COMMUNITY HEALTH WORKER

COMMON INDICATOR EMPLOYER SURVEY

Summary of Results for Cook County, Illinois

May 11, 2023

Prepared by Illinois CHW-CI Employer Data Team

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PROJECT TEAM

The Community Health Worker - Common Indicator Employer Survey (CHW-CI) 2022 was created and disseminated through a collaborative effort between the following organizations: **Illinois Department of Public Health** (IDPH), **Illinois Community Health Workers Association** (ILCHWA), **Sinai Urban Health Institute** (SUHI), **Health and Medicine Policy Research Group** (HMPRG), and **Illinois Public Health Association** (IPHA).

The CHW-CI Team would like to thank all employers and allies that completed the CHW-CI Employer Survey! Participants completing the survey represented hospitals, community-based organizations, community health centers, health systems, behavioral health organizations, local health departments, medical clinics, school-based health centers, health insurance plans, and managed care plans.

The CHW-CI Team would also like to thank **Noelle Wiggins** and **Kayla Craddock** with the National CHW Common Indicator Project and the **Michigan Community Health Worker Association** for their guidance and support throughout the planning process.

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EXECUTIVE SUMMARY

SURVEY BACKGROUND

IDPH, SUHI, IPHA, ILCHWA, and HMPRG conducted this first Community Health Worker Common Indicator Employer (CHW-CI) Survey in Illinois, with funding and support from the National Association of Chronic Disease Directors (NACDD) and the CHW Common Indicators Project Leadership Team. SUHI conducted Cook County level analysis with additional funding and support from the Lloyd A. Fry Foundation. The 2022 CHW-CI Survey was open from October 17 to December 15, 2022 to all identified Illinois-based CHW programs. The survey was ultimately sent to **298 organizations**, with **120 unique (40%)** organizations responding. Of those 120 unique organizations, 105 employ CHWs, and 79 completed the full survey.

The final dataset includes 118 unique organizations that employ CHWs due to adding 13 organizations that were not part of original distribution list (referred to as "other" when selecting the name of their organization). This was due to identifying new contacts during the open period of the survey. Of these 118 unique organizations, 61 serve Cook County and were used in the following analysis. Respondents were asked to report data current to the reporting period. For the full report of all 2022 Illinois data, please contact Cara Barnett at cara.barnett@Illinois.gov.

METHODOLOGY

The CHW-CI Team met periodically to identify organizations that work with or employ CHWs, develop messaging plans to increase survey participation, make adaptations to the original CHW-CI survey needed for the state of Illinois, and oversee translation of the survey into Spanish. The survey was disseminated via REDCap on October 17, 2022. The CHW-CI Data Team conducted a weekly analysis and reported back to the entire group on organizations that started or completed a survey. Consistent follow-up with identified organizations was conducted by SUHI, IPHA, ILCHWA, and HMPRG.

After initial distribution emails had been sent out, the CHW-CI Team realized there were additional methods to disseminate the survey for greater reach, such as utilizing hospital and FQHC contact lists. **Table 1.0 Overall Results of Survey Dissemination** shows which organizations were included in the original distribution lists and which were reached via add on dissemination methods.

Once collection ended on December 15, 2022, data cleaning was completed by the CHW-CI Data Team by identifying organizations that completed more than one response, employ CHWs, and fully completed the survey. The decision was made to keep duplicate organization records in the data set only if unique responses occurred within the wage/salary and sustainable funding questions. Otherwise, duplicate organizations were taken out and replaced with only one response per organization as long as the response was complete.

EXECUTIVE SUMMARY

CHW LOCATIONS

Only organizations who serve Cook County (61) were used in this analysis.

CHW DEFINITION AND ROLES

Over two-thirds of the respondents (69%) have a written CHW definition based upon the American Public Health Association (APHA) definition, while 22% had no definition at all. Overall, 49% of respondents had CHWs working in areas aligned with the core CHW roles specified by the Community Health Worker Core Consensus Project.[1] There was some role variability between organizations. For example, only 74% of responding organizations have CHWs participating in evaluation and research, while 94% have CHWs advocating for individuals and communities. No role was selected by all organizations, and 5 (8%) reported roles fulfilled by CHWs that are outside the CHW Core Consensus Project's ten core CHW roles.

PROGRAM SUSTAINABILITY

Twenty-eight organizations answered questions regarding CHW program funding and "sustainable" mechanisms of funding. Eighteen of these organizations (64%) calculate that none of their funding comes from a source considered sustainable per the National Association of Community Health Workers[2] (NACHW). Five organizations (18%) indicated that over half of their CHW program(s) are funded via "sustainable" mechanisms.

CHW CERTIFICATION, TRAINING, AND CONTINUING EDUCATION

Over half of responding organizations (64%) require CHWs to complete a recognized CHW core-competency training.[3] Nearly all (89%) provide or support their CHWs in completing a recognized CHW core-competency-based training program, with 28% providing in-house training and 41% allowing CHWs to complete core training provided by another entity/organization during paid work time. Most organizations (55%) reported 76%-100% of their CHWs have completed CHW certification.

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1 Community Health Worker Core Consensus Project

2 NACHW Sustainable Financing

3 Community health workers are currently provided with academic and/or community-based training opportunities that lead to the mastery of National Community Health Worker Core Competencies found here. Though a formal state-wide CHW certification program is not active, it is currently in legislation and can be found here.

EXECUTIVE SUMMARY

CHW EARNINGS AND BENEFITS

CHW hourly rate earnings ranged from $16.00 - $35.00 part-time and $17.00 - $36.36 full-time. The average hourly rates were $22.27 (part-time) and $22.42 (full-time). CHW yearly earnings ranged from $20,000 - $55,000 (part-time) and $35,000 - $59,550 (full-time). The average yearly salary was $40,350 (part-time) and $42,230 (full-time). The "community health centers/clinics (not FQHCs)" category of organization type had the lowest average hourly wage ($17.00), and community-based organizations offered the highest average hourly wage ($25.54). Contracted CHWs had an average hourly rate of $22.35 (part-time) and $22.89 (full-time).

Eighty-one and 56 percent of organizations, respectively, provided some sort of benefit to their full-time and part-time CHWs, outside of wages. The most common benefit for part-time CHWs were transportation or mileage reimbursements, sick leave, and vacation. The most common benefits for full-time CHWs were health insurance, vacation and dental insurance. There is significant variability between part-time and full-time CHWs in benefits offered. For example, only 20% of part-time CHWs receive health insurance, while 75% of full-time CHWs receive this benefit.

CHW SUPERVISOR TRAINING

Over half of organizations (56%) reported that they require CHW supervisors to participate in training. When asked to provide more information, 10 unique responses occurred with no one reason making up the majoirty.

EXECUTIVE SUMMARY

SURVEY STRENGTHS AND LIMITATIONS

This survey report has several strengths and limitations. Strengths include that the survey was based on previously validated CHW landscape surveys as to make it comparable to other states, had a high response rate, and covered a broad range of topics.

Limitations include the fact that the CHW-CI Employer Survey Data Team does not know what proportion of all CHW programs in Cook County, Illinois or Illinois as a whole are represented in these data, nor what types of respondent bias may be present per the survey methodology utilized. Additionally, the CHW-CI Employer Survey Data Team needed to exclude some incomplete survey data which may further bias results. The CHW-CI Employer Survey Data Team also cannot make comparisons to previous data since this is the first implementation of the survey.

IMPLICATIONS AND NEXT STEPS

The implications made by the CHW-CI Employer Survey Data Team from these findings are to continue to characterize the CHW landscape in Illinois through subsequent surveys, pursue more sustainable funding mechanisms across all sectors, and work towards a more standardized CHW model. This report will be disseminated extensively to internal and external stakeholders. The CHW-CI Employer Survey Data Team will use participatory approaches with stakeholder groups to elicit feedback on survey findings and to guide strategy development.

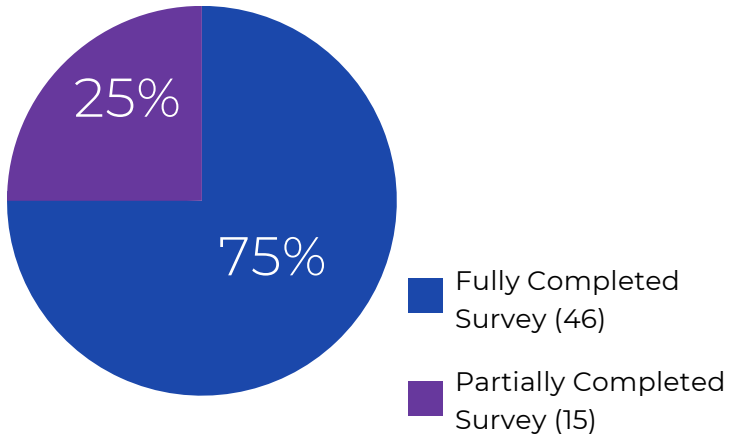
OVERALL RESULTS

Table 1.0 Overall Results of Survey Dissemination

	Total	Complete	Incomplete
Organizations survey was sent to [2]	298		
Total respondents whose organization serves Cook County [3]	76	57	19
Total unique organizations that serve Cook County [4]	68	53	15
Total unique organizations that employ CHWs and serve Cook County [5,6]	61	46	15

Overall, 46 of the organizations the survey was sent to that employ CHWs and serve Cook County fully completed the **CHW-CI Employer Survey**. However, 15 incomplete survey responses from unique organizations that employ CHWs and serve Cook County were added to the completed responses, since those responses contained useful information. Unless otherwise specified, 61 organizations will be utilized in the following analysis.

Figure 1.0 Percentage of Unique Organizations that Employ CHWs and Serve Cook County, by Survey Completion Status



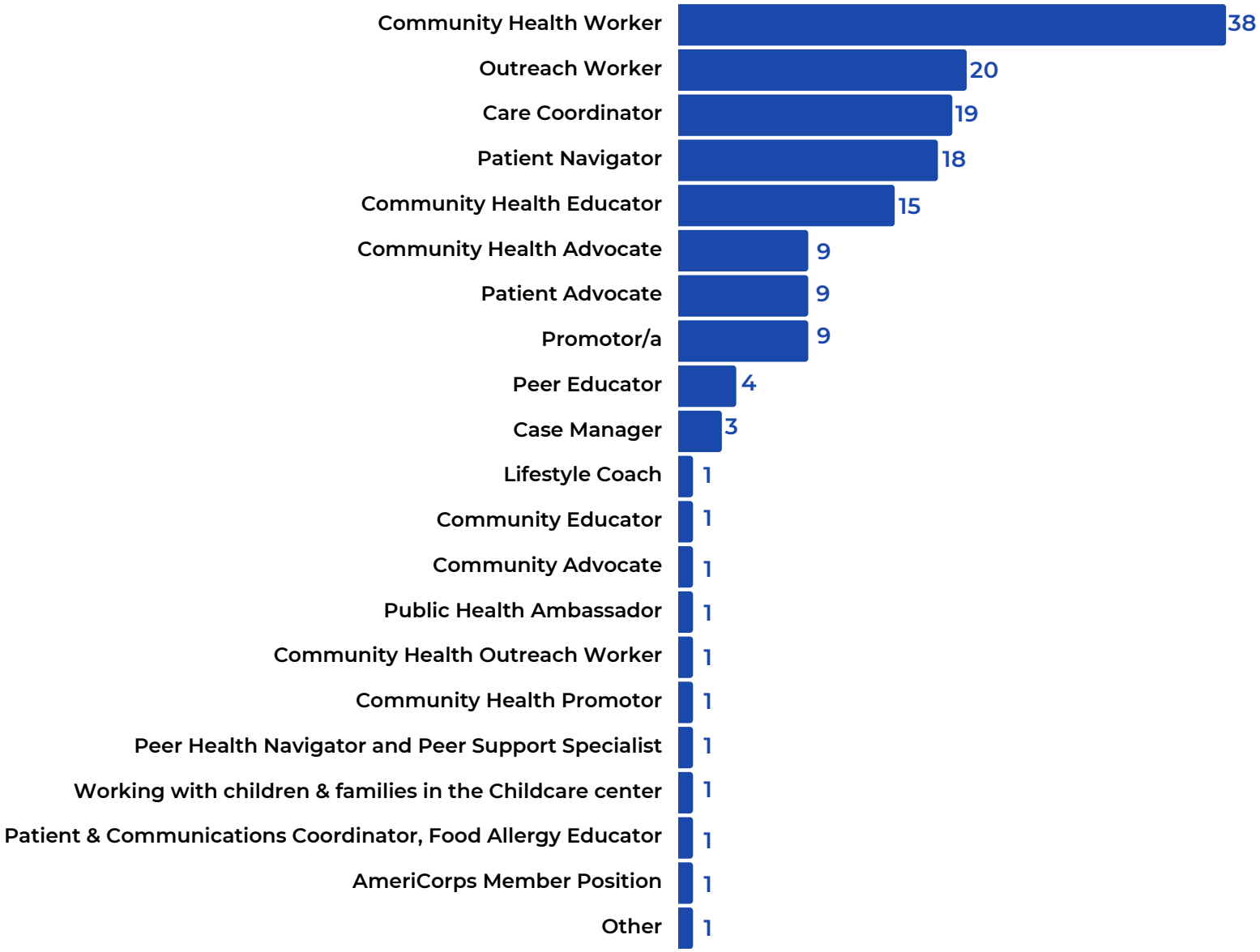
2 **Organizations survey was sent to** = 298 organizations were identified as potential participants that employ or contract CHWs.
3 **Respondents who serve Cook County** = total amount of unique survey responses that serve Cook County. 76 of 298 (26%) that started the survey selected "Cook County" from a list of all counties in Illinois. Respondents were able to select multiple counties.
4 **Unique organizations that serve Cook County** = total amount of survey responses without duplicate organizations that serve Cook County. Some organizations had more than 1 staff member fill out survey. Duplicate organizations were filtered and taken out only if it was clear one response was completed vs. other responses incomplete.
5 **Unique organizations that employ CHWs and serve Cook County** = of those 68 in previous calculation, 7 (10%) did not employ CHWs.
6 **Records used for final analysis** = methodology includes: those that selected "yes" to question "does your organization employ CHWs with the APHA definition?", only one response for duplicate organizations, and organizations that were not part of original distribution list. These 61 unique organizations that employ CHWs are used for the following data analysis in this report (unless specified otherwise).

DEMOGRAPHICS

ORGANIZATIONS THAT EMPLOY CHWs

Respondents were asked to "*check all that apply*" for titles given to their CHWs:

Figure 1.1 Titles Given to CHWs

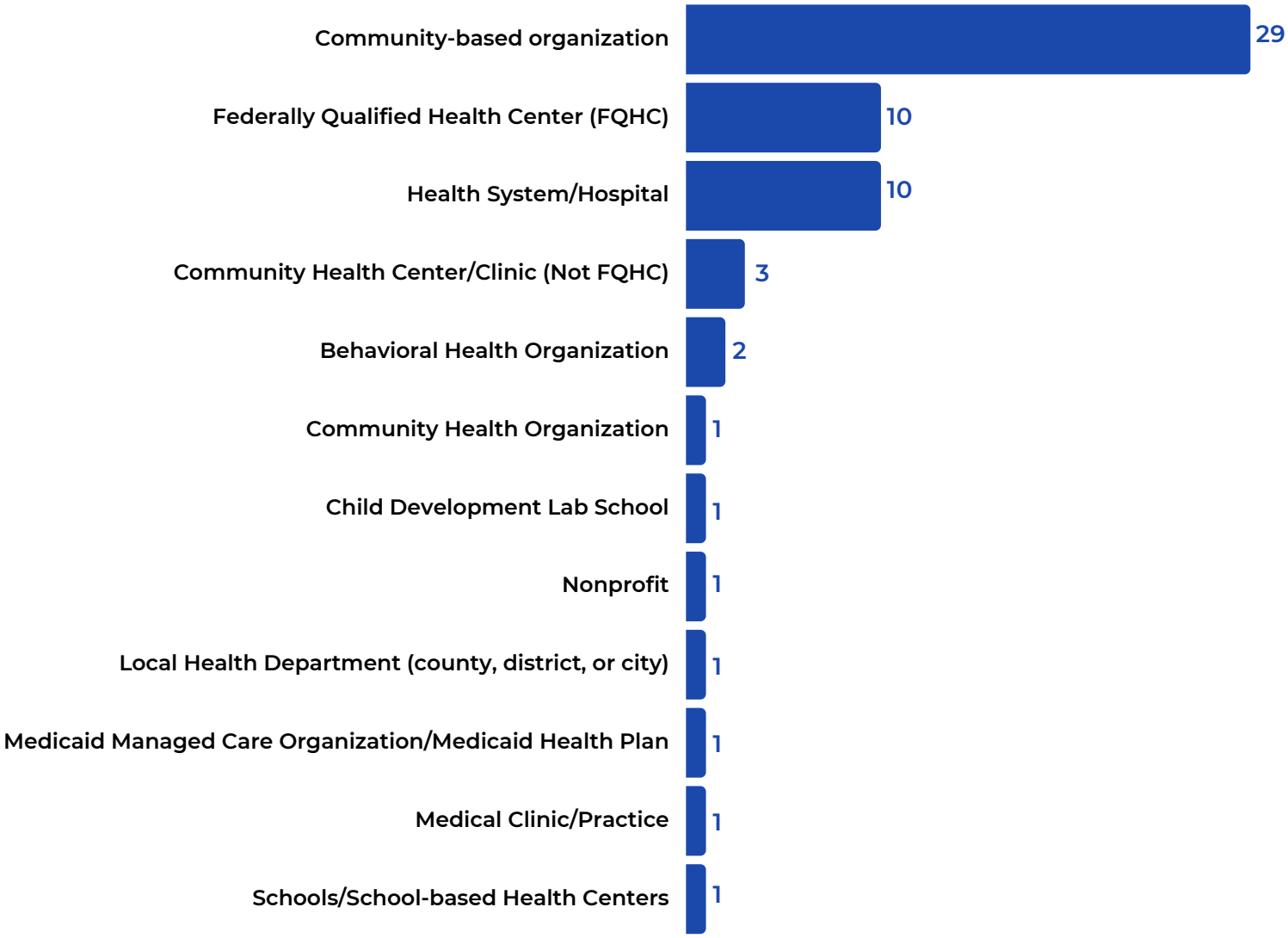


DEMOGRAPHICS

ORGANIZATIONS THAT EMPLOY CHWs

For responding organizations that employ CHWs and serve Cook County, nearly half (45%) identify themselves as community-based organizations.

Figure 1.2 Type of Organization as Self-Reported



DEMOGRAPHICS

ORGANIZATIONS THAT EMPLOY CHWs

Respondents were asked to report the number of employees at their organizations. To see if any differences of number of CHWs exist, a comparison between organizations that do/do not employ CHWs is below. It appears that the number of CHWs does not change with differences in organization size.

Figure 1.5 Number of Employees at Organizations with CHWs

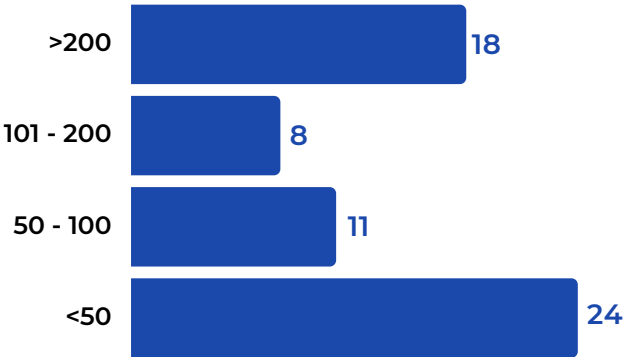
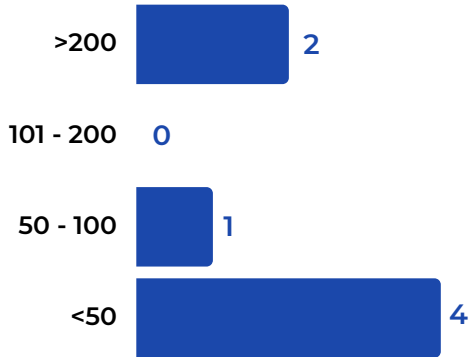
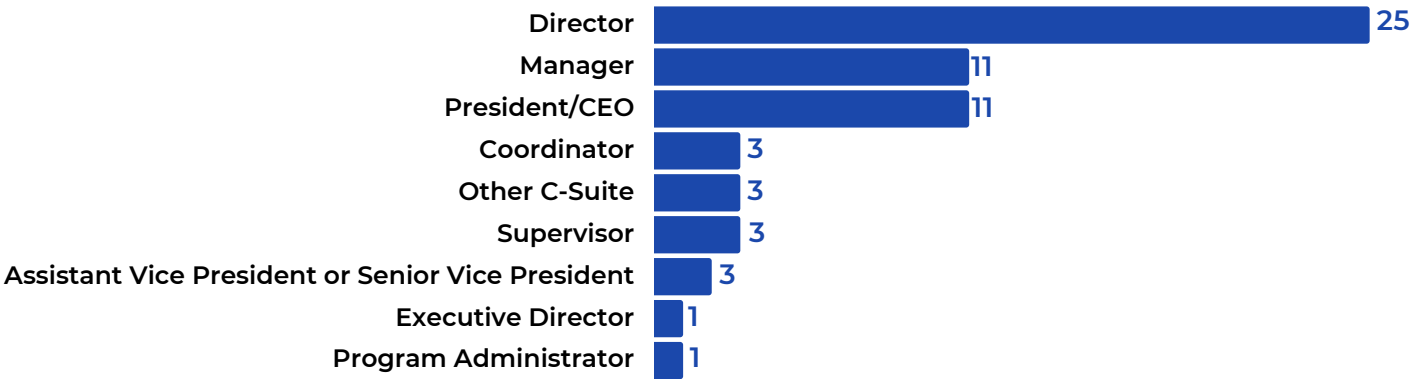


Figure 1.6 Number of Employees at Organizations without CHWs



Respondents were asked to report the title of their position. As this survey was sent to C-suite and other higher-level staff (due to the nature of questions), it appears the vast majority of respondents met this condition.

Figure 1.7 Title of Respondent's Position

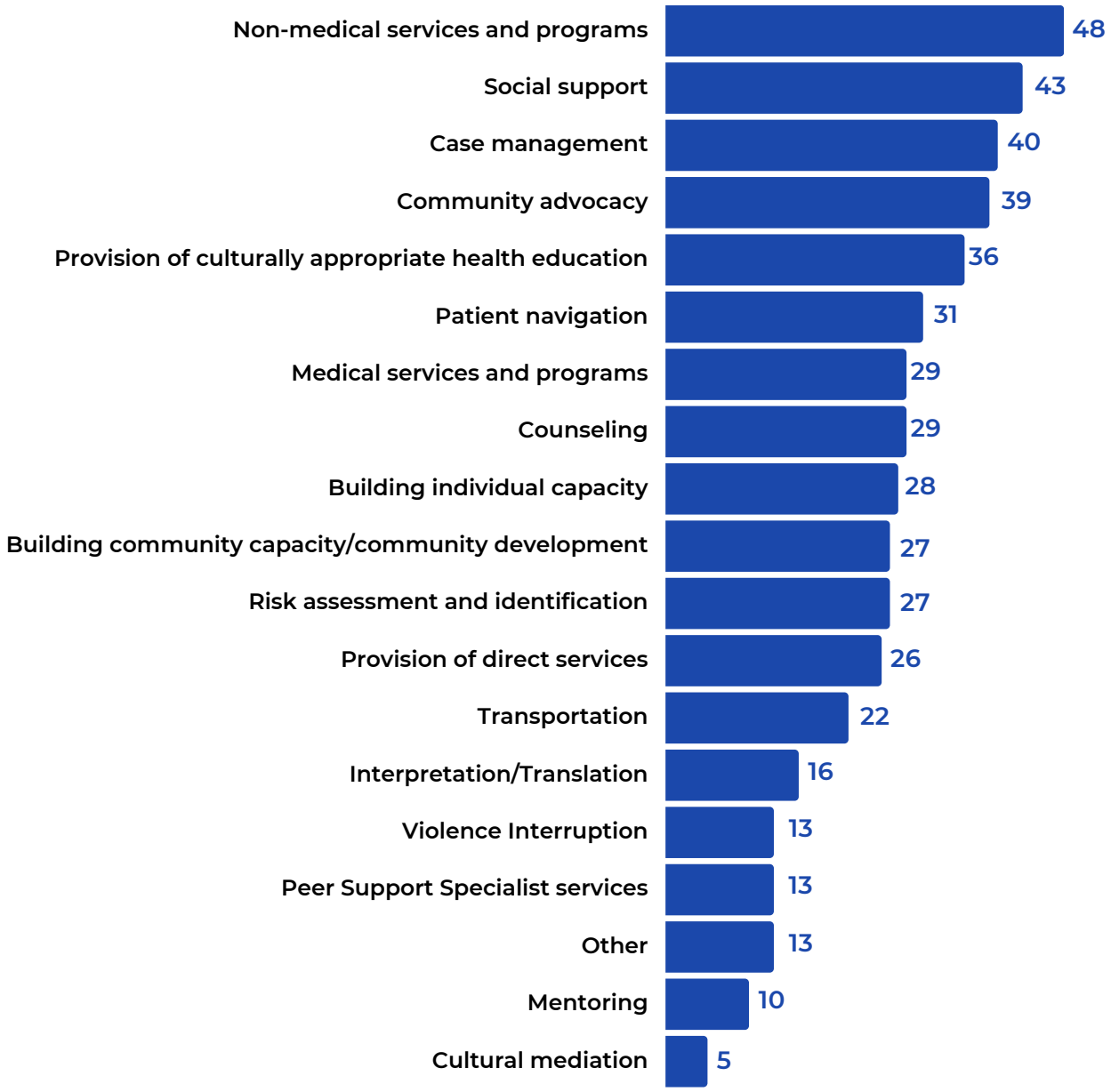


DEMOGRAPHICS

ORGANIZATIONS THAT EMPLOY CHWs

Respondents were asked to report the services their organizations provide, through a "check all that apply" question.

Figure 1.8 Services Provided by Organizations with CHWs



WAGES & BENEFITS

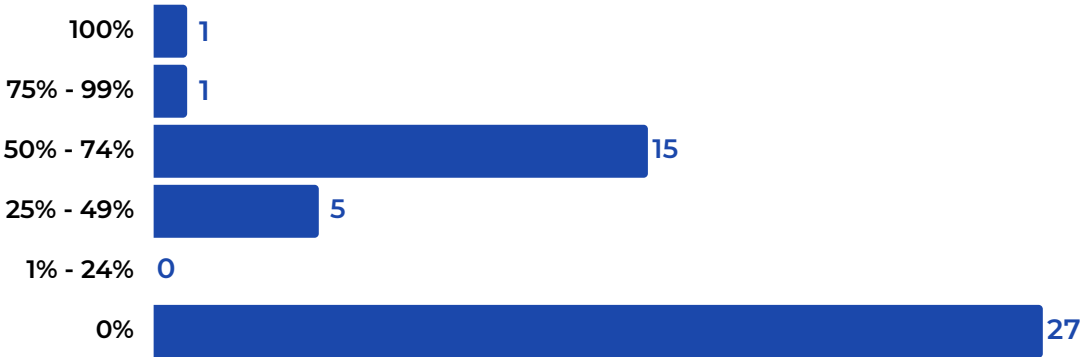
The CHW-CI Employer Survey asked baseline questions regarding CHW wages & benefits. Several respondents had more than one survey response (n = 6, or 6 organizations had at least 2 individuals fill out the survey) and had varying rates of CHW wages. Only the 61 unique organizations that employ CHWs and serve Cook County were kept in for wage and benefits analyses.

Table 2.1 Amount of CHWs that are Paid, Volunteers, or Contracted at Organization

Question Asked	Total Responses	Mean	Median	Range (High)	Range (Low)
1. How many paid CHWs currently work for your organization?	52	14	5	128	1
2. How many volunteer CHWs currently work for your organization?	50	3	0	60	0
3. What # of the CHWs with whom you are reporting are contracted?	49	5	0	66	0

Respondents were then asked how many CHWs are contracted vs. employed by the agency they work with.

Figure 2.1 Percentage of Paid CHWs that are Contracted



WAGES & BENEFITS

Based on responses to questions 1 and 2 in the table above, respondents were asked to enter the wage/salary levels at which their CHWs are employed. If their CHWs are paid at different amounts, they were asked to input up to **7 unique wage/salary levels, and had the option of reporting by yearly salary or hourly wage.**

Out of 61 unique responses, there were **41 organizations** that provided information regarding their CHWs' income. Of those 41 responses, there were 91 unique wage levels provided. Of those **91 unique wage levels, 17 were not included (n=74)** in the below calculations due to seemingly incorrect reporting (example: a respondent put "23" in for a yearly salary).

Eighteen **unique wage levels are included below for respondents that reported wage levels by yearly for a total of** 152 CHWs (17 CHWs are left out due to incorrect reporting of wages):

Table 2.2 Wages for PT and FT CHWs by Yearly Salary

Job Status	# of CHWs	Mean	Median	Range (High)	Range (Low)	Standard Deviation	Confidence Interval*
Part-time	43	$40,350	$40,000	$55,000	$20,000	$4727	$38,937; $41, 763
Full-time	109	$42,230	$40,000	$59,500	$35,000	$3820	$41,513; $42,947

*Alpha Value = 95%

Fifty-six **unique wage levels are included below for respondents that reported wage levels by hourly for a total of** 403 CHWs (22 CHWs are left out due to incorrect reporting of wages):

Table 2.3 Wages for PT and FT CHWs by Hourly Wage

Job Status	# of CHWs	Mean	Median	Range (High)	Range (Low)	Standard Deviation	Confidence Interval*
Part-time	51	$22.27	$22.25	$35	$16.00	$2.65	$21.54; $23.00
Full-time	352	$22.42	$21.57	$36.36	$17.00	$2.39	$22.17; $22.67

*Alpha Value = 95%

WAGES & BENEFITS

Twenty-one unique wage levels are included below for respondents that reported wage levels by hourly for only contracted CHWs, with a total of 132 CHWs (100 CHWs have been left out due to incorrect reporting of wages):

Table 2.4 Wages for Contracted PT and FT CHWs by Hourly Wage

Job Status	# of CHWs	Mean	Median	Range (High)	Range (Low)	Standard Deviation	Confidence Interval*
Part-time	98	$22.35	$22.25	$35.00	$18.00	$2.80	$21.99; $22.71
Full-time	34	$22.89	$24.50	$26.00	$20.00	$1.81	$21.95; $23.83

*Alpha Value = 95%

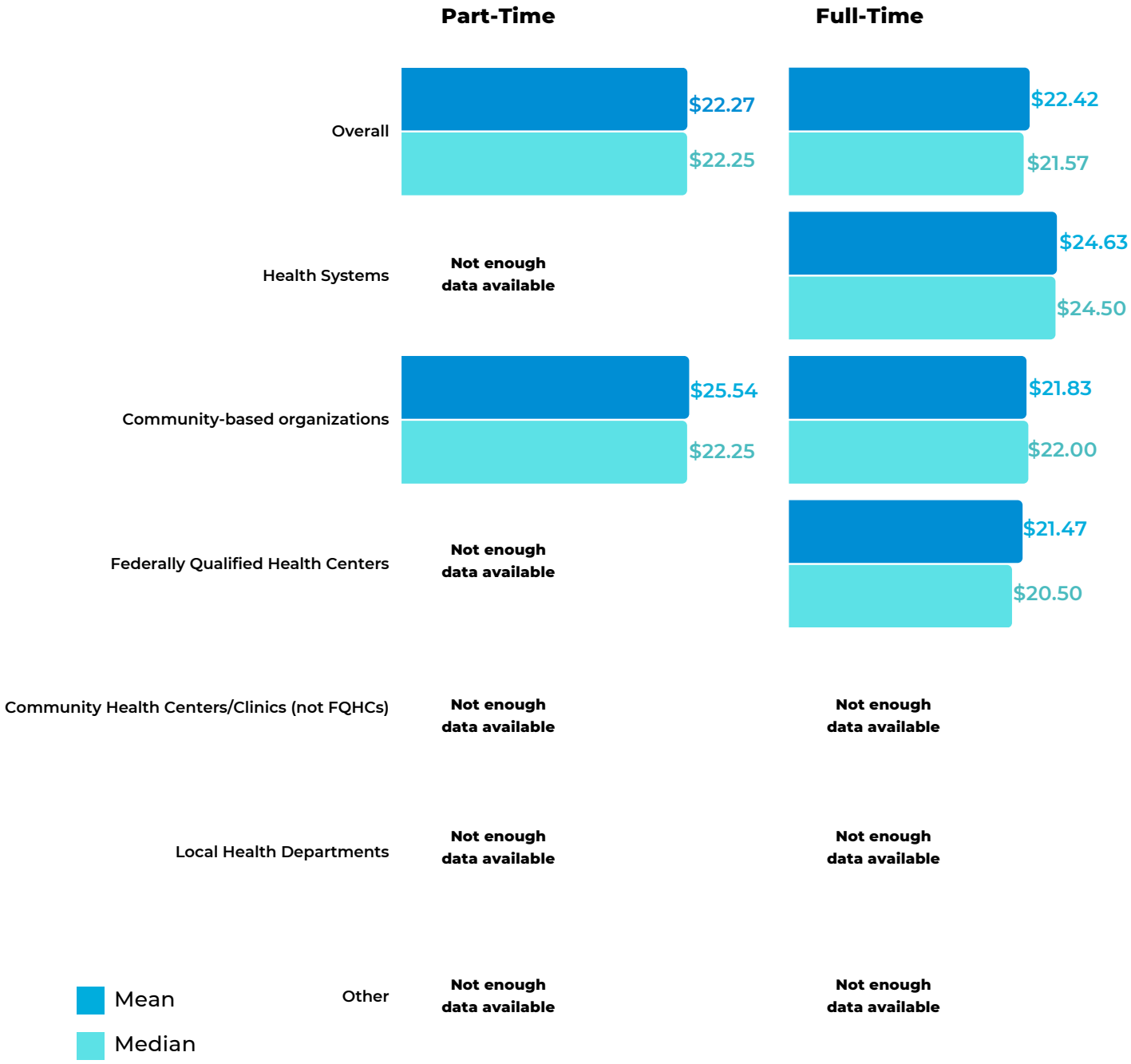
In comparing to the state-wide and national averages for wages of Community Health Workers, our survey respondents reported larger earnings than the state and nation's averages. Indeed.com[11] states that the average CHW wage in Illinois (n = 80 as of February 1st, 2023): $19.67/hr or $35,754/year, matching the national average.

We also compared the confidence intervals of pay rates for hourly CHWs by the type of organization. We did not include yearly wages as only community-based organizations had reported enough CHWs to make comparisons, and instead show hourly rate ranges below. The meaning of these charts is to show that we are 95% certain that hourly wages fall between the high and low rates shown on the next page.

11 Indeed.com - CHW Salary Calculations for the State of Illinois

WAGES & BENEFITS

Figure 2.2 Hourly Wage by Organization Type



WAGES & BENEFITS

Lastly, respondents were asked to indicate the benefits they provide to their CHWs and if CHWs are eligible for promotions with wage increases.

Figure 2.3 Benefits Provided to CHWs by Job Status

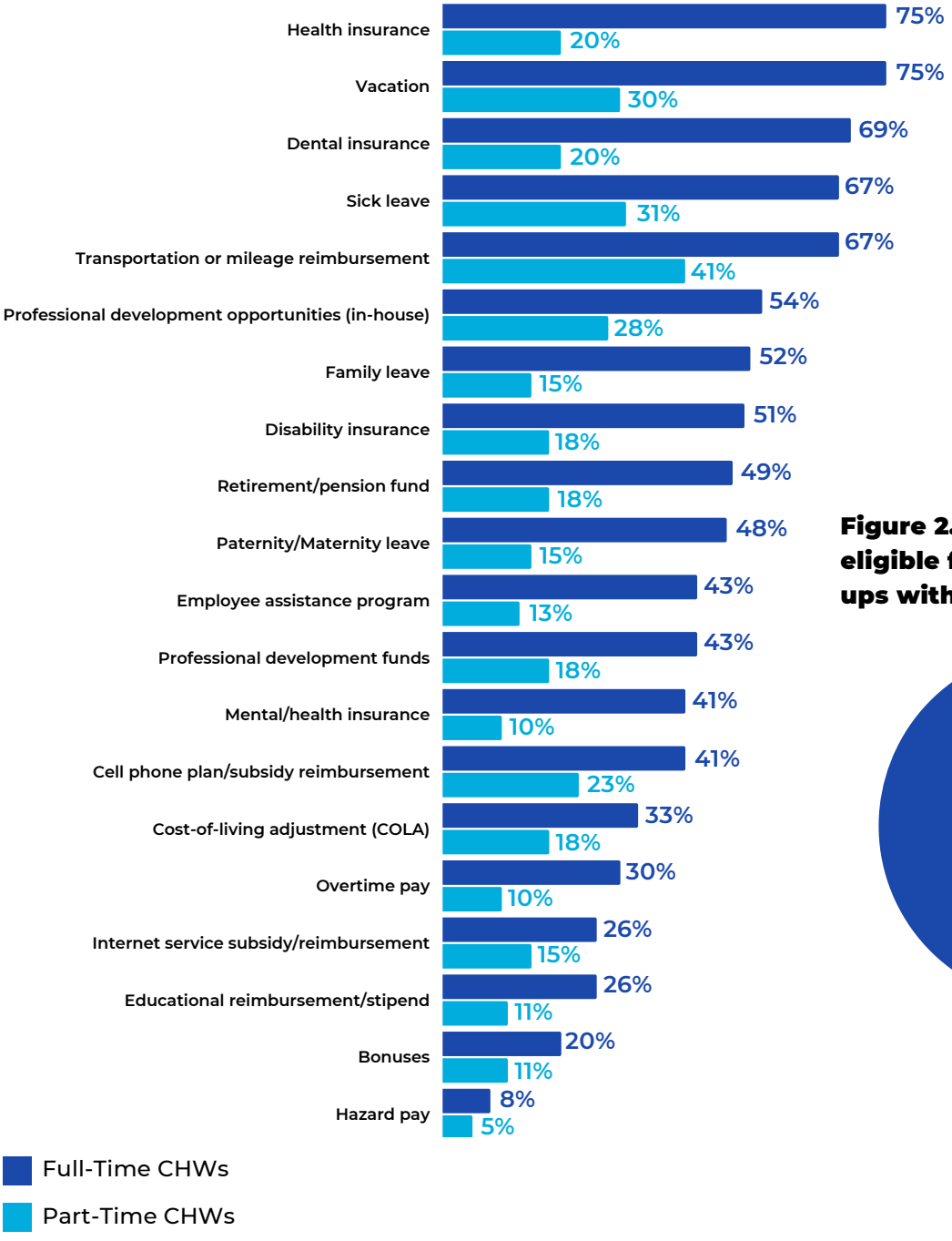
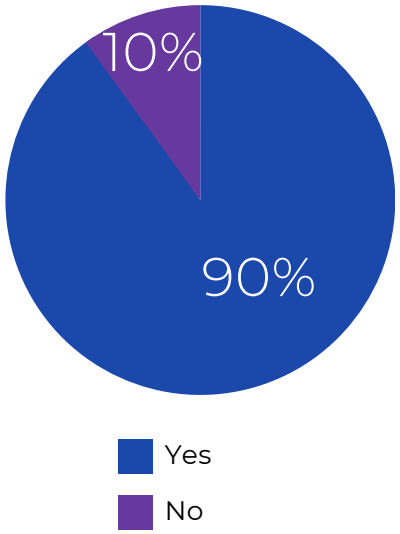


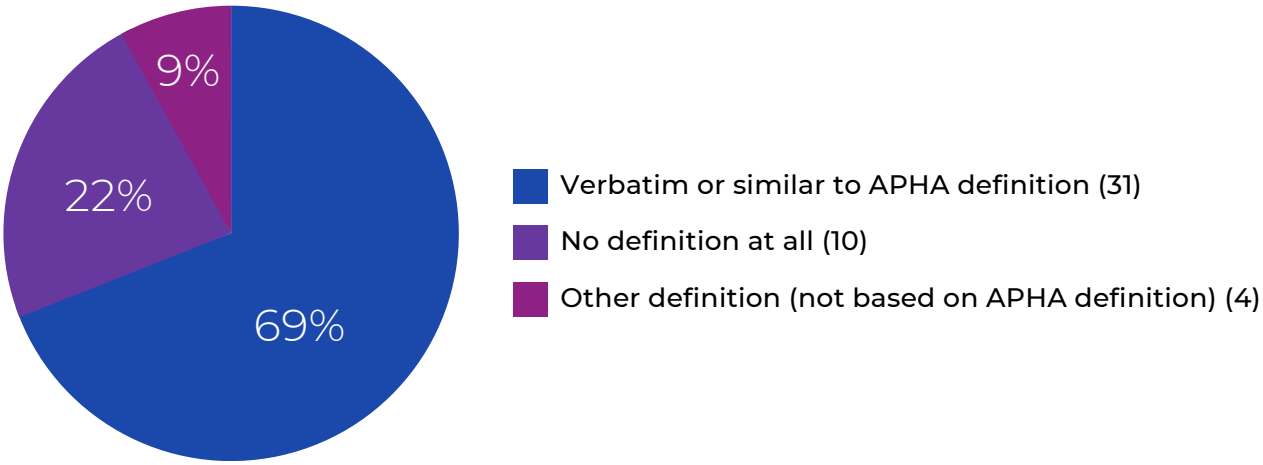
Figure 2.4 Are CHWs currently eligible for promotions/step-ups with pay increases? (n=51)



POLICY & SYSTEMS

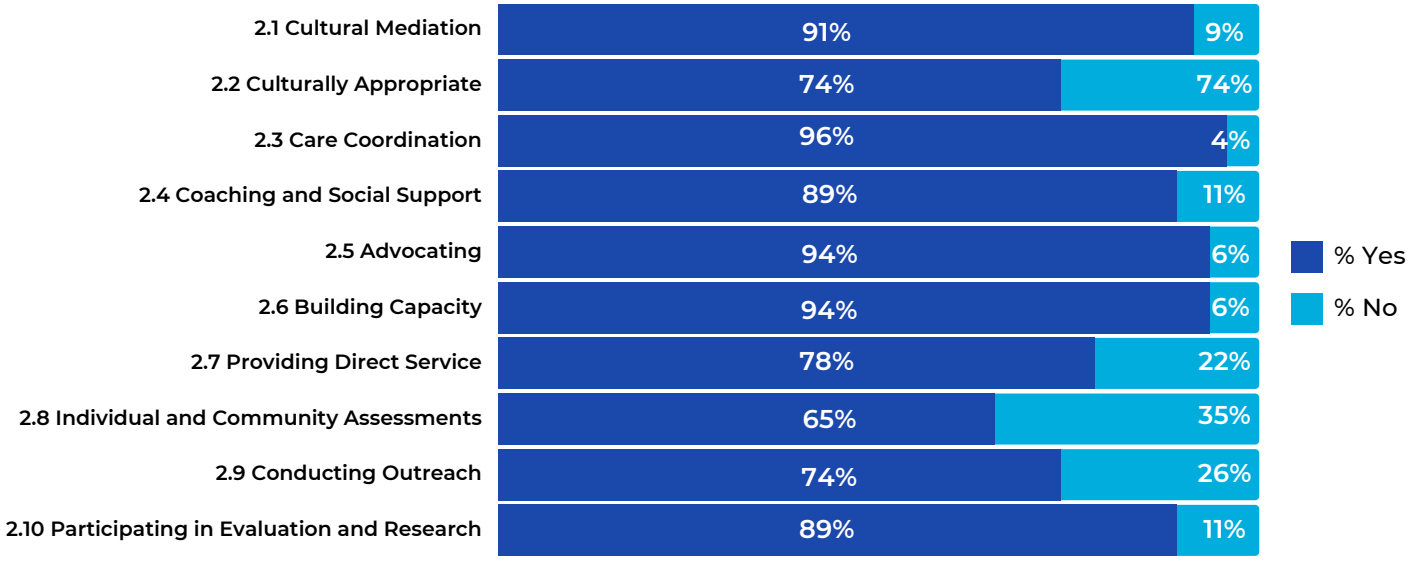
The next section of the survey asked questions related to CHW roles and policies.

Figure 3.1 Does your organization have a written definition of a CHW?



Survey respondents were asked, "*Does your organization include each of the following 10 core roles in its CHW scope of work and/or job description? Each role below has two response options: included (Yes) or not included (No).*" Respondents were able to reference an explanation of each role within this document, specifically pages 24 and 25.

Figure 3.2 CHWs and Core Roles



POLICY & SYSTEMS

An in-depth breakdown for each role and sub-role is listed below with one or two explanations for “no” selected from full qualitative data.

Table 3.1 Explanations for “No” if CHW does not fulfill Core Roles 1 - 10

Survey #	Title of Role	Sub-roles	Yes	Sample of "No"
2.1	Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems	• Educating individuals and communities about how to use health and social service systems (including understanding how systems operate) • Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services [CLAS] standards) • Building health literacy and cross-cultural communication	42/46 (91%)	• *“This has not been a requirement for our participant leaders, though various trainings are provided to assist in healthy outreach and building healthy relationships with residents.”* • *“It is not a part of our principal objectives as an organization”*
2.2	Providing Culturally Appropriate Health Education and Information	• Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community • Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)	44/46 (96%)	• *“Our role is expert [at] resource sharing versus being the actual provider of the information.”*
2.3	Care Coordination, Case Management, and System Navigation	• Participating in care coordination and/or case management • Making referrals and providing follow-up • Facilitating transportation to services and helping address barriers to services • Documenting and tracking individual and population level data • Informing people and systems about community assets and challenges	41/46 (89%)	• *“We are a startup coalition with 2 full-time staff. We do not provide direct services at the moment but have plans of becoming a {501(c)3].”* • *“Capacity is the reason why this is not included in the role. Being a Case Manager for a person navigating the health care system would take over half of our time of conducting outreach & supporting [public health department] and other community events, including out [sic] education sessions with [public school district] in [zip code].”*

POLICY & SYSTEMS

Survey #	Title of Role	Sub-roles	Yes	Sample of "No"
2.4	Providing Coaching and Social Support	• Providing individual support and coaching • Motivating and encouraging people to obtain care and other services • Supporting self-management of disease prevention and management of health conditions (including chronic disease) • Planning and/or leading support groups	43/46 (93%)	• *"This is completed by others within the organization (namely, care providers and social worker)."*
2.5	Advocating for Individuals and Communities	• Advocating for the needs and perspectives of communities • Connecting to resources and advocating for basic needs (e.g. food and housing) • Conducting policy advocacy	43/46 (93%)	• *"Limited capacity/time."* • *"This is not our role"*
2.6	Building Individual and Community Capacity	• Building individual capacity • Building community capacity • Training and building individual capacity with peers and among CHW groups	36/46 (78%)	• *"Not in scope."* • *"[There are] too many other work responsibilities."*
2.7	Providing Direct Service	• Providing basic screening tests (e.g., height, weight, blood pressure) • Providing basic services (e.g., first aid, diabetic foot checks) • Meeting basic needs (e.g., direct provision of food and other resources)	30/46 (65%)	• *"[The] CHWs at our agency do not provide medical services."* • *"We do not provide direct services."*

POLICY & SYSTEMS

Survey #	Title of Role	Sub-roles	Yes	Sample of "No"
2.8	Implementing Individual and Community Assessments	• Participating in design, implementation, and interpretation of individual-level assessments (e.g., home environmental assessment) • Participating in design, implementation, and interpretation of community-level assessments (e.g., windshield survey of community assets and challenges, community asset mapping)	34/46 (74%)	• *"This work is done by other roles at our organization."*
2.9	Conducting Outreach	• Case-finding/recruitment of individuals, families, and community groups to services and systems • Follow-up on health and social service encounters with individuals, families, and community groups • Home visiting to provide education, assessment, and social support • Presenting at local agencies and community events	41/46 (89%)	• *"The [independent federal agency] member role is not exactly a CHW job description, they have unique [independent federal agency program] related position descriptions. Some members do some related [services] but not exactly the same type of service[s]."*
2.10	Participating in Evaluation and Research	• Engaging in evaluating CHW services and programs • Identifying and engaging community members as research partners, including community consent processes • Participating in evaluation and research: Identification of priority issues and evaluation/research questions, development of evaluation/research design and methods, data collection and interpretation, sharing results and findings, and engaging stakeholders to take action on findings	34/46 (74%)	• *"We have too many other work responsibilities."* • *"This is provided by a program supervisor."*

POLICY & SYSTEMS

Respondents were then asked if there were any other roles not listed within 2.1 - 2.10 that their CHWs engage in. Five of the 46 respondents provided answers, examples which are listed below.

Table 3.2 Explanations for Additional Roles of CHWs Outside of Core Roles 1 - 10

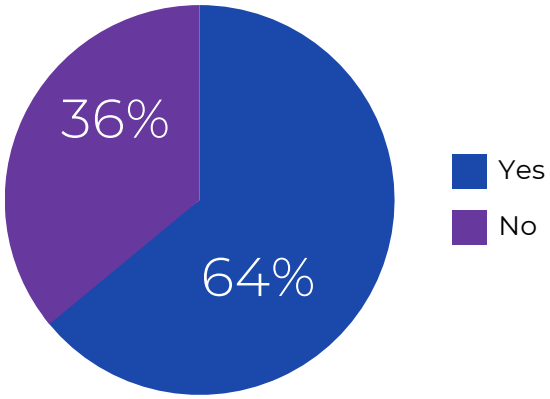
Type of role	Example	Number of organizations whose CHWs engage in this role
Occupational Health	*"CHWs perform the roles described above as they relate to the occupational health and safety of precarious workers (e.g., workers laboring in factories and warehouse via temporary staffing agencies)."*	1
Policy	*"As a coalition_____ engages in issues around Health and Policy. As such, we try to engage the CHW committee in Policy and Advocacy work as it relates to committee goals."*	1
Health Screenings	*"Coordinate community health fairs, health screenings, and vaccination clinics."*	1
Insurance Enrollment	*"Insurance enrollment."*	1
CHW Training	*"CHW training. "*	1

POLICY & SYSTEMS

Respondents were asked if their organization requires CHWs that are hired to complete a state or CHW association/network-recognized CHW core competency-based training program, either before or after hire, of which 64% stated that they do.

Respondents who answered that their organization does not require CHWs to complete a core competency training were then asked to share what affects their organization's ability to require that CHWs complete said training.

Figure 3.3 Does organization require CHWs to complete a recognized CHW core competency training? (n=45)



Many respondents (7) shared that the other trainings CHWs receive, whether provided in-house by the organization or by external organizations, have been sufficient.

> *"We haven't felt that the training would add to the training that our CHWs already get on the job."*
>
> *"[Organization name] has its own leadership development curriculum, and many of our CHWs are graduates from that program."*
>
> *"Individuals will be train[ed] while on the job. Individual will gain training from our partners as well as practical experience."*

"A few respondents (3) discussed the lack of availability, or their lack of awareness, of state or CHW association/network-recognized CHW core competency-based training programs.

> *"No such program exists for CHWs involved in addressing the occupational hazards that impact the health of precarious workers."*
>
> *"I am not aware of any state or association competency-based programs that we are following."*

POLICY & SYSTEMS

Some respondents (3) discussed cost as a factor.

> *"We have not been able to budget for funding for all CHW staff to support the completion of these programs. We do offer competency training in-house but it is not officially-recognized curriculum."*

A couple of respondents discussed that their CHWs were not hired as CHWs, which impacts their ability to require this type of training.

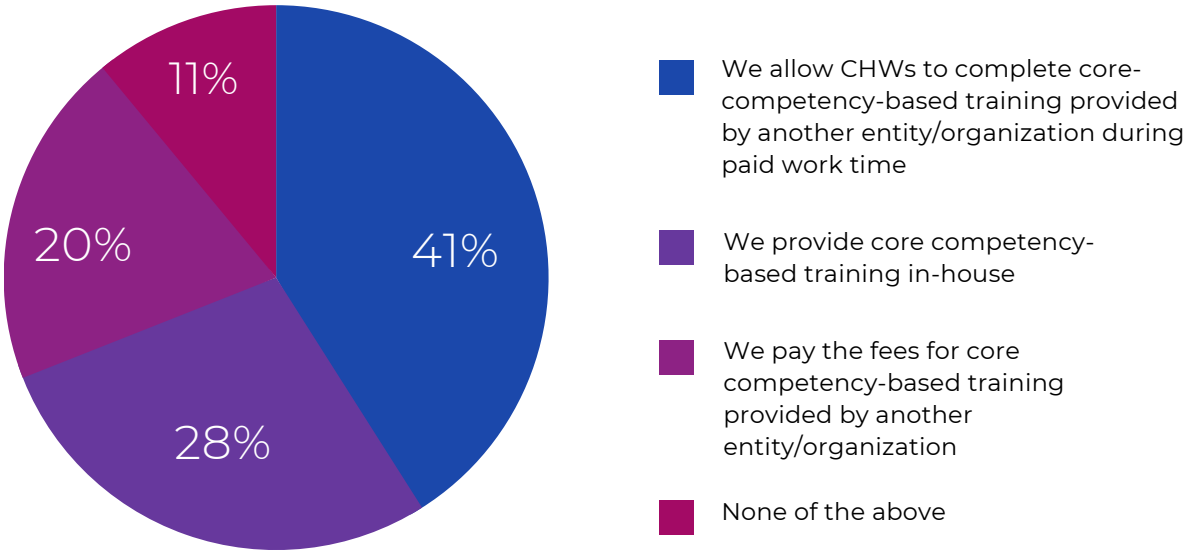
> *"Our program was not formally listed as a CHW during hiring. Looking forward to seeing the competency based training program to confirm its validity."*

Other factors that respondents identified as affecting their organization's ability to require a recognized CHW core competency-based training program included that "*the state of Illinois has no specific guidance on requirements for CHWs", these trainings are "not 100% applicable to work being done [by their organizations' CHWs]*", CHWs are "*a new role and program for [organization name], and [the organization] continue[s] to evolve the capacity of this team*", that "*prior to the pandemic [organization] only employed one CHW and did not think about training training*", and that it is difficult to find candidates (presumably candidates that have completed this type of training prior to hire).

POLICY & SYSTEMS

To further assess core-competency trainings for CHWs, respondents were asked if their organization provides or supports their CHWs in completing a recognized CHW core competency-based training program, 89% of which stated they do.

Figure 3.4 Organizations that provide or support their CHWs in core-competency training (n=46)



Respondents who stated that their organization does not provide any of the supports listed in Figure 3.4 were asked to explain what affects their organization's ability to adopt any of these supports as a policy.

Two respondents stated that their organization's CHWs attend other trainings, and that this is the reason that they do not have a policy to provide any of these supports.

> *"CHWs attend a myriad of trainings in the [sic] covering all the competencies required to perform their work, some in-house, some provided through partners such as [academic institution], [training institute], [federal government entity] and others."*

One respondent stated that the reason their organization does not have a policy to provide these supports is because their CHW position is an *"[independent federal agency] member role [that] is not exactly a CHW job description."*

POLICY & SYSTEMS

Respondents were then asked if their organization tracks how many CHWs they employ have completed the CHW certification[1]. Fifty-nine percent stated "yes" that they keep track of CHWs that have completed certification, with 55% (n = 15) reporting that 76% - 100% of their CHWs have completed the certification.

Figure 3.5 Percentage of CHWs that have completed CHW certification by organization

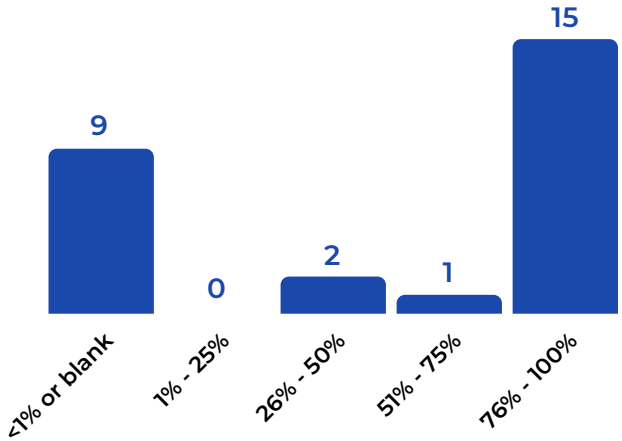
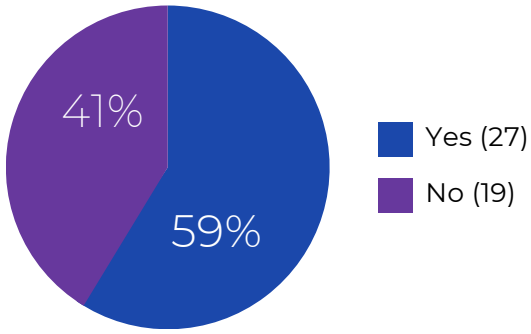


Figure 3.6 Percentage of organizations that track CHW certification



Respondents who stated that their organization tracks how many of their CHWs have completed the CHW certification were asked how their organization uses this information.

Some respondents (3) shared that their organization uses this information for compliance purposes, as their organization requires CHWs to have this certification.

> *"As [an] organization we mandate a complete certification of the program [for a CHW] to be out in the community."*

A couple of respondents shared that their organization uses this information to *"build awareness and credibility"* with the public and stakeholders.

> *"[We use this information] to inform the public that our team is well verse[d] and can be a great source for information."*

Two respondents shared that this information is *"reported to funders"* or their organization *"would use it [this information] in grants, if relevant."*

Other respondents each shared unique ways that their organization uses this information.

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1 Community health workers are currently provided with academic and/or community-based training opportunities that lead to the mastery of National Community Health Worker Core Competencies found here. Though a formal state-wide CHW certification program is not active, it is currently in legislation and can be found here.

POLICY & SYSTEMS

"We utilize CHW experience and certification to cross-train our own staff and share out learning opportunities with CHW Committee."

"Certification is used an [sic] an industry recognized credential."

"We track the trainings CHWs complete to make sure they are well prepared for their jobs and to assess whether additional trainings are needed based on their scope of work."

Respondents who stated that their organization does not track how many of their CHWs have completed the CHW certification were asked what affects their organization's ability to track this information.

A couple of respondents stated that they *"do not yet have a formal CHW certification process"* and/or tracking process.

Two respondents stated that this information **is** noted and/or kept track of, but not by human resources.

"Human Resources doesn't track, but internal departments track [this information]."

Another couple of respondents shared that certification is not required for CHWs, either by the state of Illinois and/or by their organization.

"The state of Illinois has no specific guidance on requirements for CHWs."

"This is not [a] required competency upon hire of a CHW."

The remaining respondents each shared unique factors that affect their organization's ability to track this information.

"There has been no need to do [track] this [information]."

"It [the organization I work for] is a large institution with various programs that utilize CHWs to meet program needs. Not all programs have the same definition of CHW."

"[This information is] something we never thought about collecting."

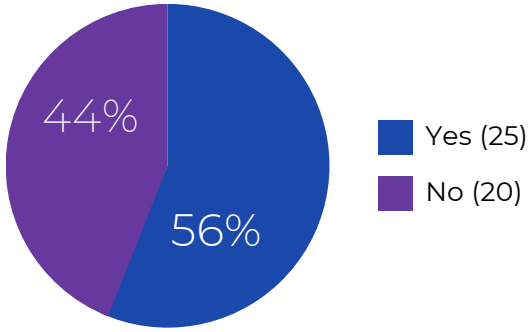
"The [independent federal agency] member role is not exactly a CHW job description, they have unique [independent federal agency program] related position descriptions and certain other requirements."

"We don't have the funding to support certification."

POLICY & SYSTEMS

In addition to CHWs, respondents were asked if their organization requires CHW supervisors to participate in training about the CHW model/profession and/or training specific to supervision of CHWs, of which 56% reported that their organization are these.

Figure 3.7 Percentage of CHW Supervisors that Participate in Trainings about/for their CHW Staff



Respondents who answered that their organization does not require CHW supervisors to participate in training about the CHW model/profession, and/or training specific to supervision of CHWs, were asked what affects their organization's ability to require that CHW supervisors complete said training.

A couple of respondents noted that they are currently working toward implementing this type of requirement.

> *"We are testing out some supervisory trainings and, if they are helpful, will expand this requirement and pay for all CHW supervisors to take the training (with training fees and staff time paid by our organization)."*

> *"While we don't "require" this training right now, we do implement a supervisors training and all staff with supervisory responsibilities attend this training. We are working to implement these requirements."*

Other respondents (2) noted that their CHW supervisors have other types of experiences, in lieu of this type of training.

> *"Our supervisors come into the organization with supervision experience, we have never thought about CHW supervision training."*

> *"Our supervisors basically develop the [CHW] trainings. By default they have gone through the CHW trainings."*

POLICY & SYSTEMS

Other factors that prevent respondents' organization from implementing this type of requirement are listed below.

"We require it [this type of CHW supervisor training] for the current grant, but not for others. Time and cost considerations will determine if we do it in the future."

"The state of Illinois has no specific guidance on requirements for CHWs."

"We do not yet have a formal CHW certification process."

"The [independent federal agency] member role is not exactly a CHW job description, they have unique [independent federal agency program] related position descriptions and certain requirements."

"The training [presumably that this organization offers] is not specific to the supervision of CHW's."

"None [of this type of CHW supervisor training] is offered at our hospital."

SUSTAINABLE FUNDING

In the final section of the CHW-CI Employer Survey, participants were asked to calculate the percentage of their organization's CHW program salary/benefit costs that are supported through "*sustainable*" CHW payment mechanisms. To guide responses, we asked them to refer to the list below of "*sustainable*" CHW payment mechanisms complied by the National Association of Community Health Workers (NACHW), and review NACHW's 2020 report on sustainable financing, available here.

Examples of "*sustainable*"* CHW payment mechanisms:

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

*Note: grant funding is considered "*less-sustainable*" and should not be included in answers related to "*sustainable funding*". These "*less-sustainable*" funding mechanisms include:

- Time-limited federal government grants
- Time-limited state government grants
- Time-limited local government grants
- Other time-limited public funding
- Time-limited private foundation grants

SUSTAINABLE FUNDING

Calculations were found by asking respondents to input specific amounts:

Table 4.1 Sustainability Funding Calculations

Question	Total Responses	Included for Final Analysis	Mean	Median
1.Calculate the denominator: your organization or program's total CHW salary/benefit costs	28	12*	$ 1,013,449	$425,863
2.Calculate the numerator: your organization or program' s CHW salary/benefit costs that are supported through any 'sustainable' CHW payment mechanism (see list above for examples of sustainable funding)			$216,234	$5,744
3.Divide the numerator by the denominator and multiply by 100 (answers may range from 0% to 100%)			26.4%	2.5%
4.In lieu of steps 1 - 3, you may also provide an estimated percentage if you do not have exact $ amounts		16	13%	0%**

*12/28 respondents utilized Questions 1 - 3 to calculate vs. estimate in Question 4.
** 12/16 respondents that estimated percentage via Question 4 put 0%

SUSTAINABLE FUNDING

Respondents were asked to comment on their organizations' recent attempts to increase the percent of CHW salary and benefit costs covered by "sustainable" funding. Respondents were asked to discuss any progress made, successes, barriers, and challenges.

A couple of respondents noted that they are currently working toward implementing this type of requirement.

Barriers and challenges

Most respondents (16) identified barriers and challenges to increasing the percent of CHW salary and benefit costs covered by "sustainable" funding, with most stating that at their organization, CHW salaries and benefits were funded mostly, or fully, by less sustainable funding sources. A few organizations specifically mentioned that their CHWs were mostly funded by COVID-19 pandemic-related funding, and that they anticipate this funding ending.

> *"A huge number of our current CHWs are covered by grant funding as the result of the pandemic. We anticipate that many of these positions will go away as this funding ends."*

> *"We are entirely supported by donations; the "sustainable" funding types listed are not available to free clinics."*

> *"We have diversified our funding streams through individual donations and multi year grants. Many opportunities arose due to COVID-19 and we have been successful being awarded new grant opportunities. A barrier to this will be the shift in philanthropy."*

> *"Our [organization's] only option is to continue applying for all grant opportunities that relate to CHW work, whether it be small projects or long term programs."*

Other barriers and challenges that respondents identified included that their organization has "*yet to identify a way for a hospital to be reimbursed for CHW services*," and that they "*aren't aware of sustainable funding sources for CHWs*."

> *"We aren't aware of sustainable funding sources for CHW's [sic]. We currently have funding from the city and that last for 5 years. We will spend the remainder of those 5 years looking for sustainable funding sources. As a non-health entity, it's difficult to find funding that we qualify for."*

SUSTAINABLE FUNDING

Progress made

Despite the barriers discussed above, many organizations reported progress their organization has made toward increasing the percent of CHW salary and benefits costs covered by "sustainable" funding.

Some respondents (6) reported that their organization has been exploring options for sustainable funding, including alternate payment methods, managed care organization (MCO) support, foundations, internal department supports, embedding workflows within existing programs, and creating relationships and infrastructure to be able to bill Z Codes.

> *"We are interested in exploring alternate payment methods and MCO support for this work given that so many of our patients are covered by Medicaid Managed Care."*

> *"[Our organization is] look[ing] at ways to create sustainable funding through internal department supports[,] post grant funding. [These ways may include] imbedding [sic] workflows that allow for opportunities within existing programs. [These ways may also include] leveraging partners to buildout [sic] systems that allow us to track services in efforts to possibly bill for Z codes down the line."*

> *"Our organization is looking at incorporating other streams of funding to aid in sustainability such as foundations."*

Other examples of progress made toward increasing the percent of CHW salary and benefit costs covered by "sustainable" funding that respondents shared include advocating with funding sources and convening multi-disciplinary workgroups to focus on contracting with payors.

> *"We have advocated with funding sources to include payments for non clinical care models related to SoDH [social determinants of health]."*

> *"We have…convened a multidisciplinary workgroup focused on contracting with payors such as Medicaid MCOs, state Medicaid regulators, and our own ACOs [Accountable Care Organizations] to reimburse for CHW services. We hope to begin contracting in 2023, at least in initial markets."*

SUSTAINABLE FUNDING

Successes

Some respondents (5) reported ways that their organization has been successful in funding CHW salary and benefit costs via "sustainable" sources.

Two of these respondents noted that that these sustainable funding mechanisms are currently covering salary and benefit costs for CHWs working with Medicare patients.

> *"Those [CHW salary and benefit costs covered by "sustainable" funding sources] in our numerator are part of a project where our Accountable Care Organizations fund the salary for CHWs working specifically with attributed patients (in our case, Dual-Eligible patients in the Medicare Shared Savings Program)."*

> *"[Our organization] launched a remote care management team in March of 2021 to address the ongoing need and community burden of Medicare beneficiaries with health needs related to chronic diseases. Staff time spent with patients is reimbursable under the CMS Fee Schedule for CPT codes 99490 and 99439. This program is set to expand to include additional Medicare beneficiaries and patients with other health plans."*

Other sustainable funding mechanisms for covering salary and benefit costs for CHWs that respondents mentioned are listed below.

> *"The 22% [of our organization's CHW salary and benefit costs] that are listed as sustainably funded fall into the category of staff working in our value based care models. These staff are paid for through capitation arrangements. We are working towards having more of our patients under value based care, but it hasn't happened yet. The primary barrier is the way that FQHCs are paid. We hope that with the new APM that HFS is proposing for 2023, we will have more success."*

> *"Some of our [organization's] locations...have private funders that are committed to the regions they support. Other sites [that are part of our organization] in the City of Chicago have government funding or general operating funds from private foundations. The team will evaluate how this role will be sustainable at each of our main locations."*

> *"Our CHWs are primarily funded by grants, with a small portion covered by operating dollars. To get more covered by operating, we engage in robust research evaluations to prove their value and cost savings to the organization...Other CHWs within our organization work on Medicare value based programs, but I believe [salary and benefits for those CHWs] are also operationally funded."*

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