
Advancing High Quality Care: Community Health Worker Project

Evaluation Report for Year 4

May 2023

Introduction

Community health workers (CHWs) are frontline public health workers who are trusted members of and/or have an unusually close understanding of the communities they serve. This trusting relationship makes CHWs well positioned to address extensive and growing health inequities.¹ Their close understanding and often shared experiences of clients' neighborhoods and cultures differentiate CHWs from frontline workers who care for others with complex needs. Thus, CHWs are increasingly recognized as valuable within the healthcare workforces and unusually positioned to help reduce inequities.

Goal and Strategies

The goal of this project is to improve access to care and advance health equity for individuals living in the Western Suburbs of Cook County. The main strategies used to advance this goal include:

- Learning Collaboratives for CHWs from participating organizations, which provide a dedicated space for supplemental training modules, professional development, troubleshooting challenges, partnership strengthening, and celebrating successes.
- Learning Collaboratives for CHW Supervisors from participating organizations, which provide a space for professional development, cross sector partnership, navigating CHW team integration best practices, and troubleshooting challenges.
- Learning Labs for CHWs from regional organizations, which provide opportunities to build and strengthen referral networks, explore and share resources and best practices, and offer a dedicated CHW networking space.

Using these strategies, this project aims to equip engaged CHWs with the necessary skills to provide ongoing peer support and case management services for clients to navigate access to health care and achieve collaboratively developed health goals. Some CHWs are responsible for performing duties as part of an integrated interdisciplinary care coordination team. All engaged

¹ <https://www.apha.org/apha-communities/member-sections/community-health-workers>, 2018

CHWs share lived experiences similar to members of the communities in which they work, and build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as resource and system navigation, outreach, community education, informal counseling, social support, advocacy and linkages to care. As patient advocates, many of the CHWs serve as both translators and interpreters for community members who speak English as a second language or no English at all. The role of the CHW is informed by and integral to health equity.

Background

In 2017, **Community Memorial Foundation (CMF)** and **Healthy Communities Foundation (HCF)** collaborated to fund models of healthcare delivery that utilize CHWs, thus improving access to care and growing the healthcare workforce in the western suburbs of Chicago. Following an RFP process, CMF and HCF funded five organizations with diverse missions and target populations to address the *Regional Health and Human Services Agenda* priority to create communities with accessible, high-quality health and human services for all.

The original pilot concluded in 2021 and **demonstrated the importance of the CHW model in advancing healthy equity and improving access to care for community members living in the Western Suburbs of Chicago**, with opportunities toward expansion. Participating organizations agreed to continue this work, and in 2022, the Coleman Foundation joined CMF and HCF with the expressed purpose of expanding access to the CHW Learning Lab as well as to provide additional advanced training funding for interested CHWs through SUHI's advanced career pathway models.

Health & Medicine Policy Research Group (HMPRG), a policy think tank with a long-standing commitment to the intrinsic value of the CHW skill set, and recognition of and reimbursement of their services, is the Project Coordinator for this program, serving as the backbone of the work and a key convener. HMPRG engaged **Sinai Urban Health Institute (SUHI)**, the unique, nationally-recognized community research center of Sinai Chicago to train CHWs, provide support to CHW supervisors, and lead the process of conducting a formative and process evaluation of the effort.

Participating Organizations

Five organizations serving the Western Suburbs were selected to participate in this program. Below are brief descriptions of these organizations' CHW projects:

Aging Care Connections

Aging Care Connections' Aging Well Neighborhood program strives to improve community health by addressing health barriers and social determinants, improving self-sufficiency for the community's older adults. CHWs serve as the on-the-ground outreach to improve service utilization. Aging Care Connections' collaborations with health providers and human service organizations in the region are strategic and assist the agency in addressing the growing need for coordinated basic needs and health services for older adults. CHWs give the

organization the push that it needs to take their work to the next level and increase their impact. *Aging Care Connections, 111 W Harris Ave, La Grange, IL 60525*

Alivio Medical Center (Alivio)

Alivio is a Federally Qualified Health Center that strives to improve community health by offering a broad range of services in a bilingual and bicultural approach for the Latinx communities in southwest Chicago and the suburbs. Alivio has a long history of utilizing CHWs and is committed to the model. Alivio’s goal with this initiative is to build their capacity in the western suburbs, working out of its Berwyn location. They are specifically focused on building their resource network to improve their capacity to connect the community to care and services. *Alivio Medical Center, 6447 Cermak Rd, Berwyn, IL 60402*

BEDS Plus (BEDS)

BEDS strives to improve community health through homelessness prevention and the promotion of self-sufficiency. Their services include emergency overnight shelters, daytime support centers, rapid rehousing services, and transitional and permanent supportive housing. BEDS Plus utilizes CHWs to develop stronger relationships with partner organizations, to increase resource utilization and access to services for their clients. *Beds Plus, 9601 E Ogden Ave, La Grange, IL 60525*

Healthcare Alternative Systems (HAS)

HAS provides a continuum of multicultural and bilingual behavioral health care and social services. HAS launched a new Living Room in September of 2018, as an alternative to Emergency Department visits for community members experiencing heightened mental health symptoms. They leverage CHWs to increase utilization of their services as well as resources connectivity to other local services in the service area. *Healthcare Alternative Systems, 1913 Roosevelt Rd, Broadview, IL 60155*

Mujeres Latinas en Acción (Mujeres)

Mujeres is an empowerment organization that works primarily with Latinas and any others demonstrating need, through crisis intervention, parenting support, economic empowerment, leadership development, and advocacy programs. The organization has a long history of utilizing CHWs and is committed to the model. For this project, Mujeres built on its existing capacity and experience of improving health outcomes for the changing immigrant communities served by both foundations. *Mujeres Latinas En Accion, 7222 W Cermak Rd, North Riverside, IL 60546*

Evaluation Approach

In order to demonstrate the value of the *Advancing High-Quality Care* project, the initiative partners implemented a phased formative and process evaluation. This approach was centered in a spirit of collaboration, with involvement from the CHWs, supervisors, conveners from Health and Medicine Policy Research Group, and our Learning Collaborative facilitators. The evaluation objectives of each project year are intended to build upon the work and findings from the previous year culminating in **a mixed-methods approach to compiling lessons learned, documenting the contribution of CHWs to their organizations and to participants' health and wellbeing, and identifying best practices for sustainability.**

Objectives

The overall objectives of the CHW initiative and each individual grantee's efforts include:

1. Increased quality of contacts reached within the target service area
2. Increase rate of referrals to other services
3. Increase number of referral organizations to strengthen referral network
4. Strengthened organizational capacity for delivery of services
5. Participation in all learning collaborative trainings
6. Development of program-specific outcome objectives

At the onset of the project, we collaboratively created a data collection tool for tracking metrics related to project-wide and referral indicators and have continued modifying it based on feedback from CHWs and supervisors. Supervisors at each organization submit data to HMPRG on a monthly basis. HMPRG then shares the data with the SUHI evaluator.

Findings

The outcomes outlined in Table 1 below represent the variety of roles undertaken by CHWs and provide a snapshot of referrals, clients served, and the types of needs addressed by CHWs in this project.

In 2022 (n=28,978), we saw a slight increase in total number of contacts from 2021 (n=26,978). However, we still remain below 2020's total number of contacts (n=54,211). While we don't know exactly what caused this peak in contacts, we hypothesize the COVID-19 pandemic played a major role. COVID-19 forced many organizations and institutions to shift focus from their normal activities to providing COVID-19 resources including testing, vaccinations, and education. Several partner organizations trained their CHWs to support contact tracing efforts. For example, Alivio Medical Center CHWs were tasked with following up with patients who tested negative to share their results, explain what that meant, and offer any additional services that the patients were in need of. Furthermore, rapid shifts to online modalities may have also played a role in the total number of contacts during 2020. Organizations began offering a wide range of creative virtual programming. Programs ranged from educational sessions to telehealth appointments to online cooking demonstrations to interactive webinars.

Table 1: Outcomes

	<i>Baseline, April 2019</i>	<i>Year 1, December 2019</i>	<i>Year 2, December 2020</i>	<i>Year 3, December 2021</i>	<i>Year 4, December 2022</i>
A. Project-Wide Indicators					
# of Contacts	875	5,932	54,211	26,978	28,730
# of New clients	636	805	2,926	3,158	2,502
# of Existing clients	95	1,124	2,537	2,455	2,555
# of New Referral Locations	23	87	121	351	142
B. Referrals					
# of Referrals by Referral Type					
Substance Use	0	2	16	9	24
Mental Health	3	59	151	106	124
Housing	0	44	175	717	184
Food/Meals	0	134	1,010	218	478
Benefits Assistance	0	29	333	601	246
Workforce Development	0	38	40	95	56
Transportation	0	20	33	263	96
Medical	37	204	544	1,860	3,634
Other, specify:	0	192*	276**	411**	538
Total # of Referrals Made	40	954	2,578	4,280	5,380
# Referrals resulting in accessing service(s)	24	247	1,834	3,638	4,949
Total # of Outreach Events	38	193	453	155	273

*Legal resources, public charge, parenting resources/classes, hair salons, faith-based resources, pathways to citizenship

**PPE, COVID-19 testing sites, vaccine education

At the conclusion of 2022, CHWs across all organizations held 273 outreach events, and engaged with 28,730 new contacts, resulting in 5,380 referrals. CHWs initiated relationships with 142 new organizations during this year.

In 2019, we discovered that organizations faced challenges in determining the outcome of a referral. These challenges included the lack of an integrated system for tracking what happens after a referral is made and, in many cases, confidentiality compliance. In 2020, we incorporated the use of the HUB, a widely used social care network designed for collaboration within community-based organizations. With this integration, we found that organizations were able to connect directly with referral locations for a warm hand off and more easily track if a client received the services they need. As a result, **referrals resulting in clients accessing services increased from 26% in the first year to 71% the second year, 85% the third year and 92% in 2022.** We hypothesize this increase has more to do with a robust system for documenting the outcome of referrals, rather than an actual increase in clients accessing services, although it is likely that it's a combination of both. Year upon year, we've seen documented improvements in "closing the loop," although it varies greatly between organizations. Direct follow-up calls with clients remains the best way of identifying whether a client has accessed services.

Organizations exceeded their goals of how many unduplicated persons they expected to serve in this project year (n=14,957). With over 28,000 clients served, they doubled the number of clients they had anticipated serving.

Since the pandemic hit in early 2020, CHWs and their organizations have made dramatic shifts in their outreach strategies, demonstrating nimbleness in shifting focus. CHWs continue to play a vital role as social work extenders and connectors of community members to needed resources. We saw a rapid shift to online modalities in 2020, with corresponding broad reaches via community webinars and live social media presentations. The wide-reaching programs resulted in less conversions to referrals for contacts. In the third year, we saw an increase in the *quality* of contacts, with corresponding increases in client engagement and referrals, despite the ongoing chaos brought on by the pandemic. As the impacts of the ongoing public health crisis continue, we are seeing that a majority of the referrals 68% (n=3634) are medical-related.

In 2022, we asked each organization about their use of the HUB and how it facilitates the work of the CHWs. At the start of the year, organizations reported that the HUB was useful as CHWs used it to check for referrals, update their listings, close referrals once services have been engaged and consulting the HUB as a secondary source for referrals. However, as the year went on, organizations used the HUB less and less stating it wasn't as useful as before because the organization information provided is often not up to date. Organizations also requested training for new CHWs and ongoing training to effectively leverage the tools available within the HUB, but also experienced trouble connecting with HUB staff. The CHWs are open to continue utilizing the HUB as a tool but would like to see improvements in reliability.

Learning Collaborative

In 2022, the bi-monthly learning collaborative meetings continued to provide professional development and training opportunities to the CHWs and CHW Supervisors. Relationships across the five organizations are now well established and the comradery of the collaborative participants is palpable. SUHI Facilitator Kim Jay developed training content plans based on training topic requests the CHWs and Supervisors had collaboratively developed at the end of 2021, including modules on behavioral health, a revisit of motivational interviewing skills, and best practices for effective communication. Kim Jay also edited and adapted content as needed throughout the year with additional training requests or challenges participants wanted to discuss arose.

In addition to the collaborative meetings, SUHI and HMPRG coordinated a CHW Policy Forum in January 2022. Significant state CHW legislation passed in late 2021, Public Act 102-0004, and we recognized through the learning collaborative that the CHWs, their supervisors, and the organization leadership wanted more information. The public forum focused on providing Illinois CHWs and stakeholders with updated details on state CHW voluntary certification, training, and Medicaid reimbursement, and how to get involved. The popular event was attended by over 350 people and demonstrated the continued growth and interest in the CHW workforce in Illinois.

In early 2022, the collaborative offered support to any of the five organizations interested in exploring presentation opportunities at conferences. With this encouragement and technical support, the Alivio Medical Center CHW team developed an abstract that was successfully accepted for the National CHW Association's annual Unity Conference. The presentation, "Providing Culturally Appropriate Care in Diversifying Suburbs of Chicago: CHW lessons from a Federally Qualified Health Center", highlighted the incredible work of the Alivio CHW team throughout the pandemic, but also provided important professional development opportunities in public speaking and facilitation for the CHWs.

As COVID rates waned, both the CHWs and Supervisors requested to return to learning collaborative meetings in person. After over two years of meeting on Zoom, the collaborative participants met at Aging Care Connections in August of 2022. With precautions in place, the collaborative continued to meet in person throughout the remainder of 2022, which offered refreshed experiences and expanded interactive training opportunities.

CHW Learning Lab

In July of 2022, the coordination team began hosting *CHW Learning Lab* meetings. The Learning Lab meetings are designed to give CHWs an opportunity to network with other CHWs and organizations. Additionally, with input from the CHWs, the coordination team provides educational workshops related to current events. The meetings occur quarterly, 2 times per year in person, and 2 times per year on Zoom. Additionally, live Spanish interpretation is provided through the DuPage Federation's Language Access Resource Center (LARC). Following completion of the Learning Lab, a brief feedback survey is distributed to all participants. Results from the first two Learning Labs (July and November) are described below.

The July 2022 Learning Lab was held in person and a total of 15 CHWs attended. Of the 15 who attended, 10 completed the feedback form. Ten CHWs felt the meeting was helpful. Several common themes arose when CHWs were asked why the meeting was helpful including: they enjoyed the way the meeting was structured, they learned valuable information and skills, and they enjoyed connecting with other people/organizations. **One CHW said "It was awesome to see that people working to help the community are actually committed and interested in it. Rather than just doing it because it's their job."** When asked if they would participate in another meeting, 9 CHWs said "Yes" and 1 said "Maybe".

The November 2022 Learning Lab was held via zoom and 27 CHWs attended. Of the 27 who attended, 12 completed the feedback form. Twelve CHWs felt the meeting was helpful. Most CHWs felt the opportunity to network and the information on the Monkey Pox Vaccination were the main reasons why they thought this meeting was helpful. When asked if they would participate in another meeting, 11 CHWs said "Yes" and 1 said "Maybe".

Conclusion

These outcomes demonstrate the importance of the CHW model in advancing healthy equity and improving access to care for community members living in the Western Suburbs of Chicago, with opportunities toward expansion.

Table 2: Key Outcomes Overall (2019-2023)

Objective	Metrics
Number of residents reached within the target service area	116,726
Rate of referrals to other services	13,232 referrals made
Number of referral organizations to strengthen referral network	724 new referral locations
Strengthen organizational capacity for delivery of services	7 CHWs Retained
Participate in all learning collaborative trainings	90% participation overall
Develop program-specific outcome objectives as a result of learning collaborative activities	All organizations developed and met program specific objectives