

Advancing High Quality Care: West Suburban Community Health Worker Initiative

Final Evaluation Report for Year 6
January 2025

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 have the potential to 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 with 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 CHWs serve as informal translators and interpreters for community members who speak English as a second language or no English at all. Given CHWs' shared lived experiences and unique relationship to patients experiencing barriers to health, tailored resources that support effective work and professional development for CHWs benefit the workforce and their employers alike.

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:

- Provide CHW Core Skills Training to CHWs from participating organizations.
- 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.

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

- 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.

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 advocate for statewide recognition and reimbursement for CHW 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.

In 2021, Cook County Department of Public Health (CCDPH) received \$3 million from the Centers for Disease Control and Prevention, *CHWs for COVID Response and Resilient Communities*, to grow the CHW workforce, integrate CHWs into organizations, ensure appropriate training opportunities, and align training opportunities with local public health efforts. These strategies were complementary to the Learning Collaborative established in 2017 by Health & Medicine and SUHI. From 2021 to 2024, Health & Medicine, SUHI, CCDPH, and CCDPH's evaluation partner, Chestnut Health, collaborated to ensure activities and measurement strategies were aligned, despite two separate Learning Collaboratives for CHWs and their supervisors. In January 2024, discussions began about merging the two Learning Collaboratives to deduplicate efforts and plan for sustainability beyond CDC funding which ends in 2025. The partner organizations developed a charter to outline roles and responsibilities,

activities, and shared goals for the merged Learning Collaborative. This merged group was launched in October 2024, replacing the Western Suburbs Learning Collaboratives, the Learning Lab, and the CCDPH Learning Collaboratives with one comprehensive Suburban Cook County Learning Collaborative. By pooling resources, the partner organizations are better positioned to sustain the Learning Collaboratives for more CHWs in years to come.

In addition to participating in the Learning Collaboratives, five organizations serving the Western Suburbs also receive operational funding to support their CHW work (Table 1).

Table 1. Participating organizations

<p>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. <i>Aging Care Connections, 111 W Harris Ave, La Grange, IL 60525</i></p>
<p>Alivio Medical Center (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. <i>Alivio Medical Center, 6447 Cermak Rd, Berwyn, IL 60402</i></p>
<p>BEDS Plus (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. <i>Beds Plus, 9601 E Ogden Ave, La Grange, IL 60525</i></p>
<p>Healthcare Alternative Systems (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. <i>Healthcare Alternative Systems, 1913 Roosevelt Rd, Broadview, IL 60155</i></p>
<p>Mujeres Latinas en Acción (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. <i>Mujeres Latinas En Accion, 7222 W Cermak Rd, North Riverside, IL 60546</i></p>

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 6

During 2024, we primarily relied on quantitative data and continued to collect monthly outcome data from all partner organizations. Unlike previous years, we opted not to conduct interviews. Qualitative data collection and analysis can be time intensive, and we did not expect significant changes in results from the last round of interviews. Instead, we incorporated some qualitative data from the monthly Learning Collaborative surveys.

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 2024 we saw a decrease in total number of contacts (n=39,872), from 2023 (n=78,663). This shift is primarily due to changes at three organizations: two had lower average contacts across all months in 2024, and one had an exceptionally high contact month in 2023 that did not repeat in 2024. Despite the lower overall number of contacts this year, both the number of new clients (n=4,900) and existing clients (n=1,271) saw an increase from 2023 (n=2,719 and n=1,073, respectively). The contact-client ratio suggests that 2024 contacts were more successful (resulted in more clients) than 2023 contacts. **Figure 1** shows the relationship between contacts and clients, over time.

Table 1: Outcomes

	<i>Baseline Apr 2019</i>	<i>Year 1 Dec 2019</i>	<i>Year 2 Dec 2020</i>	<i>Year 3 Dec 2021</i>	<i>Year 4 Dec 2022</i>	<i>Year 5 Dec 2023</i>	<i>Year 6 Dec 2024</i>
A. Project-Wide Indicators							
# of Contacts	875	5,932	54,211	26,978	28,730	78,663	39,872
# of New Clients	636	805	2,926	3,158	2,502	2,719	4,900
# of Existing Clients	95	1,124	2,537	2,455	2,555	1,073	1,271
# of New Referral Locations	23	87	121	351	142	522	571
B. Referrals							
# of Referrals by Referral Type							
Substance Use	0	2	16	9	24	422	1,657
Mental Health	3	59	151	106	124	847	2,399
Housing	0	44	175	717	184	270	1,535
Food/Meals	0	134	1,010	218	478	382	1,043
Benefits Assistance	0	29	333	601	246	337	324
Workforce Development	0	38	40	95	56	46	159
Transportation	0	20	33	263	96	244	110
Medical	37	204	544	1,860	3,634	775	525
Other, specify:	0	192*	276**	411**	538	1,855**	745*
Total # of Referrals Made	40	722	2,578	4,280	5,380	5,178	8,497
# Referrals resulting in accessing service(s)	24	247	1,834	3,638	4,949	1,676	1,415
Total # of Outreach Events	38	193	453	155	273	702	710

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

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

Notably, the number of 2024 referrals (n=8,497) was much greater than in 2023 (n=5,174). This is primarily due to changes in leadership and activities at HAS. After receiving additional training, HAS CHWs were better equipped to identify services available to people and make referrals when appropriate. HAS also offers in-house substance use and mental health services and, as a result, has referred a lot more clients to those services. The large increase in housing referrals is primarily related to new referral partnerships established by HAS, and the trending uptick in “other” referrals is attributable primarily to an increase in referrals to legal services by Mujeres. Referral counts and monthly averages remained consistent across the other organizations. Figure 2 shows referrals over time, by type. Over the past few years, mental

health and “other” referrals have made up a larger share of total referrals, while the share of medical referrals has decreased.

At the conclusion of 2024, CHWs across all organizations held 710 outreach events and initiated and maintained relationships with 571 organizations during this year.

Figure 1: Number of contacts and clients over time

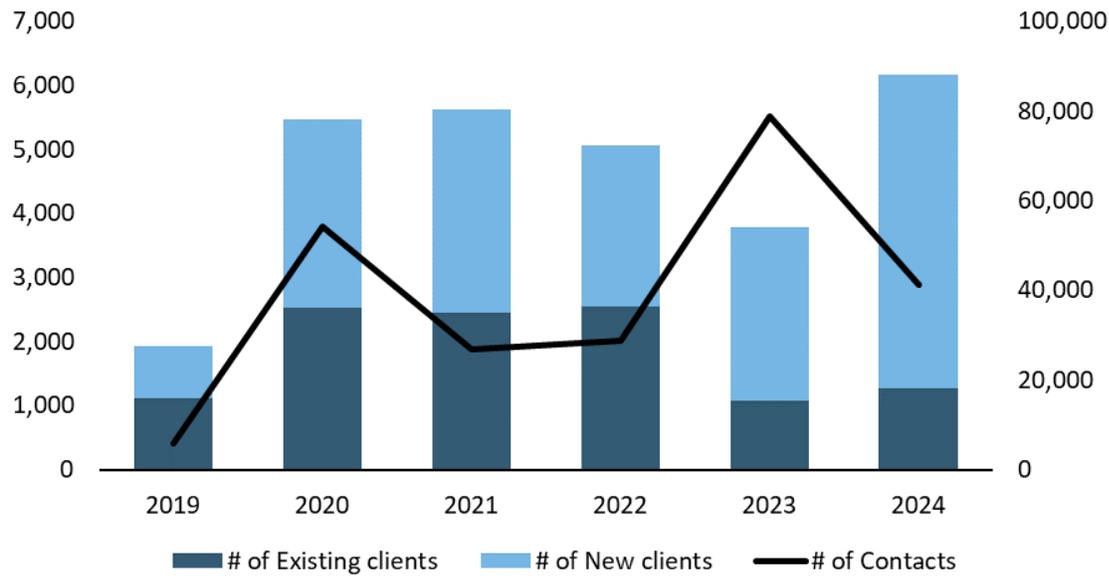
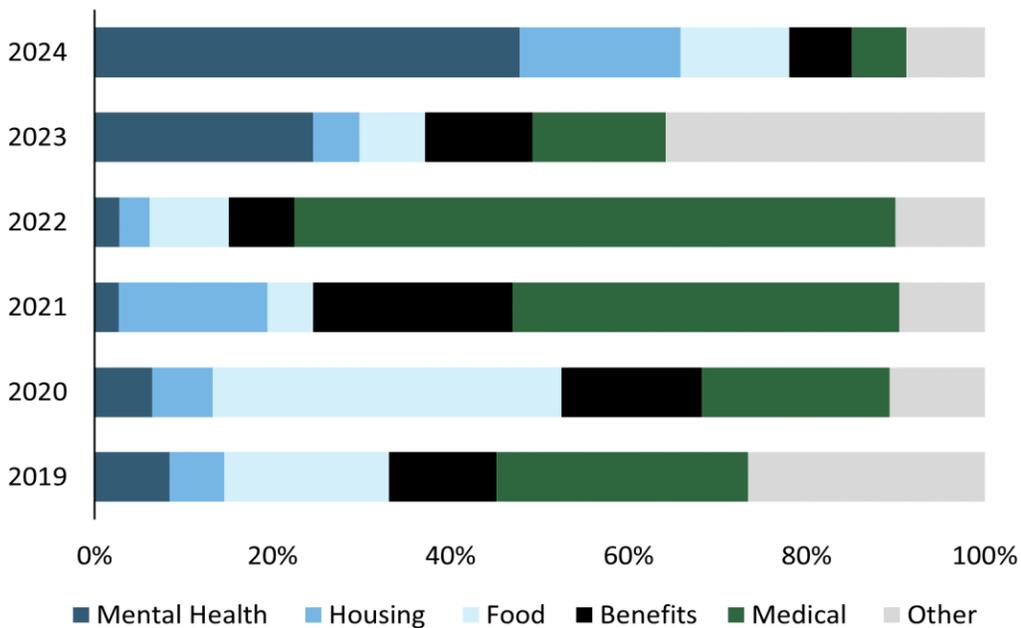


Figure 2: Referrals over time, by type



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

"I have no suggestions; I am amazed at how much material we covered and was also impressed by the moderator's sensitivity to the need to allow the participants time to delve deeper into one of the key points regarding PTSD..."

– Learning Collaborative Participant

The feedback from the learning collaborative survey reflected overwhelmingly positive satisfaction, particularly regarding the helpfulness of the sessions, with 97% of both English and Spanish language survey respondents affirming that the sessions were beneficial. Additionally, 97% of English respondents felt the time allocated for activities was appropriate and expressed a likelihood of attending future sessions. Slightly fewer (94%) Spanish language survey respondents agreed, which is probably due to noted challenges with translation services at the meetings. In their comments, participants consistently highlighted the relevance and practical value of the content, and their appreciation for the opportunity to network during sessions. While there were minimal suggestions for improvement, some respondents mentioned

"I really needed this opportunity to discuss challenges that are encountered as we interact with our clients. It's comforting to know that I'm not the only one that has experienced challenges. It gave us a chance to network and get some answers."

– Learning Collaborative Participant

changing the session length (some preferred longer and some preferred shorter), more opportunities for engagement (such as more time for questions, breakout discussions, and in-person interaction), and more regular review of resources available for CHWs. Others suggested allowing more time for topic suggestions and feedback; however, this opportunity was clearly available in the feedback form.

Conclusion

In conclusion, the West Suburban CHW Initiative has demonstrated remarkable progress in improving access to care and advancing 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 has provided CHWs and supervisors with essential training, support, and networking opportunities, enabling them to effectively navigate challenges and deliver impactful services. Successful efforts to merge the Western Suburbs Learning Collaborative with the CCDPH Learning Collaborative fostered a more sustainable model and increased access to this resource to more CHWs across suburban Cook County than ever before. 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.