

Advancing High-Quality Care: West Suburban CHW Initiative

Evaluation Report for Year 5 (2023)

March 2024

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 CHWs' close understanding and often shared experiences of clients' neighborhoods and cultures differentiate CHWs from frontline workers who care for others with complex needs. CHWs foster well-being within communities by guiding individuals toward adopting healthier lifestyles. They also advocate for individuals who may face barriers in accessing health resources and social services. Thus, CHWs are increasingly recognized as valuable within the health workforce and are uniquely positioned to help advance health equity.

Some CHWs are responsible for performing duties as part of an integrated interdisciplinary care coordination team. Others dedicate more time to external outreach and community engagement to build relationships and raise awareness of local resources. All CHWs share lived experiences similar to members of the communities in which they work, and they 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 and client advocates, many of the CHWs serve as informal translators and interpreters for community members who speak English as a second language or no English at all.

The COVID-19 pandemic underscored the critical role of CHWs in safeguarding public health. As frontline workers, they played a pivotal role in disseminating accurate information, promoting preventive measures, and facilitating access to healthcare services within local communities. Their close connections with diverse populations allowed for targeted outreach and support, particularly in marginalized or underserved areas, ensuring individuals received necessary care and resources. Their efforts not only helped contain the spread of the virus but also highlighted the invaluable contribution of grassroots healthcare workers in promoting resilience and well-being within communities.²

¹American Public Health Association. (2018). *Community health workers*. Retrieved from <https://www.apha.org/apha-communities/member-sections/community-health-workers>.

² Singh, P., Chokshi, D. A., Freeman, R., & Mohareb, A. M. (2021). *Community Health Workers: The Anchor of the Primary Health System*. ACO Public Health Informatics Conference, 2021(1), 67–78.

Goal and Strategies

The goal of the West Suburban CHW Initiative 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 Lab meetings open to 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 initiative 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-promoting resources and achieve collaboratively developed health goals.

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 Cook County. 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 phase of the Initiative concluded in 2021. Data evaluation results **demonstrated the importance of the CHW model in advancing health equity and improving access to care for community members living in the Western Suburbs of Cook County**, with opportunities for 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 for CHWs outside the original five awarded organizations through the CHW Learning Lab as well as providing additional advanced training funding for interested CHWs through SUHI's advanced career pathway models.

Health & Medicine Policy Research Group (Health & Medicine), a health equity power-building organization 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. Health & Medicine 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 its work to the next level and increase its 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 its 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. Its 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 and increase resource utilization and access to services for its 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 the utilization of their services as well as resource 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 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

The Initiative partners implemented a phased formative and process evaluation. This collaborative approach involved CHWs, supervisors, Health & Medicine conveners, and the SUHI 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 documenting the contribution of CHWs to their organizations and to participants' health and well-being, compiling achievements and lessons learned from the learning collaboratives and identifying best practices for sustainability of CHW programs.**

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. Increased rate of referrals to other services
3. Increased 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 referral indicators and have continued modifying it based on feedback from CHWs and supervisors. Supervisors at each organization submit data to Health & Medicine monthly. Health & Medicine then compiles and shares the data with the SUHI evaluator.

Methods for Evaluation of Year 5

During 2023, we collected data using two different methods. First, similar to previous years, we continued to collect quantitative data from all partner organizations to track specific metrics

across all organizations. To supplement the quantitative data, we conducted semi-structured qualitative interviews with both CHWs and CHW supervisors. The goal of the qualitative interviews was to gain insights from the CHWs and CHW supervisors on their experiences within their respective organizations and as members of this collaborative. In terms of recruitment, we wanted to conduct interviews with one CHW and one CHW Supervisor from each of the organizations; however, we only conducted 3 CHW interviews and 4 CHW Supervisor interviews. Reasons for not interviewing include turnover of CHWs prior to and during data collection, and unresponsiveness.

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 2023 (n=78,663), we saw an increase in total number of contacts from 2022 (n=28,730). We partially attribute this to the increased knowledge and understanding of what can be considered a “contact.” During several conversations with partners, we learned they were not counting some of their day-to-day activities as contacts, and therefore, their numbers were attenuated. For example, HAS was not counting their interactions with clients to whom they provide Narcan as contacts or referrals. After they began including those interactions in the total numbers, we saw a significant increase in the number of substance-use referrals. Furthermore, we are another year past the social isolation brought upon by the COVID-19 pandemic, and we believe more people are feeling comfortable being outside and in social environments. We saw a decrease in the number of existing clients (n=1,073) in 2023 compared to 2022 (n=2,555). Similar to above, we hypothesize our conversations with partners have caused them to count clients as “closed” or “inactive” instead of “existing.”

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>	<i>Year 5, December 2023</i>
A. Project-Wide Indicators						
# of Contacts	875	5,932	54,211	26,978	28,730	78,663
# of New Clients	636	805	2,926	3,158	2,502	2,719
# of Existing Clients	95	1,124	2,537	2,455	2,555	1,073
# of New Referral Locations	23	87	121	351	142	522
B. Referrals						
# of Referrals by Referral Type						
Substance Use	0	2	16	9	24	422
Mental Health	3	59	151	106	124	847
Housing	0	44	175	717	184	270
Food/Meals	0	134	1,010	218	478	382
Benefits Assistance	0	29	333	601	246	337
Workforce Development	0	38	40	95	56	46
Transportation	0	20	33	263	96	244

Medical	37	204	544	1,860	3,634	775
Other, Specify:	0	192*	276**	411**	538	1,855**
Total # of Referrals Made	40	954	2,578	4,280	5,380	5,174
# Referrals Resulting in Accessing Service(s)	24	247	1,834	3,638	4,949	1,676
Total # of Outreach Events	38	193	453	155	273	702

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

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

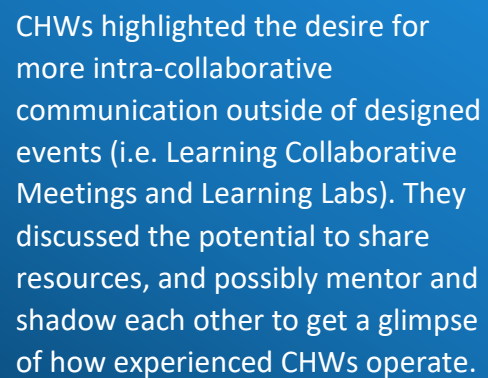
At the conclusion of 2023, CHWs across all organizations held 702 outreach events and engaged with 78,663 new contacts, resulting in 5,174 referrals. CHWs initiated relationships with 522 new organizations during this year.

CHW Interviews

We interviewed CHWs (n=3) who are both new to the role and have extensive experience as CHWs or in related fields. Day-to-day experiences were relatively similar across all interviews. A typical day involves contacting clients, conducting follow-ups, educating, and referring clients to services, planning, and attending community events, and lastly conducting research on potential services. The process of referring clients was similar across all interviews. However, differences did arise with regard to tracking referrals. Each CHW uses one or a combination of the following: the organization’s Electronic Medical Records system, an internal database, or an Excel tracking sheet. While the HUB, a widely used social care network designed for collaboration within community-based organizations, was used to some extent, CHWs described using it more so for locating services.


With the HUB being discontinued, CHWs expressed concern about having to conduct more research to find services for their clients. This was more of a concern with the newer CHWs than the more experienced CHWs due to their lack of connections within the field. Additionally, CHWs mentioned the difficulties that arise when there is turnover at other organizations creating a gap in services. One CHW suggested each organization in the collaborative should create a “master list” of their respective services and contact person for each service. They also mentioned this master list should be updated on a regular basis to ensure people's contacts are accurate.

There is a general sense of satisfaction and appreciation for their respective organizations; however, there are some areas in which CHWs feel their supervisors can improve. Overall, they would like more support and transparency from their supervisors. Additionally, some CHWs mentioned that management does not understand the full extent of what the CHW role entails. This causes



CHWs highlighted the desire for more intra-collaborative communication outside of designed events (i.e. Learning Collaborative Meetings and Learning Labs). They discussed the potential to share resources, and possibly mentor and shadow each other to get a glimpse of how experienced CHWs operate.

the CHWs to be pulled in different directions by individuals who are not their direct supervisors to complete certain tasks, limiting their ability to complete their own assigned tasks. Other comments centered on resource availability for supporting clients and their role's sustainability. When discussing the potential to provide snacks/food at events or provide outreach incentives to potential clients, lack of funding is the typical response. While the CHWs understand this completely, there is this desire to learn more about their funding and grant structures and to understand more about their organization itself.



“Overall, I would like to be listened to more. They should think more about what we need to be successful, and they should understand that every day can vary on how many tasks get done because you never know what a client might need or what challenges you might run into.” -Community Health Worker

Supervisor CHW Interviews


We interviewed a total of 4 supervisors across the partner organizations. One of the major concerns that arose in the interviews was similar to that of the CHWs. Overall, supervisors want more interactions with other organizations. They want to know more about what each organization does, what services they offer, and who they should reach out to if they have any questions. More importantly, they want to collaborate and think of ways to close the referral gap that exists between agencies. Closing the gap remains a key challenge in the field overall, but they feel attempting to accomplish this within the collaborative would be more feasible than attempting to accomplish it throughout the Chicagoland Area.

The supervisors mentioned that their organizations are constantly looking for new funding opportunities, something quite common in the nonprofit world. While some have the luxury of having a development team or a specific grants team to conduct these searches, others expressed concern about not having enough time to complete all their job duties while searching for funding. There is a desire to hire more CHWs, but again, funding is the main issue. This has caused supervisors to look for ways to integrate CHWs into the day-to-day operations of their respective organizations. For example, some CHWs are being trained to perform other roles, such as care coordination, and others are being included in other programming activities. The goal and the challenge is to get to a place where the programs supported by CHWs can generate some revenue so the CHW positions can be sustainable.

Learning Collaborative

Both sets of interviews revealed the Learning Collaborative meetings have been successful and appreciated by all attendees. Some described them as having two distinctive components: 1) the collaborative aspect of coming together and being supportive of one another; and 2) the learning

components. Additionally, the meetings have been described as “safe spaces where CHWs can go and discuss their job and even their personal lives.” Furthermore, many shared experiences of receiving excellent advice on how to perform job duties more effectively and efficiently. In terms of content, many felt they gained an immense amount of knowledge on specific topics that they usually knew nothing of beforehand. They also enjoy the way the content is taught. Of particular note, Kim Jay, SUHI’s lead instructor, was mentioned in nearly every interview and described as an excellent facilitator. They also mentioned the mentoring she provides is amazing and inspirational. One suggestion a CHW shared was to create a shared drive containing all educational material everyone could refer to if needed. Another suggestion was related to the accessibility of the meetings. The meetings only occur once a quarter and not everyone can attend the in-person meetings. Therefore, they suggested adding an option to attend virtually for in-person events, even if it is just dial-in so they can listen to the information being provided.



“Man, she’s [Kim Jay] so welcoming. Like, Wow, this is...I really feel appreciated. I really feel appreciated of how well she understands and knows the work of everything. It’s so amazing how she does things. Even just the little exercises, the breathing exercises, it could be something so little and it’s just great.” -Community Health Worker

Learning Lab

Similar to the learning collaborative meetings, the learning labs were described as very helpful and well-organized. Many highlighted the aspect of inviting CHWs from outside of the collaborative and how that can have positive implications moving forward. It gives them an opportunity to connect with more CHWs and organizations, they can share resources, and they can help provide mentorship to one another, especially those who are newer to the field. One key takeaway was the appreciation for the newly added interpretation services during the meetings. Several CHWs highlighted the importance of having Spanish interpreters for those CHWs who only speak Spanish.

During 2023, we had a total of 72 CHWs attend the four learning lab meetings each quarter. Of the 72 who attended, 17 completed the post-meeting feedback form. When asked if they felt there was enough time for all activities, all 17 respondents said yes. When asked if they would attend another meeting, 16 said yes, and 1 said maybe. CHWs were also asked several open-ended questions, including: “Tell us more about why you found today’s meeting helpful,” “What aspect of the workshop was most useful to you and your work?” and “What can we improve upon for our next session?” Select responses can be found in Table 2 below.

Table 2: Select Open-Ended Responses

Q1: Tell us more about why you found today’s meeting helpful

Great resources and timely info on Medicaid and Medicare redetermination.

Warm atmosphere provided by Kim along with timely content.

Learning more about Cultural humility and being in breakout rooms and learning about other CHWs.

Mucha información importante y necesaria para compartir con la comunidad.

[English Translation: A lot of really important information that is necessary to share with the community.]

Q2: What aspect of the workshop was most useful to you and your work?

Learning that the new qualifications for Medicaid may change.

Hearing about others (CHWS) work and the Medicaid coverage slides

La verdad todo!

[English Translation: Truth is everything!]

Q3: What can we improve upon for our next session?

Nothing. I thought it was all great!

Tal vez mas interacción entre las personas de diferentes organizaciones.

[English Translation: Maybe more interaction with people [CHWs] from other organizations.]

Conclusion

In conclusion, the West Suburban CHW Initiative has demonstrated remarkable progress in its efforts to improve access to care and advance health equity in the Western Suburbs of Cook County. Through the collaborative efforts of participating organizations, the initiative has empowered CHWs to play pivotal roles in addressing health disparities and social determinants of health for thousands of individuals within their communities. The strategic implementation of Learning Collaboratives and Learning Labs has provided CHWs and supervisors with essential training, support, and networking opportunities, enabling them to effectively navigate challenges and deliver impactful services. The initiative's evaluation methodology has provided valuable insights into the outcomes and challenges faced by CHWs, informing continuous improvement efforts. Despite the inevitable hurdles encountered, such as turnover and resource constraints, the dedication and passion exhibited by CHWs and their supervisors underscore the importance of their roles in promoting health equity. Moving forward, it is important to build on this initiative's successes, addressing identified areas for improvement and ensuring sustained

support and funding for CHWs as integral members of the health workforce. By nurturing collaborative partnerships and leveraging the expertise of internal and external organizations, the initiative can continue to make significant strides toward creating healthier and more equitable communities in the Western Suburbs of Cook County.