

Summary of Results from a Statewide Survey of CHWs in Minnesota



Perspectives
on the
Community
Health Worker
Workforce

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Community Health Workers: Introduction and Survey Methods

What is a Community Health Worker (CHW)?

According to the American Public Health Association, Community Health Workers (CHWs) are frontline health workers employed across the United States and around the world to improve access to healthcare and other needed services for underserved populations. Although specific job tasks vary by employer, population served, and work setting, CHWs typically come from and speak the same language as the communities they serve.¹

Minnesota is a recognized leader in the CHW field with: a defined scope of practice; a statewide standardized curriculum in higher education leading to a certificate; and Medicaid payment for patient education services provided by CHW certificate holders under clinical supervision.² The Health Resources and Services Administration (HRSA) estimated that there were almost 2,000 CHWs in Minnesota in the year 2000.³

The Minnesota CHW Alliance has identified 5 core roles that define the CHW scope of work in Minnesota:

1. Bridge gaps between communities and the health/social service systems
2. Navigate the health/human services system
3. Advocate for individual and community needs
4. Provide direct services
5. Build individual and community capacity⁴

The WellShare Survey – Methods and Summary Results

There is limited information on CHWs in Minnesota and across the U.S. to help policymakers and employers meet the needs of the CHWs and the populations they serve. Therefore, WellShare International, including the Minnesota Community Health Worker Peer Network, in association with the Minnesota Community Health Worker Alliance, conducted this survey from November 2013 to January 2014. The survey was designed to explore the characteristics of the CHW profession in Minnesota, identify areas of greatest need, and discern how best to support CHWs in Minnesota through education, training, policy and advocacy.

Survey respondents included 150 self-identified CHWs from across the state of Minnesota who were recruited by email messages sent to members of the Minnesota CHW Peer Network and to health and social service organizations in Minnesota. The survey was conducted using the online survey tool SurveyMonkey. The final survey included 31 multiple-choice questions on demographics, education, training needs, current worksites, and CHW qualifications. There was also one open-ended question for other comments, ideas or information about the

respondents' experiences as a CHW. Data were analyzed using STATA/IC 13.1 for Mac (64-bit Intel, Revision 07 Nov 2014).

The survey yielded a vast amount of valuable information on CHWs in Minnesota. This report summarizes key findings.

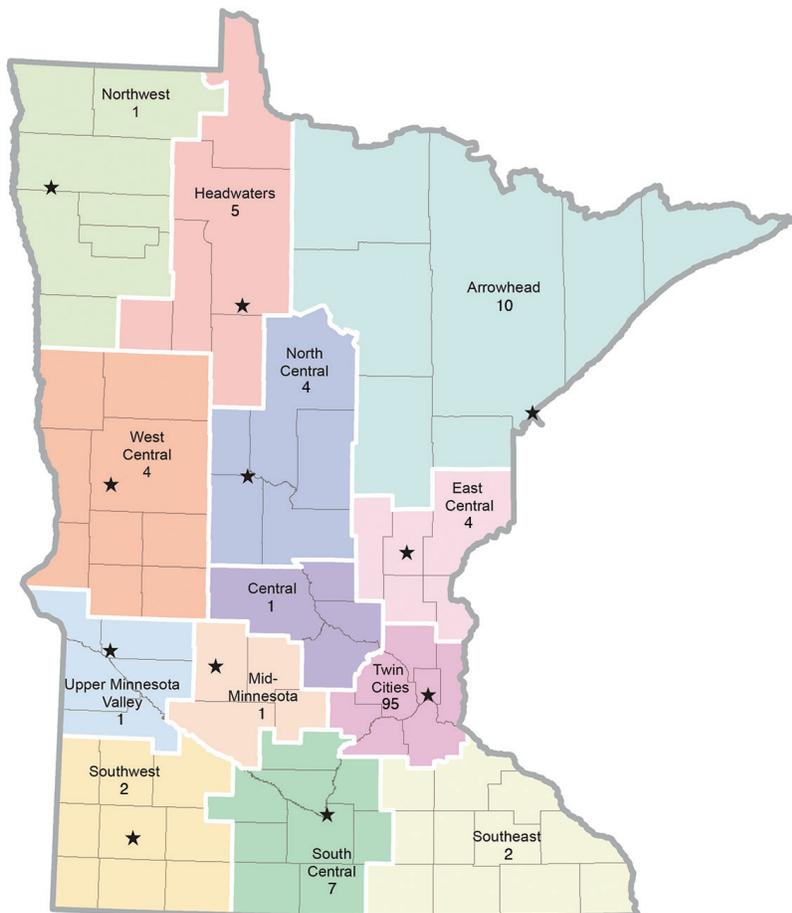
- CHWs in the survey represented every region in Minnesota; 86% were women, 64% came from racial/ethnic minority backgrounds and half were age 40 or older. They included many different levels of education and years of experience.
- Nearly all (96%) of the CHWs had a post-secondary degree or had completed some college. Most (74%) had or planned to complete the CHW certificate program.
- CHW employers were nearly equally divided between healthcare providers (52%), such as a clinic or hospital, and service/community organizations (41%).
- The overall median hourly wage was \$18.42/hour, and although this varied by age, race/ethnicity, and years of experience, the differences were not significant.
- CHW responsibilities included a wide range of activities; nearly half (47%) performed at least 10 different service activities as a regular part of their job.
- CHWs worked with a broad spectrum of special populations (e.g., immigrants and refugees) and served diverse populations, including Latino communities (43%), Asian/Pacific Islander communities (37%), and African-American (32%) communities.
- Most (82%) CHWs were interested in additional trainings, although the particular topics varied slightly by work location. The most popular topics across the state were fundraising/grant writing and mental health.
- With respect to continuing education, CHWs preferred hands-on/experiential learning (33%) and conferences/presentations (31%) rather than distance/computer learning (16%) or printed materials (15%).

Part One: Characteristics of CHWs in Minnesota

Demographics

The 150 CHWs included in the survey analysis worked in every region across Minnesota (see Figure 1). Among the CHWs who answered this question, most (95 CHWs) worked in the 7-county Twin Cities metro area.

Figure 1: Number of CHWs who serve in each of Minnesota's Economic Development Regions (n=120; 30 missing)



General characteristics of the CHWs participating in the WellShare survey are described in Table 1. CHWs were mainly female (86%). Of the 17 male (12%) respondents, all but 2 of them worked in the 7-county Twin Cities metro area. The survey responders represented a wide range of ages, from 18 years to over 65 years. CHWs in the survey tended to be older; the largest age categories were ages 50 to 64 years (29%) and ages 40 to 49 years (24%). These CHWs also comprised a racially and ethnically diverse group. Although CHWs who identified as non-Hispanic Whites made up the largest percent of CHWs in the survey (21%), other racial/ethnic groups were well represented. Additionally, 18 different countries (Russia, Puerto Rico, Mexico, Cambodia, Vietnam, Somalia, etc.), regions (South America, Asia, Africa, etc.), tribes (Dakota, Ojibwe) and ethnic groups (Hmong, Karen, etc.) were represented among survey participants.

Table 1. Gender and age distributions of survey respondents (n=147; 3 missing)

Gender of CHWs (n=147; 3 missing)	Percent
Male	11.5%
Female	86%
I prefer not to answer	2%
Other	0.5%
Ages of CHWs (n=147; 3 missing)	Percent
25 – 29 years	16%
30 – 39 years	18%
40 – 49 years	24%
50 – 64 years	29%
65 years and older	3%
Race/Ethnicity of CHWs (n=150)	Percent
African	5%
African-American	9%
Asian	13%
American Indian	13%
Latino	15%
Non-Hispanic White	21%
More than 1 selected	9%
Prefer not to answer	10%
Skipped	5%

Education

There are no universal education requirements to be a CHW in Minnesota. However, 62% of CHWs in this survey held a degree past high school and another 32% had not finished a degree, but had taken some college classes (see Table 2).

Table 2: Highest education level of survey respondents (n=146; 4 missing)

Type of Education	Percent
Less than high school	1%
High school diploma/GED	5%
Some college completed	32%
Associate's degree	16%
Bachelor's degree	30%
Master's degree/PhD	16%

CHW Certificate

Minnesota is the only state in the U.S. with a statewide, competency-based, standardized CHW curriculum offered by a network of post-secondary schools. Successful completion of the program leads to a certificate, which is required to be reimbursed for CHW Medicaid services.⁵ Even though a CHW certificate is not required to work as a CHW in Minnesota, the survey reveals that getting a CHW certificate is well known and sought-after; only one individual had never heard of the CHW certificate. As seen in Table 3, over half (56%) had earned the CHW certificate, 9% were in the process of completing the CHW certificate program, and another 9% were planning to complete the CHW program in the future.

Table 3: CHW certificate plans for survey respondents (n=149; 1 missing)

CHW Certificate Question	Percent
I do not know about the certificate course	1%
I know, but am unsure if I will complete the certificate course	9%
I know, but do not plan to complete the certificate course	16%
I know and plan to complete the certificate course	9%
I am in the process of completing the certificate course	9%
I have completed the certificate course	56%

Part Two: Features of CHW Jobs in Minnesota

CHW Employers

As seen in Table 4, CHWs report working for a wide range of employers, including community health clinics (22%), public health organizations (18%), tribal health departments (8%), and schools (2%). Over half (52%) of the employers are healthcare providers, such as a clinic or hospital.

Table 4: Top employers of CHWs among survey respondents (n=107 responses*)

Type of CHW Employer	Percent
Community health clinic	22%
Public health organization	18%
All other clinics	16%
Health/social service organizations	15%
Hospitals	14%
Tribal health department/community organization	8%
Insurance company	6%
School district	2%

*CHWs in the survey could choose more than one place of employment.

Years of Experience as CHW

The survey included CHWs with a wide range of work experience, from those with less than a year of experience (18%), to seasoned CHWs who had been working for more than a decade (23%). CHWs in the 7-county Twin Cities metro area tended to be newer, while nearly half (42%) serving in Greater Minnesota had been CHWs for over a decade. Older CHWs tended to have more years of experience.

Hours and Pay

Most CHW survey respondents (68%) worked at least three-quarters time (30 hours/week). One out of every 5 CHWs worked more than 40 hours per week. There was a wide range of reported hourly wages among CHWs, from \$10.61/hour to \$60/hour, although one-third of survey respondents did not feel comfortable sharing salary information. The overall median wage was \$18.42, and although this varied by age, race/ethnicity, and years of experience, the differences were not significant.

Job Description

As seen in Table 5, a CHW's job description included a wide range of activities. Nearly half (47%) of the CHWs in the survey were expected to perform at least 10 of these service activities as a regular part of their job.

Table 5. Percent of CHW survey respondents providing select service activities (n=148; 2 missing)*

CHW Activity	Percent
Assistance in gaining access to social services or programs	55%
Health promotion/education activities for people at fairs, events	51%
Referral follow up	48%
Schedule appointments for clients	47%
Social support (e.g. listen and support individuals, run support groups)	45%
Education/counseling	45%
Outreach/case finding or recruitment	41%
Care coordination/case management	34%
Attend appointments with clients	32%
Advocate for your community to improve the healthcare system	30%
Determining eligibility for services	29%
Advocate/org community to improve social/econ issues affecting health	29%
Enroll people into health insurance programs	28%
Home visits	28%
Collect data	27%
Organize your community to improve the healthcare system	26%
Peer education or mentoring of other CHWs	24%
Health screenings	24%
Provide transportation to clients	24%
Interpretation	20%
Cultural mediation	17%
Direct services (like HIV tests, etc.)	16%
Translation	11%
Fundraising or grant writing	11%
Other	3%

* Percentages do not add to 100% as individuals were allowed to choose more than one response.

Populations Served

As seen in Table 6, CHWs worked with a wide range of ages and special populations, such as refugees and immigrants (21%), individuals with physical (16%) and mental (15%) disabilities and prisoners (7%). However, the majority of CHWs in the survey (77%) worked with, at most, three special populations. Over half (51%) of the CHWs in the survey served families.

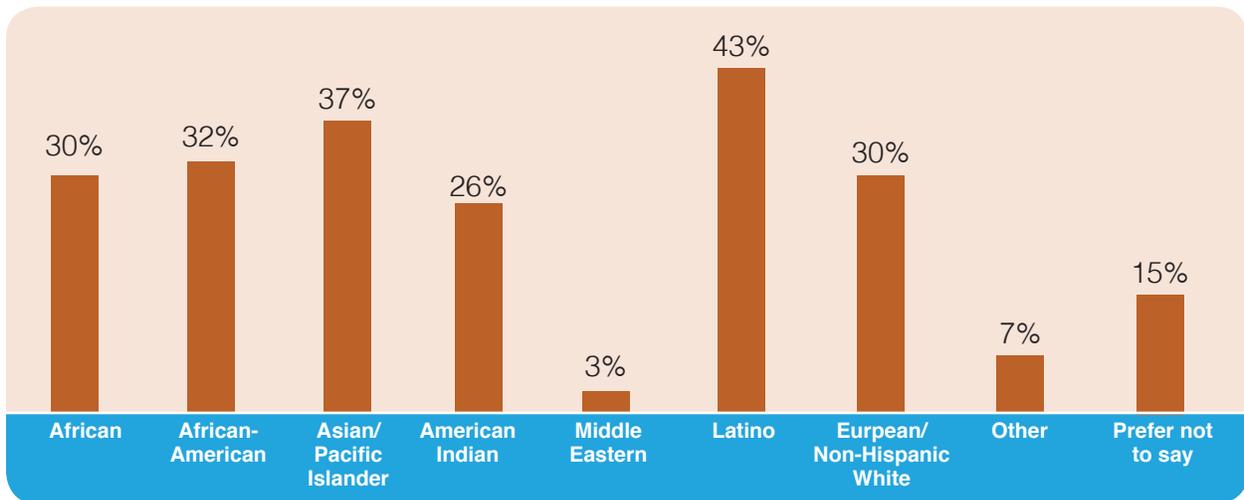
In addition to special populations, CHWs served a wide range of racial and ethnic groups (see Figure 2). Nearly half of survey respondents worked with Latino communities (43%), and approximately one-third worked with Asian/Pacific Islander (37%) and African-American (32%) communities.

Table 6: Percent of CHW survey respondents who serve select special populations (n=150)*

Population Served by CHWs	Percent
Families	51%
Elderly	35%
Children and/or youth	31%
People with mental health issues	27%
Refugees and immigrants	21%
Pregnant women	21%
People with alcohol and/or drug abuse issues	17%
People with physical disabilities	16%
People with mental disabilities	15%
Migrant workers	11%
Other	9%
Gay/lesbian or bisexual or transgender or queer	7%
People in prison or ex-offenders	7%
Deaf and hearing-impaired	6%
Veterans	5%

* Percentages do not add to 100% as individuals were allowed to choose more than one response.

Figure 2: Percent of CHW respondents who serve various racial/ethnic communities in survey (n=125; 25 missing)*



* Percentages do not add to 100% as individuals were allowed to choose more than one response.

Part Three: CHW Training Interests

CHWs work in a rapidly changing field where ongoing training is essential. WellShare International, through its Minnesota CHW Peer Network, has provided ongoing professional training to CHWs since 2004. To help plan for future trainings, the survey asked CHWs to indicate which of the topics listed in Table 7 should be covered in future trainings. CHWs could select as many topics as desired.

Table 7: Training topics included in survey

Skills Training Topics	Mentoring/Supervising	Medication Management
*Advocacy/Community Organizing	Research Methods/Evaluation	*Mental Health
*Communication Skills	*Safety Skills	Nutrition
Computer/Electronic Medical Records (EMR)	*Service/Care Coordination	Obesity
*Counseling/Health Coaching	*Stress Management	Physical Activity
*Cultural Competency	Health Area Topics	Sexual & Reproductive Health/ Family Planning
First Aid/CPR	Asthma/Respiratory Diseases	Social Factors Influencing Health
Fitness	*Cancer	Substance Abuse (alcohol, tobacco, other drugs)
Fundraising/Grant Writing	*Diabetes	Tuberculosis
Group Facilitation	Domestic Violence	Violence & Injury Prevention
Health Care Systems	End of Life Care	<i> Indicates topics covered in the MN CHW certificate program curriculum⁶</i>
*Health Education Methods	Environmental Health (including Air Quality)	
*How to Make Referrals	*Heart Disease & Stroke	
Language Skills (e.g. English, bilingual, etc.)	HIV/AIDS & Sexually Transmitted Diseases	
Leadership	*Maternal & Child Health	
*Management/Organization		

Although 18% of CHWs were not interested in receiving training in any of the topics, the majority of CHWs expressed an ongoing interest. Fundraising/grant writing and mental health were two of the most popular training topics. However, other topics of interest for future trainings varied slightly based on location. Table 8 demonstrates the top topics of interest for skills and health trainings.

According to this survey, CHWs in Minnesota preferred to learn through hands-on, in-person methodology. When asked to choose one learning method, more CHWs preferred hands-on/experiential learning (33%) and conferences/presentations (31%) than computer learning (16%) or printed materials (15%) for continuing education.

Table 8: Top CHWs survey respondents' topics of interest for future trainings (n=150)

CHW Skills Trainings of Interest	Percent
Fundraising or grant writing	57%
Fitness training	51%
*Counseling/health coaching	45%
Research/evaluation methods	43%
Group facilitation	39%
Mentoring/supervision	39%
Health Topics Trainings of Interest	Percent
End of life care	45%
*Mental health	45%
Social factors of health	42%
Tuberculosis	40%
Domestic violence	39%
Medication management	39%
Violence/injury prevention	39%
<i>* Indicates topics covered in the MN CHW certificate program curriculum⁵</i>	

Part Four: Conclusions and Limitations

Limitations

- Convenience (non-random) sample which cannot be generalized to other populations
- Online — some CHWs may not have regular access to the internet
- Numerous duplicated entries initially — unable to confirm that there were no other duplicates
- Survey was in English-only and not all CHW respondents were fluent in English. Translation services were available upon request, although that may have been a deterrent. There were insufficient funds to translate the survey into multiple languages.
- No way to reliably verify data, including if respondent was actually a CHW
- Small numbers, particularly for certain populations, which made some types of data analysis impossible

Conclusions

- Most CHWs are women, but are very diverse in terms of their racial/ethnic communities, age, education and years of experience.
- CHWs in Minnesota are highly educated. Most CHWs have or are planning to complete the CHW certificate program.
- CHWs in Minnesota mostly serve underserved racial/ethnic communities, especially American Indians, Latinos, Asians, Africans and African-Americans. Many communities are not being served by CHWs of the same racial/ethnic background.
- CHWs are most commonly employed through clinics, public health agencies or community-based organizations, and work in the areas of diabetes, nutrition and mental health.
- CHWs have received trainings across a wide range of skills and health topics. The most desired topics for continuing education across Minnesota include: fitness training, end-of-life care, medication management, mental health, substance abuse, research/evaluation methods, and fundraising/grant writing.
- CHWs in the Twin Cities are meeting all the roles defined by their scope of practice. However, fewer CHWs work regularly with community and individual advocacy and capacity building.

Recommendations

- There appears to be a need for more CHWs from diverse backgrounds based on the survey findings that many communities are being served by CHWs who are not of the same racial/ethnic background. Additional exploration is needed to understand the racial and ethnic diversity of CHWs and who they serve. Recruiting and mentoring should focus on underserved populations.
- Workshops and continuing education for CHWs should include opportunities for work site/on-the-job offerings, especially in-person presentations. Future research should seek to further understand the education and training backgrounds of CHWs (e.g. degree majors, other licenses/certifications).
- Advocacy and capacity-building are key CHW roles that are currently under-utilized in the job market. Exploration of new job opportunities and employer education are needed to expand these roles.
- Development of a statewide CHW roster or registry would provide a useful database on the field and benefit the CHW profession, CHW employers and researchers.
- When asked to give recommendations at the end of the survey, CHWs offered the following:
 - More opportunities for continuing education units
 - Incorporating more social service activities into trainings and jobs
 - Greater opportunities for networking
 - Better funding for advocacy
 - Increased number of available CHW jobs, implying they perceive a lack of CHW job opportunities

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