Maryland
DEPARTMENT OF HEALTH

Maryland Community Health Worker and Employer Surveys: Analysis and Report

With a Focus on Rural Maryland

Prepared by: Market Decisions Research
Brian Robertson, PhD; John Charles, MS; Allison Tippery,
Nicholaus Johnson, MPH; Krista Wohl, MS; Cecelia Stewart, PhD, MPH

June 2022

ACKNOWLEDGMENTS

The Maryland State Office of Rural Health (SORH), within the Office of Population Health Improvement (OPHI) at the Maryland Department of Health, supported the production of this publication to examine the Maryland landscape of both community health workers (CHWs) and the organizations that employ CHWs; identify barriers and facilitators to effectively incorporating the CHW skillset into patient-centered healthcare models; and determine the impact of CHWs on access to healthcare and utilization of preventive health services by the individuals they serve. SORH is funded via the U.S. Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.

Analysis prepared by the research team at Market Decisions Research (MDR) of Portland, Maine. Edits and final preparations conducted by Maryland Department of Health.

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EXECUTIVE SUMMARY

BACKGROUND

Community health workers (CHWs) serve an integral role within Maryland's health care infrastructure. To better understand the CHW workforce, the State Office of Rural Health (SORH) and the Community Health Worker Program at the Maryland Department of Health (MDH) surveyed CHWs and CHW employers during the summer 2021. The goals of the surveys were to: (1) examine the landscape of CHWs and CHW employers; (2) identify barriers and facilitators to incorporating CHWs into healthcare models; and (3) determine the impact of CHWs on healthcare access and utilization.

METHODOLOGY

Invitations to complete the CHW and CHW Employer surveys were distributed to partners by email. Individuals working as a CHW in Maryland or who identified as an employer of CHWs in Maryland, were eligible to complete the survey in SurveyMonkey. In total, 206 individuals responded to the CHW survey and 63 CHW employers responded to the employer survey. All responses were analyzed regardless of survey completion status. Respondents self-reported service in rural, urban, or rural and urban geographies. Results are representative only of those who responded to the survey, and may not reflect the attitudes, opinions, and beliefs held by all Maryland CHWs or CHW employers.

COMMUNITY HEALTH WORKER SURVEY RESULTS

Community health worker respondents are primarily women who identify as Black/African American (50%) or non-Hispanic White (37%). Urban jurisdictions are more likely to be provided services by CHWs that identify as Black/African American as compared to rural jurisdictions (69% and 30%, respectively). Compared to urban jurisdictions, rural jurisdictions in Maryland are more likely to be provided services by CHWs that identify as White (18% and 58%, respectively), or Hispanic (4% and 15%, respectively). Most responding CHWs are between the ages of 30-49 years and have some college education. The majority of CHW respondents work for a community-based organization, hospital, or local health department. Sixty percent of respondents have been a CHW for between 2-10 years.

Most responding CHWs self-report providing services in urban compared to rural jurisdictions (73% and 53%), respectively, with many providing services in both settings. The top five services CHWs provide across both urban and rural jurisdictions are: (1) connection to basic needs; (2) assistance with healthcare appointments; (3) follow up visits; (4) Medicaid enrollment; and (5) home visits. CHWs report providing education more than they report providing support with preventive or post-diagnosis care. Almost all responding CHWs state they regularly connect

clients to services to address their basic needs. Regardless of rurality, CHWs report a desire for additional training and career opportunities.

COMMUNITY HEALTH WORKER EMPLOYER SURVEY RESULTS

Nearly half of the respondents to the CHW Employer survey represent hospitals. Employers report that full-time CHWs have monthly patient panels ranging from 10-19 clients to 250 clients or more. Most CHWs are paid hourly and are provided health insurance and personal/sick leave. The majority of employer respondents state that CHWs always work as part of an interdisciplinary team. About half of responding employers (47%), state that CHWs provide services in support of a Care Transformation Organization.

Responding urban and rural employers state that most of the funding for CHWs is from grants (83% and 77%, respectively). Given that grant funding is not permanent, employers report this as a major barrier to incorporating CHWs more fully into their organizations.

Most employers (77% of rural employers and 75% of urban employers) report tracking and linking client health outcomes to services CHWs provide to clients including: (1) client rated quality of health; (2) hospital readmissions; (3) emergency department or urgent care usage; (4) preventable care utilization; (5) preventable hospital admissions; and (6) identification of primary care providers. Half (50%) of all employers require CHWs to be certified by the MDH either upon hiring or once hired. Notably, there is a significant difference between rural and urban employers in that approximately 55% of rural and 25% of urban respondent employers require CHW certification.

RURAL MARYLAND – UNIQUE FINDINGS AND CONSIDERATIONS

Compared to responding CHW employers in urban jurisdictions, those providing services in rural jurisdictions are less likely to report that CHW positions are funded through more stable and reliable sources such as federal (urban 25%, rural 9%) or state (urban 50%, rural 18%) funds. A possible result of this reliance on more tenuous funding sources is that fewer responding CHWs providing services in rural jurisdictions report they feel they have job security, as compared to responding CHWs providing services in urban jurisdictions (rural 56%, urban 67%).

CHWs can play an impactful role in the response to the opioid epidemic through education and connection to resources. While almost all (93%) responding CHWs providing services in rural jurisdictions report providing education regarding substance misuse and substance use disorders (SUDs), less than half report providing support with preventive screenings (47%) or post-diagnosis/disease-management (47%). Almost half (40%) of responding CHWs providing services in rural jurisdictions report the desire for more training on SUDs.

Rural Maryland is largely racially and ethnically homogenous with 71% of residents identifying as non-Hispanic White (USCB, 2020b). Similarly, over three-quarters (79%) of CHWs working in rural areas report being White.

CONCLUSIONS AND RECOMMENDATIONS

CHWs love their job and report that their role is highly impactful on the wellbeing of Marylanders. CHWs report a desire for additional training and professional development opportunities. CHW employers recognize the importance of CHWs, but cite barriers in more fully integrating CHWs into their organizations due to funding issues. Many employers report collecting and tracking health outcomes linked to CHW services. This provides an opportunity to quantify the impact of CHWs, which may be the first step in moving toward reimbursement for CHW services and making positions more sustainable. While this project provides rich detail and data, it is important to note that conclusions can only be drawn for the survey respondents and not necessarily for all Maryland CHWs and CHW employers.

INTRODUCTION

CHWs are a vital resource within 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. This trusting relationship enables a CHW to serve as a liaison to, link to, or intermediary between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, the provision of information to support individuals in the community, social support, and advocacy.

The roles and responsibilities of a CHW often include helping individuals access existing resources to secure their basic needs, interacting with and navigating the healthcare system, and finding appropriate care providers to address a range of chronic and acute health issues. Specific examples include connecting individuals to preventive care (e.g., vaccines, primary care, and screenings), health insurance, and treatment. CHW roles are included in various titles such as outreach worker, patient navigator, peer mentor, and promotor(a) de salud. CHW responsibilities are performed with an understanding of the need for culturally competent care and the importance of building individual- and community-based capacity.

According to recent United States Bureau of Labor Statistics data, an estimated 61,000 CHWs are employed throughout the U.S. (USBLS, 2022). Nationally, the industries with the highest levels of employment for CHWs include: (1) local governments; (2) individual and family services; (3) outpatient care centers; (4) general medical and surgical hospitals; and (5) insurance carriers.

CHWs have long served an integral role within Maryland's health infrastructure, including in rural areas of the state where common characteristics set rural regions apart from suburban and urban counterparts. This includes local economies heavily linked to agricultural and resource-based industries, and challenges in these communities such as unemployment, poverty, changing economic conditions, and aging populations (RMC). Of Maryland's 24 jurisdictions, 18 are classified by the state as rural (COMAR, 2014).

In 2018, support for Maryland's CHWs expanded via the enactment of the Maryland Community Health Worker Act (Health-General Article §§ 13-3701-3709). Regulations for the CHW certification and training program accreditation processes (COMAR 10.68.01 and 10.68.02, respectively) were adopted in 2019. These efforts support the role of CHWs throughout the state and reinforce the importance of their work within the larger healthcare and social services systems. As Maryland's health system continues to transform, the engagement of CHWs is likely to increase following an increased emphasis on care management and prevention under the Maryland Total Cost of Care alternative payment model. Thus, it is important to better understand CHW values, needs, and impacts on clients' health in Maryland.

The certification of CHWs and the accreditation of CHW certification training programs in Maryland are voluntary processes based on the nine Maryland CHW core competencies:

- Advocacy and community capacity building skills
- Effective oral and written communication skills
- Cultural competency
- Understanding of ethics and confidentiality issues
- Knowledge of local resources and system navigation
- Care coordination support skills
- Teaching skills to promote health behavior change
- Outreach methods and strategies
- Understanding of public health concepts and health literacy

Most of a CHW's clientele are those who meet an underserved population criterion. The Health Resources and Services Administration (HRSA) defines a medically underserved area/population as, "geographic areas and populations with a lack of access to primary care services" (HRSA, 2021). These populations include those with cultural, economic or language barriers to effectively accessing healthcare and can include, but are not limited, to low-income, previously incarcerated, homeless, and/or minority cultural/ethnic individuals (HRSA, 2021). CHWs often provide services to underserved individuals who have the greatest opportunity to receive the most benefit from additional health and well-being supports.

Although national data exists to provide evidence of the positive impact of CHWs on health outcomes, current Maryland-specific documentation of the impact of CHWs in the state is not readily available. The Maryland State Office of Rural Health (SORH) and Community Health Worker (CHW) Program, within the Office of Population Health Improvement (OPHI) at the

Maryland Department of Health (MDH), deployed two surveys concerning CHWs and CHW employer perspectives during the summer of 2021. The purposes of the CHW and CHW employer surveys were to: (1) examine the Maryland-specific landscape of CHWs and their employers, (2) identify barriers and facilitators to incorporating CHWs into healthcare models, and (3) determine the impact of CHWs on healthcare access and utilization. The survey results serve to:

- Identify Maryland CHW strengths and needs, including those related to employment and training;
- Identify promising practices related to the CHW workforce;
- Evaluate and make recommendations regarding CHW employment and services provided;
- Inform future work regarding the return on investment related to CHW employment; and
- Develop reports, presentations, profiles, and mapping.

This report provides the results of Maryland's CHW and CHW employers surveys. Market Decisions Research (MDR) was contracted to provide an analysis and report of these surveys. Due to the nature of these surveys, results are representative only of those that responded to the survey, and may not reflect the attitudes, opinions, and beliefs held by all Maryland CHWs and their employers.

METHODOLOGY

SURVEY QUESTIONNAIRES

MDH utilized the online survey tool, SurveyMonkey, to deploy two surveys, one to individual CHWs who work in the state and the other to CHW employers. Both surveys received Institutional Review Board (IRB) approval by MDH. The survey for individual CHWs included questions related to the following topics:

- Location of employment
- Type of employing organization
- Work setting
- Services provided
- Populations served
- Demographics

Similarly, the CHW employer survey asked questions pertaining to the following topics:

- Type of organization
- Location
- Populations served
- Number of CHWs
- Outcome metrics*

**(1) Biometrics, (2) Emergency department and urgent care usage, (3) Preventable hospital admissions, (4) Hospital readmissions, (5) Treatment adherence / concordance, (6) Client rated*

quality of life, lifestyle changes, self-management, (7) Enrollment into health insurance plans, (8) Utilization of preventive care services, (9) Identification of a primary care provider for clients.

DATA COLLECTION

The survey for individual CHWs was distributed to a variety of partners via email outreach during the summer of 2021, including the following:

- State CHW Advisory Committee
- All MDH-certified CHWs
- Accredited CHW certification training programs
- Maryland-based networks, including partners such as the Maryland Office of Minority Health and Health Disparities
- Maryland CHW Association

These partners were asked to share the survey opportunity with their contacts. All individuals 18 years of age and older working as a CHW in Maryland were eligible to complete the survey.

The CHW employer survey was likewise distributed to a variety of partners via email outreach during the summer of 2021 and these partners were encouraged to share the survey with appropriate contacts. Organizational representatives, 18 years of age and older, of CHW employers in Maryland were eligible to complete the survey, including partners such as:

- Maryland Rural Health Association
- Maryland Hospital Association
- Maryland Primary Care Program
- State CHW Advisory Committee
- Other organizations known or suspected of employing CHWs

SAMPLE

In total, 206 CHWs responded to the CHW survey, and of these nearly two-thirds (70%) completed the entire survey (Table 1). Additionally, 63 CHW employers responded to the CHW employer survey, and of these nearly half (46%) completed the entire survey (Table 1). All responses were analyzed, regardless of the survey completion status of the respondent.

Table 1. Number of CHW and CHW employer survey completion status.

	CHW Survey	CHW Employer Survey	TOTAL
Full Complete	145 (70%)	29 (46%)	174
Partial Complete	61 (30%)	34 (54%)	95
TOTAL	206	63	

There is no database of demographic data for all CHWs or CHW-employing agencies working in the state of Maryland. Therefore, it is unknown what proportion of Maryland CHWs and CHW employers are represented via these surveys. All results discussed in this report are only representative of the sample of responding CHWs and CHW employers.

STATISTICAL ANALYSIS

Responses to both datasets were exported from SurveyMonkey to Microsoft Excel for sharing, cleaning, and organizational purposes. The datasets were then uploaded, cleaned, and analyzed using IBM SPSS 24©.

Comparisons were made between respondents – CHWs and CHW employers – servicing populations in urban versus rural jurisdictions throughout Maryland. Rural jurisdictions include those identified as such by the Annotated Code of Maryland, with remaining jurisdictions being classified as urban (ACM, 2014).

State-designated rural Maryland jurisdictions include the following 18 jurisdictions:

- Allegany
- Calvert
- *Caroline
- Carroll
- Cecil
- Charles
- *Dorchester
- Frederick
- *Garrett
- Harford
- *Kent
- *Queen Anne's
- Somerset
- St. Mary's
- *Talbot
- Washington
- Wicomico
- *Worcester

**Indicates the jurisdiction is federally designated as rural. Federal and state urban/rural designations do not align. Maryland designations as outlined in the Annotated Code of Maryland were applied for this project.*

Urban Maryland jurisdictions include the following:

- Anne Arundel
- Baltimore City
- Baltimore
- Howard
- Montgomery
- Prince George's

Some CHWs and CHW employers report providing services to populations in both urban and rural jurisdictions across Maryland. As such, percentages related to urban and rural jurisdictions may add up to more than 100%. There is not a third category of CHWs/employers providing services in both urban and rural jurisdictions. These two geographic categories of survey respondents are not mutually exclusive. As such, there is no way to determine what types of services are provided specifically to rural or urban designated jurisdictions and conclusions related to this cannot be made.

Tests were conducted to identify statistically significant differences between survey results when comparing by demographic and geographic characteristics of survey respondents. Additionally, tests of significance were performed to distinguish between differences in measurements that can be attributed to normal error associated with sampling approaches and

data collection from those that exceed the normal error associated with such measurements. For this survey, all tests were conducted using confidence interval comparisons.

AD-HOC ANALYSIS

Additional data pertaining to Maryland's overall, urban, and rural populations was obtained from the U.S. Census Bureau's (USCB's) American Community Survey (ACS) and the U.S. Centers for Disease Control and Prevention's (CDC's) Behavioral Risk Factor Surveillance System (BRFSS) (USCB, 2020b; USCDC). Responses for these select variables were calculated for Maryland overall and used to make comparisons between urban and rural areas of the state as designated by the USCB and CDC. These designations may not specifically align with urban/rural jurisdiction designations outlined in the Annotated Code of Maryland (ACM, 2014).

The ACS is a survey conducted by the USCB each year that provides ongoing data on vital information such as demographics and select health measures throughout the U.S., including demographic data such as age, race, income, and health statistics such as health insurance coverage and measure of overall wellness.

The BRFSS is a telephone survey conducted by the CDC that collects state-specific data from U.S. residents regarding health-related risk behaviors, chronic health conditions, and use of preventive health services. The BRFSS includes data such as experience with diagnosis of a variety of health conditions (e.g., stroke, asthma, cancer, etc.) and health behaviors (e.g., smoking, drinking, healthcare utilization, etc.).

LIMITATIONS

While precautions were taken to ensure that the results and findings presented in this report are sound and based upon statistically valid methods and analyses, there are some limitations to note. Due to the use of a non-probability sample in the sampling design, it is important to use caution when assessing significant differences between subgroups in the survey. Margin of errors (which are based on the assumptions of a random probability sample and normality) cannot be approximated appropriately and variance statistics are likely to be underestimated.

Furthermore, caution should be used when interpreting results as the small sample size and inability to determine whether respondents are truly representative of all CHWs and CHW employers across the state which limits generalizability. Survey results are representative only of those that responded to the survey, and may not reflect the attitudes, opinions, and beliefs held by all Maryland CHWs and CHW employers.

COMMUNITY HEALTH WORKER DEMOGRAPHICS

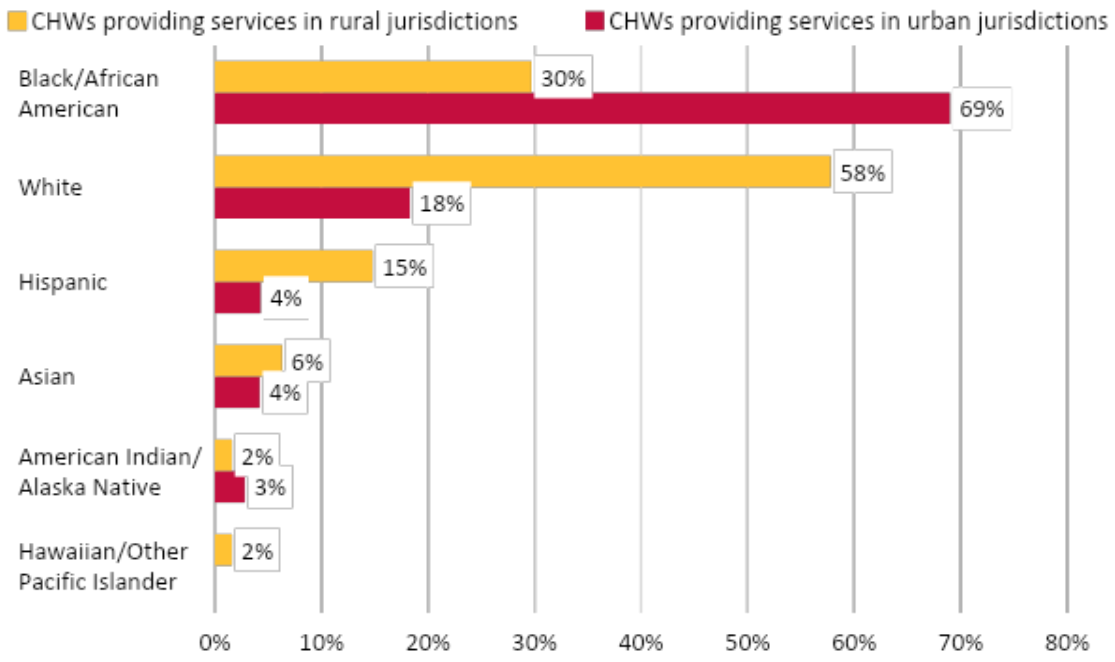
The CHW survey included basic demographic questions. Based on respondents' answers, a demographic profile of the 206 CHWs completing or partially completing this survey was created.

RACE AND ETHNICITY

The racial and ethnic composition of responding CHWs varies by rurality across Maryland. Urban jurisdictions are more likely to be provided services by CHWs that identify as Black/African American as compared to rural areas (69% and 30%, respectively). Racial composition of urban CHWs mimic that of Maryland's overall urban racial and ethnic composition; residents identify as non-Hispanic White (40%), non-Hispanic Black/African American (34%), Hispanic (13%) (USCB, 2020b).

Rural jurisdictions in Maryland are more likely than urban areas to be provided services by CHWs that identify as White (58% and 18%, respectively) or Hispanic (15% and 4%, respectively). White CHWs report providing services to clients in rural areas significantly more as compared to CHWs identifying as any other race working with rural clients. The racial composition of rural CHWs is similar to Maryland's overall rural racial and ethnic composition. Rural Maryland is largely homogenous with 71% of residents identifying as non-Hispanic White and a minority of residents identifying as non-Hispanic Black/African American (15%), Hispanic (6%), non-Hispanic Other (5%), or Asian (2%) (USCB, 2020b).

Figure 1. Race and ethnicity of responding Maryland CHWs.



AGE

Most Maryland CHW respondents are between the ages of either 30-39 (34%) or 40-49 (38%), followed by those ages 18-29 (17%) and 65 years or older (11%). There are no significant rural/urban differences.

EDUCATION

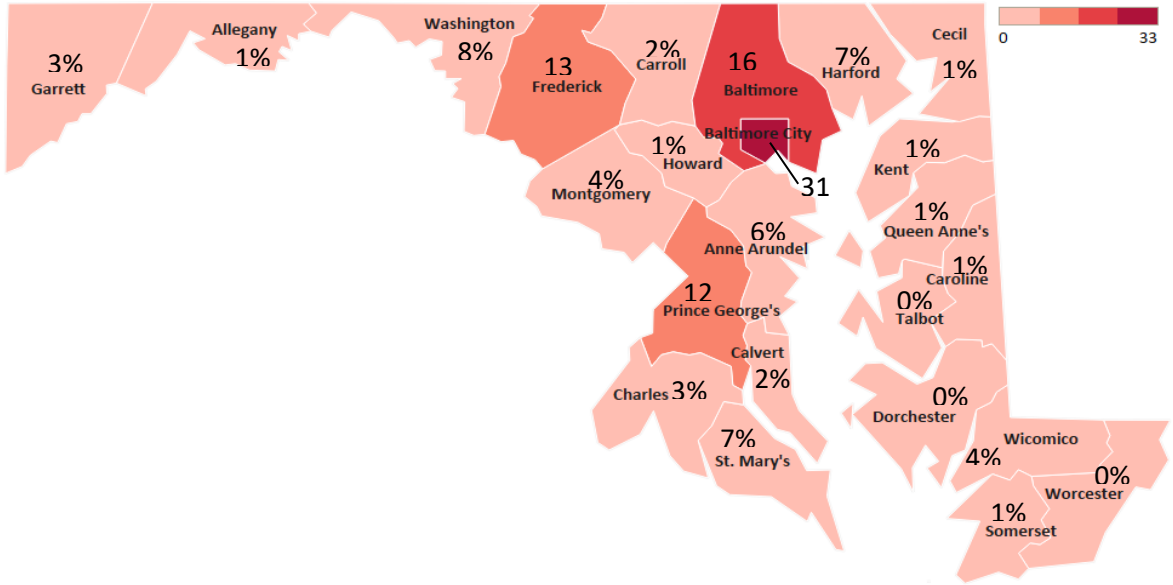
More than half of all Maryland CHW respondents have received some college education without obtaining a degree (57% rural and 65% urban). Other types of education received by CHW respondents are technical schooling (15%), an associate degree (22%), and a doctoral degree (3%). CHW respondents with technical or vocational training are more concentrated in urban jurisdictions (18% vs 9%), while those with an associate degree are concentrated in rural jurisdictions (35% vs 12%). Those with a doctorate degree are concentrated in urban rather than rural jurisdictions (6% vs 3%).

FINDINGS: COMMUNITY HEALTH WORKER SURVEY

GEOGRAPHIC SPREAD OF RESPONDENT COMMUNITY HEALTH WORKERS

The majority of CHW respondents provide services in urban jurisdictions. Figure 2 provides a visual of geographic dispersion of where CHWs provide services and Figure 3 displays the percentages of responding CHWs providing services in every jurisdiction, by rurality.

Figure 2. Number and percentage of total responding CHWs providing services in Maryland jurisdictions.



The majority of CHW respondents in this sample provide services in Baltimore County and Baltimore City, skewing results to be potentially over representative of CHWs in these two jurisdictions. Nearly three-quarters (70%) of CHW respondents provide services in Maryland's urban jurisdictions. Conversely, 55% of CHW respondents provide services in Maryland's rural jurisdictions[1]. The highest percentage of responding CHWs to provide services to a rural jurisdiction is Frederick County, with 13% of responding CHWs providing services there.

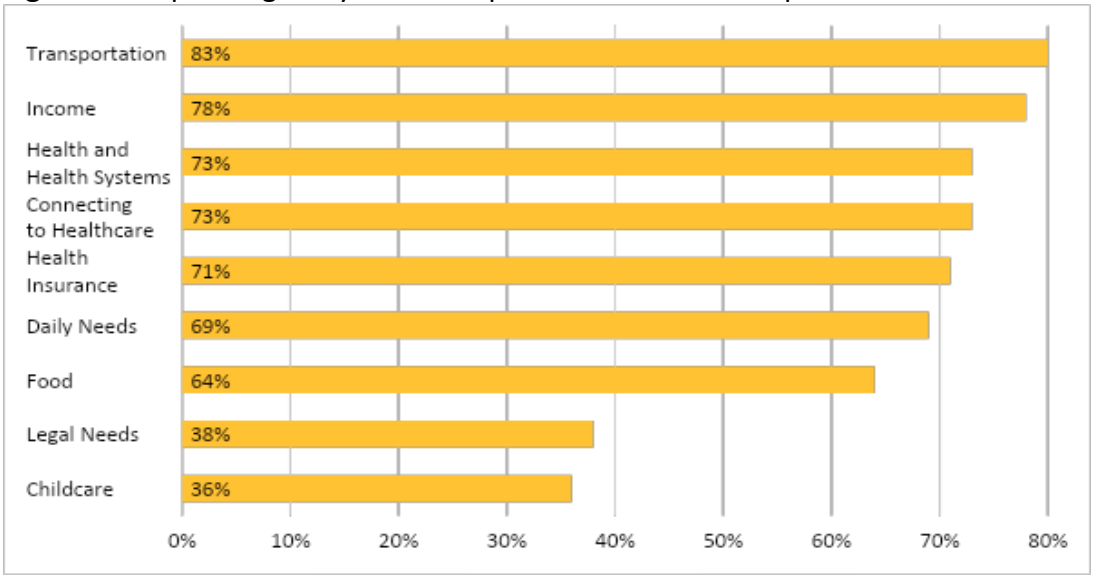
POPULATIONS SERVED

Maryland CHW respondents primarily serve clients aged 18 years and older: 18-25 years (68%), 26-65 years (85%), and those over 65 years (62%). However, over one-third of those who responded provide services to those aged 3-17 years (39%) or to infants and toddlers less than three years of age (25%). There are no significant rural/urban differences.

Both urban and rural CHW respondents report working with a variety of populations in similar proportions. However, a higher proportion of CHWs working in urban jurisdictions are providing services to individuals with substance use disorders (SUDs) as compared to those working in rural jurisdictions (74% vs 54%). CHW respondents who work in rural jurisdictions are more likely to provide services to residents identifying as a racial or ethnic minority (79% rural vs 65% urban).

CHW respondents identify many factors that are barriers for their clients to obtain optimal health. The top barriers include transportation (83%), income (78%), connecting to healthcare (73%), interacting with health systems (73%), and utilizing health insurance (71%) (Figure 3). These concerns are shared between urban and rural jurisdictions.

Figure 3. Responding Maryland CHW perceived barriers to optimal client health.



[1]Percentages of CHWs serving rural and urban jurisdictions do not add to 100% as CHWs can provide services across jurisdiction types.

SERVICES PROVIDED

CHWs provide a wide range of services from connecting patients to medical appointments, aiding in insurance enrollment, supporting financial needs, and providing transportation. Rural and urban CHWs report providing the same five services most frequently to clients.

Rural Marylanders fare better than urban counterparts in terms of health insurance coverage; 7% of rural and 9% of urban residents lack health insurance coverage. Given that Medicaid enrollment is a top five service provided by CHWs, with more insurance enrollment occurring in urban areas, it can be concluded that CHWs are vital in connecting clients to insurance and thus medical care.

Across all subject areas including substance use, maternal and child health, nutrition/physical activity, etc. Maryland CHW respondents report providing education on these matters more than they report providing support with preventive or post-diagnosis care. Both urban and rural CHW respondents report the same five services as most frequently provided (Table 2). Both rural and urban CHW respondents note that connecting clients with basic needs is the top service they provide.

Table 2. Top five services provided by responding Maryland CHWs.

	% CHWs Servicing Rural Jurisdictions	% CHWs Servicing Urban Jurisdictions
Connections to basic needs	73%	85%
Healthcare appointments	48%	72%
Follow up visits	52%	66%
Medicaid enrollment	51%	64%
Home visits	58%	61%

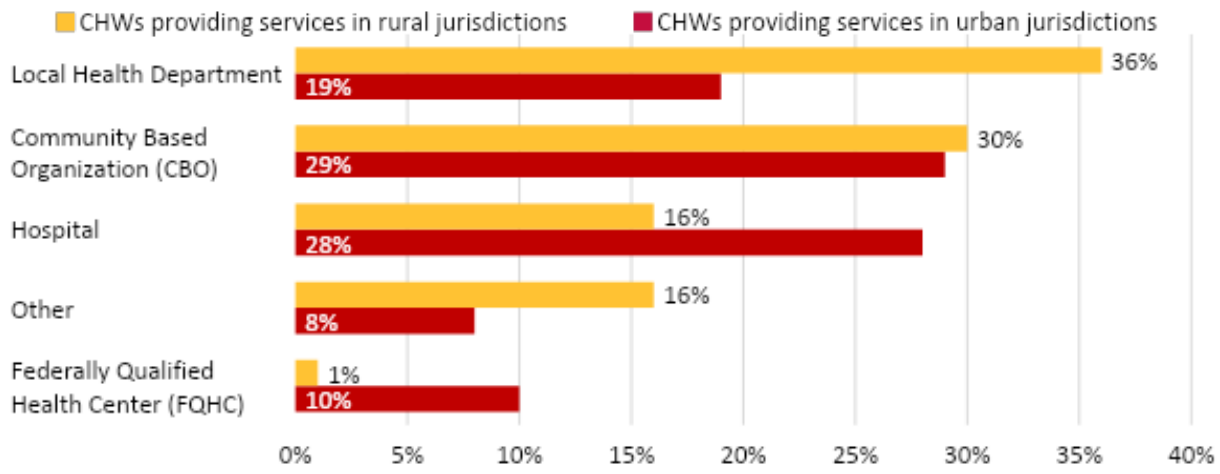
Overall, 88% of responding CHWs report the COVID-19 pandemic affected how they interact with clients, particularly among those providing services in rural jurisdictions (95%) as compared to respondents providing services in urban jurisdictions (85%). Less than one-quarter of respondents report they sometimes (23%) or often (24%) meet face-to-face. A similar proportion of those respondents report almost always (24%) or always (24%) meeting with clients over the phone.

EMPLOYMENT AND TRAINING

More than three-quarters of all CHW respondents report working for one of the following types of organizations: community-based organization (29%), local health department (26%), or hospital (24%). A similar proportion of responding CHWs report working most frequently on-site at their place of employment (e.g., in a hospital or clinic, 41%), in clients' homes (28%), or at a community center site (12.8%).

Figure 4 outlines commonly reported places of employment by rurality.

Figure 4. Responding CHW reported place of employment.



The most common job titles of CHWs who responded include Community Health Worker (40%), Community Health Advisor (17%), and Community Health Outreach Worker (16%).

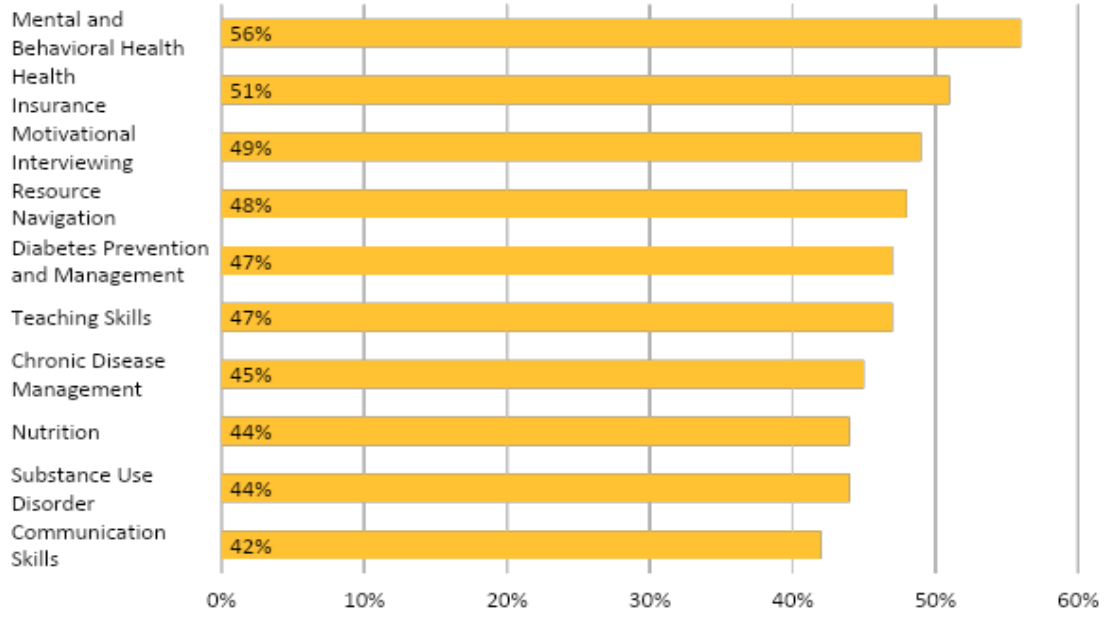
In both urban and rural areas of the state, most CHWs have spent four years or less in this role and in their current position (Table 3). Less than 20% of CHW respondents have been working as a CHW for 11 or more years and fewer (16%) have remained in the same position.

Table 3. Years spent as CHW and in current position (among responding CHWs).

Number of Years	Years as CHW	Years in Current Position
≤ 1	21%	31%
2-4	35%	36%
5-10	25%	17%
11-20	9%	9%
> 20	10%	7%

Both rural and urban CHW respondents agree (43% and 37%, respectively) or strongly agree (45% and 57%, respectively) they currently receive an adequate level of supervision to be effective in their work. A majority of CHW respondents agree that both coworkers and clients understand their role as a CHW (89% and 84%, respectively) without differences between those in a rural or urban setting. A smaller majority of rural and urban CHWs who responded report feeling that they have job security (56% and 67%, respectively).

Figure 5. Training opportunities desired by CHW respondents.



Maryland CHW respondents desire training on a wide range of topics; the majority indicate they would like to receive more training on mental and behavioral health (56%) and health insurance (51%) (Figure 5). There are no significant rural/urban differences.

CHWs who responded desire a range of professional development opportunities. A vast majority of respondents report desiring state training opportunities (79%), networking with peers (65%), and gaining leadership skills (62%). There are no significant rural/urban differences.

WHAT CHWs ARE SAYING

"CHWs are the bridge between clients and providers and agencies."

"For me as a CHW, it warms my heart knowing I have helped someone to better their life whatever it may be, a roof over their head, food, affordable medications, or transportation."

"Becoming a CHW is great for me because I can work with both communities - English speaking and Spanish speaking populations in different social levels."

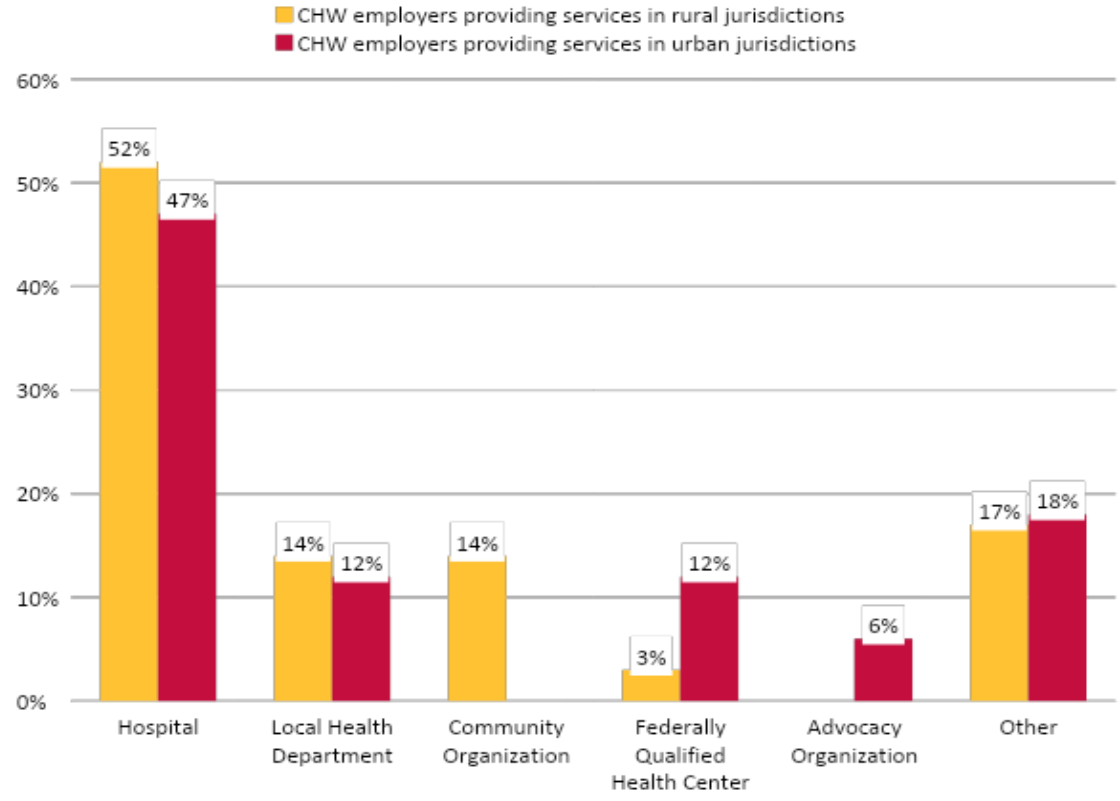
"More job opportunities throughout the rural communities with better pay opportunities."

DESCRIPTIVE PROFILE OF CHW EMPLOYERS

The CHW employer survey included questions about the types or organizations employers represented. Based on respondents' answers, a profile of the 63 employers completing or partially completing this survey was created.

Overall, nearly half of the employers who responded to this survey are representative of hospitals. Additional types of employers represented are community-based organizations (15%), local health departments (15%), other (15%), federally qualified health centers (FQHCs) (8%), and advocacy organizations (3%). Organizations included as 'other' are health systems, Indian Health Services (IHS), non-governmental organizations, and state governments (Figure 6). Figure 6 also provides the types or organizations represented by rurality.

Figure 6. Organizations represented by responding CHW employers.



Given there is no database compiling all CHW employers across the state, it cannot be determined if employers within this sample are representative of all CHW employers in Maryland. However, when comparing against results from the CHW survey, organizations are represented in different proportions and some organizations that employ CHWs are not represented within the employer survey.

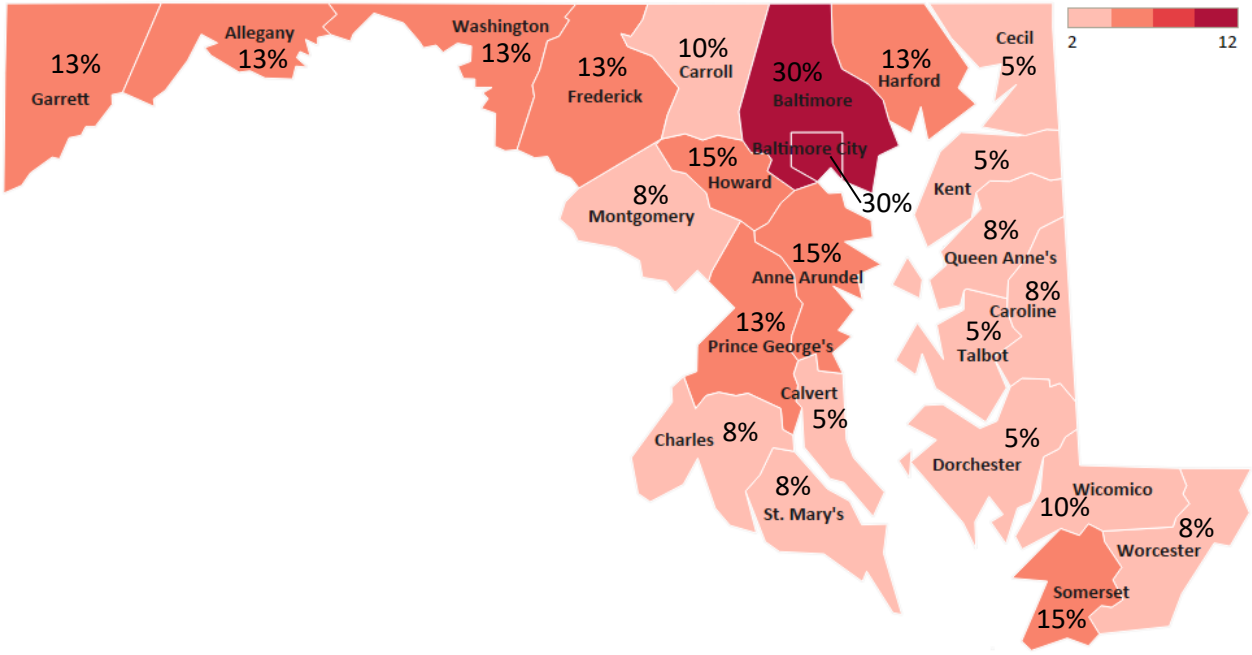
COMMUNITY HEALTH WORKER EMPLOYER SURVEY

The CHW employer survey asks questions about CHWs working within organizations to better understand CHW role, funding, professional development, and training. Nearly all (95%) of employers surveyed employ CHWs, providing strength that the sample reached the desired employers.

GEOGRAPHIC LOCATION OF CHW EMPLOYERS

The majority of CHW employers report that they provide services in urban jurisdictions. As it cannot be determined whether this sample is representative of all Maryland CHW employers, the rural and urban breakdown of organizations employing CHWs in this sample may not be accurate statewide. Figure 7 provides a visual of geographic dispersion of where employer's organizations provide services.

Figure 7. Number and percentage of responding CHW employers providing services in Maryland jurisdictions.

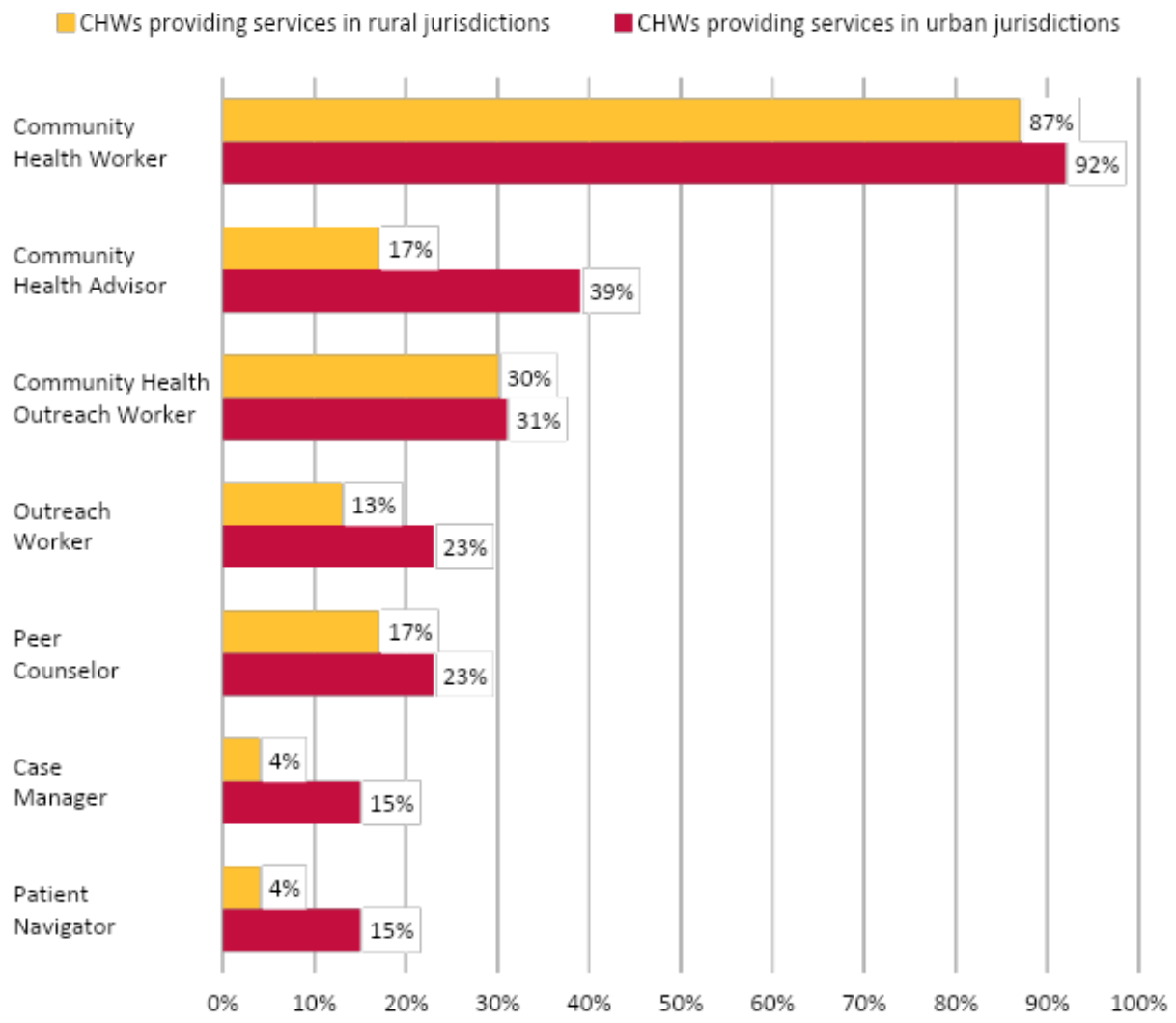


Baltimore City and Baltimore County are served by the highest percentage of employers within this sample (Figure 7). Of rural jurisdictions, Frederick, Garrett, Harford, and Washington Counties elicited the largest proportion of surveyed employers serving them. These jurisdictions are served by 15% of employer respondents.

EMPLOYMENT ENVIRONMENT

The majority of both rural and urban CHW employer respondents use the title *Community Health Worker* (87% and 92%, respectively) (Figure 8). Other commonly used titles include *Community Health Advisor*, *Community Health Outreach Worker*, *Peer Counselor*, and *Outreach Worker*.

Figure 8. Jobs titles used among responding Maryland CHW employers.



Most employer respondents report CHWs are paid hourly (83%), followed by those that are contractual (20%), salaried (27%), or volunteers (10%). There are no significant rural/urban differences.

Most respondents report that their organizations provide benefits such as health insurance (86%), personal (86%) and sick leave (79%), and professional development (76%) to their CHWs. However, 18% of urban and 5% of rural CHW employer respondents provide no benefits.

Furthermore, 57% of all employers do not require CHWs to be certified by MDH. This differs by rurality; of the 57% of employers that do not require certification, 50% are rural employers and 75% are urban employers.

Rural CHW employers in this sample are more likely than urban employers to report that CHWs provide services at client homes (82% vs 67%, respectively). Otherwise, most urban and rural CHWs provide services onsite at hospitals and clinics (70%), at community centers (67%), and on the streets (63%).

From 2018-2021, responding employers state that the number of CHWs per organization was fairly consistent. However, employers providing services in urban jurisdictions were more likely than rural employers to report providing services to more than 250 clients in 2021 (50% vs 17%, respectively). The number of clients served by each CHW varies by employer. For instance, 14% of responding CHW employers providing services in rural areas report that full-time CHWs handle between 50-99 clients, as compared to 27% of responding CHW employers providing services in urban areas. Furthermore, 10% of responding employers providing services in rural areas report that part-time CHWs handle between 20-49 clients, as compared to 33% of responding employers providing services in urban areas.

Many rural and urban employers state that CHWs always work as part of an interdisciplinary team (81% and 60%, respectively). For purposes of the Maryland Primary Care Program (MDPCP), a key component of the Total Cost of Care Model, Maryland's alternative Medicare payment model, a Care Transformation Organization (CTO) is defined as a team that provides care coordination services to Maryland Medicare beneficiaries. About half of surveyed employers (47%) agree that CHWs provide services in support of a CTO (MDPCP, 2022).

IMPACT OF COMMUNITY HEALTH WORKERS

Most employers (77% rural, 75% urban) report tracking and linking client health outcomes to the services that CHWs provide to clients. More than 90% of advocacy organizations (100%), community-based organizations (100%), FQHCs (100%), and hospitals (92%) completing the survey report tracking health outcomes.

The outcomes tracked by most employers include client rated quality of life (71%), hospital readmissions (67%), and emergency department and urgent care usage (63%) (Table 4).

Table 4. Health outcomes tracked and linked to CHW role.

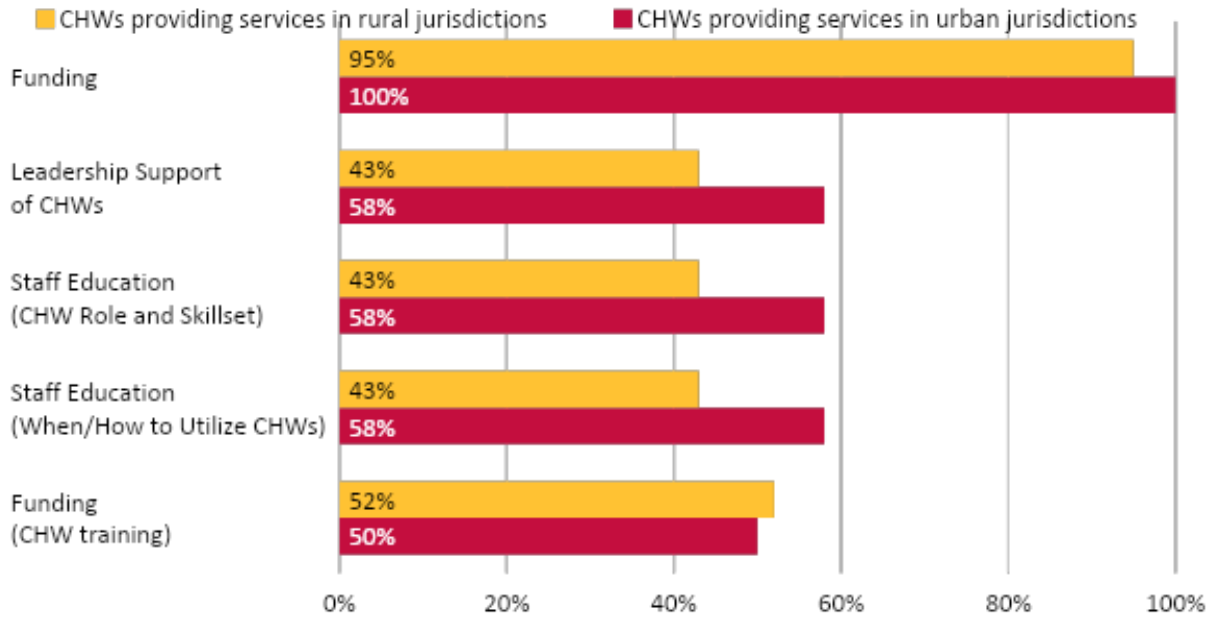
Outcome	Percent of Employers Collecting Outcome Metric
Client rated quality of life	71%
Hospital readmissions	67%
Emergency Department/urgent care usage	63%
Preventive care utilization	54%
Preventable hospital admissions	50%
Identification of primary care provider	50%

The tracking of these outcomes has implications for sustainability of CHW positions and is discussed in more detail in the employer Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, below.

BARRIERS

Across both urban and rural employers in this sample, funding is identified as the predominant factor that would allow them to more fully incorporate CHWs into their organizations (Figure 9).

Figure 9. Factors allowing responding organizations to further incorporate CHWs.



Both urban and rural employer respondents cite that most of the funding for the CHWs they employ comes from grants (83% and 77%, respectively) and operating budgets (67% and 64%, respectively) (Table 5). However, responding employers providing services in urban jurisdictions

across the state are more likely to source funding from federal (25% vs 9%), state (50% vs 18%), and foundation (25% vs 9%) sources, compared to rural employer respondents.

Table 5. Funding sources for CHWs among responding Maryland CHW employers.

	% CHW Employers Providing Services in Rural Jurisdictions	% CHW Employers Providing Services in Urban Jurisdictions
Federal	9%	25%
Foundation	9%	25%
Grant	77%	83%
Insurance	5%	0%
Operating Budget	64%	67%
State	18%	50%

PROFESSIONAL DEVELOPMENT AND TRAINING

In this sample, urban employers of CHWs are more likely than rural employers to report that they compensate CHWs for time spent in professional development outside of the normal workday (92% vs 71%, respectively). While both urban and rural employers provide some professional development (92% and 85%, respectively), urban employers are more likely than rural counterparts to report that CHWs are responsible for accessing their own professional development (42% and 20%, respectively).

WHAT CHW EMPLOYERS ARE SAYING

"CHWs are an invaluable asset to the healthcare team, and we are thankful for your work in expanding knowledge and services for this group."

"Our hospital fully embraces the role of a CHW and will be actively integrating them into the excellent clinical care delivered here."

"As CHWs receive more specialization and certification, higher compensation will be an important factor to recruit and retain qualified high performing CHWs."

"Compensation should be higher for CHWs."

STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS ANALYSIS

A Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis is a tool that provides valuable information on aspects of a business, project, or workflow through their evaluation. Strengths are the positive elements associated with the evaluated entity; weaknesses clarify the components of the evaluated entity that may impede progress; opportunities are conditions that may allow for growth; threats are conditions that deter from growth and progress (Centers for Disease Control and Prevention, n.d.). In this context, a SWOT analysis is helpful to understand the implications of results gathered. See the strengths, weaknesses, opportunities, and threats gathered from the CHW and CHW employer surveys, below (Table 6).

Table 6. CHW Survey SWOT analysis.

Strengths	**Weaknesses**
● Overall, CHWs report loving what they do and recognize their role as important to the wellbeing of Marylanders. ● CHWs and CHW employers identify their role as essential for clients/patients navigating the healthcare system, chronic conditions, prevention, and education. ● 50% of all employers (55% of rural and 25% of urban) report that CHWs must be certified by the MDH prior to or during employment.	● CHWs identify a gap in collaboration between CHWs regardless of place of employment. ● Some CHWs report that their colleagues and clients may not understand the position/role of a CHW. ● Funding for CHW training leading to certification is a large need for employers to allow for incorporation of CHWs into larger teams.
Opportunities	**Threats**
● CHWs desire career development in many sectors. ● Around 50% of CHWs provide culturally appropriate disease prevention and health promotion services, leaving room for growth. ● Most employers track and link patients' health outcomes with the provision of CHW services.	● CHW positions are often grant funded/contractual and sometimes pay below the poverty line, making job security a concern for CHWs. ● Nearly 20% of CHWs report working or volunteering over 40 hours per week. ● CHW services are generally not reimbursable by insurance carriers.

Strengths

CHWs report loving their jobs and recognize their role as important and essential to the wellbeing of the Marylanders they care for. CHW employers echo this sentiment. This highlights that CHWs are dedicated and passionate about their jobs. Half of employers require MDH CHW certification either as a prerequisite to hire or during the course of CHW employment.

Weaknesses

CHWs across rural and urban settings (59.4% and 73.2%, respectively) report that networking with other CHWs is a desired element of career development. This suggests that CHWs within and between organizations may not be connected in meaningful ways. This may weaken the potential comradery generated from shared experiences, potentially impacting job satisfaction and retention.

Some CHWs report there is a lack of clarity around their role from both colleagues and clients. This may impact how many referrals are made to CHWs by colleagues and overall understanding of how CHWs fit into the continuum of health care.

Many employers report that funding difficulties make it difficult to integrate CHWs into larger teams within their organization. The efficacy of the CHW role is strengthened by working as part of a team to understand the needs of clients and refer them appropriately. Additional funding sources must be identified and acquired to adequately integrate CHWs into cross-disciplinary teams to enhance their roles.

Opportunities

Approximately one-half of CHW respondents (49% rural, 51% urban) report providing culturally appropriate disease prevention and health promotion services. Receiving care appropriate to one's culture is essential for successful maintenance of chronic conditions and improved health outcomes. There is an opportunity for employers to provide additional culturally appropriate training and resource materials based on the population served.

CHWs would like additional training opportunities such as motivational interviewing, teaching skills, nutrition, mental health, and chronic disease management. If employers provide or pay for additional training opportunities for CHWs, this could ensure CHWs receive ongoing training and may increase feelings around job security and satisfaction.

Most employers report tracking and linking health outcomes with the provision of CHW services. While this survey does not explore how the tracking and linking of these health outcomes relate to health and/ or economic impacts, research shows that CHW efforts are associated with significant decreases in hospital readmissions and health disparities and increases in quality of life and connections to preventive and primary care (Carter, Hassan, & Walton, 2021; National Center for Chronic Disease Prevention, 2016). Recording health outcomes influenced and improved by CHWs is the first step in quantifying their impact, understanding return on investment related to CHW roles, and moving towards reimbursable services and policy changes to make CHW positions sustainable.

Threats

Job security is frequently cited as a threat to sustained workforce development. CHW positions are often contractual or grant funded, and relatively low paying. This is compounded by nearly one-fifth (19%) of CHW respondents reporting working or volunteering more than 40 hours per week. Understanding whether long work hours and low pay of some CHWs is due to

organizational culture, payment structures, training inconsistencies, or some other variable is necessary to mitigate these threats.

Many employers cite that CHW services are not reimbursable by health insurance. The lack of revenue generated from CHWs due to non-reimbursable services makes it difficult for many employers to sustain CHW positions at their organizations.

RURAL MARYLAND – UNIQUE FINDINGS AND CONSIDERATIONS

Rural jurisdictions throughout Maryland are unique from their urban counterparts. The most important issue is funding and job security for CHWs providing services in rural jurisdictions across the state. The majority of responding CHW employers report sourcing funds for CHW positions from grants (rural 77%, urban 83%, respectively). However, compared to responding CHW employers providing services in urban jurisdictions, those providing services in rural jurisdictions are less likely to report funding CHW positions through federal (rural 9%, urban 25%,) or state (rural 18%, urban 50%) sources that may be more stable from year-to-year. Possibly as a result of this reliance on more tenuous funding sources, fewer responding CHWs providing services in rural jurisdictions report they feel they have job security, as compared to responding CHWs providing services in urban jurisdictions (rural 56%, urban 67%). While there appears to be a need for increased stable funding of CHWs across the state, this need appears particularly evident in rural jurisdictions.

Similar to rural communities throughout the U.S., rural Maryland jurisdictions have been particularly impacted by the opioid epidemic. CHWs can play an impactful role in this space through education and connection to resources. Currently, more responding CHWs providing services in rural jurisdictions report providing education regarding substance misuse and SUDs than responding CHWs providing services in urban jurisdictions (93% rural, 66% urban). However, compared to responding CHWs providing services in urban jurisdictions, fewer responding CHWs providing services in rural jurisdictions report supporting preventive screenings (rural 47%, urban 63%) or post-diagnosis/ disease-management (rural 47%, urban 54%). It is likely that CHWs providing services in rural jurisdictions are noticing this gap in the health needs of the communities they serve and the services provided by CHWs. Almost half (40%) of responding CHWs providing services in rural jurisdictions report wanting more training on SUDs.

Rural Maryland is largely racially and ethnically homogenous with 71% of residents identifying as non-Hispanic White (USCB, 2020b). Similarly, over three-quarters (79%) of CHWs working in rural areas report being White, largely aligning with the demographics of rural Maryland. Rural Maryland residents also identify as non-Hispanic Black/African American (15%), Hispanic (6%), non-Hispanic Other (5%), or Asian (2%) (USCB, 2020b). CHWs identifying as Black/African American (76%) or multiple races (89%) report spending statistically significantly more time providing services in urban areas as compared to rural areas, Black/African American (42%) and multiple race (33%). Given the importance of providing education, training, and resources in a culturally appropriate and effective manner, it is important to ensure that the CHW workforce is representative of the populations served throughout rural Maryland.

CONCLUSIONS AND RECOMMENDATIONS

This report provides the results of MDH's surveys of CHWs and CHW employers. Due to the nature of this survey, results are representative only of those that responded to the survey, and may not reflect the attitudes, opinions, and beliefs held by all Maryland CHWs and CHW employers.

CHWs across Maryland play a crucial role in connecting clients and patients with the services and care they need to achieve better health. This is recognized by both CHWs and CHW employers who report this work as important, meaningful, and effective, especially in the lives of minority and vulnerable populations. CHWs provide a range of services such as connection to healthcare appointments, health insurance enrollment, and assistance with legal needs, that directly impact the quality of life and wellbeing of their clients.

Despite the many strengths discussed above, CHWs and CHW employers across Maryland face numerous challenges. Some rural and urban-serving CHWs indicate they do not feel they have job security (20% and 18%, respectively). This sentiment is reinforced by responding employers in both rural and urban areas of the state reporting almost universally that funding is the main barrier preventing them from more fully incorporating CHWs into their organization (95% and 100%, respectively). Much of the funding for CHW positions is from grants, which require application processes and are not guaranteed, making the sustainability of CHW positions difficult. Many CHWs express that they often feel underappreciated and overworked. This is a sentiment echoed by employer survey results. Feelings of underappreciation combined with a high case load and low income in a tenuously funded position may contribute to the potential of CHW burnout. These findings provide an opportunity for increased CHW retention through increased benefits, number of CHWs working across the state, improved or secured funding for CHW positions, increased networking between CHWs, and alignment with Maryland's recent efforts to increase the number of CHWs across the state.

Additionally, most CHWs report wanting to receive additional training in their current positions. The majority of CHW respondents across the state indicate they would like to participate in peer-to-peer training (53%), conferences (63%), in-person workshops (65%), webinars (66%), and virtual workshops (67%). Despite this clear desire among CHWs in this sample, just over half of CHW employers report that they provide tuition or training assistance (59% rural, 55% urban) for these types of opportunities. Additionally, many employers indicate that CHWs are responsible for accessing their own professional development (20% rural, 42% urban). Effective advertising of existing training opportunities, an increased number of training opportunities, and compensation for these opportunities may add to CHW job satisfaction.

As with any research project, it is recommended to conduct additional research on this topic. Given the non-representative nature of this sample, additional surveys, focus groups, and in-depth-interviews should be conducted to ensure representation. Expanding on questions explored in this project is also important for subsequent research. For example, the CHW

employer survey elucidates that many employers collect, track, and link health outcome data to CHW services, however, the extent of this is not explored in this project. Diving deeper into such topics may yield important findings regarding the impact of CHWs across Maryland.

MDH's recent efforts have led to an increase in the number of certified CHWs, accredited CHW certification training programs, and partners. Results from the CHW and employer surveys provide feedback for MDH to enhance training and professional development opportunities. The two surveys represented in this analysis yield a solid baseline of information describing the work environment, services provided, and needs of many Maryland CHWs, as well as the landscape of CHW employers.

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APPENDIX A: COMMUNITY HEALTH WORKER SURVEY

Maryland
DEPARTMENT OF HEALTH

Maryland Community Health Worker Survey

1. DISCLOSURE STATEMENT

Introduction: The Maryland Department of Health (MDH) is conducting a survey on community health worker (CHW) needs and impacts in Maryland. 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 depending on where they work, who they work for, and what they do. Common titles include promotores(as) de salud, community health advisor, community health coach, lay health advocate, family advocate, community health care worker, health educator, liaison, promoter, outreach worker, peer counselor, patient navigator, health interpreter, public health aide, community health representative, outreach specialist, and more.

You are invited to participate in this survey because we would like to know your perspective about your experiences as a CHW.

Purpose of this survey:
This survey will collect information to examine the Maryland landscape of CHWs and describe the utilization and impacts of Maryland CHWs. Although national data exists to provide evidence of the positive impact of CHWs on health access, Maryland-specific documentation of the value of CHWs is not readily available. This survey, while aiding the MDH in meeting the goals below, will also provide a valuable foundation on which to build future research questions and data collection around the employment and deployment of CHWs. The results of this survey will be used for the following purposes:

-Identify and map the landscape of the Maryland CHW workforce including strengths and needs;
-Identify promising practices related to the employment of the CHW workforce; and
-Develop tangible products based on survey findings such as reports, presentations,

profiles, and mapping.

Procedure: The procedure involves completing an online survey that will take approximately 10-15 minutes. You will be asked questions regarding your experience as a CHW in Maryland. The survey may be repeated in the future by MDH for the purpose of identifying trends. Data with sample sizes less than 10 will not be examined or shared. De-identified and combined data may be used for future analysis. Your information will be kept confidential and all data is stored in a password protected electronic format. The results of this study will be used for informative and scholarly purposes only and may be shared with MDH representatives.

Eligibility: You are eligible to fill out this survey if you are 18 years and older and work as a CHW in Maryland.

Participation: Your participation in this survey is voluntary. There is no penalty if you choose not to participate, and you have the right to withdraw from the survey at any time. You can participate in future surveys on CHWs whether or not you participate in this survey.

The potential risks to you for participating in this survey include:
There is minimal risk to you as a participant. You do not have to answer any survey questions and are able to exit the survey at any time.

The potential benefits to you for participating in this survey include:
help inform future MDH recommendations that may benefit CHWs and provide insight to assist policy makers, clinicians, and educators in informing interventions that improve the effectiveness of CHWs in Maryland.

Confidentiality: This survey includes optional questions about identifiable information; however, none of this information will be shared. All information will be collected anonymously and stored securely on MDH servers following the end of the study.

Contact Information: You can contact the individuals listed below if you have questions regarding this survey. This information will appear again at the end of the survey.

If you have any questions about the survey, please contact:
Tina Backe
Office of Population Health Improvement, MDH
201 W. Preston St. Baltimore, MD 21201
Phone: 410-767-5590, FAX: 410-333-7501
Email: tina.backe@maryland.gov

If you have any questions about your rights as participant/subject, please contact:

Gay Hutchen
IRB Administrator, Office of the Inspector General
Baltimore, MD 21201
Phone: 410-767-8448, FAX: 410-333-7194
Email: gay.hutchen@maryland.gov

We thank you in advance for your interest in participating in this survey.

* 1. ACKNOWLEDGEMENT OF RECEIPT OF THE DISCLOSURE STATEMENT:

Clicking on "I agree to participate in this survey" below indicates that:
-you have read the above information
-you voluntarily agree to participate
-you are at least 18 years of age
-you currently or recently worked as a CHW in Maryland

If you do not wish to participate in the survey, please decline participation by clicking on "I do not wish to participate in this survey."

- ◯ I agree to participate in this survey
- ◯ I do not wish to participate in this survey

Maryland
DEPARTMENT OF HEALTH

Maryland Community Health Worker Survey

2. Work Information

2. Where are you employed/volunteer as a CHW?

- [ ] Community based organization (CBO)
- [ ] Advocacy organization
- [ ] Public clinic, not FQHC (e.g. community health center, FQHC look-alike)
- [ ] Faith based organization
- [ ] Federally qualified health center (FQHC)
- [ ] Hospital
- [ ] Local health department
- [ ] Local housing authority
- [ ] Not currently employed *(**SEE BELOW**)
- [ ] Private or group medical practice
- [ ] School based organization
- [ ] Self employed
- [ ] University/medical school
- [ ] Other (please specify)

*If you marked "Not currently employed," please complete the survey using information from your most recent position as a CHW.

3. Which zip code(s) do you serve?

4. What geographic areas do you serve? (select all that apply)

- [ ] Urban
- [ ] Rural

5. In what setting do you work most frequently?

- ◯ Clients' homes
- ◯ Community centers
- ◯ Mobile units
- ◯ On site (e.g. hospitals/clinics)
- ◯ Faith-based centers
- ◯ Schools
- ◯ Shelters & group housing
- ◯ Streets
- ◯ Other (please specify)

6. What is the farthest distance you travel from your primary work space to meet with clients?

- ◯ N/A (I meet on site or virtually)
- ◯ Less than 1 mile
- ◯ 1-5 miles
- ◯ 6-10 miles
- ◯ 11-20 miles
- ◯ More than 20 miles

7. About how many hours per week do you work or volunteer as a CHW?

- ◯ Less than 20 hours/week
- ◯ 20 to 40 hours/week
- ◯ More than 40 hours/week

8. How are you paid for your services as a CHW?

Hourly (What is your average hourly rate?)	
Salary (What is your base pay?)	
Contracted/ per diem/ PRN (What is your day rate?)	
Volunteer	
Other (please specify)	

Maryland
DEPARTMENT OF HEALTH

Maryland Community Health Worker Survey

3.

9. Which age groups do you serve as a CHW? (select all that apply)

- [ ] Infants and toddlers: Less than 3 years
- [ ] Children and teens: 3-17 years
- [ ] Young adults: 18-25 years
- [ ] Adults: 26-65 years
- [ ] Older adults: Greater than 65 years

10. Which population(s) of people do you work with? (select all that apply)

- [ ] Men
- [ ] Women
- [ ] Families
- [ ] Children
- [ ] Foreign-born persons (migrants & refugees)
- [ ] Migrant and seasonal farmworkers
- [ ] People experiencing homelessness
- [ ] People living in rural locations
- [ ] People who are incarcerated
- [ ] Other (please specify)

- [ ] People with disabilities
- [ ] People with income at or below the federal poverty level
- [ ] People with substance use disorders
- [ ] Pregnant people
- [ ] Racial and ethnic minorities
- [ ] Sexual and gender minorities (LGBTQ+)
- [ ] Veterans

- [ ] None of the above

11. What barriers to optimal health do your clients face? (select all that apply)

- [ ] Transportation
- [ ] Health insurance
- [ ] Food
- [ ] Connecting to healthcare resources
- [ ] Income
- [ ] Childcare
- [ ] Daily needs (utilities, phone, clothing)
- [ ] Legal needs
- [ ] Health and health systems literacy
- [ ] Other (please specify)

- [ ] None of the above

12. As a CHW, do you provider services in any language(s) other than English? (If yes, please specify the language(s))

- ◯ Yes
- ◯ No

Please specify language(s) other than English

13. How often do you meet with clients?

	Never (0%)	Not Often (1-25%)	Sometimes (26-50%)	Often (51-75%)	Almost Always (75-99%)	Always (100%)
In person (face to face)	◯	◯	◯	◯	◯	◯
Over the phone	◯	◯	◯	◯	◯	◯
Virtually (e.g. on facetime or zoom)	◯	◯	◯	◯	◯	◯

Other (please specify)

14. Did the amount of time you meet face to face with clients change due to COVID-19?

- ◯ Yes
- ◯ No
- ◯ N/A

Please explain (optional)

15. Which of the following CHW services do you provide related to the items below?

	Education	Support With Preventive Screenings	Support With Post-diagnosis/Disease Management	Other
Adolescent health	☐	☐	☐	☐
Maternal and child health	☐	☐	☐	☐
Older adult and geriatrics	☐	☐	☐	☐
Sexual/reproductive health	☐	☐	☐	☐
Cancer	☐	☐	☐	☐
Cardiovascular (heart) health	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Obesity/BMI	☐	☐	☐	☐
Nutrition and physical activity	☐	☐	☐	☐
HIV/AIDS	☐	☐	☐	☐
Tobacco use	☐	☐	☐	☐
Tuberculosis	☐	☐	☐	☐
Behavioral and mental health	☐	☐	☐	☐
Unintended injury (e.g. falls, interpersonal violence)	☐	☐	☐	☐
Occupational health	☐	☐	☐	☐
Oral/dental health	☐	☐	☐	☐
Substance misuse and SUD	☐	☐	☐	☐

Other (please specify)

16. Which of the following direct client services do you offer?

- [ ] Assist with appointments for primary and preventive care appointments
- [ ] Transport clients
- [ ] Facilitate support groups
- [ ] Follow up after medical and/or social services encounters
- [ ] Provide home visits to clients
- [ ] Enroll clients in health insurance
- [ ] Assist clients with enrollment into Medicaid
- [ ] Assist clients with enrollment into Medicare
- [ ] Assist clients with enrollment into health insurance plans (non-Medicaid)
- [ ] Support health screenings
- [ ] Provide Interpretation/translation services for clients
- [ ] Identify and respond to high-risk behaviors
- [ ] Provide information on legal services to clients
- [ ] Connect clients with services related to basic needs (e.g. food, electricity, and housing)
- [ ] Support clients' financial needs
- [ ] Other (please specify)

17. Which of the following educational and administrative activities do you provide?

- [ ] Fundraise and write grants
- [ ] Educate clients and communities about local resources and health systems
- [ ] Participate at health fairs
- [ ] Teach skills to promote healthy behavior change
- [ ] Educate/train other CHWs or providers
- [ ] Provide information on counseling services
- [ ] Provide culturally and linguistically appropriate disease prevention and health promotion services
- [ ] Advocate for policy change
- [ ] Evaluate CHW service quality and effectiveness
- [ ] Contribute to data collection, analysis, and reporting
- [ ] Engage in community-driven research
- [ ] Other (please specify)

18. Which of the following needs related to using telehealth services do you provide?

- [ ] Obtain access to broadband/internet connection
- [ ] Obtain access to equipment (e.g. telephone, laptop)
- [ ] Assist with making/scheduling telehealth appointments
- [ ] Assist with connecting to telehealth appointments (e.g. help with using technology)
- [ ] Other (please specify)

- [ ] I do not assist with these services.

19. Do you provide services in support of a Care Transformation Organization (CTO)?

- ◯ Yes
- ◯ No
- ◯ Don't know

20. What contributions do you feel you make to the lives of Marylanders? (Please do not include any personal information).

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4. Career Support and Development

21. What is your current job title?

- ◯ Case Manager
- ◯ Community Health Advisor/Advocate/Aid/Educator
- ◯ Community Health Worker
- ◯ Community Health Outreach Worker
- ◯ Health Advocates
- ◯ Helper/Supporter
- ◯ Home Visitor
- ◯ Lay Health Advisor
- ◯ Outreach Worker
- ◯ Patient Advocate/Navigator
- ◯ Patient Navigator
- ◯ Peer Counselor
- ◯ Promotora de salud
- ◯ Wellness Coach
- ◯ Other (please specify)

  [ ]

- ◯ None of the above

22. How long have you worked as a CHW?

- ◯ 0-1 years
- ◯ 2-4 years
- ◯ 5-10 years
- ◯ 11-20 years
- ◯ More than 20 years

23. How long have you been in your current position?

- ◯ 0-1 years
- ◯ 2-4 years
- ◯ 5-10 years
- ◯ 11-20 years
- ◯ More than 20 years

24. What jobs did you have before becoming a CHW?

25. Do your coworkers understand your role as a CHW?

- ◯ Yes
- ◯ No
- ◯ Don't know

If you marked "No," please elaborate.

26. Do your clients understand your role as a CHW?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ If you marked "No," please elaborate.

27. To what extent do you agree with the following statement "I receive enough supervision (guidance, technical support, etc.) to be effective in my work." Please explain.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
○	○	○	○	○

Please specify

28. What do you gain or hope to gain by working as a CHW?

29. What types of training would you like to participate in to support your work as a CHW?

- [ ] Peer-to-peer training
- [ ] Conferences
- [ ] In person workshops
- [ ] Webinar
- [ ] Virtual workshops
- [ ] Other (please specify)

30. Please list training topics or needs you feel are important for you to receive.

- [ ] Administration
- [ ] Medical terminology
- [ ] Computer/technology skills
- [ ] Motivational interviewing
- [ ] Teaching skills
- [ ] Diabetes prevention and management
- [ ] Nutrition
- [ ] Weight management
- [ ] Maternal and child health
- [ ] Chronic disease management
- [ ] Communication skills
- [ ] Mental/behavioral health
- [ ] Resource navigation
- [ ] CPR
- [ ] Health insurance
- [ ] Ethics
- [ ] Substance use disorder
- [ ] Infectious disease
- [ ] Geriatrics
- [ ] None of the above

Other (please specify)

31. What career development opportunities appeal to you?

- [ ] Gain leadership skills
- [ ] Get peer support
- [ ] Network with other CHWs
- [ ] Attend state-facilitated trainings or seminars
- [ ] Other (please specify)

32. As a CHW, do you feel you have job security?

- ( ) Yes
- ( ) No
- ( ) Maybe

Why or why not?

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5. Personal Information

33. What is your age range?

- ◯ 18-29 years
- ◯ 30-39 years
- ◯ 40-49 years
- ◯ 50- 64 years
- ◯ 65 years or older

34. What is your gender?

- ◯ Male
- ◯ Female
- ◯ Transgender
- ◯ Non-Binary
- ◯ Prefer not to say
- ◯ Prefer to self-describe:

35. What is your race? (select all that apply)

- [ ] American Indian/Alaskan Native
- [ ] Asian
- [ ] Black/African American
- [ ] Hawaiian/Other Pacific Islander
- [ ] White/Caucasian
- [ ] Prefer not to say
- [ ] Prefer to self describe:

36. Are you Hispanic/Latinx?

- ◯ Yes
- ◯ No
- ◯ Prefer not to say

37. In which zip code do you live?

38. What is the last degree or level of school you have completed?

- ◯ Some high school, no diploma
- ◯ High school graduate, diploma, or the equivalent (for example: GED)
- ◯ Some college credit, no degree
- ◯ Trade/technical/vocational training
- ◯ Associate's degree
- ◯ Bachelor’s degree
- ◯ Master’s degree
- ◯ Doctorate degree
- ◯ Professional Degree (e.g. M.D., J.D., Pharm.D)
- ◯ Other (please specify)

39. List any licenses, certificates, or specialty training you have earned.

40. Is there any additional information you think we should have about the experience of being a CHW in Maryland or the impact of CHWs in Maryland?

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6. Thank you for completing this survey!

If you have any questions about the survey, please contact:

Tina Backe
Office of Population Health Improvement, MDH
201 W. Preston St. Baltimore, MD 21201
Phone: 410-767-5590, FAX: 410-333-7501
Email: tina.backe@maryland.gov

If you have any questions about your rights as participant/subject, please contact:

Gay Hutchen
IRB Administrator, Office of the Inspector General
Baltimore MD 21201
Phone: 410-767-8448, FAX: 410-333-7194
Email: gay.hutchen@maryland.gov

APPENDIX B: COMMUNITY HEALTH WORKER EMPLOYER SURVEY

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Maryland Community Health Worker Employer Survey

DISCLOSURE STATEMENT

Introduction: The Maryland Department of Health (MDH) is conducting a survey on community health worker (CHW) needs and impacts in Maryland. 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, depending on where they work, who they work for, and what they do. Common titles include promotores(as) de salud, health coach, community health advisor, community health coach, lay health advocate, family advocate, community health care worker, health educator, liaison, promoter, outreach worker, peer counselor, patient navigator, health interpreter, public health aide, community health representative, outreach specialist, and more.

You are invited to participate in this survey because we would like to know your perspective about your experiences employing CHWs.

Purpose of the survey:
This survey will collect information to examine the Maryland landscape of the organizations that employ CHWs and describe the utilization and impacts of Maryland CHWs. Although national data exists to provide evidence of the positive impact of CHWs on health access, Maryland-specific documentation of the value of CHWs, including return on investment analysis, is not readily available. This survey, while aiding the Maryland Department of Health in meeting the goals below, will also provide a valuable foundation on which to build future research questions and data collection around the employment and deployment of CHWs including return on investment topics. The results of this survey will be used for the following purposes:

-Identify and map the landscape of the Maryland CHW employers;
-Describe CHW employers and the provision of CHW services in Maryland communities;

- Provide evidence of the impact of CHWs on health related measures;
-Identify promising practices related to the employment of the CHW workforce; and
-Develop tangible products based on survey findings, such as reports, presentations, profiles, and mapping.

Summary results from the survey will be publicly available on the MDH Office of Population Health's Improvement's CHW website as well as the State Office of Rural Health (SORH) website.

Procedure: The procedure involves completing an online survey that will take approximately 10-15 minutes to complete. You will be asked questions regarding your experience as an employer of CHWs in Maryland. The survey may be repeated in subsequent years by MDH for the purpose of identifying trends. Your individual responses will be kept confidential. All data is stored in a password protected electronic format. The results of this study will be used for informative and scholarly purposes only and may be shared with MDH representatives.

Eligibility: You are eligible to fill out this survey if you are an employer of Maryland CHWs.

Participation: Your participation in this survey is voluntary. There is no penalty if you choose not to participate, and you have the right to withdraw from the survey at any time. You can participate in future surveys on CHWs whether or not you participate in this survey.

The potential risks to you for participating in this survey include:
There is minimal risk to you as a participant. You do not have to answer any survey questions and are able to exit the survey at any time.

The potential benefits to you for participating in this survey include:
-help inform future MDH recommendations that may benefit CHWs; and
-provide insight to assist policy makers, clinicians, and educators in informing interventions that improve the effectiveness of CHWs in Maryland.

Confidentiality: This survey includes optional questions about identifiable information; however, none of this information will be shared. All information will be collected anonymously and stored securely on MDH servers following the end of the study.

Contact Information: You can contact the individuals listed below if you have questions regarding this survey. This information will appear again at the end of the survey.

If you have any questions about the survey, please contact:
Tina Backe
Office of Population Health Improvement, MDH
201 W. Preston St. Baltimore, MD 21201
Phone: 410-767-5590, FAX: 410-333-7501
Email: tina.backe@maryland.gov

If you have any questions about your rights as participant/subject, please contact:
Gay Hutchen
IRB Administrator, Office of the Inspector General
Baltimore MD 21201
Phone: 410-767-8448, FAX: 410-333-7194
Email: gay.hutchen@maryland.gov

We thank you in advance for you interest in participating in this survey

* 1. **ACKNOWLEDGEMENT OF RECEIPT OF THE DISCLOSURE STATEMENT:**

Clicking on "I agree to participate in this survey" below indicates that:
-you have read the above information
-you voluntarily agree to participate
-you are an employer of CHWs in Maryland

If you do not wish to participate in this survey, please decline participation by clicking on the "I do not want to participate in this survey" button.

- ◯ I agree to participate in this survey
- ◯ I do not want to participate in this survey

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Organization Details

2. Which category best describes your organization?

- [ ] Advocacy organization
- [ ] Community based organization (CBO)
- [ ] Public clinic, not FQHC (e.g. community health center, FQHC look-alike)
- [ ] Faith based organization
- [ ] Federally qualified health center (FQHC)
- [ ] Hospital
- [ ] Local health department
- [ ] Local housing authority
- [ ] Private or group medical practice
- [ ] School based organization
- [ ] University/medical school
- [ ] Other (please specify)

3. Organization Details

Organization name	
Organization address	
Organization city	
Organization zip	
Respondent name	
Respondent title	
Respondent phone number	
Respondent work email	

4. Which jurisdiction(s) does the organization serve? (select all that apply)

- ☐ Allegany County
- ☐ Anne Arundel County
- ☐ Baltimore City
- ☐ Baltimore County
- ☐ Calvert County
- ☐ Caroline County
- ☐ Carroll County
- ☐ Cecil County
- ☐ Charles County
- ☐ Dorchester County
- ☐ Frederick County
- ☐ Garrett County
- ☐ Harford County
- ☐ Howard County
- ☐ Kent County
- ☐ Montgomery County
- ☐ Prince George's County
- ☐ Queen Anne's County
- ☐ Somerset County
- ☐ Mary's County
- ☐ Talbot County
- ☐ Washington County
- ☐ Wicomico County
- ☐ Worcester County

* 5. Based on the definition of a CHW in the introduction, does your organization employ CHWs or CHW volunteers?

- ○ Yes
- ○ No
- ○ Don’t know

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6. Do you have any interest in employing CHWs at your organization?

- ◯ Yes
- ◯ No
- ◯ Don't know
- ◯ Other (please specify)

7. Do you have any reservations about employing CHWs in your organization? Please explain.

Yes	
No	
Don't know	

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Maryland Community Health Worker Employer Survey

II. Community Health Workers

8. Based on the CHW definition provided in the introduction which of the following titles does your organization use for CHWs? (check all that apply)

- [ ] Case Manager
- [ ] Community Health Advisor/Advocate/Aid/Educator
- [ ] Community Health Worker
- [ ] Community Health Outreach Worker
- [ ] Health Advocates
- [ ] Helper/Supporter
- [ ] Home Visitor
- [ ] Lay Health Advisor
- [ ] Outreach Worker
- [ ] Patient Advocate/Navigator
- [ ] Patient Navigator
- [ ] Peer Counselor
- [ ] Promotora De Salud
- [ ] Wellness Coach
- [ ] Other (please specify)

9. What are the top four qualities that you recruit for when hiring CHWs?

	Qualities
#1	
#2	
#3	
#4	

Other (please specify)

10. Does your organization require CHW certification by the Maryland Department of Health? (select all that apply)

- [ ] Yes, it is a prerequisite for hiring new CHWs
- [ ] Yes, current and new CHWs become certified *during* employment
- [ ] No
- [ ] Don't know
- [ ] Other (please specify)

11. What, if any, are your organization's minimum qualifications for hiring CHWs (e.g. education, licenses, certificates, or specialty training)?

12. How many CHWs does your organization employ?

	0	1- 5	6-10	11-15	More than 15
Volunteers	○	○	○	○	○
Paid Part-Time	○	○	○	○	○
Paid Full-Time	○	○	○	○	○

13. How are CHW positions funded in your organization? (select all that apply)

- [ ] Commercial insurance
- [ ] Grants
- [ ] Operating budgets
- [ ] Maryland state funds
- [ ] Federal funds
- [ ] Private/foundation funding
- [ ] Other (please specify)

14. How are CHWs compensated at your organization? (select all that apply)

- [ ] Contractual
- [ ] Per Diem/PRN
- [ ] Hourly
- [ ] Volunteer
- [ ] Salary
- [ ] Other (please specify)

15. Which of the following benefits do CHWs receive at your organization? (select all that apply)

- [ ] Child care
- [ ] Life insurance
- [ ] Health insurance
- [ ] Sick leave
- [ ] Parking
- [ ] Transportation reimbursement
- [ ] Personal leave
- [ ] Tuition / training assistance
- [ ] Professional development
- [ ] Other (please specify)
- [ ] None of the above

16. How frequently do CHWs work as part of an interdisciplinary team (i.e. a team of healthcare professionals from different disciplines who work together to manage the care of clients)?

- ○ Never
- ○ Sometimes
- ○ Always
- ○ Other (please specify)

17. How do CHWs at your organization access professional development or continuing education? (select all that apply)

- [ ] CHWs are responsible for accessing their own professional development
- [ ] CHWs are responsible for paying for their own professional development
- [ ] Our organization provides professional development in-house (free of charge)
- [ ] Our organization has an outside agency provide professional development to CHWs (free of charge)
- [ ] Other (please specify)

  _____

- [ ] None of the above

18. Are CHWs paid/ compensated by your organization for time spent in professional development outside of their normal workday?

- ◯ Yes
- ◯ No
- ◯ Don't know

19. For the following years, approximately how many clients were served annually by all CHWs in your organization?

	0-50	51-100	101-250	251-500	more than 500	Don't know
2018	◯	◯	◯	◯	◯	◯
2019	◯	◯	◯	◯	◯	◯
2020	◯	◯	◯	◯	◯	◯
2021 (estimated)	◯	◯	◯	◯	◯	◯

20. On average, how many clients does an individual CHW serve in any given month?

	N/A	1-9 clients	10-19 clients	20-49 clients	50-99 clients	100-249 clients	250 clients or more
Volunteer	◯	◯	◯	◯	◯	◯	◯
Paid Part-Time	◯	◯	◯	◯	◯	◯	◯
Paid Full-Time	◯	◯	◯	◯	◯	◯	◯

Other (please specify)

_____

21. Do CHWs in your organization provide services in support of a Care Transformation Organization?

- ◯ Yes
- ◯ No
- ◯ Don't know

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CHW Impact on Client Health Services and Outcomes

22. In your organization, where do CHWs provide services to clients? (select all that apply)

- ☐ Clients' homes
- ☐ Community centers
- ☐ Mobile units
- ☐ On site (e.g. hospitals/clinics)
- ☐ Other (please specify)
- ☐ Faith-based centers
- ☐ Schools
- ☐ Shelters & group housing
- ☐ Streets

23. Which of the following direct client services do CHWs provide for your organization? (select all that apply)

- [ ] Assistance with primary and preventive health care appointments
- [ ] Transport clients
- [ ] Facilitate support groups
- [ ] Follow up after medical and/or social services encounters
- [ ] Provide home visits to clients
- [ ] Assist clients with enrollment into Medicaid
- [ ] Assist clients with enrollment into Medicare
- [ ] Assist clients with enrollment into health insurance plans (non-Medicaid)
- [ ] Support health screening
- [ ] Provide Interpretation/translation services
- [ ] Identify and respond to high-risk behaviors
- [ ] Provide information on legal services
- [ ] Connect clients with services related to attaining basic needs (e.g. food, electricity, and housing)
- [ ] Support clients' financial needs
- [ ] Other (please specify)

- [ ] None of the above

24. At your organization, which of the following educational and administrative activities do CHWs perform? (select all that apply)

- [ ] Fundraise and write grants
- [ ] Educate clients and communities about local resources and system navigation
- [ ] Participate at health fairs
- [ ] Teach skills to promote healthy behavior change
- [ ] Educate/train other CHWs or providers
- [ ] Provide information on counseling services
- [ ] Educate providers and other staff about community perspectives and cultural practices
- [ ] Provide culturally and linguistically appropriate disease prevention and health promotion services
- [ ] Advocate for policy change
- [ ] Evaluate CHW service quality and effectiveness
- [ ] Contribute to data collection, analysis, and reporting
- [ ] Engage in community-driven research
- [ ] Other (please specify)

- [ ] None of the above

25. Does your organization track and link client health outcomes to the provision of CHW services?

- ◯ Yes
- ◯ No
- ◯ Don't know

26. (IF YES) Which outcomes does your organization track linked to CHW services? (select all that apply)

- ☐ Biometrics (e.g. HbA1C, blood pressure, cholesterol, BMI)
- ☐ ED and urgent care usage
- ☐ Preventable hospital admissions
- ☐ Hospital readmissions
- ☐ Treatment adherence/concordance
- ☐ Other (please specify)
- ☐ Client rated quality of life, lifestyle changes, self-management
- ☐ Enrollment into health insurance plans
- ☐ Utilization of preventive care services
- ☐ Identification of a primary care provider for clients

27. What would allow your organization to further incorporate CHWs into your team? (select all that apply)

- ☐ Funding for CHW training
- ☐ Funding for CHW certification
- ☐ Funding to support CHW positions
- ☐ Collective pooling of CHW staff with other organizations
- ☐ Ongoing support of CHWs by all levels of leadership in the organization
- ☐ Other (please specify)
- ☐ None of the above
- ☐ Organization policy and procedures related to CHWs
- ☐ Staff education about the *role and skillset* of CHWs
- ☐ Staff education about *when and how* to utilize CHWs

28. Is there any additional information that you would like to share related to CHWs?

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Thank you for filling out this survey

If you have any questions regarding this survey, please contact the individuals listed below.

If you have any questions about the survey, please contact:
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