Maryland
DEPARTMENT OF HEALTH

Community Health Worker Workforce Profile

Introduction

Community Health Workers s in the US and in Maryland

Community health workers (CHWs) are important members of the public health workforce. A CHW is a frontline public health worker who is a trusted member of or has an unusually close understanding of the community served. Community Health Workers go by many titles, including promotor(a) de salud, health coach, community health advisor, community health coach, lay health advocate, family advocate, community health care worker, health educator, liaison, outreach worker, peer counselor, patient navigator, health interpreter, public health aide, community health representative, and more.

CHWs carry out a range of activities to support access to and experience with care and services, and they may be employed by a range of organizations (Sabo, 2017). According to the United States Bureau of Labor Statistics (BLS), there were an estimated 58,550 CHWs working across the country in 2023, with the highest levels of employment among Local Government and Individual and Family Services Organizations (BLS, 2023). BLS estimated that there were 2440 CHWs in Maryland as of May 2023, the fourth largest CHW workforce in the country (CHWs Empowerment Coalition of Maryland, 2023).

Goals for this Profile

This CHW Workforce Profile, the first of its kind in Maryland, details findings from a 2024 CHW Survey covering topics from demographics and geography to employment history and key activities. The Profile provides a snapshot of the CHW workforce in Maryland and aims to raise awareness of CHW activities, geographic reach, and employment patterns.

▸ Issue Date: 4/29/2025

Methods

The CHW Survey developed and analyzed to generate this profile was created by the Maryland Department of Health (MDH) Office of Population Health Improvement (OPHI). Questions were designed with input from MDH, CHWs, and CHW stakeholders, and were based on research of CHW workforce profiles in other states, CHW and Employer Surveys in Maryland, as well as other healthcare professional (HCP) workforce profiles (BLS, 2023; Chapman, 2022; Maryland Department of Health, 2022; Nielsen, 2023; North Carolina Department of Health, 2017; Professional Data Analysts, 2023; Robertson, 2022; Virginia Department of Health). The survey was available in English and Spanish via SurveyMonkey; paper copies were available in any language upon request.

The survey was distributed to a convenience sample of Maryland CHWs, recruited via email invitations sent out to all CHWs currently or previously certified through MDH, organizations that employ or potentially employ CHWs in Maryland, CHW partners and stakeholders. The survey was available from April 17, 2024 through May 10, 2024.

Data were analyzed in Microsoft Excel; the results are detailed within this profile. Because this survey was conducted using a convenience sample, results are not representative of all CHWs in Maryland. The results represent a snapshot of a group of CHWs at a particular point in time.

Findings

A total of 284 responses (from CHWs working in at least one jurisdiction in Maryland) were included in the analysis. Respondents were able to skip any survey questions they did not want to answer or did not know how to answer; therefore, throughout the Findings section, the total number of respondents (n) who answered each survey question is different.

Who are CHWs?

Gender

Most respondents identified as female (86.4%); 13.6% identified as male (Table 1).

Age

The average age of respondents was 46 years, with respondents ranging in age from 19 to 76 years old (Table 1). Of the 284 respondents, 7% were 18-25 years old, 16.9% were 26-35 years old, 22.2% were 36-45 years old, 26.1% were 46-55 years old, 20.4% were 56-65 years old, and 7.4% were older than 65 years.

Table 1	Number of respondents	Percent of respondents
Gender	280	
Male	38	13.6%
Female	242	86.4%
Age	284	
18-25 years	20	7.0%
26-35 years	48	16.9%
36-45 years	63	22.2%
46-55 years	74	26.1%
56-65 years	58	20.4%
Older than 65	21	7.4%

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Race & Spanish Origin

With respect to race (Table 2), the largest percentage of the 255 respondents were Black or African American (46.7%) or White (39.6%). Among other racial groups, 2% of respondents were American Indian or Alaska Native and 4.7% were Asian. No respondents identified as Native Hawaiian or other Pacific Islander. Of 283 respondents to the question about Spanish origin, 23.8% identified as Hispanic, and 76.2% identified as non-Hispanic.

Language

Nearly all respondents (93%) reported they spoke English fluently, while nearly a quarter (23%) spoke Spanish. Additional languages spoken by a small number of respondents (<5% each) include Yoruba, Twi, Igbo, or other languages of West Africa; French; and Chinese, Korean, and Tagalog. Twenty-eight percent (27%) of respondents indicated they spoke more than one language, the majority of whom (64%) spoke English and Spanish.

Education

More than half of respondents had either attended some college but not earned a degree (26%) or earned a Bachelor's degree (25%). Fifteen percent (15%) had earned a Master's degree; 13% a high school diploma or equivalent; 11% an Associate's degree; and 6% a trade, technical, or vocational degree.

Table 2	**Number of respondents**	**Percent of respondents**
Race	255	
Black or African American	119	46.7%
White	101	39.6%
Asian	12	4.7%
American Indian or Alaska Native	5	2.0%
Native Hawaiian or Other Pacific Islander	0	0.0%
Prefer to self-describe	9	3.5%
Multiple races	9	3.5%
Spanish Origin	277	
Not Hispanic/Latino	211	76.2%
Hispanic/Latino	66	23.8%
Language*	284	
English	265	93%
Spanish	64	23%
Yoruba, Twi, Igbo, or Other West African	8	3%
French	6	2%
Multiple languages	78	27%
Other**	18	6%

**Languages included in options but receiving < 5 responses: Burmese; Chinese; Dari, Farsi, or Pashto; Korean; and Tagalog*
***American Sign Language, Arabic, Haitian Creole, Hindi, German, Gujarati, Portuguese, Russian, Swahili, Ukrainian, and more.*

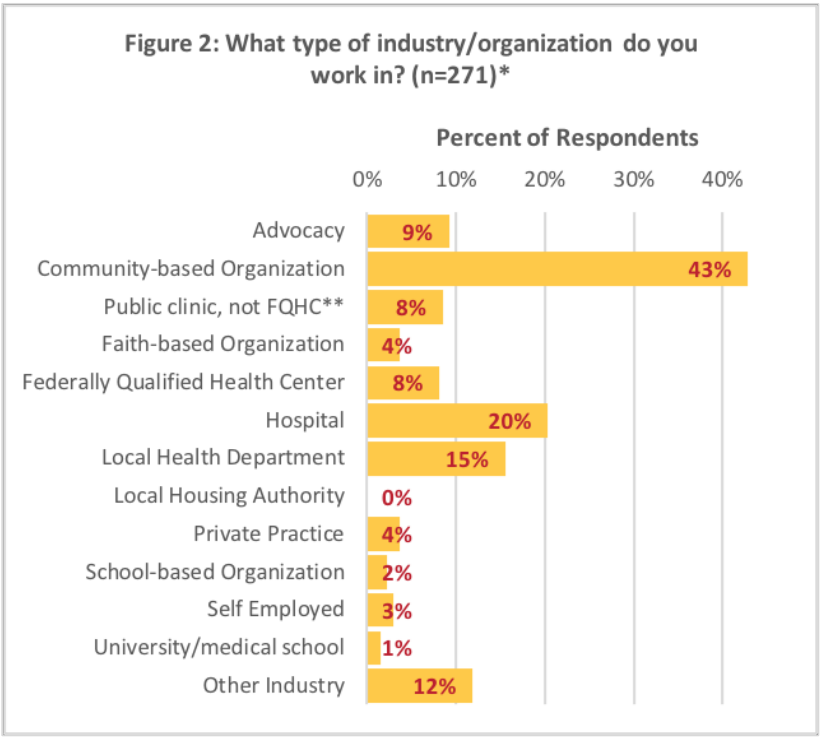
Education	283	
Some high school, no diploma or GED	<5	NA
High school diploma or GED	37	13%
Some college, no degree	74	26%
Trade, technical, or vocational	17	6%
Associate's degree	31	11%
Bachelor's degree	72	25%
Master's degree	43	15%
Doctorate degree	<5	NA
Professional degree (i.e., MD, JD, PharmD)	5	2%

Where do CHWs work and what are they called?

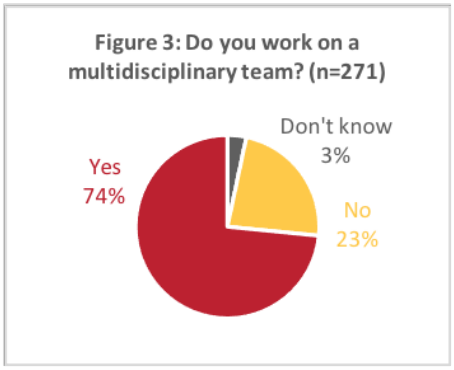
Job Title

CHWs go by a number of job titles. Of the 271 respondents to the question "What is your job title?", nearly half (47.2%) answered **Community Health Worker**. Other job title responses include **Community Health Outreach Worker**, **Promotor(a) de Salud**, **Community Health Advocate**, **Patient Navigator**, **Care Management Coordinator**, and more, illustrating the variation that exists across the state.

Industry or Organization of Employment



The highest percentage of 271 respondents (43%) reported working with Community-based Organizations (Figure 2), followed by hospitals and Local Health Departments. Regardless of industry, most respondents work on multi-disciplinary teams (Figure 3).



**Respondents were able to select multiple industries/organizations.*
*** Public clinic, not federally qualified health center (FQHC) (e.g. community health center, FQHC-lookalikes)*

Jurisdiction of Work

Respondents were scattered throughout the state (Figure 1 and Table 3), with many respondents (21%) working in multiple jurisdictions.

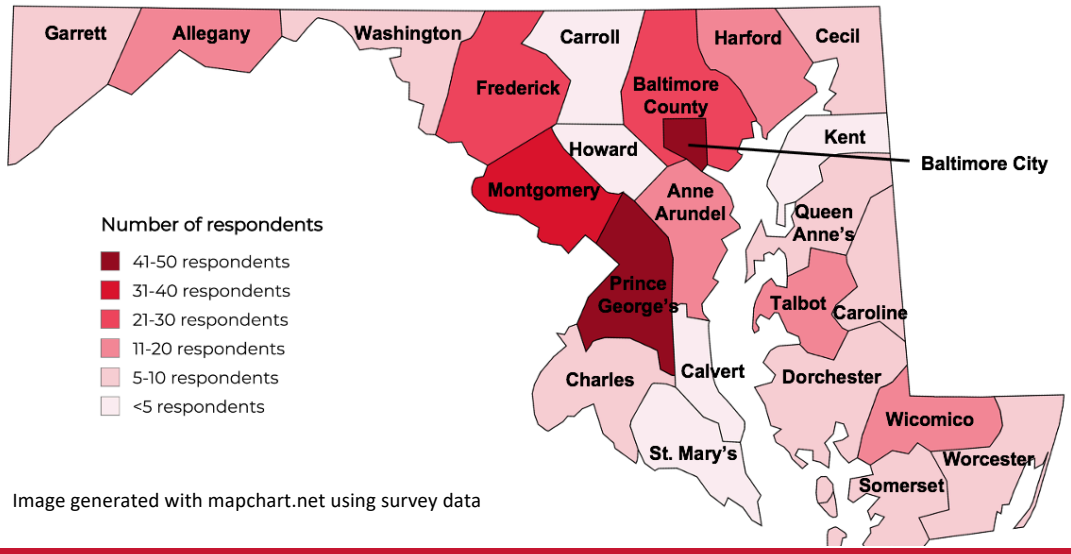


Image generated with mapchart.net using survey data

Figure 1 (above) and Table 3 (below): Respondents by Jurisdiction of Work (n=229)*

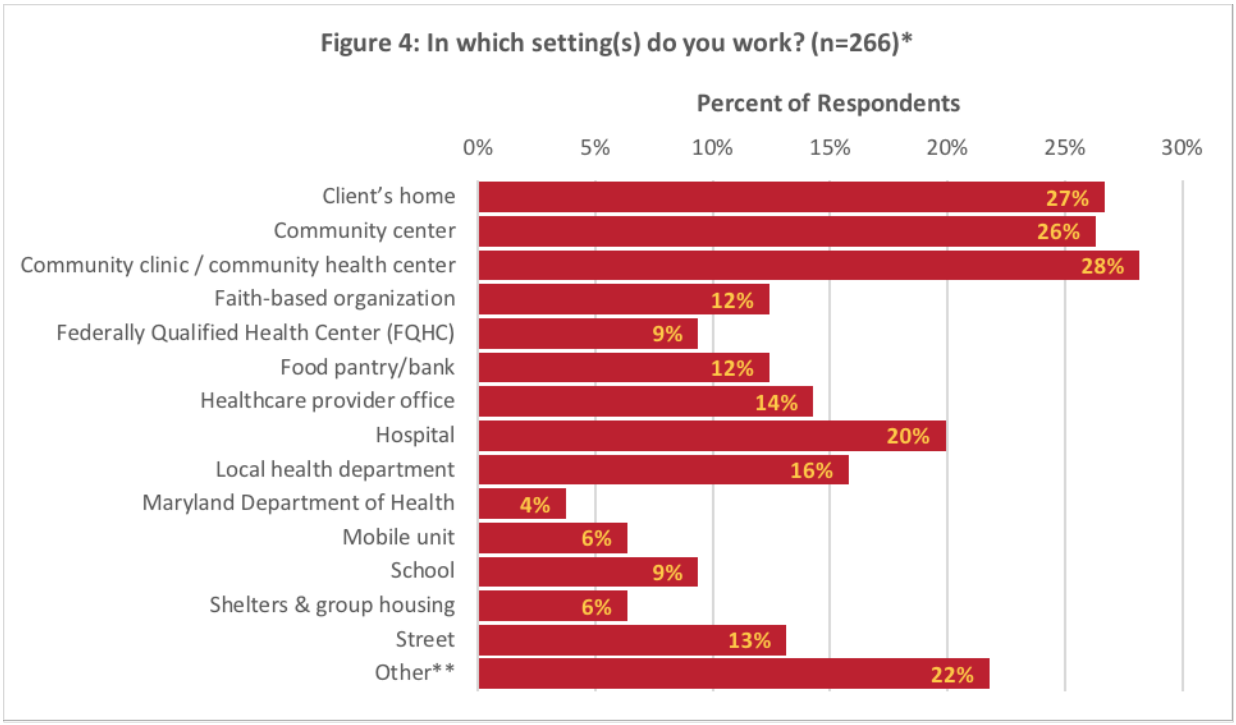
	Respondents		*Respondents*		*Respondents*
Allegany County	11	Dorchester County	7	Somerset County	6
Anne Arundel County	12	Frederick County	23	St. Mary's County	<5
Baltimore City	50	Garrett County	8	Talbot County	12
Baltimore County	30	Harford County	17	Washington County	9
Calvert County	<5	Howard County	<5	Wicomico County	14
Caroline County	9	Kent County	<5	Worcester County	9
Carroll County	<5	Montgomery County	33	Outside MD*	8
Cecil County	5	Prince George's County	41		
Charles County	9	Queen Anne's County	6		

**Respondents were able to select multiple jurisdictions; individuals who worked only outside Maryland were excluded.*

***Individuals who worked in at least one Maryland jurisdiction in addition to a jurisdiction outside Maryland were included.*

Work Setting

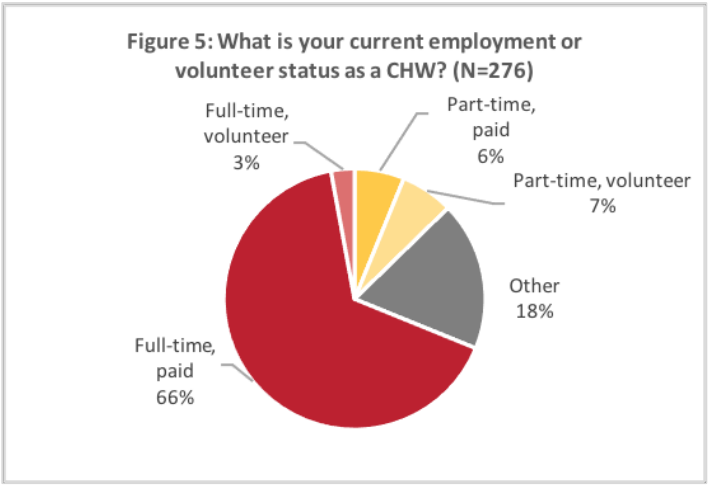
The largest portion of 266 respondents reported working in community centers (28%), clients' homes (27%), community clinics or health centers (26%), and hospitals (20%) (Figure 4).



**Respondents were able to select multiple work settings; 50% indicated working in multiple settings.*
***"Other" settings included remote/work from home, meeting patients where they are, social and community events, residential and assisted living facilities, and offices.*

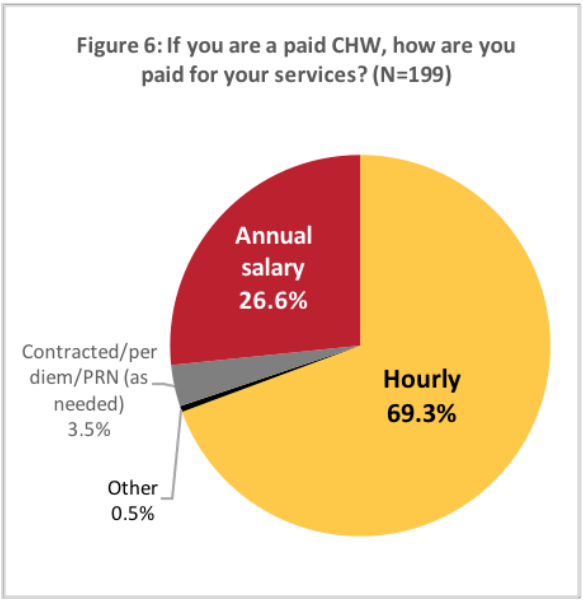
Current Employment/Volunteer Status

The majority of respondents (66%) work full-time as paid CHWs; a few (6%) work part-time (<30 hours per week) as paid CHWs (Figure 5). Only 10% of CHWs work as volunteers, 7% part-time and 3% full-time. Eighteen percent (18%) of respondents do not fit into these categories; "Other" statuses included retired, no longer working as a CHW, or carrying out CHW activities as part of a different role.



Salary & Wage Information

Respondents were asked how they are paid for their services. Among 199 respondents, 69.3% indicated that they are paid hourly, 26.6% indicated they were paid an annual salary, and 3.5% indicated that they are contracted, paid a per diem, or hired on an as needed basis (Figure 6).



	Median	Range
Annual (n=42)	$54,000 / year	$23,000-$100,000 / year
Hourly (n=116)	$21.00 / hour	$15-$43 / hour

Only those who answered that they were paid for their services and chose the corresponding compensation type were included in the analysis. The number of "Contracted/per diem/PRN (as needed)" responses was too low for meaningful analysis.

Years Worked as a CHW

Of 261 respondents:

- **30%** had worked as a CHW for 0-1 years
- **31%** had worked as a CHW for 2-4 years
- **24%** had worked as a CHW for 5-10 years
- **9%** had worked as a CHW for 11-20 years
- **6%** had worked as a CHW for > 20 year

Years Worked in Current Role

Of 259 respondents:

- **35%** had worked in current role for 0-1 years
- **37%** had worked in current role for 2-4 years
- **19%** had worked in current role for 5-10 years
- **4%** had worked in current role for 11-20 years
- **4%** had worked in current role for >20 years

What do CHWs do?

Activities Carried Out by CHWs

CHWs perform a wide range of activities in their day-to-day work (Table 4). Sixty-nine percent (69%) of 265 respondents report that they discuss social determinants of health (SDOH) needs and barriers; 69% also report participating at health fairs. Sixty-five percent (65%) contribute to data collection, analysis, and reporting. Sixty percent (60%) teach skills to promote behavior change, and 59% demonstrate advocacy and community capacity building skills.

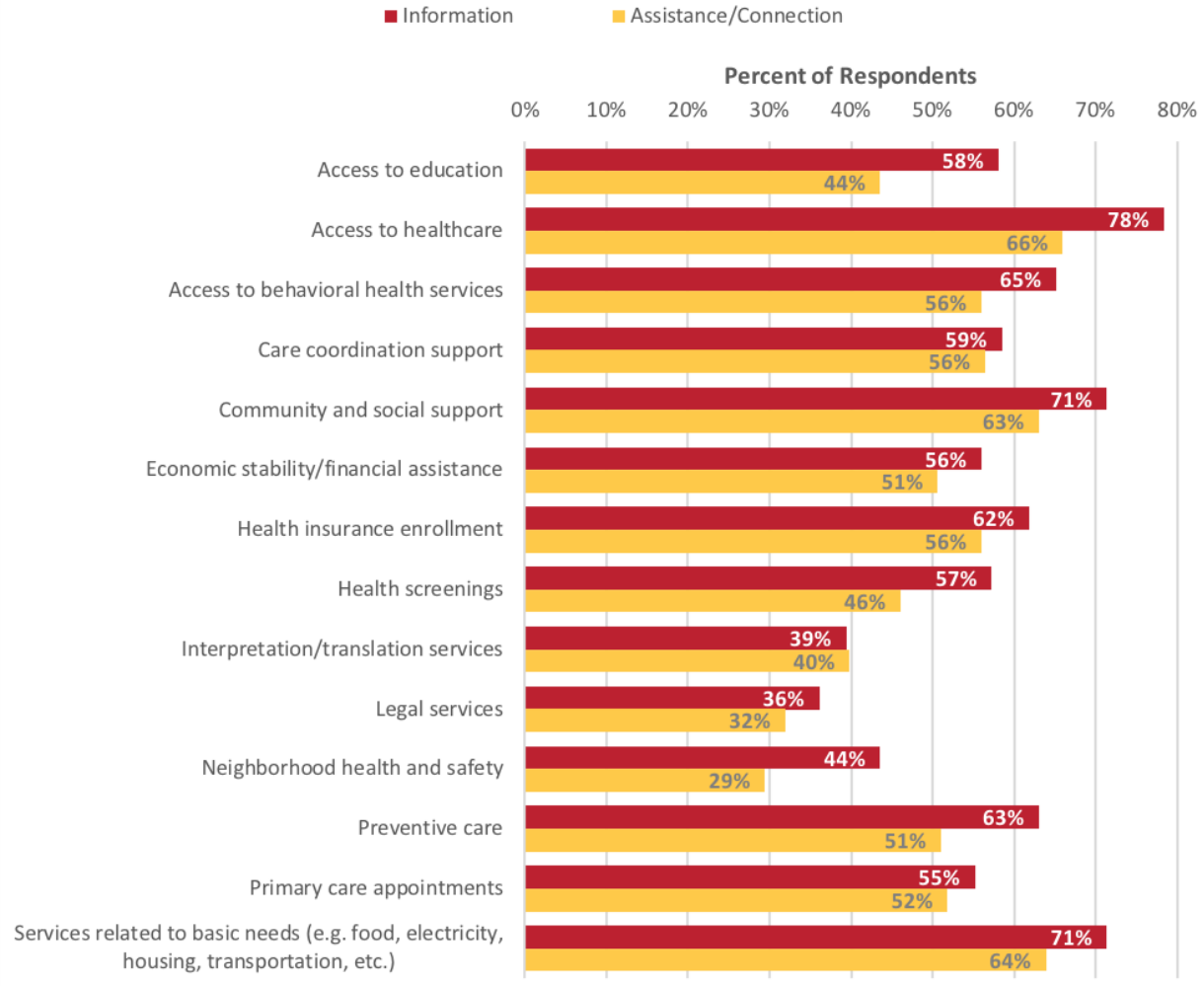
Table 4: Activities Carried Out by CHWs (n=265)*	Percent of respondents
Discuss social determinants of health (SDOH) needs and barriers	69%
Participate at health fairs	69%
Contribute to data collection, analysis, and reporting	65%
Teach skills to promote healthy behavior change	60%
Demonstrate advocacy and community capacity building skills (e.g., advocate for policy change, encourage client self-advocacy)	59%
Provide culturally and linguistically appropriate disease prevention and other health information	49%
Identify and respond to high-risk behaviors	43%
Educate/train other CHWs or providers	39%
Engage in community-driven research	36%
Facilitate focus groups	24%
Evaluate CHW service quality and effectiveness	23%
Fundraise and write grants	7%
Other**	9%

** Respondents were able to select multiple activities. Eighty-nine percent (89%) of respondents selected multiple activities.*
*** Other activities respondents reported carrying out included home visiting, connecting patients to resources, interpretation, health insurance enrollment, and training in job skills or life skills.*

Provision of information or assistance/connection

Respondents were asked if they provide information on or provide assistance with/connection to topics and services (Figure 7). Among the 241 respondents, access to healthcare was a commonly reported area in which they provide information (78%) and assistance/connection (66%). Services related to basic needs was also a commonly reported area for information (71%) and assistance/connection (64%), as was community and social support (71% provided information and 63% assistance/connection).

Figure 7: Which of the following do you provide information on, or provide assistance with/connect clients to? (n=241)*



**Respondents were able to select multiple topics and services.*

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