

Community Health Workers (CHWs) in New Hampshire: Employer Survey 2025

Results of a statewide employer survey conducted by the
Southern New Hampshire Area Health Education Center and
the CHW Center for Research and Evaluation



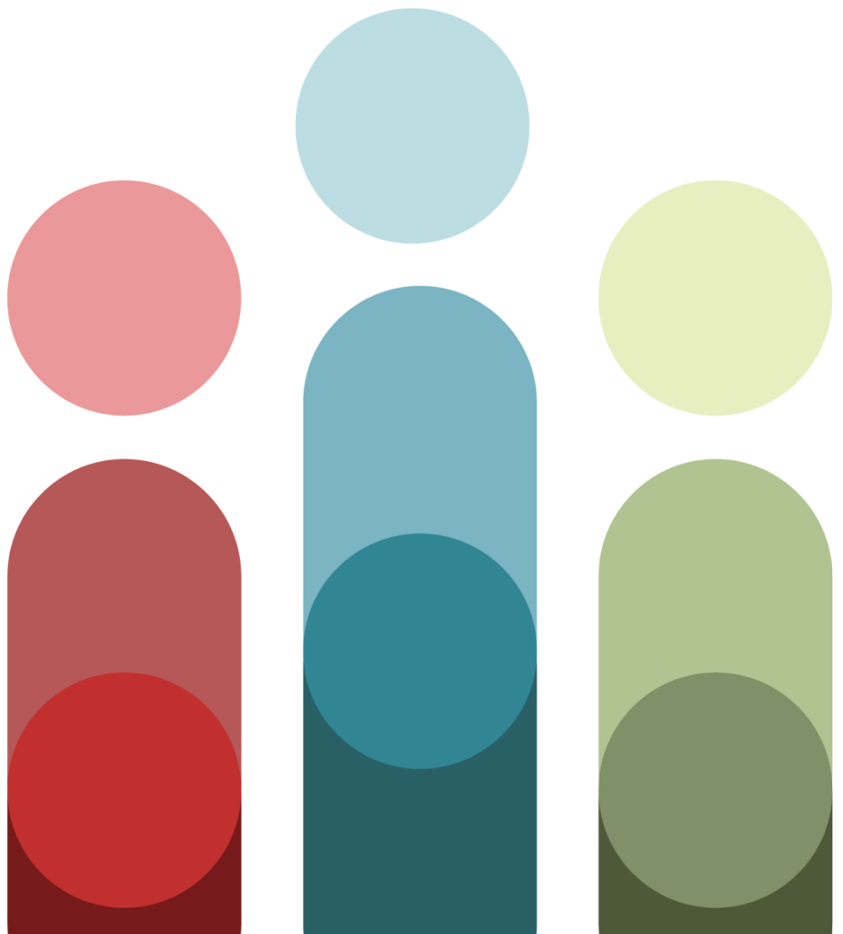
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A Word about Language: Part of our mission at the CHW Center for Research and Evaluation is to build capacity among CHWs to be actively involved in and to lead research and evaluation about the CHW profession. Sometimes, knowing certain words and phrases that are used in research and evaluation can facilitate this leadership and involvement. Therefore, though we have generally tried to use language in this report that is accessible to all, in cases where we felt it might be necessary or helpful, we have used research and evaluation terminology and concepts and defined them in a call-out box or in the text. We welcome your thoughts and comments about this practice.

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Executive Summary

Background

In 2024, the Southern New Hampshire Area Health Education Center (SNHAHEC) decided to conduct a statewide survey of Community Health Worker (CHW) employers. The purpose of the survey was to gather information that can be used to:

- 1) Meet the needs of CHWs and employers,
- 2) Shape New Hampshire's CHW policy and financing agenda, and
- 3) Inform advocacy and policy change efforts related to the national CHW workforce.

To conduct, analyze and report the survey, SNHAHEC partnered with the CHW Center for Research and Evaluation (CHW-CRE). The CHW-CRE has developed a set of workforce indicators that can be operationalized in statewide surveys to assess key workforce conditions.

Methodology

The survey was developed jointly by staff at the Southern New Hampshire AHEC and staff at the CHW-CRE and was based on the CHW workforce indicators developed by the Center. To the employer versions of the workforce indicator questions, we added demographic questions including name, title, name of organization, and counties in which CHWs work. Other additions included: a version of Indicator #5 (CHW Integration into Team) adapted by SNHAHEC for employers; a set of questions about organizational support for and outcomes from CHWs training; and a set of questions specific to organizations participating in the CHW Advance (HRSA) project. Results of the CHW Advance questions will be reported elsewhere.

The survey was conducted between January 3, 2025, and March 5, 2025. SNHAHEC disseminated a link to the online survey to approximately 8 employers and to CHWs, with a request to share it with their supervisors. Additionally, a link to the survey was posted on the NH CHW Coalition Basecamp site and the survey was advertised at an in-person meeting in January. SNHAHEC sent follow-up reminders in mid- and late February. After it was discovered that several surveys had missing data, SNHAHEC followed up with employers

who had begun the survey but had not completed all fields. These individuals were able to complete the survey to minimize missing data. A total of 14 responses were received.

All 14 respondents were included in the analysis; not all respondents answered every question. Quantitative responses were downloaded from Survey Monkey into Excel for analysis. We calculated frequencies and percentages and then, based on our research questions, we looked at the responses to the indicator questions by various demographic groups. The survey questions were used as initial codes for the qualitative responses, which conformed reasonably well to these codes. Responses by code were counted and tables were created with illustrative quotes.

Key Findings

Taking into account the small sample size and the fact that this was not a random sample of all the CHW Employers in New Hampshire, below is a summary of our key findings.

Findings

- The average hourly wage for all CHWs (full- and part-time) who responded to the survey was \$23.54/hour. This figure is slightly higher than the average wage of \$22.33/hr. reported by CHWs in a recent national survey (Wiggins et al., n.d.). It is lower than the figure of \$25.40/hr. reported by the US Bureau of Labor Statistics in 2024, which is based on data provided by employers.
- Barriers to CHW integration in New Hampshire include a lack of the following factors: funding, understanding of the full CHW role, buy-in from providers, and a supervisor who believes that CHWs facilitate integration. CHW employers do not perceive conflict around work errors to be a barrier to CHW integration, which does not align with previously reported data from CHWs.
- Reasons cited by respondents for not using the APHA CHW definition include having an organizational definition and deciding not to. Reasons for not including all 10 core roles center around the perception of some roles not being needed or factors specific to the community or organization.
- Information about the number and percentage of employed CHWs who have completed foundational training is not widely utilized by the responding CHW employers. Respondents who do use the information use it to communicate the importance of the CHW role and to highlight and track staff competency.

- Factors affecting organizational ability to require training for CHW supervisors include lack of time, lack of training, and lack of a requirement.
- Successes/benefits related to increasing the percentage of CHW salary costs covered by sustainable funding sources include being part of a large organization with many Medicaid members, constantly searching for new sources of funding, upskilling, and the development of career ladders for CHWs. The loss of an important funding source, CHW reimbursement being in its early stages, and an absolute lack of sustainable funding options act as barriers to increasing sustainable funding.
- The most desired CHW training topics mentioned by respondents were mental and behavioral health, advocacy and leadership, and documentation.
- Other sources of support needed by CHWs include sustainable funding, increased salaries, professional development, more buy-in and appreciation of the role, and certification.

Recommendations

Based on this data collection and analysis, we propose several recommendations to ensure the health, strength, and viability of the CHW workforce in NH.

CHW Trainers, Program and Policy Developers

- Build a comprehensive database of CHW employers by collecting contact information for CHW supervisors during the CHW training registration process.
- Support CHWs to spend the majority of their time in community settings which will allow them to do their best and most effective work.
- Prioritize CHW supervisor training opportunities that develop a deep understanding of the workforce and/or hire CHW supervisors who are CHWs themselves.

CHW Employers

- Support CHWs to play full range of roles, such as participating in policymaking, advocacy, and research and evaluation. This will allow CHWs to realize their full scope of work, which is essential for CHW effectiveness, the continued advancement of the field, and individual CHW career advancement.
- Regularly assess CHW team integration to ensure workplace conditions support CHW effectiveness, overall job performance, satisfaction, and employee retention.

CHW Employers, Policymakers, and CHW Organizations

- Submit a proposed state plan amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) that includes reimbursement for CHWs, with inclusive pathways for CHWs employed in settings that do not traditionally bill Medicaid such as community-based organizations.
- Center CHW leadership, agency and self-determination in decision making and development of current and future initiatives.
- Use metrics developed with and by CHWs, such as the CHW-CRE Common Indicators, to assess CHW impact. This will also help create a unified understanding of the strengths and value of the CHW programs.
- Provide CHWs advancement opportunities that honor their community expertise, and do not require them to move into a different occupation.

Background

The Southern New Hampshire Area Health Education Center (SNHAHEC) has promoted initiatives related to Community Health Workers (CHWs) since 2005. SNHAHEC developed the first CHW training program in New Hampshire in 2013 and was a founding member of the New Hampshire CHW Coalition in 2015. At the time of this report's publication, more than 315 CHWs have been trained by SNHAHEC. Statewide, 120 CHW have been certified. SNHAHEC has also helped create CHW peer-mentoring and support opportunities to uphold the CHW principles of self-determination, advocacy, and community empowerment.

The environment for CHWs in New Hampshire has changed significantly since training began. In recent years there has been an increasing focus on building awareness about CHWs, promoting CHW certification, and sustaining CHW positions. In 2021, SNHAHEC worked with CHW-CRE to bring two trainings about the CHW Common Indicators (see below) to New Hampshire. The goals of the trainings were to describe the CHW Common Indicators and explore opportunities to assure CHWs are well supported to provide care and address health inequities in New Hampshire.

In 2024, the Southern New Hampshire Area Health Education Center (SNHAHEC) decided to conduct a statewide survey of Community Health Worker (CHW) employers. The purpose of the survey was to gather information that can be used to:

- 1) Meet the needs of CHWs and employers,
- 2) Shape New Hampshire's CHW policy and financing agenda, and
- 3) Inform advocacy and policy change efforts related to the national CHW workforce.

To conduct the survey, SNHAHEC partnered with the CHW Center for Research and Evaluation (CHW-CRE). With funding from the US Centers for Disease Control and Prevention (CDC), the CHW-CRE (formerly, the CHW Common Indicators Project) has developed a set of workforce indicators that can be operationalized in statewide surveys to assess key workforce conditions including compensation, benefits, and advancement; integration of CHWs onto teams; involvement of CHWs in policy- and decision-making; roles conducted; and supportive and reflective supervision. Several indicators include versions for both CHWs and CHW employers.

The CHW Common Indicators (CI) were developed through a participatory process that began in 2015 and included identification of 11 key *constructs*; a literature review to identify existing measurement approaches for each construct; and the creation of detailed performance measures using a template provided by the CDC. Constituent feedback on the draft indicators was obtained through a combination of focus groups, individual interviews, and a virtual Summit. Proposed versions of the indicators were then piloted in multiple sites. Changes were made based on lessons learned, both during the initial development phase and during the piloting phase. CHW leadership was centered at each phase of the process, from the initial organizing meeting in 2015 to the current organizational structure, which includes a majority CHW Leadership Team, a four-person CHW Council, a Researchers Council, and an Advisory Group.

More information about the CHW-CRE, as well as a form that can be used to request documents about the CHW Common Indicators, can be found on the CHW-CRE website, at www.chwcre.org.

A “construct” is an abstract idea that we might want to measure. “Constructs” can also be thought of as “concepts.” For example, “empowerment” and “social support” are constructs that CHWs can influence through their work. Constructs do not have fixed, objective meanings, so in order to measure them, we first have to define them.

An important benefit of using common indicators in statewide surveys (as in other data collection efforts) is the ability to make comparisons regarding workforce conditions for CHWs across states and regions.

While using common indicators is important because it allows us to compare CHW workforce conditions across the US, it is a principle of the CHW-CRE that all studies or surveys of CHWs also need to take into account the local and historical context and ask additional questions that are of importance to CHWs in any given region at a given time. This practice was followed in this survey, by collecting specific demographic information and adding additional questions about topics that are timely for CHWs and CHW employers in New Hampshire.

Methodology

Survey development

The survey was developed jointly by staff at the SNHAHEC and staff at the CHW-CRE and was based on the CHW workforce indicators developed by the Center. For this survey, we collected the employer versions of Indicator #1 (Compensation, Benefits and Opportunities for Advancement), Indicator #10 (Policy and Systems Change – Program Level), and Indicator #12 (Supportive and Reflective Supervision).

To the employer versions of the workforce indicator questions, we added demographic questions including respondent name, respondent title, name of organization, and counties in which CHWs work. Other additions included: a version of Indicator #5 (CHW Integration into Team) adapted by SNHAHEC for employers; a set of questions about organizational support for and outcomes from CHWs training; and a set of questions specific to organizations participating in the CHW Advance (HRSA) project. Results of the CHW Advance questions will be reported elsewhere.

Survey administration

The survey was conducted between January 3, 2025, and March 5, 2025. SNHAHEC disseminated a link to the online survey to approximately 8 employers and also to CHWs, with a request to share it with their supervisors. Additionally, a link to the survey was posted on the NH CHW Coalition Basecamp site and the survey was advertised at an in-person meeting in January. SNHAHEC sent follow-up reminders in mid- and late February. After it was discovered that several surveys had missing data, SNHAHEC followed-up with employers who had begun the survey but had not completed all fields. These individuals were able to complete the survey to minimize missing data. A total of 14 responses were received.

Survey analysis

Survey responses were downloaded from Survey Monkey into an Excel spreadsheet. Data cleaning, analysis, and figure creation were all completed in Excel.

We calculated means (averages) for survey questions overall and then *stratified* the answers by organization type for a limited number of questions. We did not try to assess the likelihood that the differences we saw could have occurred by chance (for example, by calculating p-values), since respondents to the survey were not a random sample of all CHW employers in New Hampshire. For ease of interpretation, percentages reported in figures were rounded to the nearest whole number, while percentages in tables were rounded to one decimal.

In the language of statistics, to “stratify” means to divide the responses of a group by some characteristic, such as age or race/ethnicity, so we can assess whether responses differed from group to group.

Respondents were not asked to identify their organization type; however, because they provided the name of their organization, we were able to identify the organization type. Organizations were classified into categories that aligned with those used in the 2024 SNHAHEC CHW Survey (community based organization, Family resource center, FQHC, hospital, local health department, health insurance provider). For survey questions that are intended to function as scales, if not all items were worded in the same direction (i.e., from negative to positive), we reversed the order of responses to make it easier to interpret the responses.

The analysis process for the qualitative data combined open-ended ethnographic coding and a close-ended process governed entirely by the survey questions. After a close-reading of the qualitative data, we created a codebook that largely mirrored the questions in the survey, and then counted quotations that related to each code. Finally, we created 3 tables with codes and illustrative quotes for each code (Tables 1-3 in the Appendix).

Results

Characteristics of CHW Employers

Fourteen individuals representing CHW employers responded to some or all the survey questions. Of those, eight completed all the questions, four left only 1 or 2 questions blank, and two completed 60% of the questions. We included responses from those who completed 60% of the questions in the results for the sets of questions they fully completed. The 14 respondents employed 128 CHWs in New Hampshire at the time of the survey.

Because of the small number of respondents to the survey, as well as the fact that the respondents do not necessarily represent all the CHW Employers in New Hampshire, it is very important to interpret all the data reported below with extreme caution. An apparent difference between two groups could be the result of chance rather than an actual difference in the underlying population.

Primary County Served

The 14 respondents included in the sample represent six of New Hampshire's ten counties. The largest numbers of respondents came from Hillsboro (8) and Coos (2) counties. Respondents were asked how many CHWs they employ. The largest numbers of CHWs are employed by respondents in Coos (49 CHWs), Hillsborough (36 CHWs), and Grafton (33 CHWs) counties.

Figure 1. Map of survey responses by county (n=14)

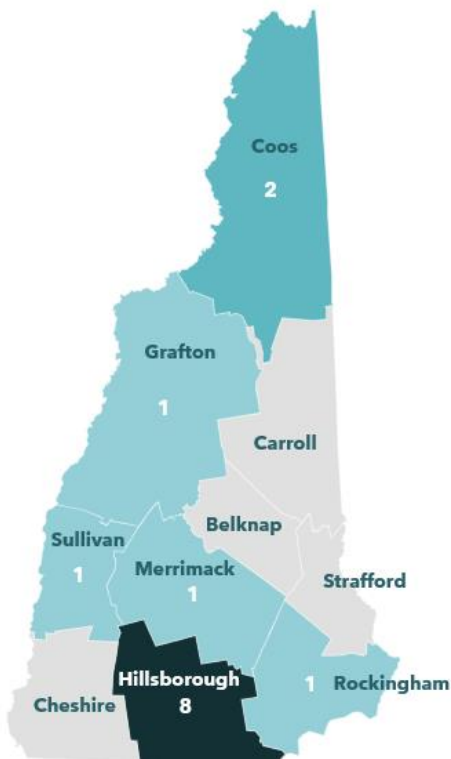
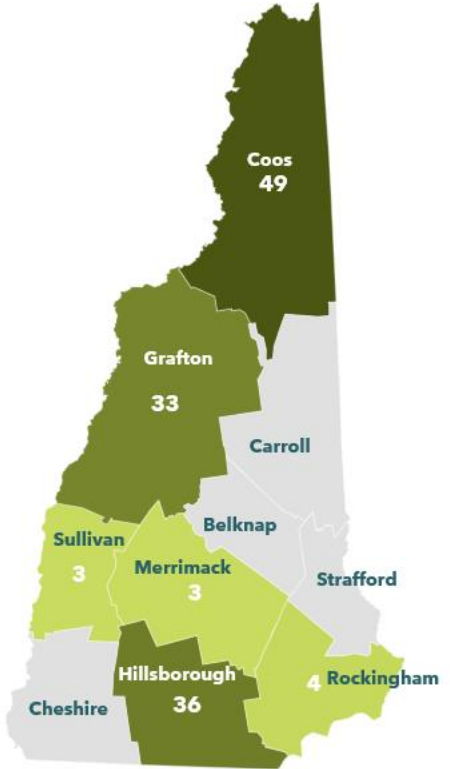


Figure 2. Respondents’ number of CHWs employed by county (n=14)



Respondent Title

Respondents had the option to choose from two pre-defined titles (“CHW Program Supervisor” or “Program Administrator”) or, if their title was not listed, to write in a title. Eleven respondents chose a pre-defined title, while 3 wrote in a title.

As the table shows, half of respondents identified as a CHW Program Supervisor.

Table 1. Respondent Titles by Number and Percentage

Title	Number	Percent
CHW Program Supervisor	7	50.0%
Program Administrator	4	28.6%
Other	3	21.4%

Organization Type

Respondents were not asked to identify their organization type; however, because they provided the name of their organization, we were able to identify the organization type. The largest group of organizations (10 of 14) were equally divided between community-based organizations and federally qualified health centers (FQHCs). Other types of organizations were represented by only one respondent each.

Table 2: Organization Type of Respondents

Title	Number	Percent
Community based organization	5	35.7%
FQHC	5	35.7%
Local health department	1	7.1%
Health insurance provider	1	7.1%
Family resource center	1	7.1%
Hospital system	1	7.1%

Conditions for the CHW Workforce in New Hampshire

Wages, benefits, and opportunities for advancement (Indicator #1)

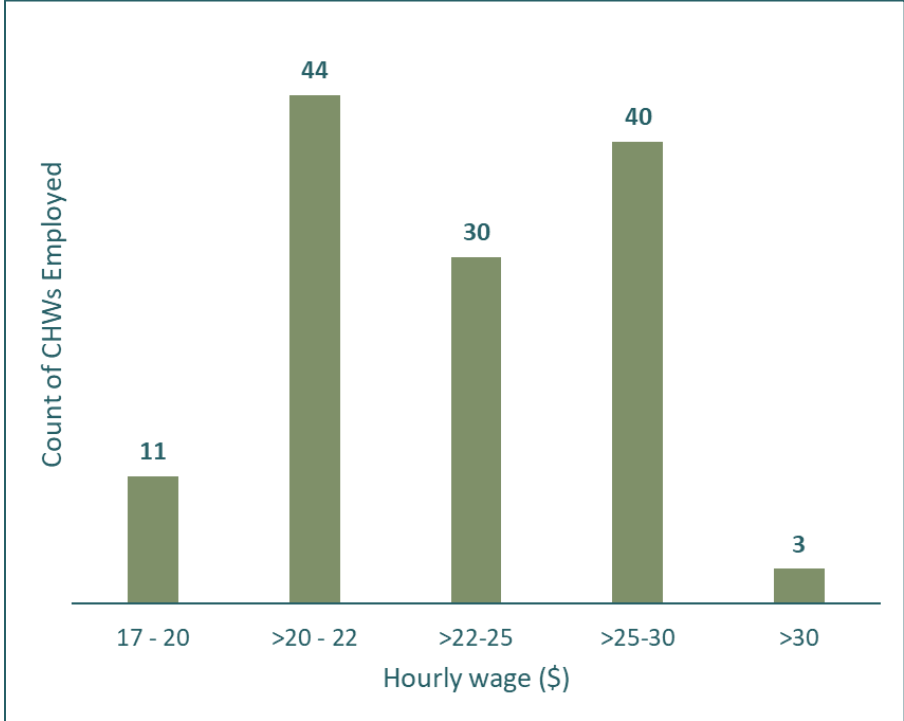
Common Indicator #1 assesses CHW wages, benefits, and opportunities for advancement; it includes versions for CHWs and employers. The employer version was included in this survey.

Wages

Respondents were asked to provide information about the hourly or annual wages CHWs are paid. For position levels reported with a range of hourly wages, we used the middle of the range for calculations. For full time CHWs, the average annual salary was \$49,903, while the average hourly wage was \$23.99/hr. For part-time CHWs, the average hourly wage was \$19.89. This compares to a living wage for one adult and one child in all New Hampshire counties of \$30.01/hr. to \$38.56/hr. The range of reported hourly wages went from \$17 to \$37 dollars per hour for full-time CHWs; for those paid a salary, the range for full-time CHWs varied widely, from \$35,672 to \$76,960. As shown in Figure 3, for all CHWs, the range for hourly wages extended from \$17/hour to \$37/hour; the average was \$23.54/hour. This figure is slightly higher than the average wage of \$22.33/hr. reported by CHWs in the national CHW survey conducted as part of the CDC program, CHWs for COVID Response and Resilient Communities (Wiggins et al., n.d.). It is lower than the figure of \$25.40/hr. reported by the US Bureau of Labor Statistics in 2024, which is based on data provided by employers.

In a 2024 survey of CHWs in New Hampshire conducted by SNHAHEC and the CHW CRE (Wiggins et al., 2024), CHWs reported an average annual wage of \$22.90/hr (n=56). The wages reported ranged from \$17 to \$54 dollars per hour.

Figure 3: Number of CHWs employed by Hourly Wage (n=128)



We also calculated wages by organization type (Table 3). According to these calculations, the highest mean wage is paid by the (single) health insurance provider, while the lowest mean wage is paid by the community based organizations. The largest range of salaries are paid by FQHCs, where wages start at \$17.15/hr. and extend to \$28.00/hr.

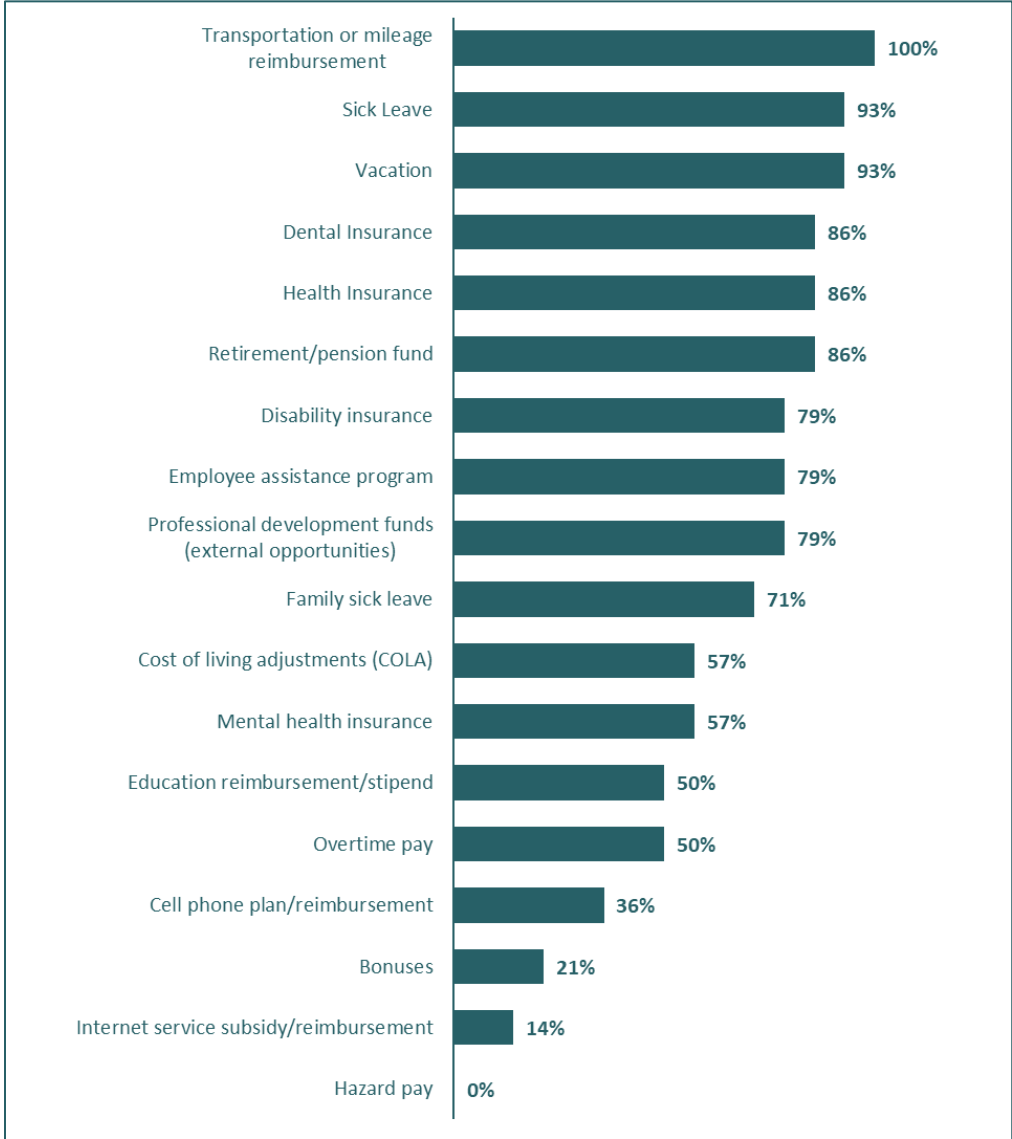
Table 3. Hourly Wage by Organization Type

Title	Number of CHWs Employed	Mean	Min	Max
Community based organization	28	\$21.81	\$17.00	\$24.00
FQHC	18	\$22.24	\$17.15	\$28.00
Local health department	7	\$25.89	\$23.31	\$31.23
Insurance provider	2	\$34.50	\$32.00	\$37.00
Family resource center	40	\$22.06	\$21.00	\$26.00
Hospital system	33	\$26.35	\$21.50	\$28.00

Benefits

The survey asked respondents to report on the benefits they provide to CHWs, including insurance, overtime pay, and sick leave. Figure 4 shows the percentage of respondents who provide a given benefit. Benefits most commonly provided by respondents for full-time CHWs include transportation or mileage reimbursement (100% of respondents), sick leave (93% of respondents), and vacation (93% of respondents). Benefits that respondents are least likely to offer include hazard pay (0% of respondents) and internet service subsidy (14% of respondents). Benefits for part-time CHWs are similarly distributed, although the frequency is much lower. For example, only 50% of part-time CHWs are offered sick leave and paid vacation.

Figure 4. Benefits Offered for Full Time CHWs (*n*=14)



Integration into teams (Indicator #5)

Common Indicator #5 includes three sub-measures of integration into teams that are designed to be measured based on the responses of CHWs. For this survey, SNHAHEC adapted two of the three measures to ask CHW employers about their perception of CHW integration into teams within their organization. First, respondents were asked to respond to the Relational Coordination Scale (Gittel et al. 2010; 2015), with some modifications to make the questions relevant to CHW Employers. Each question in the Relational Coordination Scale (RCS) provides five response options coded from 1 to 5. The one item that is worded negatively was reversed so that more positive or desirable answers are associated with higher scores. Figure 5 shows average scores for individual questions in the full sample (n=14). The highest average score for this scale concerned the way providers react to errors. The lowest score was for the item that measured whether other providers shared common goals for participants with CHWs.

When comparing these results to those collected in the 2024 CHW survey, the average scores per question are relatively similar between CHWs and CHW employers for all but one question (Wiggins et al., 2024). CHW employers gave the question about how providers react to errors the highest average score (4.29, n=14), while this question was scored the lowest by CHWs (2.60, n=59). This suggests a large difference in how employers and CHWs perceive and experience conflict around errors made on the job. The responses from CHW employers indicate that they don't see this issue as a barrier to CHW integration, while the data reported by CHWs indicate they see this issue as their largest barrier to integration.

Figure 5. Relational Coordination Scale; Mean Scores by Question (n=14)



When looking at scale scores by respondent in Table 4, which is calculated as the average of all their statement responses, we see that most scores fell in the ranges of 3.00 to 3.99 (50%, n=7), which indicates moderate integration, and 4.00 to 4.99 (42.9%, n=6), which indicates a good level of integration.

Table 4. Relational Coordination Scale; Scale Scores by Respondent

Scale Score Range	Percent of Respondents (n)
1.00 to 1.99	0.0% (0)
2.00 to 2.99	7.1% (1)
3.00 to 3.99	50.0% (7)
4.00 to 4.99	42.9% (6)
5.00	0.0% (0)

Respondents were asked to respond to one additional statement measuring CHW integration into teams that is not a part of the RCS. It concerned the extent to which care providers within their organization understand the roles and work of CHWs. The average score (1 to 5) across respondents was 3.57 (n=14) with individual respondent scores ranging from 2 to 5. These results indicate that a large majority of respondents (92.9%, n=13) believe they have moderate to good levels of integration for CHWs in their organization.

A follow-up open-ended question asked employers to provide additional thoughts on facilitators and barriers to integration. Respondents shared that getting buy in from providers and supervisors was a key facilitator to integration. They also reported that a common barrier to integration was a lack of understanding about the roles and responsibilities of CHWs, which can lead to CHWs being limited to a small scope of work. A summary of themes and illustrative quotations is provided in Table 8 in the Appendix.

Finally, Indicator #5 asked employers about concrete workplace conditions that can promote or inhibit integration, specifically, CHWs’ access to chart in the employers’ main participant tracking system (e.g., electronic medical record), and whether they are provided with adequate physical space to conduct their work. Eleven out of fourteen respondents (78.6%) indicated that CHWs can chart in the employers’ tracking systems and 100% (n=14) reported CHWs have access to adequate, dedicated workspace.

Policy and Systems Change (Indicator #10)

Common Indicator #10 measures policy and systems change; it includes versions for CHW programs and state health departments. The program version was included in this survey. Twelve of fourteen respondents completed the questions for Indicator #10.

Defining the CHW Role

Common Indicator #10 begins by asking CHW employers about how they define the CHW role within their organization. The first question asks them if their organization has a written definition of a CHW, and it specifically asks if they utilize the American Public Health Association (APHA) definition. The responses to this question are summarized in Table 5. A majority of employers (58.3%, n=7) reported using the APHA definition or a similar definition that had been based upon the APHA definition, but a significant number of employers were not using the APHA definition (41.7%, n=5). When asked why their organizations were not using the APHA definition in an open-ended follow-up question, respondents primarily cited the need to use a definition specific to their organization. A full summary of themes and illustrative quotations is provided in Table 9 in the Appendix.

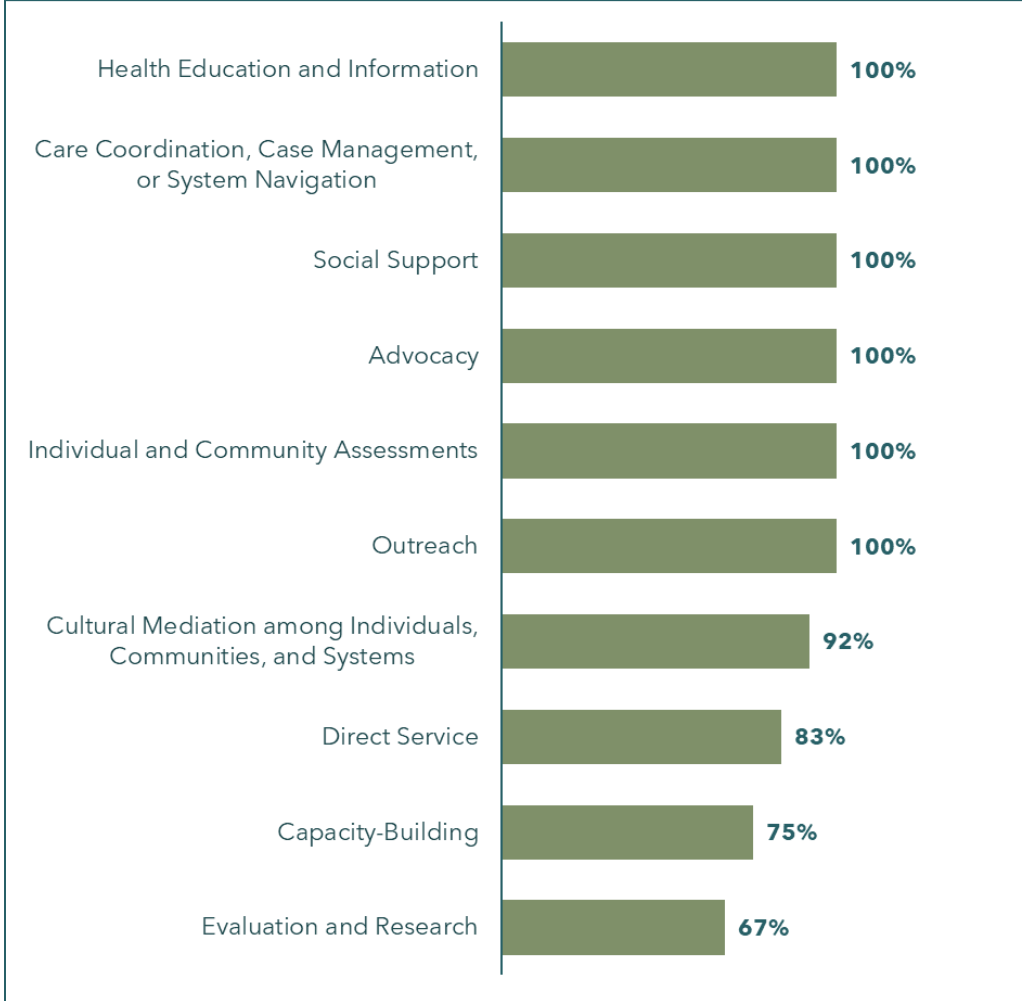
Table 5. Organization Definition of a CHW

Type of Support Offered	Percent of Respondents (n)
Verbatim of very similar to APHA definition	41.7% (5)
Similar to the APHA definition	16.7% (2)
Other definition (not APHA)	25.0% (3)
No definition at all	16.7% (2)

In the next set of questions, CHW employers were asked which of the 10 core roles of CHWs (Rosenthal et al., 2018) were included in the scope of work or job description for CHWs at their organization. Figure 7 summarizes the responses to this question. All 12 of the employers reported utilizing 6 of the 10 core roles. Cultural mediation, direct service, capacity building, and evaluation and research were the 4 roles that were not included by all employers. Evaluation and research was the role excluded by most employers, but it was still included by a majority of respondents (66.7%, n=8). On average, the employers surveyed included 9.17 (n=12) core roles in their CHW scope of work. The number of roles reported ranged from 7 to 10 with a median value of 10. When employers were asked an open-ended follow-up question about why they did not include all 10 roles, they reported that roles were

excluded because they were outside of the scope or capacity of their program, they were covered by other positions in the organization, or they were simply not needed.

Figure 7. Core Roles Included in CHW Scope of Work (n=12)



CHW and CHW Supervisor Trainings

Respondents were asked to provide information about their organization’s policies and practices around CHW trainings and certification. The first questions asked employers if they required that CHWs complete a core competency-based training program either before or after hire. Eleven of twelve employers (91.7%) reported requiring foundational training. When asked why it was not required, the lone organization that does not require foundational training said it is seen as valuable but is not currently required because it is not required by their contract holders and can often be difficult to access.

Employers were then asked questions about the supports they offer their CHWs in completing core competency training. Responses to these questions are summarized in Table 6. All 12 employers reported offering at least one of the three supports. The most common form of support is allowing CHWs to complete training on work time.

Table 6. Organization Supports for CHW Core Competency Training

Type of Support Offered	Percent of Respondents (n)
We provide core-competency-based training in-house.	25.0% (3)
We pay the fees for core-competency-based training provided by another entity/organization.	66.7% (8)
We allow CHWs to complete core-competency-based training provided by another entity/organization during paid work time.	75.0% (9)

The next question asked the employers if they kept track of the number and percentage of their employed CHWs who had completed a foundational CHW training, which has been identified as a key indicator of workforce sustainability. All 12 respondents reported keeping track of this data. The 12 respondents, who employ a total of 118 CHWs, reported that 53 CHWs (44.9%) had completed training, 29 CHWs (24.6%) were in progress, and 36 CHWs (30.5%) had not completed training. In a follow-up question, employers were asked to describe how their organization utilizes information about the number and percentage of CHWs who have completed foundational CHW training. The most frequent response was that the data is not currently utilized. Among those who do use the data, they reported using the information to communicate the importance of the CHW role and to highlight and track staff competency. A full summary of themes and illustrative quotations is provided in Table 9 in the Appendix.

Finally, employers were asked if they require CHW supervisors to complete training specific to the supervision of CHWs. Six (50%, n=12) respondents reported that their organizations require CHW supervisor training. The organizations that do not require supervisor training cited reasons such as a lack of time, low access to training, and an absence of any external requirements. A full summary of themes and illustrative quotations is provided in Table 9 in the Appendix.

Program Sustainability

The final questions for Indicator #10 asked CHW employers to discuss the sustainability of their programs. When asked to report what percentage of their organizations' CHW program costs are supported through sustainable, long-term CHW payment mechanisms (as defined in Rush et al., 2023), only 3 of the 12 respondents provided a response. One organization reported that 100% of their funding is sustainable, while the other organizations reported that 73% and 0% of their funding is sustainable. The remaining 9 organizations were unable to provide a response.

When asked about the primary source of funding for their CHW program, 8 (66.7%) employers said they use grant funds, 2 (16.7%) reported using operational funds, and 1 (8.3%) reported using state government funding. The final organization reported multiple primary sources of funding, including grant funds, operational funds, and Medicare reimbursement.

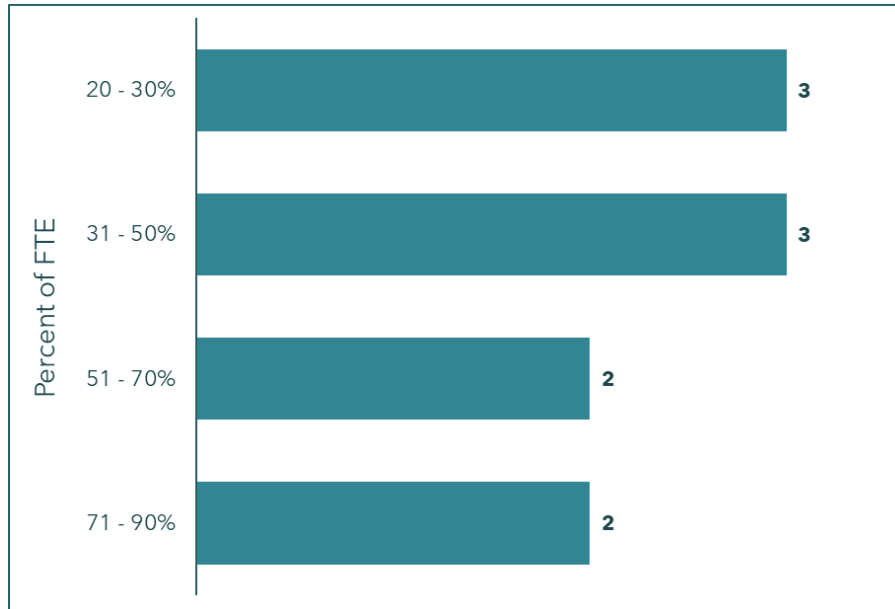
The final question asked respondents to briefly describe what their organizations had done in the past year to increase the percentage of CHW program costs supported by sustainable funding sources. Respondents discussed finding success by constantly searching for new sources of funding, as well as through upskilling and the development of career ladders for CHWs. They also reported a number of barriers to increasing sustainable funding, including the loss of an important funding source in New Hampshire, CHW reimbursement being in its early stages, and a lack of sustainable funding opportunities. A full summary of themes and illustrative quotations is provided in Table 9 in the Appendix.

Supportive and reflective supervision (Indicator #12)

The CHW Employer version of Indicator #12 has three parts: 1) time spent on supervision; 2) supervision training, and 3) organizational support of supervision. Each of the 3 parts were used in this survey, and they were only answered by respondents who identified themselves as CHW supervisors. Ten of the fourteen survey respondents completed the questions with 2 CHW supervisors not completing the section and 2 skipping the section because they were not involved in CHW supervision. Part 1 asked respondents to estimate the percentage of their time that is dedicated to CHW supervision. Figure 6 summarizes the distribution of percentages of time respondents dedicate to supervision with responses ranging from 20% to 90% and an average of 49.5% (n=10). Supervisors were also asked to report the number of

CHWs they supervise by full-time equivalents (FTEs). Responses ranged from 1.5 to 8 FTEs with an average of 4.0 (n=10). There was no relationship between the amount of time spent on supervision and number of FTEs supervised within the sample.

Figure 6. Percent of FTE Dedicated to CHW Supervision (n=10)



In Part 2 of the indicator, CHW supervisors were asked if they had participated in trainings for trauma-informed supervision, as well as supportive or reflective supervision. For both questions, 80% (n=10) of respondents reported having completed the training with 100% (n=10) having completed at least one of the trainings. For Part 3 of the indicator, supervisors were asked to report the quality of support they receive from both their own supervisor and from their organization’s culture in supervising CHWs. Response options were on a 5-item scale (Awful, Bad, Fair, Good, Excellent). For both questions, 60% rated their support as Excellent and 40% rated it as Good (n=10).

In addition to the questions in Indicator #12, 5 additional sets of questions specific to New Hampshire were asked. Twelve out of the fourteen respondents completed the questions. For the first set of questions, CHW employers were asked to identify the ways they support CHWs in obtaining additional training and development beyond their foundational CHW training. Table 5 provides a summary of the supports that are offered with most employers sharing opportunities and providing financial support. Respondents were asked to identify any additional supports that they provided but none were reported. Finally, employers were asked to identify the frequency with which their CHWs participate in training or

development activities. Responses varied with 4 (33.3%) respondents reporting trainings are completed at least monthly, 6 (50%) reporting every other month or quarterly, and 2 (16.7%) reporting annually.

Table 5. Organizational Supports for CHW Training Beyond Foundational Training

Type of Support Offered	Percent of Respondents (n)
Share internal training opportunities	91.7% (11)
Share external training opportunities	100.0% (12)
Funding to pay for trainings	91.7% (11)

The next set of questions asked employers to report what they consider when deciding whether to enroll a CHW in a training or development opportunity. Table 6 provides a summary of the employers' considerations with most or all of them considering job applicability, whether the training will enable additional roles for the CHW, and the potential for growth of the CHW. The availability of stipends and the tenure of the CHW were less common considerations. Respondents were asked to provide additional considerations. One employer stated they consider whether the CHW will be able to share back their learnings from a training.

Table 6. Organizational Considerations for CHW Participation in Trainings

Type of Support Offered	Percent of Respondents (n)
Direct applicability to the role	100.0% (12)
Potential of the training to enable CHWs to take on additional roles/advance in the job	100.0% (12)
Potential for growth for CHW	83.3% (10)
Availability of a training stipend to cover the cost	41.7% (5)
Longevity of the CHW in their position	41.7% (5)

In the third set of questions, CHW Employers were asked to identify barriers that they face to CHWs in their organization participating in additional trainings. Table 7 summarizes their responses with a majority reporting a lack of time due to the responsibilities of CHWs and a lack of funding as common barriers. Only 2 of the 12 employers felt that a lack of appropriate trainings was a barrier. Respondents were asked to identify other common barriers, but none were reported.

Table 7. Barriers to CHWs Participating in Additional Trainings

Type of Support Offered	Percent of Respondents (n)
Lack of time (need to see patients)	75.0% (9)
Lack of funding to pay for training	66.7% (8)
Lack of appropriate trainings	16.7% (2)

In the next set of questions, CHW Employers were asked to identify whether they agreed or disagreed with a series of statements about CHWs participating in training and professional development activities. They were asked if training and professional development enhanced CHW skills, enabled CHWs to take on additional responsibilities, increased CHW confidence, and developed leadership skills of CHWs. All 12 respondents responded that they either “Agreed” or “Strongly Agreed” with each statement.

In the final set of questions, employers were asked to respond to two open-ended questions. The first asked about additional training opportunities they would like to see made available to CHWs. The most common theme within the responses concerned the need for additional mental health trainings for CHWs. Multiple employers also identified trainings on advocacy and documentation as needed. The second question asked about additional supports they think CHWs within their organization need. Two respondents mentioned sustainable funding for CHWs as a major need to increase CHW job security, while individual employers highlighted professional development opportunities and increased salaries as needs. A full summary of themes and illustrative quotations is provided in Table 10 in the Appendix.

Discussion

A summary of our key findings and a list of recommendations can be found in the Executive Summary of this report. Limitations of the survey include a small sample size and non-representative sample.

References

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Wiggins, N, Stalker, KC, Whiting-Collins, L, English, T, Brown, ME, Mayfield-Johnson, S, Adewumi, V, Jewell, P, Sanchez-Lloyd, C, Wilkinson-Lee, A. Results from and validation of the workforce-related CHW Common Indicators in a nationwide sample. In development.

Appendices

Table 1. Facilitators and Barriers to CHW Integration into Teams

Theme	No. of mentions	Illustrative quotations
Facilitators	1	To be successful, we need buy-in from the providers and a supervisor who strongly believes in the benefits of CHW interventions.
Barriers	3	Funding
		There is little understanding of how CHWs can support the work done in a macro setting, much focus is given to the clinical day-to-day functioning
		Since we are part of a health plan there is often confusion as to what our Community Resource Coordinators can and can't do. Not all Managed Care Organizations employ CHW's so we are fortunate to have the ones that we do. With that said, most referrals that we get come from internal although that is changing as the State of NH is requiring more collaboration with PCP's and the health plans. Still new so no surprise that [it's] taking off slow.

Table 2. Policy and Systems Change (Program level)

Why does your organization not use the APHA CHW definition?		
Theme	No. of mentions	Illustrative quotations
Organization-specific training and titles	2	(Name of organization) has its own CHW training but calls CHW's (alternate title). They have recently begun to receive approval for the CHW curriculum to be accepted by states as an approved training in some states.
		We have a job description that encompasses role and responsibilities
Chose not to	1	Chose not to. Needed further definition
What prevents you from including all 10 core CHW roles in your CHW scope of work?		
Theme	No. of mentions	Illustrative quotations
Some CHW roles are played by others in other departments	1	The work is direct service and we have other people on staff who do the capacity building projects. While the (CHW title) conduct individual health assessments they do not do community assessments as again, that is in the role of an different department.
Specific roles not played	1	CHWs do not currently do evaluation or research
Roles not needed	1	Not currently needed in their roles

Lack of capacity, buy-in, training, evaluation	1	We are heading in the direction to do direct service like taking BP, A1c screening, what is preventing is capacity, buy-in and training. Limited access to evaluation opportunities
Lack of infrastructure and diversity	1	We do not have the infrastructure for research and evaluation. We do not have a very diverse population, so cultural mediation has not been highly utilized

What affects your organization's ability to require that CHWs have completed a state- or CHW association/network-recognized CHW core competency-based training program (either before or after hire)?

Theme	No. of mentions	Illustrative quotations
Training not required, limited availability, time required	1	At this time, the training is not required for many of our contracts and the limited availability of the trainings being offered combined with the time required to participate can be barriers. However, we recognize the importance of this training and are committed to working towards 100% of direct-care staff being trained.

How does your organization use information about the number and percentage of CHWs employed by your organization who have completed foundational CHW training?

Theme	No. of mentions	Illustrative quotations
For reporting	1	CHW Program information, Annual Report, Reporting to funders, Etc
To set goals	1	This number helps us to set attainable goals in accessing training for more staff,
To communicate importance of role and work	2	It is important for the organization that new [hires] understand the important role they play as CHW
		Allows us to work with funding sources to share the importance of the work being done.
To highlight and track staff competency	2	To make sure everyone is appropriately trained and track everyone for staff development
		We use [to] highlight our staff's competencies in grant and contract proposals.
Not used	3	We do not use this information as anything but informational
		We just note in the CHW's HR file
		I'm not sure we do use the number/% for anything besides tracking purposes.

What affects your organization's ability to require that CHW supervisors participate in training about the CHW model/ profession and/or training specific to supervision of CHWs?

Theme	No. of mentions	Illustrative quotations
Lack of time	2	The time required to become trained.

		Time and other responsibilities
Lack of training	1	Lack of supervision of CHW training opportunities
Not a requirement	1	The "CHW supervisor" is responsible for more than just CHW's and it is not currently required to have such knowledge although there currently is a supervisor with such training.
CHWs still not fully integrated	1	I think this is something we want to work towards as continue to embed CHWs in all aspects of our work.
<p>Please briefly explain what your organization has done in the past year to increase the % of CHW salary/benefit costs covered by sustainable funding, including progress made, successes, and barriers. Here you can also identify sustainable funding mechanisms not included in the list above, which your organization uses to fund CHW salaries/benefits.</p>		
Theme	No. of mentions	Illustrative quotations
Barriers - Loss of important funding source	1	One of the biggest barriers to sustainable funding has been the loss of the HDG funding. While our organization had about a year's notice that this funding was going away, it is still a huge loss. We've been actively communicating with funding sources about the importance of the work of CHWs and working to find creative ways to thread funding sources for sustainability. We've been able to find other grants and billable opportunities to continue to support the work of our Resource Navigators despite the loss of HDG funding, which is what was used to begin this program.
Barriers - Reimbursement still in early stages	2	The Medicaid MCO's are just this year starting to pay for certain screenings and assessments, so we are hoping to implement this year.
		Just started billing Medicare. Will likely bill Medicaid once NH CHW Certification is put in place.
Barriers – Lack of stable funding sources	3	We used a one-time COVID-related grant to cover the training costs of our CHWs. In the past year, we have sought funding for general case management but not specifically for a CHW program.
		Sustainable funding has not been increased in the last year
		Currently all CHW staff salary is covered by Grants
Successes – Being part of a large organization with many Medicaid members	1	Being an MCO as part of a very large corporation, our (CHW title) are very fortunate in many ways and this is one of them. (Organization) has 56% of its membership being Medicaid which is a highly needy population needing SDOH assistance and so makes this a priority.
Successes – Constant search for new funding sources	1	Our administrators constantly consider new opportunities to support our CHW role and salaries

Successes – Upskilling and development of career ladders	2	Redesigning job descriptions and development of career ladders.
		We have been actively recruiting and training CHWs. We have been upskilling them so that some services could be billed in the future.
Successes – Increasing CHW salaries	1	There was a market analysis done with our CHW salaries and others, noting a difference and we ultimately brought up the percent of salary for all CHWs on our team.

Table 3. Opportunities for Additional Support for CHWs

What additional training opportunities would you like to see made available to CHWs?		
Theme	No. of mentions	Illustrative quotations
Mental health	4	Mental Health First Aid CRSW training, more training in behavioral health More training in brief interventions for mental health and substance use disorders
Advocacy, leadership, governance	2	Training in advocacy and leadership can empower CHWs to become effective change agents within their communities, addressing systemic issues that impact health. I think we could benefit from continued advocacy and governance training for CHWs in our state.
Documentation	2	EMR documentation Some of our CHWs struggle with the documentation required in the Electronic Medical Record.
Specialized training	2	Specialized training to expand their scope of responsibilities Specialized trainings in maternal health, mental health, chronic disease mgt, pedi and geriatric, substance use disorders etc.
More supervisor training	1	More supervising CHW training for other supervisors in our organization
More in-person training	1	More opportunities for CHW training (possibly not over zoom for individuals who learn better in person)
Cultural competency	1	Ongoing training on cultural competency can help CHWs better understand and address the unique needs of diverse populations.
Cancer prevention and education	1	Importance of cancer prevention and education about screenings/testing
What additional support do you think CHWs at your organization need?		
Theme	No. of mentions	Illustrative quotations

Sustainable funding	2	Option to bill for CHW time/health coaching sessions would be great, and long-term sustainability for their roles.
		Ways to improve Job security
Professional development	1	More in-person opportunities for professional development (we're in the north country), for CHWs to make personal connections as well as for different kinds of learners.
Attendance at statewide conference	1	Several have attended the statewide CHW conference but it would be good to have all of them attend, though paying for their time away from their core functions as case managers is a challenge
Increased salaries	1	CHWs are asked that question on a regular basis, they would appreciate increased salaries which is difficult for a small non profit
More buy-in, appreciation of the role	1	It would be lovely to have more buy-in from organizations and the important role CHWs can do with the appropriate training. Would be easier to be accepted in the overall team.
Certification	1	As we move towards voluntary certification I look to learn more about that process as I support our CHWs in obtaining their certification with OPLC.

A full copy of the New Hampshire CHW Employer Survey that was administered by SNHAHEC is attached to the end of the report.

New Hampshire CHW Employer Survey

As part of its efforts to better understand workforce conditions and needs for Community Health Workers (CHWs), the Southern New Hampshire Area Health Education Center (SNHAHEC) is conducting a survey of CHW employers. The purpose of the survey is to gather information that can be used to 1) meet the needs of CHWs and employers, 2) shape New Hampshire's CHW policy and financing agenda, and 3) inform advocacy and policy change efforts related to the national CHW workforce. Possible benefits to CHW employers may include up to date information about New Hampshire's CHW workforce, increased options for financing CHW programs, and identification of best practices for CHW programs.

This survey is a collaboration between SNHAHEC and the CHW Center for Research and Evaluation (CHW-CRE). The mission of the CHW-CRE is to conduct and promote CHW-led research and evaluation that uses common indicators and participatory practices. Learn more about our work here: www.chwcre.org.

The information gathered through this survey will be used for program planning and development. Identifying information will only be shared with the survey's data collection and analysis team.

This survey will take between 15-20 minutes to complete. This survey should be completed by CHW Supervisors, CHW Program Managers, or others with direct knowledge of your organization's CHW Program. Only one individual from your organization should complete the survey. To complete it, you will need information related to the working conditions of CHWs employed at your organization, their salary and benefits, existing partnerships, and organization-specific policies that may affect your CHW program. Thank you for your time!

About Community Health Workers:

According to the American Public Health Association (APHA): "A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy."

In New Hampshire, CHWs are known by many titles, including but not limited to: Promotor/a, Certified Peer Support Specialist, Recovery Coach, Community Health Advocate, Community Neighborhood Navigator, Health Coach, Maternal Child Health Worker, Outreach and Enrollment Worker, and Veteran Liaison.

1. Are you a CHW employer?

Yes

No

2. Your name:

3. Name of your organization:

4. Organizational address:

5. In which county do the majority of your CHWs (51% or more) work?

* 6. Select your title:

New Hampshire CHW Employer Survey

CHW Compensation, Benefits, and Opportunities for Advancement

7. How many paid CHWs currently work for your organization?

8. How many volunteer CHWs currently work for your organization?

Based on your responses to the two questions above, enter the wage/salary levels at which your CHWs are employed in Question 9. Refer to these levels to answer questions 10-13. For volunteer CHWs, enter 0 (zero) for wage/salary level.

9. Wage/salary level

Level 1: \$/hr or \$/year

Level 2: \$/hr or \$/year

Level 3: \$/hr or \$/year

Level 4: \$/hr or \$/year

10. Number of CHWs currently employed at each salary level:

Level 1

Level 2

Level 3

Level 4

11. Number of CHWs at each wage/salary level who are part-time.

Level 1

Level 2

Level 3

Level 4

12. Number of CHWs at each wage/salary level who are full-time.

Level 1	<input type="text"/>
Level 2	<input type="text"/>
Level 3	<input type="text"/>
Level 4	<input type="text"/>

13. Total FTE (summing across all CHWs) employed at this wage/salary level.

Level 1	<input type="text"/>
Level 2	<input type="text"/>
Level 3	<input type="text"/>
Level 4	<input type="text"/>

New Hampshire CHW Employer Survey

Please indicate the benefits you provide to full-time CHWs. (Check all that apply.)

14. Health and disability insurance:

- Health insurance
- Dental insurance
- Disability insurance
- Mental health insurance

15. Paid leave/vacation:

- Family leave
- Sick leave
- Vacation

16. Reimbursement for work-related expenses:

- Transportation or mileage reimbursement
- Cell phone plan subsidy/reimbursement
- Internet service subsidy/reimbursement

17. Other benefits:

- Employee assistance program
- Retirement/pension fund
- Bonuses
- Hazard pay
- Overtime pay
- Education reimbursement/stipend
- Cost-of-living adjustment (COLA)
- Professional development funds (e.g., funds or paid time for participation in external professional associations and attending conferences and trainings)

New Hampshire CHW Employer Survey

Please indicate the benefits you provide to part-time CHWs. (Check all that apply.)

18. Health and disability insurance:

- Health insurance
- Dental insurance
- Disability insurance
- Mental health insurance

19. Paid leave/vacation:

- Family leave
- Sick leave
- Vacation

20. Reimbursement for work-related expenses:

- Transportation or mileage reimbursement
- Cell phone plan subsidy/reimbursement
- Internet service subsidy/reimbursement

21. Other benefits:

- Employee assistance program
- Retirement/pension fund
- Bonuses
- Hazard pay
- Overtime pay
- Education reimbursement/stipend
- Cost-of-living adjustment (COLA)
- Professional development funds (e.g., funds or paid time for participation in external professional associations and attending conferences and trainings)

New Hampshire CHW Employer Survey

CHW Integration into Teams

22. How *frequently* do CHWs in your organization communicate with other healthcare, social service, and/or education providers with whom they work about program participants?

- Never
- Rarely
- Occasionally
- Often
- Constantly

23. Do the other healthcare, social service, and/or education providers with whom CHWs in your organization work communicate with them *in a timely way* about program participants?

- Never
- Rarely
- Occasionally
- Often
- Constantly

24. Do the other healthcare, social service, and/or education providers with whom CHWs in your organization work communicate with them *accurately* about program participants?

- Never
- Rarely
- Occasionally
- Often
- Constantly

25. When an error has been made about program participants, do the other healthcare, social service, and/or education providers with whom CHWs in your organization work blame others rather than sharing responsibility?

- Never
- Rarely
- Occasionally
- Often
- Constantly

26. To what extent do the other healthcare, social service, and/or education providers with whom CHWs in your organization work share their goals for the care of program participants?

- Not at all
- A little
- Some
- A lot
- Completely

27. How much do the other healthcare, social service, and/or education providers with whom CHWs in your organization work know about the work they do with program participants?

- Nothing
- Little
- Some
- A lot
- Everything

28. How much do the other healthcare, social service, and/or education providers with whom CHWs in your organization work respect them and the work they do with program participants?

- Not at all
- A little
- Some
- A lot
- Completely

29. To what extent do the other healthcare, social service, and/or education providers with whom CHWs in your organization work understand their roles and what they do as a CHW?

- Not at all
- A little
- Some
- A lot
- Completely

30. Do CHWs in your organization have access to record information about participants in the main participant tracking form/system (for example, an Electronic Medical Record (EMR) system)?

- Yes
- No

31. Do you provide appropriate, dedicated space where CHWs can work (e.g., meet with participants, complete paperwork, make phone calls, access a computer, etc.)?

Yes

No

32. What else would you like to share about facilitators and barriers to integration?

New Hampshire CHW Employer Survey

Policy and Systems Change

33. Does your organization have a written definition of a CHW? Choose one of the following:

- A) Verbatim or very similar to American Public Health Association (APHA) definition. The APHA definition is [available here](#).
- B) Similar (the APHA definition was the basis but some wording has been changed)
- C) Other definition (not based on APHA definition)
- D) No definition at all

34. If you answered B or C above, please briefly explain why your organization does not currently use the verbatim APHA definition of a CHW in your job description, and what prevents your organization from doing so. If your organization uses a different definition, please write the definition.

35. CHWs often document the roles they play in individual or group encounters. The checklist below includes all 10 core roles from the C3 Project (<https://www.c3project.org/roles-competencies>). What roles do your CHWs most often play? (Check all that apply.)

- Cultural Mediation among Individuals, Communities, and Systems
- Health Education and Information
- Care Coordination, Case Management, or System Navigation
- Social Support
- Advocacy
- Capacity-Building
- Direct Service
- Individual and Community Assessments
- Outreach
- Evaluation and Research

36. If you did not check every role in Question 35, what prevents you from doing so?

37. Does your organization require that CHWs you hire have completed a state- or CHW association/network-recognized CHW core competency-based training program (either before or after hire)?

- Yes
- No

38. If you answered “no” above, what affects your organization’s ability to require that CHWs have completed a state- or CHW association/network-recognized CHW core competency-based training program (either before or after hire)?

39. Does your organization provide or support your CHWs in completing a recognized CHW core competency-based training program? (Check all that apply.)

- We provide core-competency-based training in-house.
- We pay the fees for core-competency-based training provided by another entity/organization.
- We allow CHWs to complete core-competency-based training provided by another entity/organization during paid work time.
- None of the above.

40. Does your organization keep track of the number and % of CHWs employed by your organization who have completed foundational CHW training?

- Yes
- No

41. If you answered YES to Question 39, please indicate the number of CHWs currently employed by your organization who have completed foundational CHW training and the number who have not.

42. If you answered YES to Question 39, please describe if and how your organization uses information about the number and percentage of CHWs employed by your organization who have completed foundational CHW training.

43. If you answered NO to Question 39, please briefly explain what affects your organization’s ability to track the number and % of CHWs who have completed foundational CHW training.

44. Does your organization require that CHW supervisors participate in training about the CHW model/ profession and/or training specific to supervision of CHWs?

- Yes
- No

45. If you answered NO to Question 43, what affects your organization's ability to adopt such a requirement?

46. What percentage of your organization's CHW program salary/benefit costs are supported through "sustainable" (long term) CHW payment mechanisms?

To calculate the percentage:

- 1) Calculate the denominator: your organization's or program's total CHW salary/benefit costs: \$ _____
- 2) Calculate the numerator: your organization's or program's CHW salary/benefit costs that are supported through any "sustainable" CHW payment mechanism (see list for examples): \$ _____
- 3) Divide the numerator by the denominator and multiply by 100: _____ %

Examples of "sustainable" CHW payment mechanisms:

- Medicaid Section 1115 Demonstration Waivers
- Dual Eligible Programs (individuals eligible for both Medicare and Medicaid)
- Medicaid State Plan Amendments (SPA)
- Managed Care Organization (MCO) Contracts
- Voluntary coverage by private health plans
- Alternative Payment Structures (bundled payments, supplemental enhanced payments, risk contracts)
- Internal financing by providers in anticipation of return on investment
- Federally Qualified Health Centers (FQHC) Prospective Payment Systems
- State general funds
- State tax millage
- Blended or braided funding (a mix of all of the above)

47. What is the primary source of funding for CHWs in your program?

- Grant funds
- Operational funds
- Medicaid or Medicare reimbursement
- Other (please specify)

48. Please briefly explain what your organization has done in the past year to increase the % of CHW salary/benefit costs covered by sustainable funding, including progress made, successes, and barriers. Here you can also identify sustainable funding mechanisms not included in the list above, which your organization uses to fund CHW salaries/benefits.

New Hampshire CHW Employer Survey

Supportive and Reflective Supervision

49. On average, over the past year what percentage of your FTE (time) is dedicated to CHW supervision? (For example, if you dedicate approximately a fifth of your time supervising CHWs, then you would answer "20%" in the space below.)

50. On average, over the past year what is the total FTE (time) of the CHWs you supervise? (For example, if you supervise three full-time CHWs and 1 half-time CHW, then you would answer "3.5" in the space below.)

51. Have you participated in training about trauma-informed supervision?

- Yes
 No

52. Have you participated in training about supportive or reflective supervision?

- Yes
 No

53. Please rate the quality of support you receive from your own supervisor to provide supervision for CHWs:

- Excellent
 Good
 Bad
 Awful

54. Please rate the quality of support you receive from your organization's culture to provide excellent supervision for CHWs:

- Excellent
 Good
 Bad
 Awful

New Hampshire CHW Employer Survey

Organizational Support for CHW Training

55. How does your organization support CHWs to obtain training/professional development opportunities beyond foundational CHW training? (check all that apply)

- We share internal training opportunities with CHWs in our organization.
- We share external training opportunities with CHWs in our organization.
- We pay for additional training for CHWs in our organization.
- None of the above.
- Other (please specify)

56. On average, how frequently do CHWs in your organization participate in training/professional development opportunities?

- Weekly
- Twice a month
- Monthly
- Once every other month
- Quarterly
- Annually
- Other (please specify)

57. What does your organization consider when deciding whether to enroll a CHW in training/professional development opportunities? (Check all that apply.)

- Direct applicability of training to current role
- Potential of the training to enable CHWs to take on additional roles/advance in the job
- Availability of a training stipend to cover the cost
- Longevity of the CHW in their position
- Potential for growth for CHW
- Other (please specify)

58. What barriers prevent CHWs in your organization from enrolling in additional training/professional development? (Check all that apply.)

- Lack of appropriate training opportunities
- Lack of time (need to see patients/clients/participants)
- Lack of funding to pay for training
- Other (please specify)

New Hampshire CHW Employer Survey

Outcomes from CHW Training

Tell us how much you agree with the following statements about CHW training and professional development:

59. Participation in training/professional development...

	Strongly disagree	Disagree	Agree	Strongly agree
Enhanced CHW skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enabled CHW to take on additional or different responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased confidence of CHW to perform job responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developed leadership skills of CHW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

60. What additional training opportunities would you like to see made available to CHWs?

New Hampshire CHW Employer Survey

CHW Advance Training

61. Has your organization participated in the HRSA sponsored CHW Training Program called CHW Advance! operated by the SNHAHEC and North Country Health Consortium?

- Yes
 No

62. If YES, what motivated your organization to enroll CHW(s) in your organization in CHW Advance? (Check all that apply.)

- The training was free (training costs were covered).
 An external training stipend was provided.
 The topics covered in the core competency training program were of interest.
 There were multiple training options for upskilling.
 Other (please specify)

New Hampshire CHW Employer Survey

63. Tell us how much you agree with the following statements about CHW Advance:

Strongly disagree Disagree Agree Strongly agree

CHW(s) in our organization have a clear idea of CHW roles and responsibilities.

CHW(s) in our organization are better able to perform their responsibilities.

CHW(s) in our organization are able to perform at a higher level of practice.

CHW(s) in our organization have learned important content to enhance their work.

Other (please specify)

New Hampshire CHW Employer Survey

64. What challenges or barriers did your organization experience in supporting your CHWs to participate in CHW Advance?

New Hampshire CHW Employer Survey

Optional Open Response Questions

65. What additional support do you think CHWs at your organization need?