CHWs	29 (91%)
Professional development	21 (66%)
Provider education	12 (38%)
Other**	1 (3%)

*Respondents were able to select multiple categories; total does not equal 100%

**Other includes: education for administrators and board of directors

Table 26. Agency support for CHWs (N=32)

Agreement with “My agency will continue to support the work of CHWs in the future”*	N (%)
Strongly Agree	23 (72%)
Agree	9 (28%)

*Note: organizations were able to select agree, neither agree or disagree, disagree, and strongly disagree

Program Evaluation

- The majority (84%) of programs surveyed have a formal evaluation process, which is conducted internally by program staff (n=18, 67%).
- Evaluation findings are usually made available to agencies (75%) and others can receive copies upon request (76%).
- Four programs (11%) stated that respondents are unable to release findings beyond program or funder.
- Only 33% (n=10) of programs had previously collected return on investment (ROI) data, and 45% (n=14) of programs are currently collecting ROI data.
- The majority (n=15, 75%) of 501c3 nonprofits have not previously collected ROI data.
- Over half (n=13, 68%) of 501c3 agencies are not currently planning to collect ROI data.

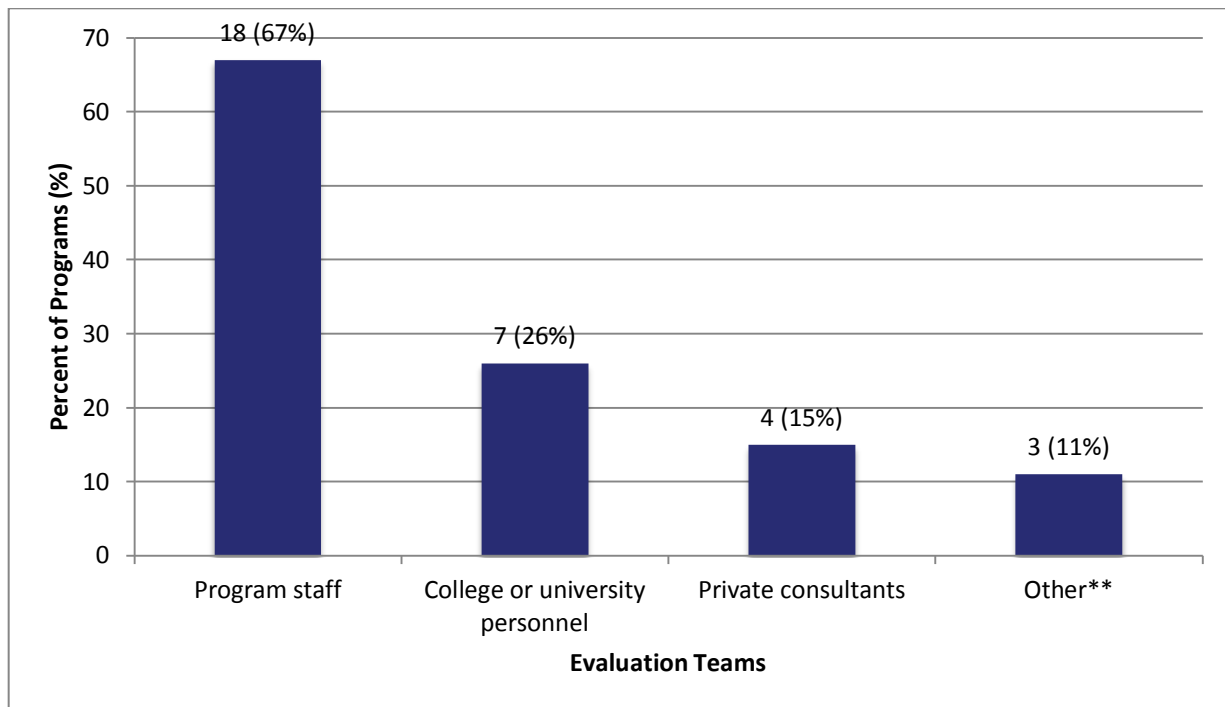


Figure 8. Who evaluation is conducted by (N=27) Respondents were able to select multiple categories; total does not equal 100%. Other includes: funders; [agency name] staff; Michigan Public Health Institute

E. What education do CHWs working in the field have?

Education Expectations and Hiring Requirements

- The majority of program respondents (n=19, 59%) reported that their agency requires CHWs to have a high school diploma/GED.
- Over half of the programs (n=17, 53%) require that CHWs have prior experience working with the target population, and 61.3% of programs require that CHWs have prior experience working in the community.
- A majority (n=13, 77%) of programs do not require that CHWs have prior health-related experience.
- CHW programs reported preference that CHWs have prior experience working in the community (n=19, 61%).
- The majority of programs surveyed do not require CHWs to be bilingual (88%). The four programs that do require CHWs to be bilingual require CHWs to speak Spanish (3) or Arabic (1).
- Ninety-seven percent of programs require that CHWs are able to read and write in English.
- Upon hiring, 91% of agencies require background checks (one program renewed the background check annually, one program does it as needed, one program renews every two years, 11 never renew or just require the background check at the time of employment, and three sites were unsure).

Table 27. Educational requirements for CHWs to be hired (N=32)

Education Requirement	N (%)
High School Diploma/GED	19 (59%)
None	10 (31%)
Some college	2 (6%)
Associate's degree	1 (3%)

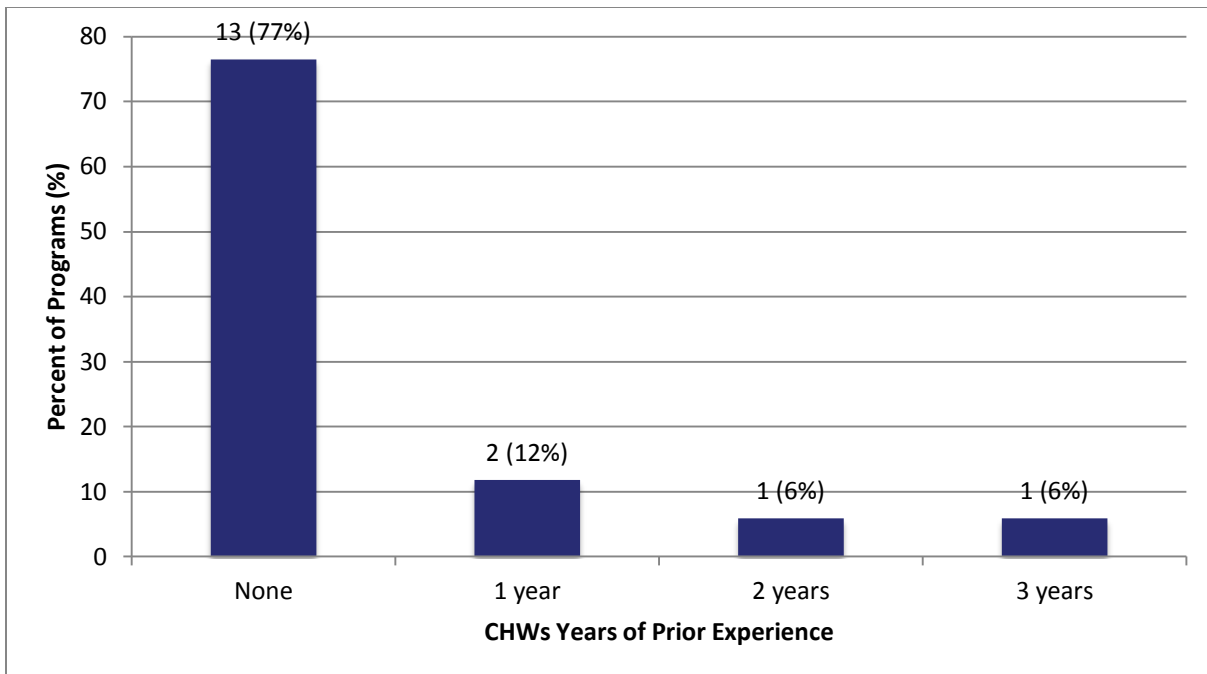


Figure 9. CHW years of prior experience (N=17)

On the Job Training

Most programs (n=27, 82%) offer competency-based training for their CHWs, which was led by various organizations including:

- Institute for Population Health (3)
- Specific individuals (3)
- The Michigan Department of Community Health (3)
- In-house (3)
- Spectrum Health (3)
- Corporate training
- Healthy Families American and North Central Ohio State College
- Migrant Health Promotions
- The Beacon Project
- Johns Hopkins Center for American Indian Health
- State alliance

Most programs offer program-specific training for their CHWs (n=30, 97%) provided by:

- In-house individuals (9)
- Certified master trainers (2)
- Spectrum Health (2)
- American Cancer Society
- Institute for Population Health
- Johns Hopkins
- National Kidney Foundation
- Sinai University Health Institute for Asthma

F. What additional training needs have employers identified for CHWs?

Ongoing CHW Education and Training

- The majority of programs (n=24, 80%) do not require continuing education for their CHWs.
- Programs that do require continuing education reported the following activities: attendance of annual CHW conference, Healthy Start conference, family planning, and cultural sensitivity training; monthly conference calls; ongoing staff developing including cultural and linguistic competency, motivational interview, mental health first aid, HIPAA; quarterly in person meetings and monthly webinars; yearly meetings and trainings.
- Of the programs not requiring continuing education, 90% of them were interested in learning more about continuing education through e-mails (n=25, 89%), websites (n=10, 36%), and mailings (n=8, 29%).

Respondents were asked an open-ended question about additional continuing education topics they would like for their CHWs. These responses were categorized into themes, which include: community relationships and cultural competence, system navigation, maternal and infant health, chronic disease, case management, professional development, and access to community resources. Some responses may fall into multiple categories. Responses are included directly from survey results.

Table 28. Open-ended responses: topics for continuing education

Topic	Example
Community relations/ cultural competence	<ul style="list-style-type: none"> • Communication skills and cultural competency • Communications • Community outreach and mobilization, advocacy • Cultural competency Motivational interviewing (3)
Mental/behavioral health	<ul style="list-style-type: none"> • Group facilitation, case management, goal setting • Asthma, CHF, diabetes, behavioral health, COPD, AIDS/HIV • Diabetes, asthma, smoking, cessation • Practice with motivational interviewing techniques • Boundaries, stress/burnout fatigue prevention, chronic disease competencies, mental health first-aid (ongoing) • Setting boundaries with clients, home visiting safety, strengthening skill to support client health related goals • Cultural competency Motivational interviewing (3)
System navigation	<ul style="list-style-type: none"> • Changes in health care system, system navigation • Affordable Care Act
Maternal and infant health	<ul style="list-style-type: none"> • Lactation counselor certification • Prenatal care, post-partum care, infant care
Chronic disease	<ul style="list-style-type: none"> • Asthma, CHF, diabetes, behavioral health, COPD, AIDS/HIV • Diabetes, asthma, smoking, cessation • Hypertension • Boundaries, stress/burnout fatigue prevention, chronic disease competencies, mental health first-aid (ongoing) • Housing assistance, employment, diabetes, heart disease
Case management	<ul style="list-style-type: none"> • Group facilitation, case management, goal setting • Setting boundaries with clients, home visiting safety, strengthening skill to support client health related goals

Professional development/ boundaries	<ul style="list-style-type: none"> Boundaries, stress/burnout fatigue prevention, chronic disease competencies, mental health first-aid (ongoing)
Resources/access to community resources	<ul style="list-style-type: none"> Housing assistance, employment, diabetes, heart disease Professional behavior/expectation; personal/personal boundaries Setting boundaries with clients, home visiting safety, strengthening skill to support client health related goals
Other	<ul style="list-style-type: none"> Utilizing technology during visits Writing and research methods Documentation and family case management

- The training format reported as most accessible was blended learning (a combination of face-to-face and online) (n=17, 55%).
- Half-day face-to-face training at place of employment (n=15, 48%) or half-day face-to-face training off-site (n=13, 42%) were reported as accessible learning formats for almost half of respondents.

Table 29. Most accessible training formats (N=31)

Training format	N (%)*
Blended learning (combination of face to face and online)	17 (55%)
Half-day face-to-face training at place of employment	15 (48%)
Half-day face-to-face training off-site	13 (42%)
Full-day face-to-face training off-site	8 (26%)
Online self-paced course with 30-minute modules	6 (19%)
Live web cast	6 (19%)
Full day face-to-face training at place of employment	4 (13%)
Online self-paced course with 60-90 minutes modules	4 (13%)
CD-ROM	1 (3%)

*Respondents were able to select multiple answers, total does not equal 100%

SECTION 3: APPENDICES

Appendix A: Program Survey

The following questions were included on the program 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 were edited for phrasing once the survey was transferred into Qualtrics© software.

SECTION 0: SCREENING QUESTIONS

Thank you for your interest in the Community Health Worker Program Survey. This survey is intended to assess CHW programs in Michigan and learn about CHW program sustainability. The survey should take no longer than 20 minutes and should be filled out by a program manager and/or director that works with CHWs.

You may exit the survey at any time and continue later by simply closing the survey window; however, you must use the original link to re-access your survey data. We highly recommend you complete the survey in one sitting to avoid confusion.

If you would like to read more about this survey prior to completion, please visit: <http://www.michwa.org/chw-program-survey-2014/>

For questions concerning this survey, please contact info@michwa.org.

1. Are you a CHW program manager/director?
 - Yes (taken to the rest of the survey)
 - No (Thank you, this survey is to be completed by a program manager/director who works directly with CHWs, please forward the link insert link to the appropriate individual within your agency)

SECTION 1: Agency Information

2. What is the name of your **agency**? (*note: this is NOT the CHW program name*)
3. Where is your program located? (If your agency is in multiple locations, identify the respondents current location)
4. What is the **zipcode** in which your agency is located? (If your agency is in multiple zipcodes, identify the zipcode the respondent is located in)
5. What is the **county** that your agency is located? (If your agency is in multiple counties, identify the county that the respondent is located in)
6. What type of agency do you supervise or direct? (Check all that apply)
 - 501c3 Nonprofit

- Other nonprofit
 - Federal government agency
 - State government agency
 - Local government agency
 - For-profit agency
 - Other (Please specify)
7. What category or categories does your agency fit into? (Check all that apply)
- Academia/Research
 - Advocacy group
 - Community-based service provider
 - Faith-based agency
 - Federally qualified health center
 - Government agency (local, state, or federal)
 - Hospital or health system
 - Health plan
 - Other (Please specify)
8. What types of services does your agency provide and/or what types of functions does it serve? (Check all that apply)
- Education: elementary or secondary
 - Education: college-level
 - Inpatient health care
 - Primary care (health care)
 - Social advocacy
 - Housing assistance
 - State or federal aid assistance
 - Workforce development or employment assistance
 - Case management
 - Psychosocial services (including counseling)
 - Insurance or health coverage
 - Individual and family services
 - Other (Please specify)

SECTION 2: Program Information

9. Does your agency have at least one program that currently employs CHWs?
- Yes
 - No (*respondent will be taken to the OTHER section*)
 - No, we had at least one in the past. (*respondent will be prompted that they can either complete the survey for a previous program or go to the end; end option will redirect them to the OTHER screen*)
 - When was the last year your agency employed CHWs? *Free response*
 - What was the reason your CHW program ended? *Free response*
 - No, we are considering employing CHWs. (*respondent will be taken to the OTHER section*)

Please complete **for each program that you manage**. You will be given the option to complete information for another program at the end of this survey. Program questions are intended to solicit information about the entirety of a program, not client time in a program. For example, a program may run for three years, but each client may only be in the program for six months. If you know of other CHW programs, we encourage you to send this survey to other program managers or CHW employers. Your agency may or may not consider CHW employment as programmatic, however, **please still complete this survey if you have any number of CHWs employed at your agency.**

Program History

10. What is the name of your program? *If your program does not have a name, please move to the next question.*
11. What is the purpose of the program?
12. When did the program begin? *(note: this question does not include time prior to program launch that may have included grant writing or program planning; this can include time post-grant receipt or post-program launch prior to services being provided)*
 - a. Month
 - b. Year
13. What title or titles do CHWs go by in the program? (Check all that apply)
 - Community Health Worker
 - Promotore/a
 - Maternal Child Health Worker
 - Community Outreach Worker
 - Other (Please Specify)

Program Financing

14. How is the program funded? (Check all that apply)
 - Federal agency grant (Please include name of agency and grant)
 - Name of agency _____
 - Name of grant _____
 - State agency grant (Please include name of agency and grant)
 - Name of agency _____
 - Name of grant _____
 - Local agency/government grant (Please include name of grant)
 - Name of grant _____
 - Private foundation (Please include name of foundation and name of grant)
 - Name of foundation _____
 - Name of grant _____
 - Non-profit organization (Please include name of organization)
 - Name of organization _____
 - Self-generated revenue
 - Allocated funding/community benefit
 - Other public funding
15. What is the duration of funding for the program? *Free response*

16. Is your current funding initial funding or renewed funding?
- Initial
 - Renewed
17. Is your program funding connected to a research project?
- Yes
 - No
18. Are services provided by CHWs in this program being reimbursed 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
- HMOs
- Other (Please specify)

Current Program Scope

19. What is the primary geographic region reached by the program?
- Area served by program (Check all that apply):
 - West Michigan
 - Southwest Michigan
 - Southeast Michigan
 - Eastern Michigan/Thumb Area
 - Mid-Michigan
 - Northern Michigan
 - Upper Peninsula
 - Grand Rapids Area
 - Lansing Area
 - Detroit Area
 - Other (Please specify)
 - The clients served by the CHW program come from (Check all that apply):
 - Anywhere in the state
 - A multicounty area or region
 - A city
 - A specific zip code or zip codes
 - A specific neighborhood or neighborhoods
 - Other (Please specify)

20. **Who does the program serve (Check all characteristics that apply from each list below)?**
- **Race/ethnicity** (if applicable) (Check all that apply)
 - Please indicate the race/ethnicity population(s) this program primarily serves
 - 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)
 - **Specific health issues** (Check all that apply)
 - Please indicate which chronic condition(s) and/or health issues this program targets:
 - 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)
 - **Other specific issues** (Check all that apply)
 - Please indicate which issue(s) this program targets:
 - Connecting to resources
 - Housing
 - Employment
 - Food Security
 - Education Assistance
 - Income Assistance
 - Other (Please specify)
 - **Age groups** (Check all that apply)
 - Please indicate the age group(s) this program primarily serves:
 - Children (0-5)
 - Youth (5-18)
 - Young adults (18-25)
 - Adults (26-64)
 - Seniors (65+)
 - **Special populations** (Check all that apply)

- Please indicate which special population(s) this program primarily serves:
 - 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)

21. What roles do CHWs play within the program? (Check all that apply)

- **Outreach and community mobilization** (e.g., community organizing, preparation and dissemination of outreach and community mobilization materials, case-finding and recruitment, community strengths/needs assessment, advocacy)
- **Community/cultural liaison** (e.g., translation and interpretation, promoting community health literacy)
- **Case management and care coordination** (e.g., family engagement, individual strengths/needs assessments, addressing basic needs such as food and shelter, promoting health literacy)
- **Home-based support** (e.g., family engagement, home visiting, home environmental assessment, supportive counseling, addressing basic needs, action plan implementation, at home treatment adherence promotion)
- **Health promotion and health coaching** (e.g. teaching health promotion and prevention, leading support groups, preparation and dissemination of health promotion and health coaching materials, coaching on problem solving, promoting health literacy, treatment adherence promotion)
- **Systems navigation** (e.g., patient navigation, translation and interpretation, promoting health literacy, coaching on problem solving, coordination, referrals and follow up)
- **Participatory research** (e.g., preparation and dissemination of research materials and results, engaging participatory research partners, interviewing, data entry and data analysis)
- Other (Please specify)

Why CHWs?

22. What was your rationale for employing CHWs for delivering services? *Free response*

Program Details

Not all questions in this section may apply to your program; please only answer those that pertain to this particular program

23. What is the estimated average number of clients served by the program annually? *Free response*

24. What is the average number of clients that your CHWs have on a caseload? *Free response*

25. Approximately how many CHWs work in this program? (Write in # for each type of employment)

- Full-time: _____
- Part-time: _____
- Volunteer: _____

26. Do CHWs in this program work on a multidisciplinary team?

- Yes
- No

Who else works on the multidisciplinary team with CHWs? (Check all that apply)

- Primary Care Provider (physician, nurse practitioner, physician's assistant)
- Registered Nurse
- Social Worker
- Dietitian/Nutritionist
- Case Manager
- Medical Assistants
- Other CHWs
- Other: (Please specify)

27. Where do the CHWs deliver program services? (Check all the apply)

- Agency's location
- Client's home
- Community events
- Community health center
- Faith-based organization
- Health maintenance organization
- Hospital
- Migrant camp
- Non-profit organization
- On the street
- Private clinic
- Public health clinic
- Public housing unit
- School
- Client's work site
- CHW's home
- Shelters
- Teen centers
- Other: (Please specify)

28. How do CHWs deliver services? (Check all that apply)

- Home visits
- Group classes or sessions
- Individual sessions
- Outreach in your agency's setting (clinic, office)
- Outreach in community settings
- Other: (Please specify)

CHW Training and Skills

29. Did your CHWs receive CHW core competency-based training?

- Yes
- No

Who provided/delivered this competency-based training? *Free response*

30. Did your CHWs receive program-specific training?

- Yes
- No

Who provided/delivered this program-specific training? *Free response*

31. Is continuing education required for your CHWs?

- Yes
- No

What is the continuing education requirement? *Free response*

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

33. Which of the following training formats would be most accessible to CHWs in your program?

(Check up to 3 items)

- Half-day face-to-face training at place of employment
- Full day face-to-face training at place of employment
- Half-day face-to-face training off-site
- Full-day face-to-face training off-site
- Online self-paced course with 30-minute modules
- Online self-paced course with 60-90 minute modules
- Live webcast (e.g. single on-demand online session)
- CD-ROM
- Blended learning (combination of face-to-face and online education)
- Other (Please specify)

CHW Supervision

The CHW field has recognized a gap in resources for CHW supervisors. Increasingly, more programs at a state and national levels are investing in supervision resources and identifying keys to supervising CHWs.

34. Does your program have sufficient resources for CHW supervision?

- Yes
- No

35. What are the needs and challenges your agency faces in regards to CHW supervision? *Free response*

36. Who directly supervises the program's CHWs? (Check all that apply)

- Project Director
- Team Leader
- Senior CHW
- Clinic Director
- Volunteer Coordinator
- Other: (Please specify)

37. What qualifications are required for a CHW supervisor in your program? (Check all that apply)

- General Practitioner
- Registered Nurse
- Licensed Social Worker
- Master's in Public Health
- Dietitian
- Case Manager
- Other: (Please specify)

38. Why were these CHW supervisors chosen? *Free response*

39. Have your CHW supervisors had any training specific to supervising CHWs?

- Yes
- No

What kind of training specific to supervising CHWs have your supervisors had? *Free response*

CHW Hiring Qualifications

40. What educational requirements must CHWs meet to be hired for this program?

- No specific education requirement
- High School Diploma/GED
- Some College
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- PhD/MD

41. Do you require that CHWs be bilingual to be hired for this program?

- Yes
- No

What language(s) in addition to English must CHWs be fluent in? (Check all that apply)

- Spanish
- Portuguese
- Arabic
- Other: (Please specify)

42. Do you require that CHWs be able to read and write in English to be hired for this program?
- Yes
 - No
43. Do you require that CHWs have prior health-related experience?
- Yes
 - No
44. Do you require that CHWs have prior experience working with the community?
- Yes
 - No
45. Do you require that CHWs have prior experience working with the target population(s)?
- Yes
 - No

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
46. Do you require a background check for CHWs prior to hire?
- Yes
 - No

How often do you renew the background check? *Free response*

CHW Compensation

47. What is your hourly rate or salary for a CHW working in your program? Please provide a range if pay rates vary. *Free Response*
48. Are CHWs working in your program eligible for income raises or other increase in compensation?
- Yes
 - No

How are CHW income raises or other increases in compensation determined? *Free response*

49. Do CHWs working in your program 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)

50. What methods are used to retain or give recognition to CHWs in your program? (Check all that apply)

- Academic credit
- Adding fringe benefits
- Certificate from program
- Conference participation
- Graduation ceremony
- Program awards or other recognition
- Promotion
- Wage increase
- Other: (Please specify)

CHW Sustainability

51. What are barriers to sustaining CHWs within your program? (Check all that apply)

- Funding uncertainty
- Staff turn over
- Finding qualified CHWs
- Management support for CHWs
- Agency support
- Other (please specify)

52. Please indicate activities, if any, that your agency uses to help to sustain CHWs and/or their program(s):

- CHW professional development
- Provider education
- Ongoing support or training for CHWs (e.g., in-services, trainings, career path development)
- Other (Please specify)

53. Please indicate how much you agree with this statement: "My agency will continue to support the work of CHWs in the future":

- *Strongly agree*
- *Agree*
- *Neither agree or disagree*
- *Disagree*
- *Strongly disagree*

SECTION 3: Evaluation

Program Evaluation

54. Does your program have a formal evaluation to assess its success and/or progress in addressing the program's objectives?

- Yes
- No

Who is the formal evaluation conducted by? (Check all that apply)

- i. College or university personnel
- ii. Program staff
- iii. Private consultants
- iv. Other: (Please specify)

Are evaluation findings available?

- v. Yes
- vi. No

If findings are available:

- 1. Respondent can send a copy upon request
- 2. Respondent unable to release findings beyond program or funder

55. Has this program previously collected data for a return on investment analysis of CHW services?

- Yes
- No

56. Is this program currently collecting data for a return on investment analysis of CHW services?

- Yes
- No

SECTION 4: Other

MiCHWA members value supporting CHW programs 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.

57. MiCHWA will be conducting a follow-up survey regarding evaluation measures used among CHW programs. Would you be interested or willing in participating in this survey?

- Yes
- No

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

59. Would you like more information about MiCHWA?

- Yes
- No

60. Would you be interested in learning more about continuing education opportunities for CHWs, including training events or other informational sessions?

- Yes
- No

What are the main ways that you currently learn about CHW continuing education opportunities? (Check up to 3 items)

- E-mails
- Mailings (newsletter, brochure, etc.)
- Phone
- Posters
- Social media (Facebook, LinkedIn, Twitter)
- Text messages
- Websites
- Professional organization memberships
- Supervisor
- Co-workers
- Friends
- Other (Please specify)
- None

61. Are you interested in resources for CHW supervisor training?

- Yes
- No

62. Have your CHW supervisors had any training specific to hypertension control?

- Yes
- No

63. Would you be interested in receiving educational materials on hypertension control for your CHWs to use with patients or clients?

- Yes
- No

64. Have your CHW supervisors had any training specific to diabetes control?

- Yes
- No

65. If you answered yes to any of the above questions, please provide your 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

The survey is designed to gather information about each specific program at your agency

66. Do you supervise/direct another CHW program at your agency?
- Yes (go to a screen that allows person to click the link again and re-fill out the survey.)
 - No (go to screen that allows person to forward to survey to other programs and/or agency)

SECTION 5: Closing Remarks

Thank you for participating in the CHW Program 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's Project Coordinator Katherine Mitchell at info@michwa.org.

Thank you! Learn more about MiCHWA on our website, www.michwa.org.

Appendix B: Additional Tables

Table 30. Program location by zip code (N=37)

Zipcode	Number of Programs (%)
48076	1(2.7)
48084	1(2.7)
48108	3(8.1)
48126	2(5.4)
48146	1(2.7)
48197	2(5.4)
48201	1(2.7)
48202	2(5.4)
48207	3(8.1)
48209	1(2.7)
48235	1(2.7)
48503	1(2.7)
48602	2(5.4)
48653	1(2.7)
48911	1(2.7)
49440	1(2.7)
49444	1(2.7)
49503	5(13.5)
49504	2(5.4)
49507	1(2.7)
49546	1(2.7)
49684	1(2.7)
49783	1(2.7)
Total	37(100)

Table 31. Salaries of CHWs in Michigan

Hourly	Annual	Other
<ul style="list-style-type: none"> • \$10-11 • \$11-15 (2) • \$12 (2) • \$12-14 • \$12-15 (3) • \$12-28 • \$13-17 • \$13.60-18.35 • \$13.60-18.80 • \$14 • \$14-15 • \$14.50-20 • \$14.80 • \$15 (3) • \$15-20 • \$15-21 • \$15.54-19.50 • \$16 	<ul style="list-style-type: none"> • \$25,000-35,000 • \$30,000-35,000 • \$30,000 plus benefits • \$32,000-41,000 • \$38,000-58,000 for 40 hours per week 	<ul style="list-style-type: none"> • \$45 per 1 hour session (includes prep and travel time) • Stipend per client educated • Unsure



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

**Community Health Worker Program Survey 2014:
Final Evaluation Report for Public Use**

January 9, 2015

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

For questions about this report, please contact MiCHWA Project Coordinator Katherine Mitchell (mitchkl@umich.edu) or Program Survey Lead Evaluation Staff Caitlin Allen (allencg@umich.edu).

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