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Workforce Development and Retention of Community Health Workers Project



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About MHP Salud

MHP Salud is a national nonprofit organization with 35 years of experience developing, implementing, and evaluating community-based, culturally tailored Community Health Worker (CHW) programs and promoting the CHW profession through training and consultation services. MHP Salud's mission is to promote the Community Health Worker (CHW) profession nationally as a culturally appropriate strategy to improve health and implement CHW programs to empower underserved Latino communities.



Introduction

The Community Health Worker (CHW) profession has seen substantial growth in recent years because of the unique ability of this workforce to link individuals to health care and social services; educate peers about disease and injury prevention; work to make health services more accessible; and mobilize communities to create a positive change. The Bureau of Labor Statistics (BLS) reports that the CHW profession is expected to grow at a rate much faster than the national average of all other occupations from 2018-2028.¹ As of 2019, there are an estimated 58,950 CHWs employed nationally.²

This is a 7% increase from 2017 in which 54,760 CHWs were employed.³ The BLS expects the CHW profession to grow 18.1% by 2026.² This means that over 10,000 jobs should be available for this profession. Also, salaries for CHWs are increasing with a median of \$19.41 per hour, or \$40,360 annually.^{2,4} This provides further evidence of the effectiveness and successful growth of CHWs across the nation.

Factors such as recruiting, hiring, onboarding, and providing continuous professional development have proven to be successful strategies to support and strengthen the CHW profession.^{5,6,7} Recruiting, hiring, and onboarding a well-qualified individual is not only beneficial for laying a strong foundation for the CHW program, but it is also beneficial to reduce CHW attrition.⁵ In addition, providing opportunities for professional development is essential to support capacity building for CHWs and to provide them with greater CHW employment opportunities due to the transferability of their skill set.^{6,7}

Overall, it is important to learn about the dynamics of CHW programs within Health Centers (HCs) to understand factors impacting the development and retention of the CHW workforce. Throughout this document, you will learn about specific HCs' experience in recruiting, hiring, onboarding, providing professional development, and retaining CHWs. Lastly, this report will detail how CHWs have contributed to positive outcomes and success within their HCs and patients.

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Project Overview

MHP Salud’s Community Health Worker (CHW) Workforce Development and Retention Project is an organizational effort aimed at better understanding CHW workforce development and retention among Health Centers (HCs) with existing CHW programs. A series of guided interviews with 12 HCs across the nation were performed to obtain valuable feedback about their CHW workforce. MHP Salud would like to express great appreciation to all the contributors (listed below) of this guide. Thank you for your willingness to give your time so generously. Undoubtedly, your contribution will be a great asset to other health organizations wishing to improve their CHW workforce development and retention efforts.

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Interview Process and Participants

Information was gathered through semi-structured interviews conducted with 12 HCs in January of 2020. An interview guide (Appendix) was created to direct the interviews towards questions about general HC information, recruitment, hiring, onboarding, professional development, retention, and HC outcomes/successes. Interviews were conducted via telephone and/or video conference and were video/audio recorded. The length of interviews ranged between 20-60 minutes. The analysis involved examining responses through recordings of each interview and notes taken by the interviewer.

Commonalities were identified across responses to create a comprehensive summary representing the experience of HCs as a whole.

The sample consisted of 14 HC staff members who oversee CHWs in some capacity with titles such as CHW Supervisor, Care Coordinator, Director of Outreach, and Project Manager. The reported responsibilities and duties of the CHWs employed by the participating HCs included: provide enabling services, bridge gaps between patients and providers, and educate the community. Primarily, HCs utilized grants as their key form of funding for CHW positions. The length of employment of CHWs ranged considerably, from 1 to 30 years. Similarly, the number of CHWs employed by HCs also varied from 2 to 30 CHWs.

Results

The subsequent summary discusses the processes, barriers, and strategies to CHW retention and workforce development in HCs. The key information is based on the examination of interview responses and is presented within six sections that correspond with the structure of the interviews: recruitment, hiring, onboarding, professional development, retention, and HC outcomes/successes.

CHW Recruitment

The process for creating a CHW job description was consistent across HCs. Respondents reported collecting existing CHW job descriptions and pulling information from each to create a composite description. HCs drew current job descriptions from online postings and partners with existing CHW programs.

HCs utilized an array of approaches for recruiting CHWs, including online postings, word of mouth, and community postings. It was common for HCs to use multiple methods simultaneously. The most common technique was online postings. HCs either published the job description on the organization's webpage or traditional job posting websites (e.g., Indeed or LinkedIn). Word of mouth was an additional recruitment method HCs utilized to reach individuals in the community. HCs recommended asking internal staff to promote the position in the community and provide recommendations for potential candidates. Additionally, reaching out to partners to share job

postings locally was a useful approach to recruit individuals with the qualifications needed to assist that community.

HCs commonly reported difficulty reaching qualified applicants as a barrier related to the recruitment of CHWs. This appeared to be a challenge, particularly for HCs that used online job postings. For example, possessing lived experience in the community is a traditional qualification of the CHW role, and online postings did not result in many applicants with this criterion. Further, one HC expressed difficulty finding qualified applicants through online postings due to a lack of access to the internet for many potential applicants in the community. To address this issue, the HC broadened their reach by advertising the job at events such as fairs in the community and open houses at schools. Overall, HCs utilized community locations and partners to post jobs and spread information about the position through the community.

An additional barrier was the lack of certainty regarding job longevity. While grants are a common funding source for CHW positions, they are time-sensitive, and continuation can be contingent on many factors. This results in uncertainty amongst applicants regarding the length of employment. HCs noted that being transparent with applicants about the uniqueness of the situation was the most appropriate way to alleviate applicants' concern.

Hiring

The approach taken by HCs in hiring new CHWs was fairly uniform. HCs began the hiring process with an initial phone screening. The purpose of the screening was to explain the role and assess the applicant's skills and abilities. Human resources or the hiring manager typically oversaw this step. Following

the phone interview, HCs conducted a second interview to measure the candidate's cultural fit for the HC and the community. HCs reported having multiple individuals from the team conducting interviews. It was preferred to include a CHW from the HC in the interview process, but this depended on the number of available CHWs. While not as common, some HCs mentioned integrating a third interview into the overall process.

The predominant obstacle to the CHW hiring process encompassed tailoring the HCs' established hiring process to the unique situation of hiring CHWs. This included challenges creating hiring processes sensitive to applicant's lifestyle, language, and lived experience. For example, one HC that hires previously incarcerated CHWs reported struggling with creating questions sensitive to the candidate's situation, while simultaneously evaluating whether they had the experience to connect with a formerly incarcerated population. To overcome this challenge the HC updated interview questions for future interviews. Creating a culturally sensitive and non-judgmental environment, utilizing scenario-based questions, and maximizing community partnerships were common recommendations to reduce the barriers experienced by HCs.

Onboarding

The majority of HCs reported the initial step in the onboarding process for newly hired CHWs encompassed a general introduction about the role, HC procedures, and expectations. Human resources or an individual from the team conducted this portion of onboarding. Following an initial introduction, the newly hired CHWs transitioned into shadowing an experienced CHW. The components of the shadowing process depended on the

responsibilities/duties of the role, but typically incorporated site visits, on the ground training, and technical training (e.g., electronic health records [EHR]). CHWs remained in the shadowing process between two weeks and one month and extended this time frame if more training was required. Some HCs noted employing continuing education beyond the shadowing process. For example, one HC reported integrating state certification into the orientation process, as it was required for the reimbursement of services.

HCs experienced varying levels of difficulty integrating CHWs into the organization's care teams. To promote buy-in, HCs recommended providing education to staff and providers about the role of CHWs and how the position can be utilized to improve care. Respondents emphasized the need to educate the care team before bringing in new CHWs. During the onboarding process, HCs suggested providing tours of the various departments in the HC for newly hired CHWs. The tours offered an opportunity to make introductions and an initial connection with the care team. An additional method of integration included allowing CHWs to participate in care team meetings during and after the orientation process. One HC noted that educating the care team during meetings about the achievements of their CHWs was successful in creating connections and respect between the two teams.

Professional Development

Once CHWs began their position, HCs noted some gaps in knowledge and skills. HCs conveyed knowledge gaps in professional and specialized expertise in areas such as time management, working in the HC environment, and EHR knowledge. Many HCs expressed that these skills were not required for employment and, instead, were opportunities for improvement and growth.

An additional gap for CHWs was in maintaining boundaries with patients. One HC noted that the skills necessary for the CHW position come naturally for these individuals. As a result, CHWs may inadvertently go above and beyond in providing service to the extent of pushing staff-patient boundaries. Seeking out various forms of training tailored to the individual (e.g., supervision, additional shadowing, webinars) was a suggested tool to promote CHW-patient boundaries.

HCs noted providing various opportunities for CHWs in professional growth and career advancement. The opportunities for professional growth included offering CHWs extra responsibilities, allowing CHWs to participate in conferences, and advocating for CHWs to further their education.

Furthermore, HCs reported opportunities for career advancement within their organization. HCs varied in their methods of career advancement. One HC described implementing a hierarchy within the CHW job classification where a CHW could progress from level 1 to level 2 to supervisor. Another HC noted opportunities for CHWs to advance outside of the team into roles such as social work. However, this was contingent on the CHW furthering their education.

Retention

Overall, the principal barrier to retaining the CHW workforce was pay. HCs reported CHWs leaving due to a lack of certainty regarding the permanence of pay, or to take positions with competitors offering an increase in compensation. Implementing supplementary incentives, such as professional growth opportunities and financial bonuses, were recommended to alleviate the barriers associated with wage.

HCs emphasized an essential strategy for improving CHW retention was creating a positive work environment. Providing opportunities for team bonding and employing supportive and flexible leadership, were strategies used by HCs to create a pleasant and supportive workplace for their CHWs. One recommendation was the implementation of regular team meetings to maintain connectedness, address issues, and promote successes.

HCs also reported losing CHWs as they grew professionally within their role and moved on to pursue new opportunities. HCs noted this as a success rather than a barrier, expressing the importance of growth among their staff.

Outcomes and Successes

Respondents voiced the overwhelmingly positive impact that integrating CHWs had in their HC. The noted impact was on patient-provider communication and the utilization of enabling services. By acting as a link between providers and the community, CHWs improved patient-provider communication and assisted the provider's overall understanding of the patient. HCs reported that the developments in culturally competent communication between patient and provider resulted in improvements in HC outcomes. Furthermore, HCs reported the positive effect that employing CHWs had on integrating enabling services within HCs.

Additionally, respondents described success stories about the influence CHWs had on patients' lives outside of the HC. One HC provided an example where a CHW assisted a homeless patient to secure housing over a one-month period. Another HC stated that CHWs had reduced repeat patient visits in a local health system by providing support and education in the community. The

positive impact of CHWs emphasizes the need to further understand and expand the workforce in HCs.

Conclusion

Findings in this project demonstrated that efficiently recruiting, hiring, onboarding, and providing professional development is essential for the CHW workforce. HCs are constantly in need of strategizing methods to address barriers that may come along with these processes. Additionally, CHW retention is impacted by pay, work environment, team integration, and career advancement. Overall, continuous efforts are needed to support the strengthening of the CHW profession as it is growing and evolving rapidly. For more information on CHW workforce development, please contact us at www.mhpsalud.org.

Interview Questionnaire

Interview/Survey Key

Green: Guiding script

Purple: Skip pattern

Basic Organizational Information

Before we begin, I will ask some questions to gather basic organization demographics.

Name of Health Center:

Name interviewee:

Interviewee title:

Brief description of CHW roles within the Health Center (please include main objectives and target population):

How long has your Health Center utilized CHWs?

Currently, how many CHWs are employed at your Health Center?

How does your organization fund CHW positions?

Interview Questions

Recruitment

Our first set of questions will revolve around the recruitment method (process) of CHWs at your health center.

1. What is your process for recruiting CHWs at your Health Center?
If answered “no process or another department is responsible for recruitment” skip to onboarding section-question 10.
2. Describe how you develop job postings.
3. Has your Health Center experienced barriers recruiting CHWs? If so, please describe those barriers.
If answered “no barriers” skip to hiring section-question 6.
4. What strategies have been most successful?
5. What strategies have been least successful?

Hiring

The next set of questions will focus on the health center’s experience hiring CHWs.

6. Describe your interviewing process.
If answered “no process or another department is responsible for hiring” skip to onboarding section-question 10.
7. Has your Health Center experienced barriers hiring CHWs? If so, please describe those barriers.
If answered “no barriers” skip to onboarding section-question 10.
8. What strategies have been most successful?
9. What strategies have been least successful?

Onboarding

This next set of questions will focus on your health center’s experience with onboarding hired CHWS.

10. What is your onboarding or orientation process for hired CHWs? *If steps to integrate CHWs (question 11) is mentioned within this response, skip to professional development section-question 12.*
11. Do you take steps to integrate your new CHWs into your organization and care team? If so, what are they?

Professional Development

The next set of questions will focus on CHW professional development at your health center.

12. Have you identified any gaps in knowledge or skills after CHWs are hired? If so, what are they?
If answered, "no gaps" skip to question 14.
13. What steps does your organization take to address the gaps in knowledge among newly hired CHWs?
14. Are there any opportunities for professional growth within the Health Center? If so, what are they?
15. Please discuss opportunities for CHW career advancement within your organization.

Retention

This next set of questions will focus on your health center's experience retaining CHWs.

16. Has your Health Center experienced barriers retaining CHWs? If so, please describe those barriers.
If answered "no barriers for retaining CHWs" skip to question 21.
17. How have you addressed these barriers?
18. What strategies have been most successful?
19. What strategies have been least successful?
20. Are there any strategies that you would like to try but have not been able to due to a lack of resources or other reasons? Please explain.
21. What specific activities, incentives or structures help you retain your CHW workforce? Please be specific.

CHW and HC Outcomes/Successes

We would like to ask you a final question about your overall experience integrating CHWs at your health center.

22. Tell us how the CHW profession has impacted your Health Center?

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