Sinai Chicago | Sinai Urban Health Institute

Advancing High Quality Care: West Suburban Community Health Worker Initiative

Year 7 Evaluation Report
March 2026

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, and are uniquely positioned to support communities historically excluded from health systems. CHWs are increasingly recognized as valuable within the health workforce and are uniquely positioned to help advance health equity. And, as communities navigate recent federal policy shifts—from adjustments to Medicaid eligibility processes to updates in childhood immunization guidelines—CHWs play an essential role in offering support and guidance.

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, their employers, and the communities they serve.

Goal, Strategies, and Objectives

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:

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

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

- Facilitating Learning Collaboratives for CHWs from participating organizations,[2] which provide a dedicated space for supplemental training modules, professional development, troubleshooting challenges, partnership strengthening, and celebrating successes.
- Facilitating 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.
- Offering individualized technical assistance to organizational leadership to help support the effective integration and utilization of CHWs in their organizations.

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

- Increased quality of contacts reached within the target service area
- Increased rate of referrals to other services
- Increased number of referral organizations to strengthen referral network
- Strengthened organizational capacity for delivery of services
- Participation in all Learning Collaborative trainings
- Development of program-specific outcome objectives

Project 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.

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.

The original pilot phase of this initiative concluded in 2021. 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

[2] In October 2024, a merged group was launched to replace the Western Suburbs Learning Collaboratives, the Learning Lab, and the CCDPH Learning Collaboratives with one comprehensive Suburban Cook County Learning Collaborative

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.

Also in 2021, **Cook County Department of Public Health (CCDPH)** received $3 million from the Centers for Disease Control and Prevention 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 measurements strategies were aligned across the CCDPH Learning Collaboratives and the CMF/HCF/Coleman-funded Learning Collaboratives.

In January 2024, discussions began about merging the two Learning Collaboratives to deduplicate efforts and plan for sustainability beyond CDC funding which ended in 2025. The partner organizations developed an initiative charter to outline roles and responsibilities, activities, and shared goals for the merged Learning Collaborative and other efforts related to CHW growth and sustainability. 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

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) 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) 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) 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) 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

Since 2019, SUHI's evaluation team has led a phased formative and process evaluation. The evaluation was informed by partner input and relied on a collaborative approach with funders, 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 wellbeing, and to the impact of the Learning Collaborative model overall.

Methods for Evaluation of Year 7

The Year 7 evaluation relied on mixed methods to document contributions of CHWs to their organizations and communities, and the impact of the Learning Collaborative. More specifically, the evaluation aimed to answer five evaluation questions:

1. What are the characteristics of individuals served by CHWs?
2. How do characteristics of individuals served overlap with population-level characteristics and needs?
3. What is the perceived value of the Learning Collaborative to CHWs and CHW supervisors?
4. How does knowledge and peer engagement change over the course of the Learning Collaborative?
5. How does the Learning Collaborative influence CHW conversations with clients, relationship with peers and supervisors, and/or plans for professional development?

Data used to answer these questions included project-wide referral indicators, CHW and supervisor interviews, pre- and post-Collaborative surveys, and Learning Collaborative session feedback surveys. Publicly available data sets were used to support the spatial analysis. A detailed description of the evaluation methods is provided in **Table 2**.

Table 2. Evaluation Methods

Evaluation Questions	Data source	Reporting Frequency	Analytic Technique
1. Characteristics of individuals served by CHWs 2. Individuals served compared to population-level needs	Site reporting template (excel)[+]	Monthly submission to Health & Medicine; quarterly submission from Health & Medicine to SUHI	Descriptive statistics (frequencies and proportions); Spatial analysis
3. Perceived value of the Learning Collaborative to CHWs and CHW supervisors 4. Change in knowledge and peer engagement 5. Influence of client conversations, relationship with peers/supervisors, professional development	Electronic pre/post Learning Collaborative surveys	Once for each pre- and post	Descriptive statistics; Thematic coding of open-ended responses
	CHW and supervisor interviews	Once, in October 2025	Rapid qualitative analysis
	Electronic Learning Collaborative Feedback Survey	Monthly, following each Collaborative meeting	Descriptive statistics; Informal thematic coding of open-ended responses

[+]At the onset of the project, we collaboratively created a data collection tool for tracking metrics related to project-wide referral indicators and have modified it based on feedback from CHWs and supervisors

Findings

Project-Wide Indicators & Referral Metrics

Project-wide indicators and referral metrics are summarized in **Table 3** and graphically represented in **Figure 1**. Definitions for each indicator are available in Appendix A. In 2025 we saw a 10% increase in number of contacts (n=43,986) compared to 2024 (n=39,872). Similarly, the total number of new and existing clients was also higher in 2025 (8,964 and 1,915, respectively) than in 2024 (4,900 and 1,271). This is due primarily to higher rates of new clients at one organization.

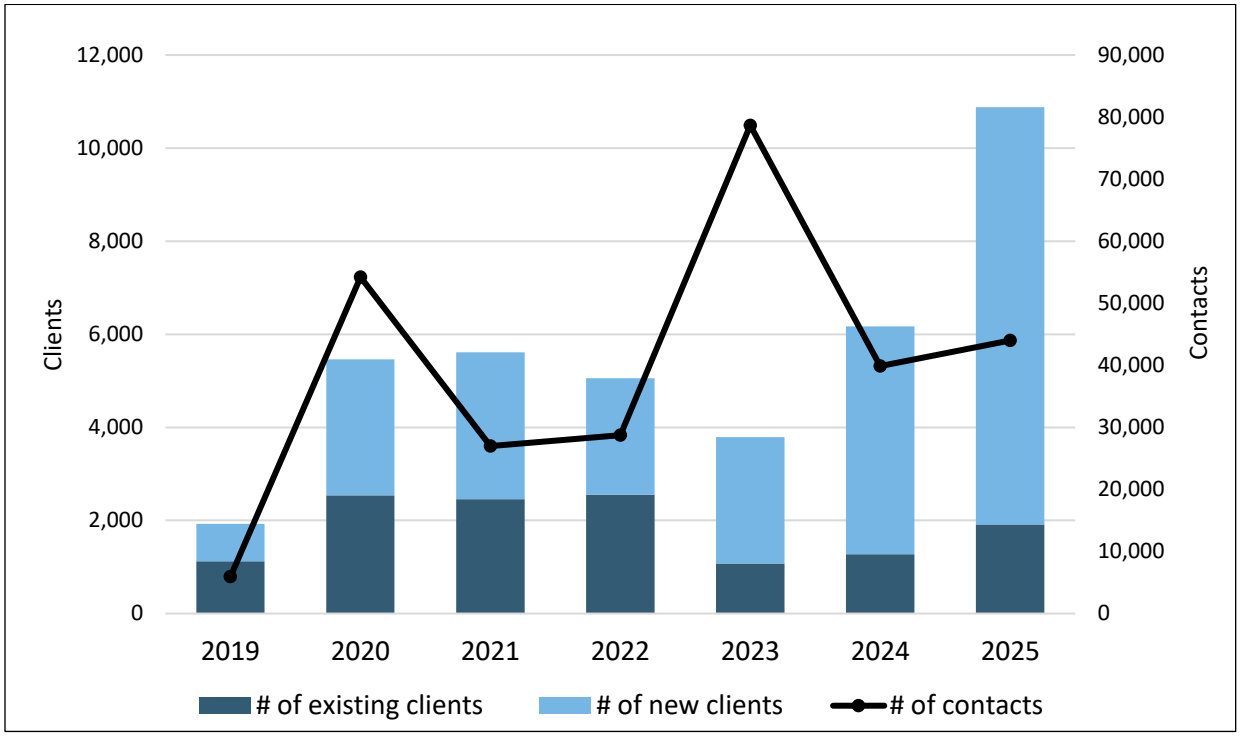
Table 3. Outcomes

A. Project-wide indicators	*Baseline Apr 2019*	*Year 1 Dec 2019*	*Year 2 Dec 2020*	*Year 3 Dec 2021*	*Year 4 Dec 2022*	*Year 5 Dec 2023*	*Year 6 Dec 2024*	*Year 7 Dec 2025*
# of contacts	875	5,932	54,211	26,978	28,730	78,663	39,872	43,986
# of new clients	636	805	2,926	3,158	2,502	2,719	4,900	8,964
# of existing clients	95	1,124	2,537	2,455	2,555	1,073	1,271	1,915
# of new referral locations	23	87	121	351	142	522	571	308
B. Referrals & outreach								
Total # of referrals made	40	722	2,578	4,280	5,380	5,178	8,497	4,080
Total # of outreach events	38	193	453	155	273	702	710	847

While organizations reported fewer *new* referral locations and made fewer referrals than in years past, they participated in a higher number of outreach events than ever before which accounts for the increase in new and existing clients. Referral counts changed by less than 30% (+/-) for three organizations: ACC, Alivio, and BEDS-Plus. MLEA saw a large (80%) increase in referrals and HAS saw a large (80%) decrease in referral counts this year. This change is likely

related to new reporting requirements. This year we (1) collected detailed information on "other" referrals to ensure all referrals aligned with the agreed upon definition, and (2) collected zip code data for each referral to ensure each referral corresponded to an individual client.

Figure 1. Number of clients and contacts over time



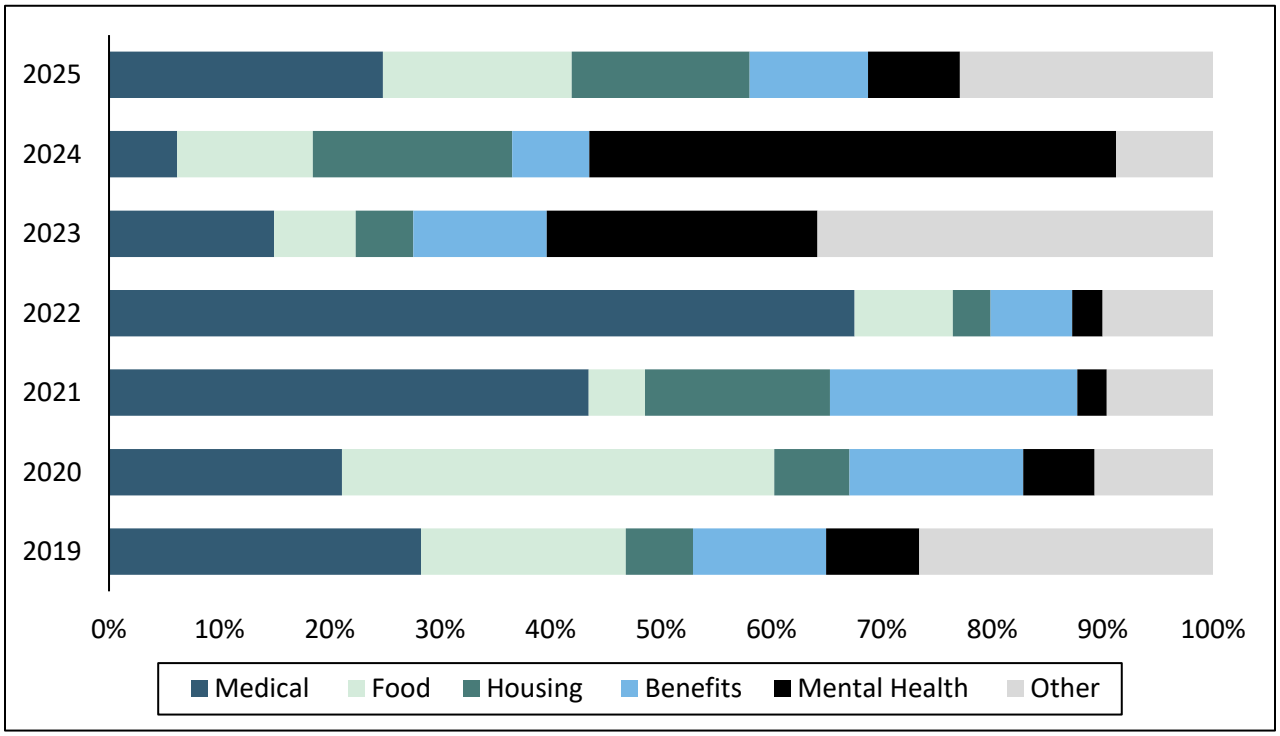
Referral details by type are summarized in **Table 4**. In 2025, the referral categories were expanded to include common referral types like "legal assistance" and "substance abuse treatment." Medical referrals were the most common referral type, followed by "other", food/meals, and housing. The most common "other" referrals included referrals to workshops, diabetes management classes, and domestic violence support. A full list of "other" referrals and their frequency is available in Appendix B.

Table 4. 2025 Referrals

Referral Type	Total	Percent
Medical	793	20%
Other	733	18%
Food/Meals	547	13%
Housing	515	13%
Workforce Development	391	10%
Legal Assistance	376	9%
Benefits Assistance	343	8%
Mental Health	174	4%
Substance Abuse	92	2%
Transportation	79	2%
Language Class	16	<1%
Total	**4,059**	**100%**

Figure 2 depicts how the top referral categories (as a proportion of 100) have changed over time. In 2025, medical referrals were the most common referral type, which has not been the most common referral type since 2022. Mental health has declined in proportion of referrals compared to previous years.

Figure 2. Top referral categories (as a proportion of 100), over time



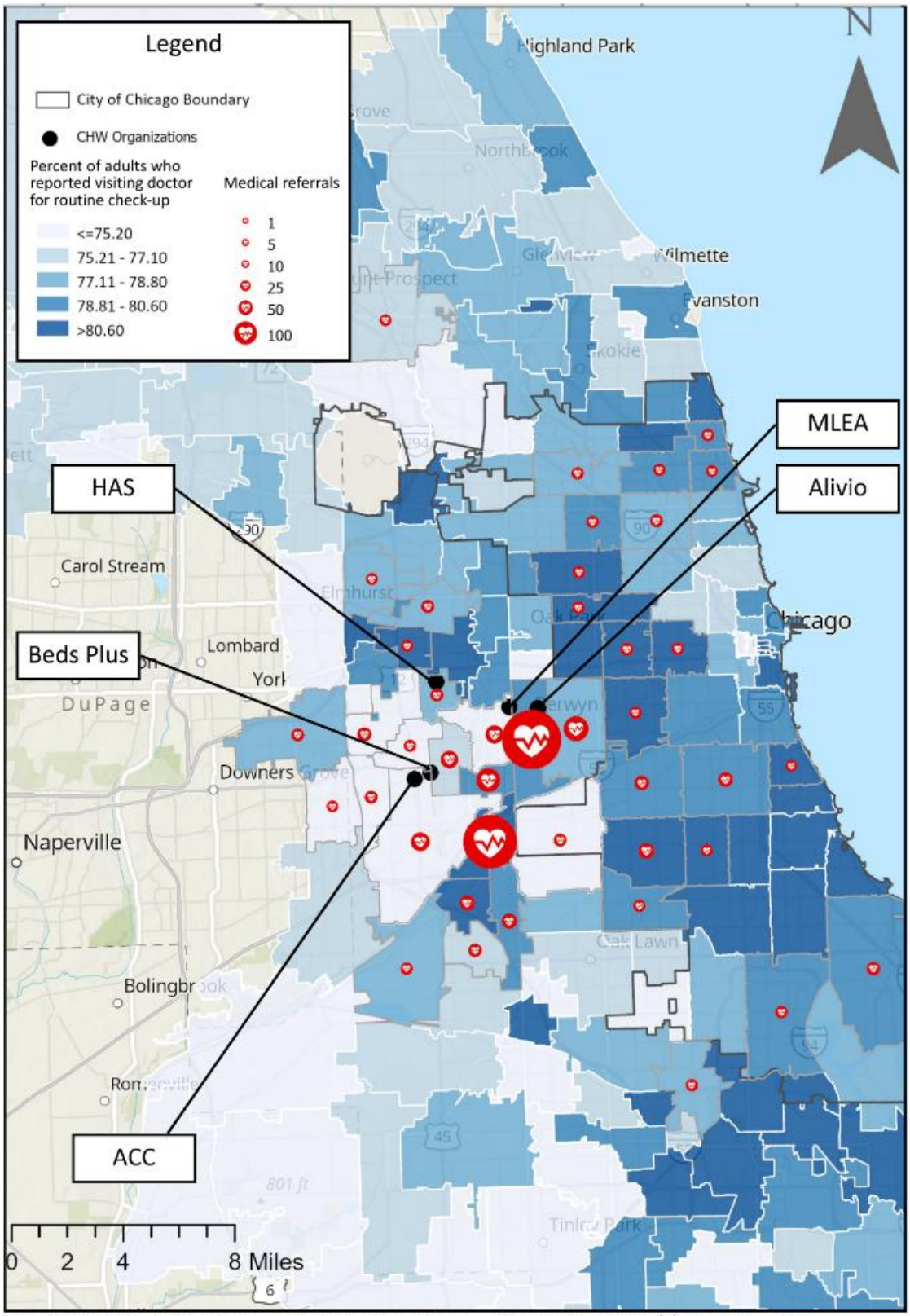
Geospatial Analysis

We created a series of maps to better understand how well CHW referrals align with areas of greatest need. Each map includes two layers: one displaying a community-level indicator of need (blue base map) and another displaying the volume of client referrals by zip code (scaled bubbles). These visualizations help identify where referrals are meeting high-need communities and where gaps might exist.

The medical referrals map (**Figure 3**) illustrates strong alignment between where CHWs are making referrals and where community needs are highest. The community-level layer displays rates of adults who reported receiving a routine checkup in the past year. **Approximately 84% of medical referrals were made in zip codes with the highest need.**

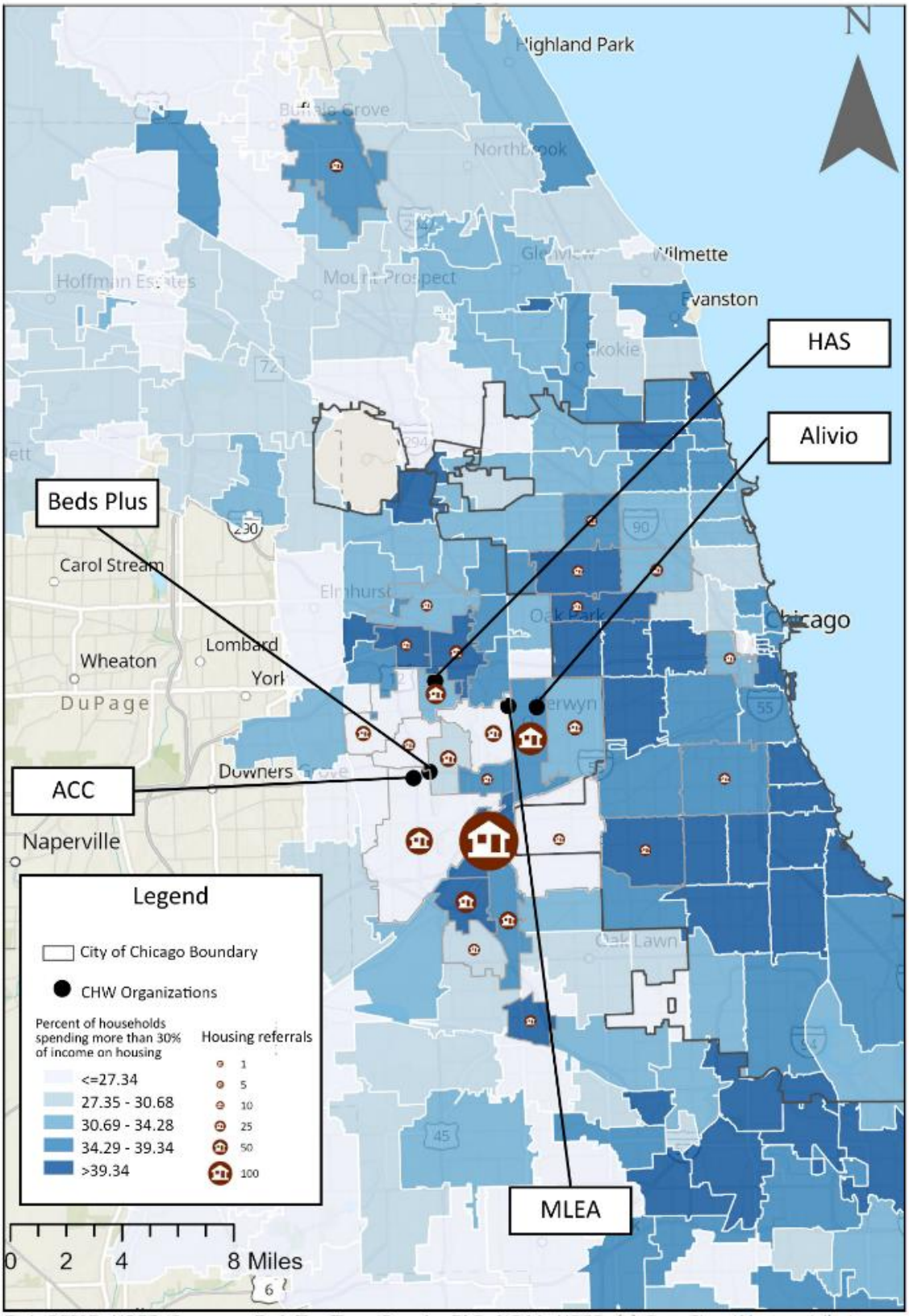
The housing referrals map (**Figure 4)** offers insight as to whether housing referrals are reaching neighborhoods experiencing the most significant housing-related challenges. The community-level layer shows rent burden – specifically the percent of households spending more than 30% of their income on housing. When overlaid with referral volume by zip code, the map highlights both areas of strong alignment and places where referral activity was lower despite high need. **Ultimately, 45% of housing referrals were made in zip codes with the highest need.** This suggests that organizations may be able to reach additional high-need areas by refining certain programmatic strategies. Regardless, they are still serving clients with demonstrated need and may be limited to working within a particular geographic area.

Figure 3. Medical referrals and percent of adults reporting visit to the doctor in past year, by zip code



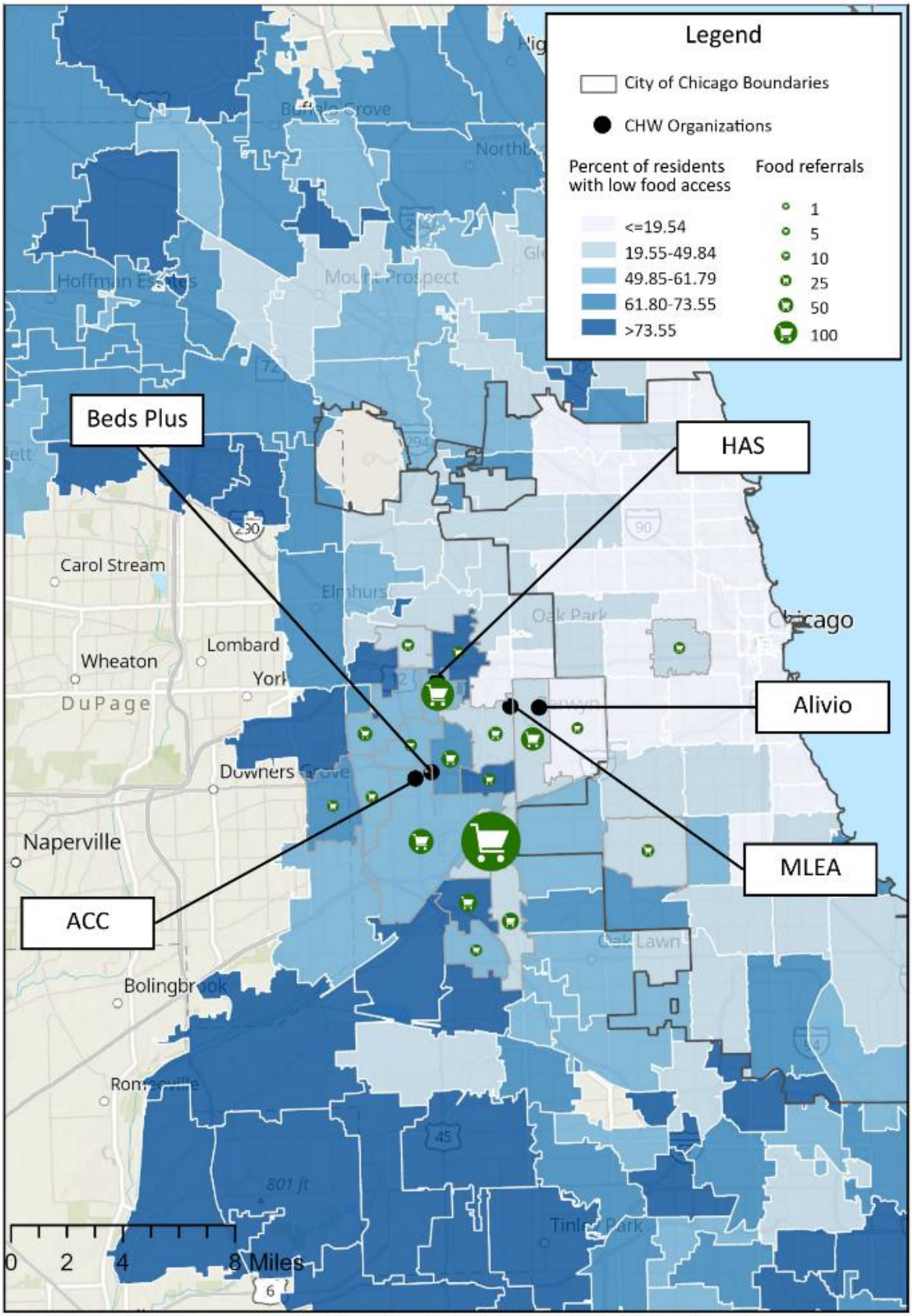
Esri, NASA, NGA, USGS, Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, (c) OpenStreetMap contributors, and the GIS User Community

Figure 4. Housing referrals and housing cost burden, by zip code



Esri, CGIAR, USGS, Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, (c) OpenStreetMap contributors, and the GIS User Community

Figure 5. Food referrals and low food access, by zip code



Esri, CGIAR, USGS, Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, (c) OpenStreetMap contributors, and the GIS User Community

The food referrals map (**Figure 5**) examines the relationship between CHW referral activity and neighborhoods with heightened food insecurity. The community-level data layer displays the percent of residents with low food access. When the referral layer is added, the map shows a mix of overlaps and gaps—some high-need areas received referral activity, while others saw very few or no clients connected to food resources.

Only 7% of total food referrals were made in zip codes with high rates of food insecurity. Although referral patterns did not fully align with population-level need, the referrals that were made still reflect documented client needs and should not be discounted. On the other hand, refining program strategies may help organizations reach more high-need communities.

Pre/Post Learning Collaborative Survey

A pre/post survey was administered in both English and Spanish to understand the perceived value and influence of the Learning Collaborative. The pre-survey was administered in February 2025 (n=21), and the post-survey was administered in November 2025 (n=13). The survey was anonymous (and we did not collect identifiers), so we are not able to make direct comparisons between participants. Results reflect overall trends rather than individual changes related to collaborative participation. Among pre-surveys completed, 15 (71%) were from CHWs and 6 (29%) were from supervisors. The majority of post-surveys were completed by CHWs (12, 92%).

Responses to the skills-based questions between pre- and post-survey are summarized in **Table 5**. Among participants who completed the pre-survey, interpersonal skills received the highest average scores, while skills and knowledge received the lowest. However, the difference in average scores was nominal, with the highest and lowest scores differing by less than one-fifth of a point. This is consistent with the open-ended responses collected at this time point, with respondents suggesting they could use more professional training (grant-writing, time management, communication skills) and topical training (immigration response, care for minors).

In the post-survey, participants once again had the highest average score for interpersonal skills. However, peer support had the lowest average score at the post-survey time point. Open-ended responses did not provide explanatory evidence as to why this might be.

Table 5. Responses to skills-based questions on pre/post Learning Collaborative survey[1]

Survey question	Average pre (N = 21)	Average post (N=13)
I have the interpersonal skills I need to engage with clients.	3.38	3.38
I have the tools I need to engage with clients.	3.29	3.23
I have the skills/knowledge I need to be successful.	3.24	3.15
I have the peer support I need to be successful.	3.33	3.08
I am confident in my ability to do a good job.	3.33	3.15

[1] This table presents average scores for two independent groups: those who completed the pre-survey and those who completed the post-survey.

The surveys also prompted respondents to think about their relationships with CHWs inside and outside of their organization. **Figures 6A-D** summarize those results. CHWs were more likely to interact "very often" or "sometimes" with CHWs within their organizations than they were to interact with CHWs outside of their organizations (**Figures 6A and 6B**).

CHWs consistently described relationships with CHWs inside and outside of their organization as positive (**Figures 6C and 6D**). Notably, on the post-survey, 77% of respondents reported a "very positive" relationship with CHWs outside of their organizations and 92% of respondents had "very positive" relationships with CHWs inside their organizations. Additional context about the nature of CHW relationships can be found in the interview results.

Figure 6A. Pre-survey CHW interactions*

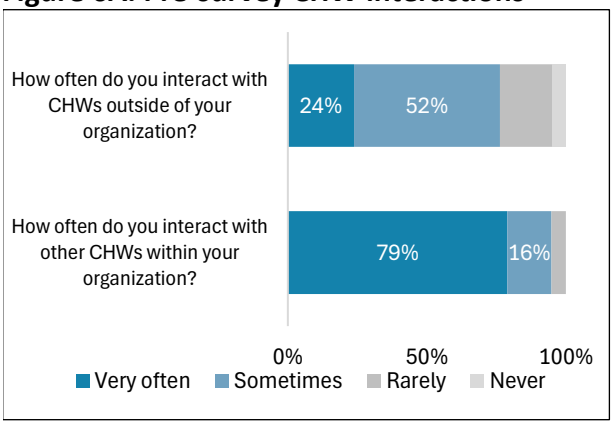


Figure 6B. Post-survey CHW interactions*

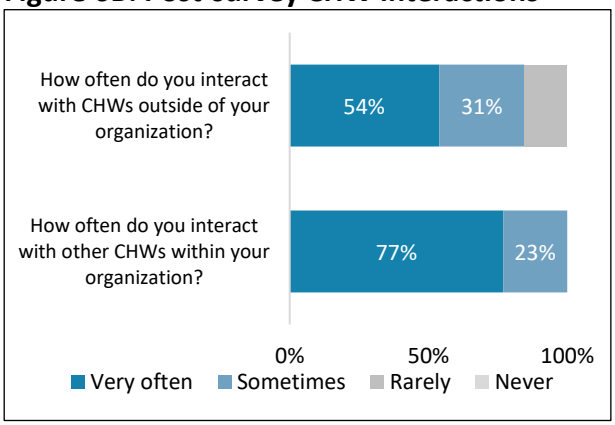


Figure 6C. Pre-survey CHW relationships*

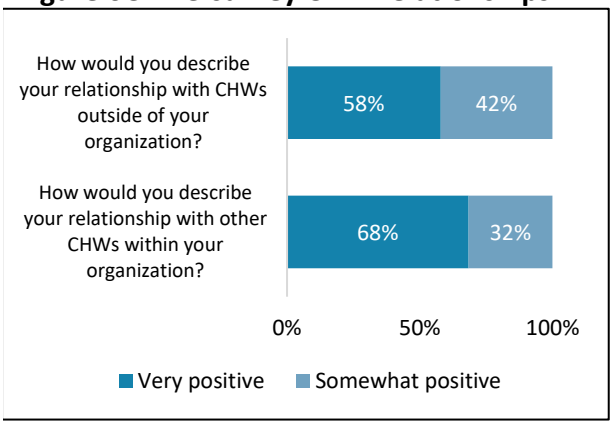
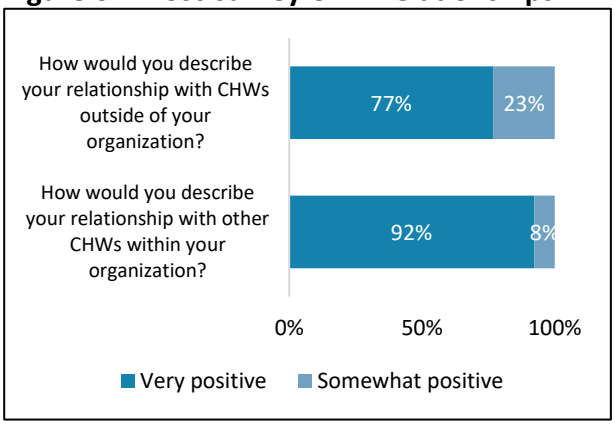


Figure 6D. Post-survey CHW relationships*



*These figures display responses for two independent groups: those who completed the pre-survey and those who completed the post-survey.

In addition to Likert-scaled questions about skills and relationships, the surveys also included open-ended responses that asked respondents to consider their needs and interests related to their CHW career growth. In response to pre-survey questions about job support, training interests and potential gains, respondents expressed a desire for:

- Guidance on self-care and stress management

> *"I am looking to enhance my public speaking skills to communicate more confidently and clearly."*

- Professional development opportunities, specifically to gain leadership skills and technical skills like grant writing and data management
- Additional networking opportunities and organized resource sharing
- Additional topical training

"I am interested in attending workshops and training sessions that focus on current health issues and diseases impacting my

"Hearing others speak about their wins and losses and sharing their experiences helps me. I glean from their stories and it encourages me to stay the course. I'm not alone in my struggle to provide services to clients."

Post-survey responses to questions about collaborative gains mentioned appreciation for:

- Sustainable support networks
- New professional skills and experiential knowledge

CHW & Supervisor Interviews

In October 2025, 12 Learning Collaborative participants were invited to participate in an interview. Seven CHWs and three supervisors were interviewed via Microsoft Teams videoconference. Interviews were recorded and transcribed and then analyzed using a rapid qualitative approach. For each transcript, one evaluator completed a Microsoft form that was designed to capture key points and corresponding quotes aligned with specific evaluation domains. After all transcripts were summarized, a MS Excel spreadsheet of form responses was downloaded to serve as a matrix displaying each interview transcript in a single row. The team then worked together to summarize findings, group similar ideas together, and identify recurring themes. A complete narrative of interview findings is available in Appendix C. A brief description of each theme and exemplary quotes is summarized in **Table 6**. Broadly, interview themes focused on experience as a CHW, participation in the Learning Collaborative, collaborative benefits and feedback, career growth, and partnerships.

Table 6. Brief Summary of Interview Themes and Exemplary Quotes

Theme	Exemplary Quotes
Experience as a CHW	*"No paycheck can pay you the emotional feeling. People give you the hug, the thank you. So just that makes me happy just to see people appreciate that they did get this help" (CHW 1).* *"By me living in this in this community, some of them [community members] now aren't as ashamed to come in because they'll see a familiar face when they see me. And that makes them more comfortable, and that makes me more comfortable to do whatever it is they're seeking." (CHW 3).*
Level of participation in the Learning Collaborative	*"I've been involved in the learning collab for about two years, and it was mandatory for us. That being said, there were times within a two-year period that it was conflict and scheduling, but I would say that I've probably participated in about 90-95% of the meetings and to be honest with you, even if it wasn't mandatory, I would have still wanted to participate"* (CHW 7).

Learning Collaborative benefits	*"Everything's changing constantly and they're [facilitators] in a position where they get the most current information for different reasons, and they come back and share with us. If it weren't for the leaders like Kim and all the other ladies, we would get the information maybe a week later or who knows, maybe even months later. So, it's good that they're here, to share, keep us informed, keep us supportive, you know. That we're not alone, struggling with our leaders, our supervisors, our colleagues, for those that have colleagues that are challenging as well. So, I applaud them and I want them to be around." (CHW 6)* *"I remember us going into breakout sections at one point...and interacting with people from other places and discussing how we will handle or go about a certain situation and things like that. And so that kind of helped because you get to hear everyone's perspective on how to do things and it's like, 'oh, wait a minute, there is a better way to handle this or a better way to do certain things" (CHW 4).*
Career growth	*"I have thought about growth and where to go... from here. I have thought about that a lot... I do love educating and teaching. I love that aspect... When I was young, I used to want to be a teacher.... So, I do love the aspect of being able to educate and teach people about disease and I like prevention. I'm a prevention person. If we can prevent something from happening, let's figure out how we can make it to avoid something happening. So, I have thought about where can I go from here?" (CHW 4)* *"I am hopeful to build these teams so that there are more leaders out there who are confident, knowledgeable and compassionate because that's what we need in this work." (Sup 4)* *"So right now I'm taking, I'm at Northeastern University, so I'm taking classes to be able to finish my degree in public health...I should be graduating, if everything goes fine, hopefully in a year." (CHW 2)*
Developing partnerships	*"A lot of time I like to deal with specific people directly...if it's a patient that I feel like have a hard time connecting or engaging, I try to get them a direct person because it makes it a lot easier for them to be able to engage." (CHW 4)* *"I've connected with [CHW leader name] from the [organization name] and the young ladies she works with...It's just awesome too. They have their own little learning [group] as well. They do meetings too. I attend those... We have the Learning Collab[orative], the HAP... I think they're all bringing new different people, different experience." (CHW 6)*
Learning Collaborative feedback	*"I think what Kim [facilitator] does so well is that she might have an agenda all planned out and a breakout and the whole nine yards. But she organically lets the collaboration go where it's going to go… And I think that that really, that really has built a level of trust and openness with the collaborative members" (CHW 7).* *"I want to see if the collaborative can do a grant writing, you know, presentation, training of some sort, you know, just basic because that's where I'm stuck at right now. I mean, I didn't go to college. I've learned a lot, and I know to move up you need a little bit of... writing." (CHW 6)*

Learning Collaborative Feedback Survey

The feedback survey assessed satisfaction after each Learning Collaborative session. Response rates are captured in **Table 7**.

Table 7. Feedback survey response count

	Jan	Feb	Mar	May	Jul	Aug	Sept	Oct
CHW response rate	25%	8%	30%	46%	50%	0%	0%	6%
Supervisor response rate	0%	17%	0%	0%	0%	43%	17%	33%

Respondents were asked to rank the following statements on a 4-point Likert-scale that ranged from “strongly agree” to “strongly disagree:”

- I can apply what I learned in today's session to my work as a community health worker (CHW).
- Today's session improved my confidence in my abilities as a CHW.
- I was satisfied with the level of group interaction during today's session.
- There was enough time allotted to each activity in today's session.

Cumulative responses from the year indicate that the vast majority of respondents (96%) “agreed” or “strongly agreed” with the statements listed above. There were also short response questions designed to capture what respondents found most useful, areas for improvement, and topics/skills they would like to see in future sessions. Responses to open-ended questions are shared with the Learning Collaborative facilitators on an ongoing basis and are regularly incorporated into upcoming sessions.

Conclusion

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. In 2025, funded programs saw notable growth, with a 10% increase in contacts and higher numbers of both new and existing clients compared to 2024. As demonstrated by the zip code maps, referral patterns showed strong alignment with medical and housing needs, with 84% of medical and 45% of housing referrals made in highest-need communities.

The strategic implementation of the Learning Collaboratives has also provided CHWs and supervisors with essential training, support, and networking opportunities, enabling them to navigate challenges and deliver impactful services. The pre-post Learning Collaborative survey found positive relationships amongst CHWs and their peers, and the interview findings highlighted the benefits of both collaboration and opportunities for professional growth. 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.

Appendix