



COMMUNITY HEALTH WORKER COMMON INDICATOR EMPLOYER SURVEY

**Summary of Results for
the State of Illinois**

May 10, 2023

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PROJECT TEAM

The **Community Health Worker - Common Indicators (CHW-CI) Employer Survey 2022** was created and disseminated through a collaborative effort between the: **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 **Community Health Worker - Common Indicators (CHW-CI) Employer Survey 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 Employer Survey Team** would also like to thank **Noelle Wiggins** with the National CHW Common Indicators Project, **Kayla Craddock** with the National Association for Chronic Disease Directors, and the **Michigan Community Health Worker Alliance** for their guidance and support throughout the planning process. For more information about the National CHW Common Indicators Project and publications, including the Final Report, contact chwcommonindicators@gmail.com or visit www.nwrpca.org/page/CHWCommonIndicators.

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EXECUTIVE SUMMARY

SURVEY BACKGROUND

IDPH, SUHI, IPHA, ILCHWA, and HMPRG conducted this first **Community Health Worker Common Indicators (CHW-CI) Employer Survey** in 2022 with funding and support from the National Association of Chronic Disease Directors (NACDD) and the CHW Common Indicators Project Leadership Team. The 2022 **CHW-CI Employer Survey** was open from October 17 to December 15, 2022, to all identified Illinois-based community health worker (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. Respondents were asked to report data current to the reporting period.

METHODOLOGY

The CHW-CI Employer Survey Team met periodically leading up to survey dissemination to identify organizations that work with or employ CHWs (and which CHW-CI Employer Survey Team member would be the point of contact), messaging to increase survey participation, adaptations to the original CHW-CI survey needed for the state of Illinois, and translation needs for creating a duplicate survey in Spanish. Once the survey was disseminated on October 17, 2022, through REDCap, the CHW-CI Employer Survey Data Team conducted a weekly analysis and reported back to the entire group on organizations that have started or completed a survey. Consistent follow-up with identified organizations occurred by SUHI, IPHA, ILCHWA, and HMPRG.

After the initial distribution of emails, the CHW-CI Employer Survey Team realized there were additional methods to disseminate the survey for greater reach, which involved utilizing hospital and federally qualified health center (FQHC) contact lists. The CHW-CI Employer Survey Data Team calculated which organizations came from the original distribution efforts versus those that came from methods in **Table 1.0 Overall Results of Survey Dissemination**.

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

EXECUTIVE SUMMARY

CHW LOCATIONS

Respondents reported at least one CHW program in **83 (81%) of Illinois' 102 counties**. The largest number of programs were located in Cook (61), DuPage (18), Lake (13), Will (10), and Kane (7) counties.

CHW DEFINITION AND ROLES

Based on Indicator #10 from the CWH Common Indicators Project on the topic of "*Policy and Systems Change*," questions here found that more than **two-thirds of the respondents (69%)** have a written CHW definition based upon the American Public Health Association (APHA) definition, while 23% had no definition at all. Overall, **41% of respondents had CHWs working each of the 10 core CHW roles** specified by the Community Health Worker Core Consensus Project. There was some significant role variability between organizations. For example, only 76% of responding organizations have CHWs participating in evaluation and research, while 96% have CHWs advocating for individuals and communities. However, of the 10 core roles, none were selected by all organizations, and 16 (18%) reported roles fulfilled by CHWs that lay outside the current 10 core CHW roles.

PROGRAM SUSTAINABILITY

Also from Indicator #10, questions in this section received responses from forty-four organizations regarding their CHW program funding and "sustainable" mechanisms of funding. **Thirty of these organizations (68%) indicated that none of their funding comes from a source¹ considered sustainable** per the National Association of Community Health Workers (NACHW). Ten organizations (23%) indicated more than half of their CHW program(s) are considered funded via "sustainable" mechanisms.

CHW SUPERVISOR TRAINING

Two-thirds of organizations (67%) reported that they require CHW supervisors to participate in training. When asked to provide more information, 24 unique responses occurred with a majority (61%) stating themes of "No Requirement," "Exploring" or seeing if there is a benefit for such participation, and "Staff and Staff Transition" for lack of a requirement.

¹ [NACHW Sustainable Financing](#).

EXECUTIVE SUMMARY

CHW CERTIFICATION, TRAINING, AND CONTINUING EDUCATION

Also from Indicator #10, questions in this section found that **more than half of responding organizations (55%) require CHWs to complete a recognized CHW core-competency training.**²

Nearly all (90%) provide or support their CHWs in completing a recognized CHW core-competency-based training program, with 22% providing in-house training and 54% allowing CHWs to complete core training provided by another entity/organization during paid work time. Most organizations (61%) reported 76%-100% of their CHWs have completed CHW certification. Qualitative reporting on what affects their organization's ability to require that CHWs complete said training highlighted themes of: no state-wide CHW certification requirement, other trainings that already provide key topic areas for CHWs, CHW position and program needs differing, lack of CHW trainings with organization-specific needs, and the potential for quality candidates to not apply if certification is posted as a requirement in the job description.

CHW EARNINGS AND BENEFITS

Based on Indicator #1 developed by the CHW Common Indicators Project on the topic of, "*Compensation and Benefits*", responses to questions on CHW earnings and benefits found that CHW hourly rate earnings ranged from \$15.00 - \$40.00 part-time and \$15.00 - \$50.00 full-time. The average hourly rate was **\$23.27 (part-time)** and **\$22.12 (full-time)**. CHW yearly earnings ranged from **\$6,000 - \$55,000 (part-time)** and **\$12,000 - \$87,550 (full-time)**. The average yearly salary was **\$21,186.55 (part-time)** and **\$42,403.95 (full-time)**. The "other" category of organization type had the lowest average hourly (\$18.67), and community-based organizations offered the highest average hourly wage (\$25.54). Contracted CHWs had an average hourly rate of \$23.27 (part-time) and \$23.40 (full-time).

Eighty-five percent of full-time and 53% of part-time CHWs received some sort of benefit outside of wages. The most common benefit for part-time CHWs were transportation or mileage reimbursements, professional development opportunities, and vacation. The most common benefits for full-time CHWs were transportation or mileage reimbursements, vacation, and health insurance. There is significant variability between part-time and full-time CHWs. For example, only 13% of part-time CHWs receive health insurance, while 60% of full-time CHWs receive this benefit.

² 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

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 Illinois are represented in this 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 that 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 is 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 Team will use participatory approaches with stakeholder groups to elicit feedback on survey findings and to guide strategy development.

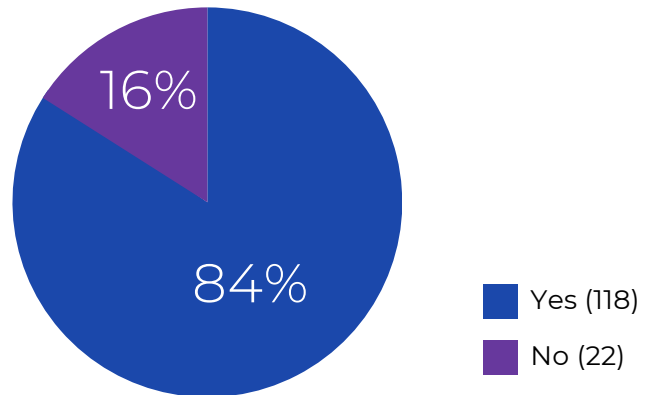
OVERALL RESULTS

Table 1.0 Overall Results of Survey Dissemination

	Total	Complete	Incomplete
Organizations survey was sent to ³	298	-	-
Total respondents ⁴	149	112	37
Total unique organizations ⁵	140	107	33
Total unique respondents from original distribution list ⁶	120	92	28
Total unique respondents from original distribution list that employ CHWs ⁷	105	79	26
Total records used for final analysis (unique organizations that employ CHWs) ⁸	118	88	30

Overall, 27% (79) of the organizations that employ CHWs fully completed the CHW-CI Employer Survey. However, 118 unique organizations that employ CHWs are utilized for the following analysis due to adding 13 organizations that were not part of the original distribution list⁹ that also employ CHWs across Illinois, along with 26 incomplete surveys.

Figure 1.0 Percentage of Unique Organizations that Completed Survey and Employ CHWs



³ Organizations the survey was sent to = 298 organizations were identified as potential participants that employ or contract CHWs.

⁴ Respondents = total amount of unique survey responses.

⁵ Unique organizations = total amount of survey responses without duplicate organizations. Some organizations had more than one staff member fill out the survey. Duplicate organizations were filtered and removed only if it was clear one response was completed versus other responses that were incomplete.

⁶ Unique respondents from original distribution list = 120 of 298 (40%) that started survey were part of the original distribution list. Any organization that selected "other" (n=13) from the drop-down selection (this list was cross referenced with the distribution list of 298 orgs) for the title of their organization were removed.

⁷ Unique respondents from the original distribution list that employ CHWs = Of those 120 in previous calculation, 15 did not employ CHWs.

⁸ 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 the original distribution list. These 118 unique organizations that employ CHWs are used for the following data analysis in this report (unless specified otherwise).

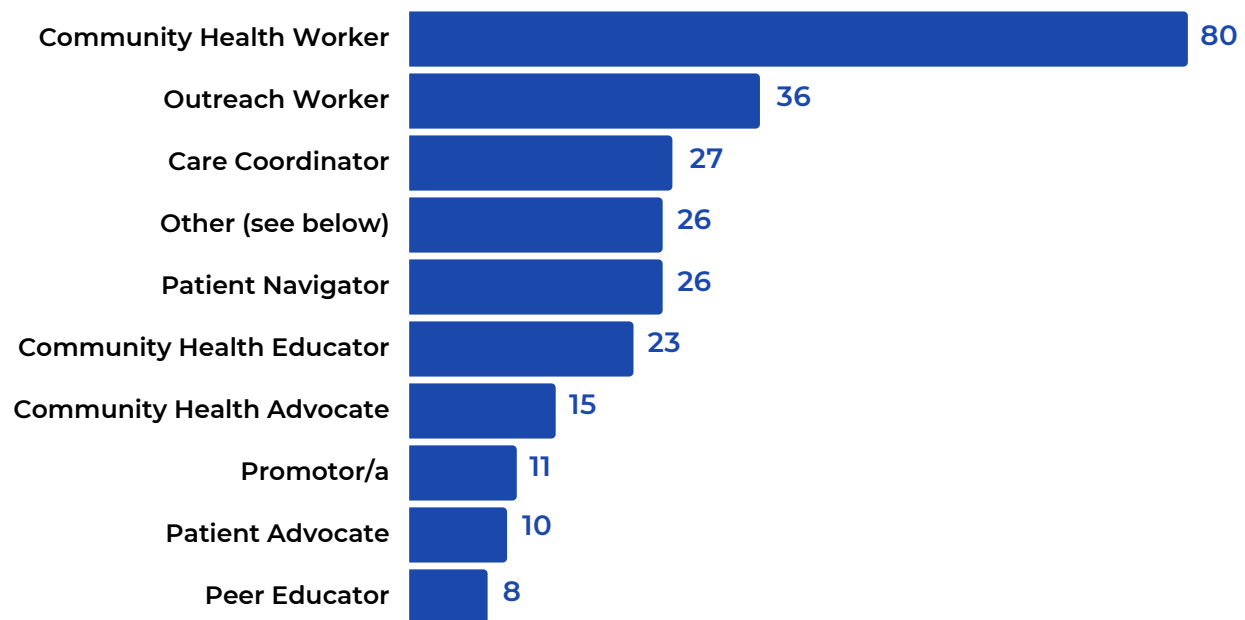
⁹ These organizations were provided the survey after the distribution list was solidified due to the identification of new contacts.

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



Other Titles

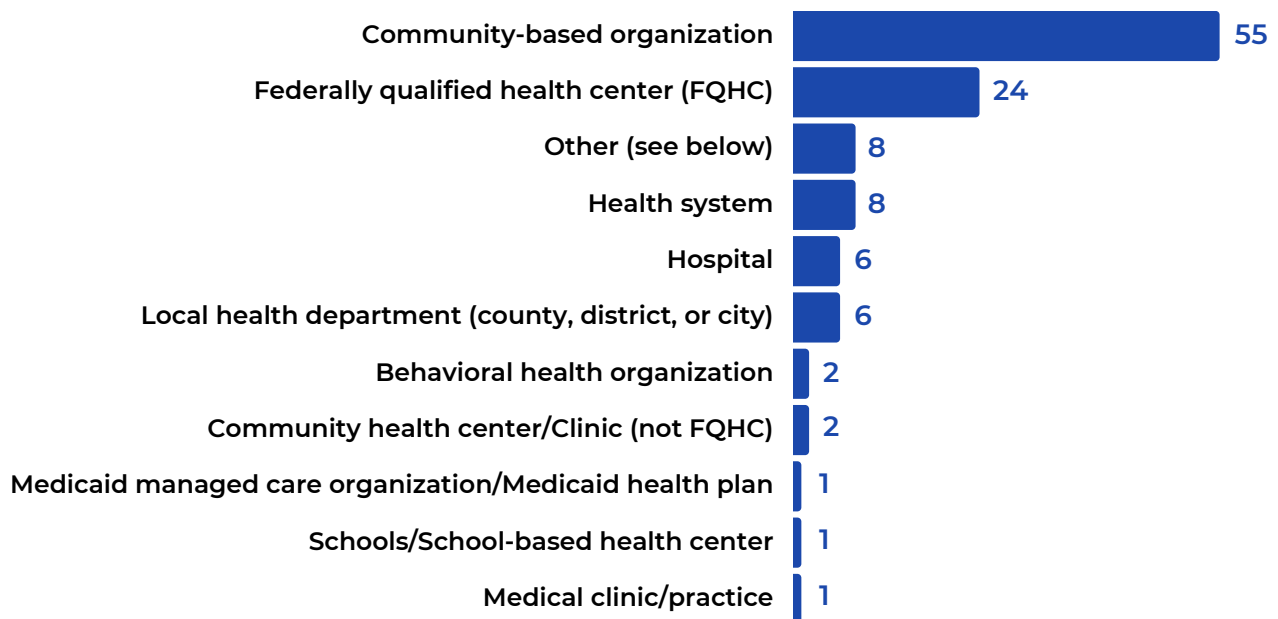
- AmeriCorps member positions, such as Health Educators, Outreach Coordinators, Patient Navigators
- Benefits/Insurance assistance, ambassadors, or enrollment specialists (2)
- Case Manager/Crisis Case Manager (5)
- Children and Family Benefit Coordinator
- Client Benefits Specialist
- Community Advocate
- Community Educator
- Community Health Navigator
- Community Health Outreach Worker
- Community Health Promotor
- Community Navigator
- Community Wellness Coordinator
- Lifestyle Coach
- Pandemic Health Navigator
- Patient and Communications Coordinator
- Food Allergy Educator
- Peer Health Navigators and Peer Support Specialists/Certified Community Support Specialists
- Prevention Specialist
- Program Coordinator
- Public Health Ambassador (2)
- Recovery Support Specialist
- Interns
- Community Outreach Coordinator
- Chief Development and Planning Officer
- Resource Coordinator

DEMOGRAPHICS

ORGANIZATIONS THAT EMPLOY CHWs

For organizations that employ CHWs, nearly half (48%) identify themselves as **community-based organizations**.

Figure 1.2 Type of Organization as Self-Reported



Other Organization Types:

- Area agency on aging and CBO (2)
- Child development lab school
- Community-based hospital that works with Medicaid, Medicare health plans among others
- Community health organization
- Federally qualified health center and local public health department
- FQHC and substance abuse treatment center (inpatient and outpatient; recovery living)
- Nonprofit

DEMOGRAPHICS

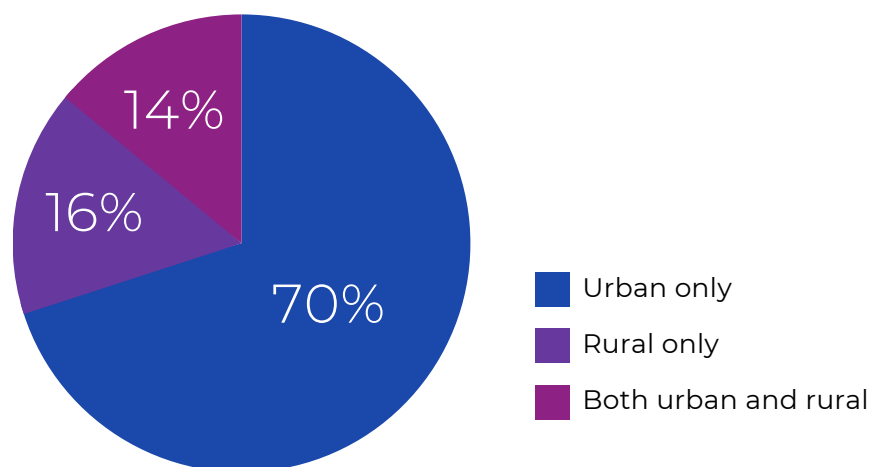
ORGANIZATIONS THAT EMPLOY CHWs

Survey respondents had the opportunity to select the **geographic area** that their organization serves via the U.S. Department of Agriculture's (USDA) definition¹⁰ of **urban** and **rural**.

- **Urban:** Areas are of two types - urbanized and urban clusters.
 - Urbanized area has a nucleus of 50,000 or more people. They may or may not contain individual cities of 50,000 or more. Must have a core with a population density of 1,000 persons/square mile and may contain adjoining territory with at least 500 persons/square mile.
 - Urban cluster has at least 2,500 but less than 50,000 persons.
- **Rural:** Consists of open countryside with population densities less than 500 people/square mile and places with fewer than 2,500 people.

According to the USDA,¹¹ estimates for Illinois population in 2021 for **rural** residents was 1,427,612 (11.3%) and 11,243,857 (88.7%) for **urban** residents. Based on the results from this survey, it appears geographic location of CHWs was well-represented amongst **rural** populations.

Figure 1.3 Geographic Area that Organizations Serve



¹⁰ [USDA Website](#)

¹¹ [USA - State Fact Sheets: Illinois](#)

DEMOGRAPHICS

ORGANIZATIONS THAT EMPLOY CHWs

Respondents were asked to report the [number of employees](#) at their organization. To see if any differences of numbers 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

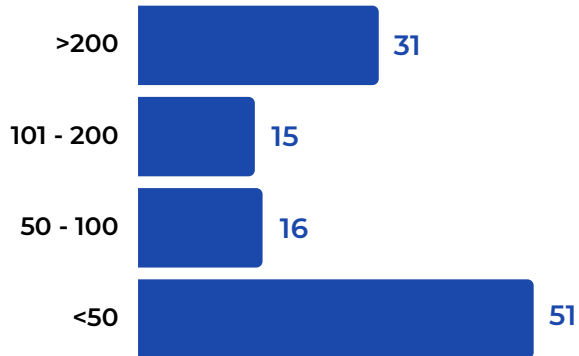
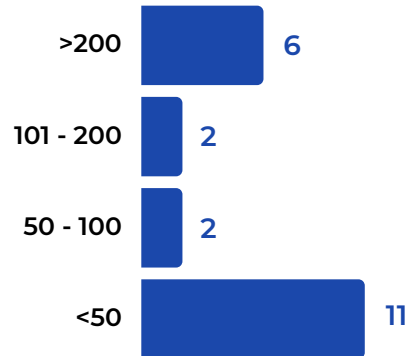
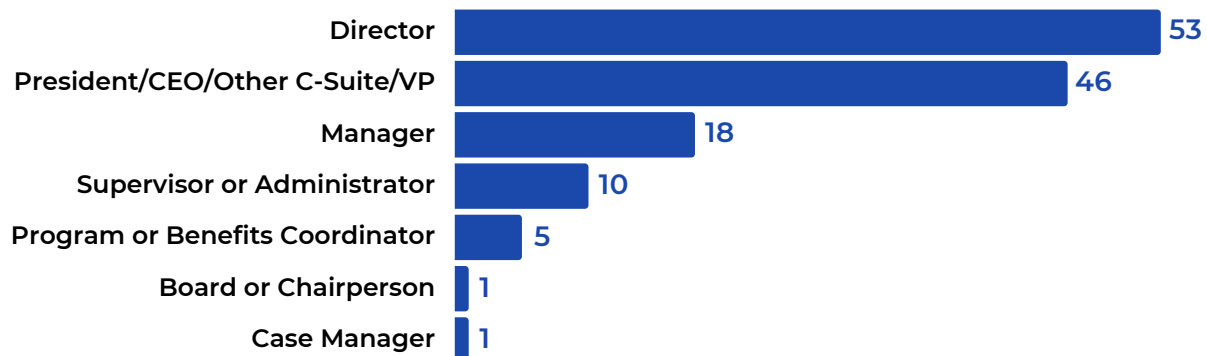


Figure 1.6 Number of Employees at Organizations without CHWs



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 Respondents' Position

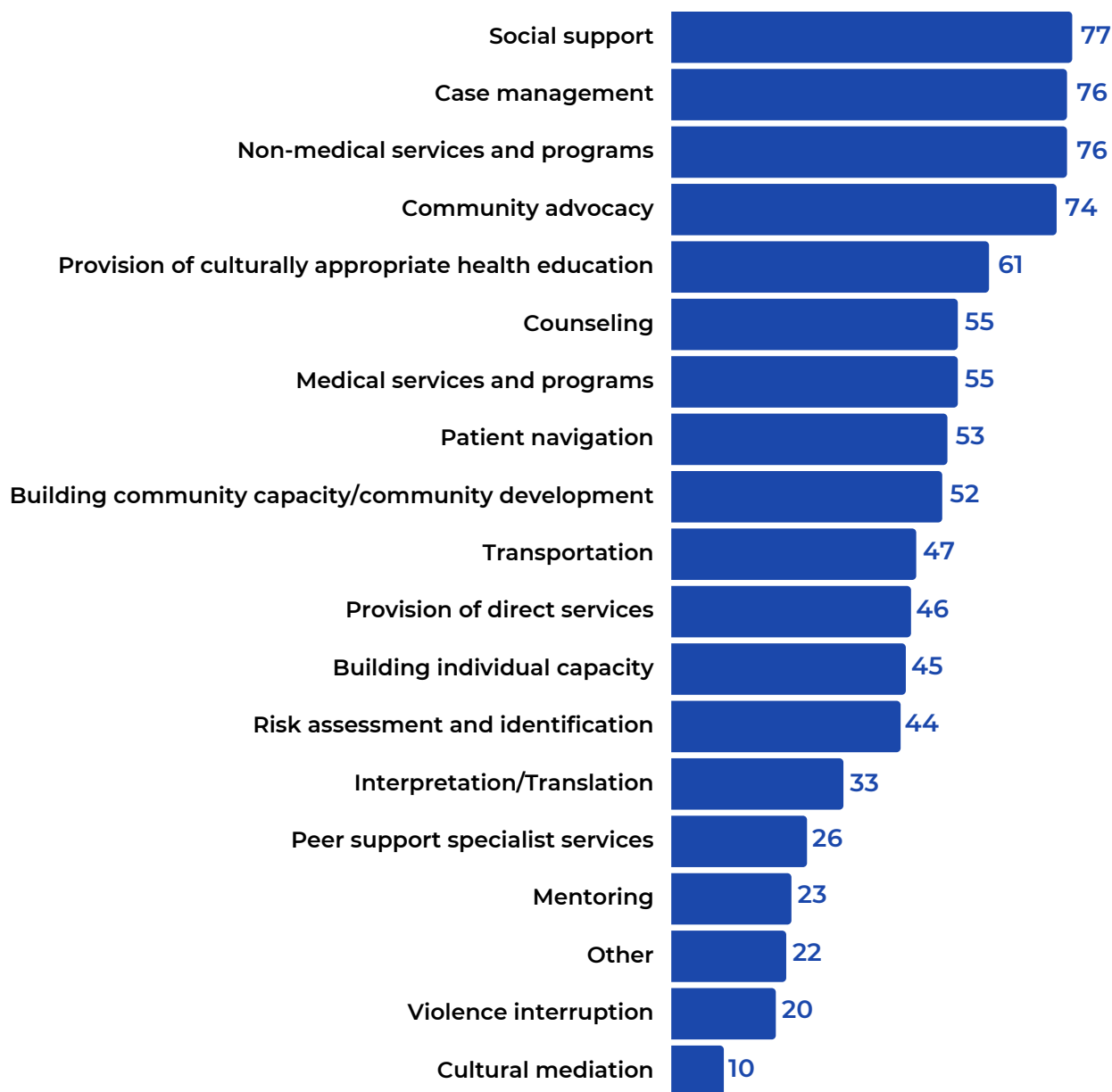


DEMOGRAPHICS

ORGANIZATIONS THAT EMPLOY CHWs

Services provided by organizations were asked of respondents through a “check all that apply” question.

Figure 1.8 Services Provided by Organizations with CHWs



WAGES AND BENEFITS

The CHW-CI Employer Survey asked baseline questions regarding [CHW wages and benefits](#). Respondents from organizations that had more than one survey response (n = 6, or six organizations had at least two individuals fill out the survey) and had varying rates of CHW wages, 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?	103	10	4	128	1
2. How many volunteer CHWs currently work for your organization?		2	0	60	0
3. What # of the CHWs with whom you are reporting are contracted ?		4	0	66	0

Interest in how many CHWs are [contracted](#) versus employed by the agency they work with. Overall, it appears most CHWs are either 100% or 0% contracted.

Figure 2.1 Percentage of Paid CHWs that are Contracted



WAGES AND 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 **seven unique wage/salary levels** and had the option of reporting by yearly salary or hourly wage.

Out of 149 unique responses, there were **87 responses** that provided information regarding their CHWs income. Of those 87 responses, there were 185 unique wage levels provided, meaning respondents provided up to seven unique wages that their CHWs receive. Of those **185 unique wage levels**, 18 were not included in the below calculations due to seemingly incorrect reporting (e.g., a respondent put “23” in for a yearly salary).

Twenty-four unique wage levels are included below for respondents that reported yearly wage levels for a total of **158 CHWs** (29 CHWs were 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	44	\$21,186.55	\$20,000	\$55,000	\$6,000	\$3,062.93	\$20,281.52; \$22,091.57
Full-time	114	\$42,403.95	\$40,000	\$87,550	\$12,000	\$5,532.45	\$41,388.37; \$43,419.53

*Alpha Value = 95%

One hundred sixteen unique wage levels are included below for respondents who reported hourly wage levels for a total of **547 CHWs** (47 CHWs were 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	138	\$23.27	\$22.00	\$40.00	\$15.00	\$0.44	\$23.19; \$23.34
Full-time	409	\$22.12	\$21.57	\$50.00	\$15.00	\$0.40	\$22.08; \$22.16

*Alpha Value = 95%

WAGES AND BENEFITS

Forty-five unique wage levels are included below for respondents who reported hourly wage levels for only contracted CHWs, with a total of 229 CHWs (110 CHWs were 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	114	\$23.27	\$22.45	\$40.00	\$15.00	\$0.76	\$23.14; \$23.41
Full-time	115	\$23.40	\$24.00	\$50.00	\$20.00	\$0.75	\$23.26; \$23.54

*Alpha Value = 95%

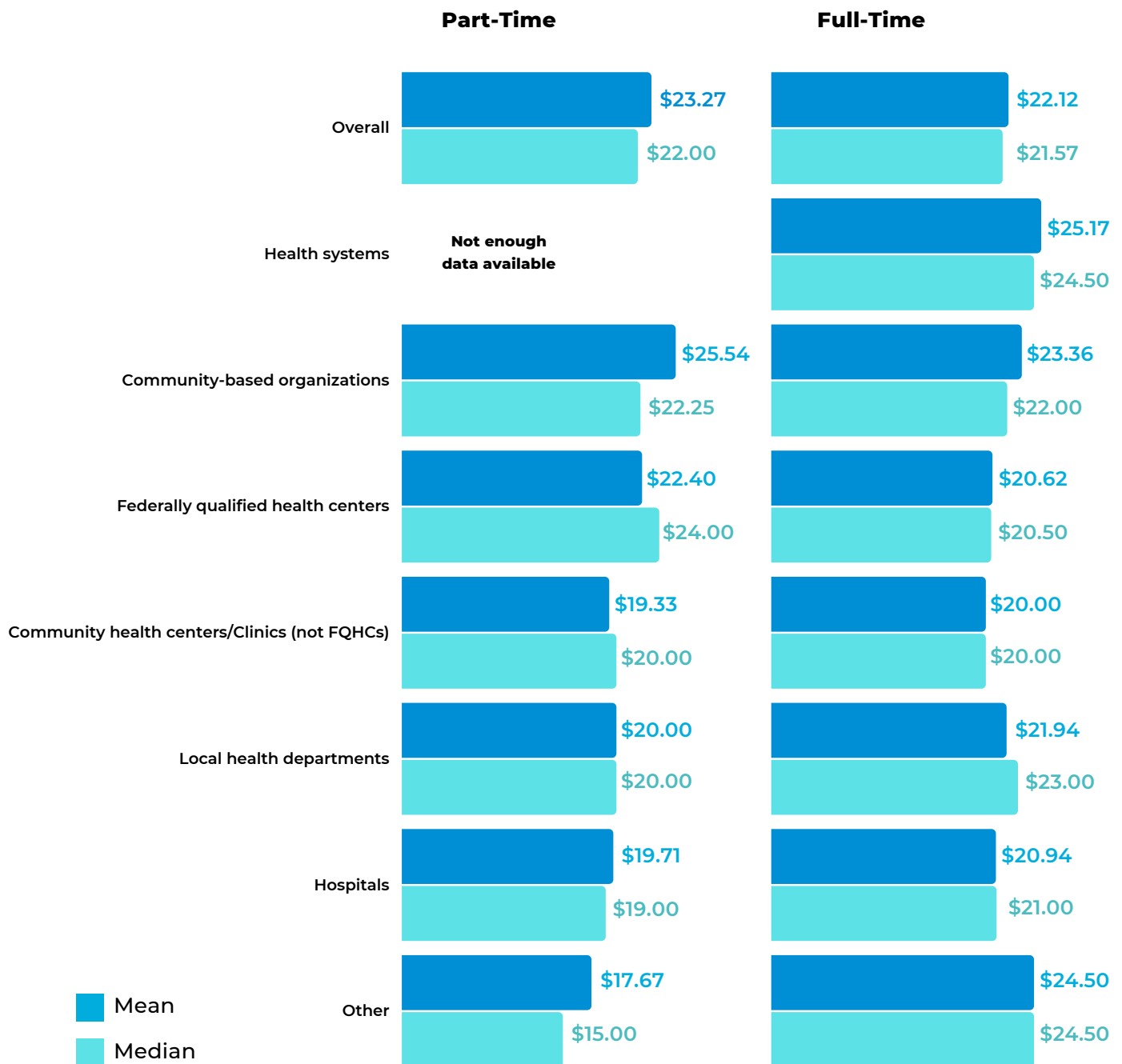
In comparing to the state wide and national averages for wages of CHWs, the survey respondents reported **larger earnings than the state and nation's averages**. Indeed.com¹² states that the average CHW wage in Illinois (n = 80 as of February 1st, 2023) was \$19.67/hr or \$35,754/year. Illinois CHW pay rates on Indeed match the national average as well.

The mean and median of **pay rates for hourly CHWs and the type of organization** were also compared. The yearly wages were not included as only community-based organizations had reported enough CHWs to make comparisons, and instead the hourly rate ranges are shown on the next page.

¹² Indeed - CHW Salary Calculations for the State of Illinois

WAGES AND BENEFITS

Figure 2.2 Hourly Wage by Organization Type



WAGES AND 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

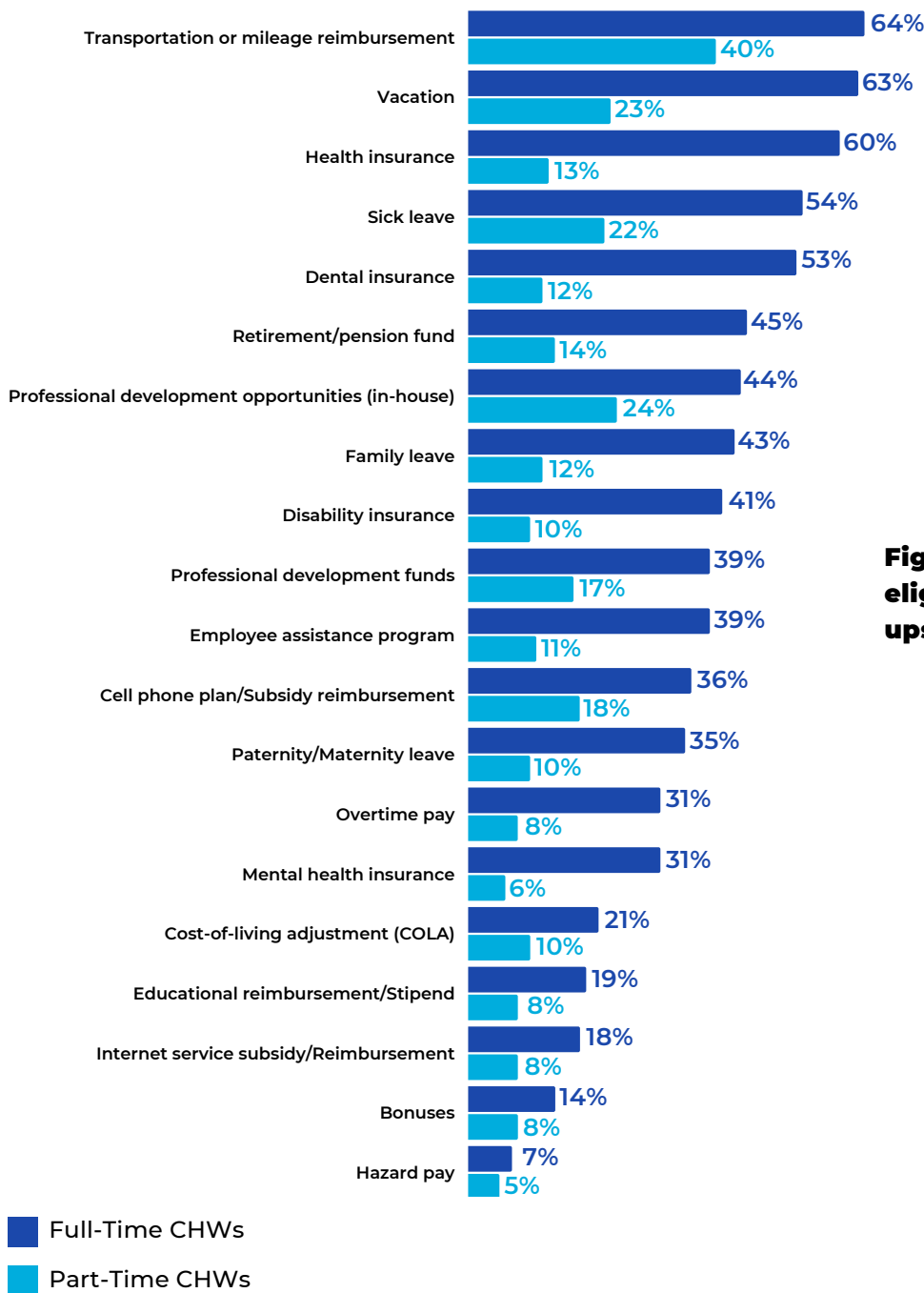
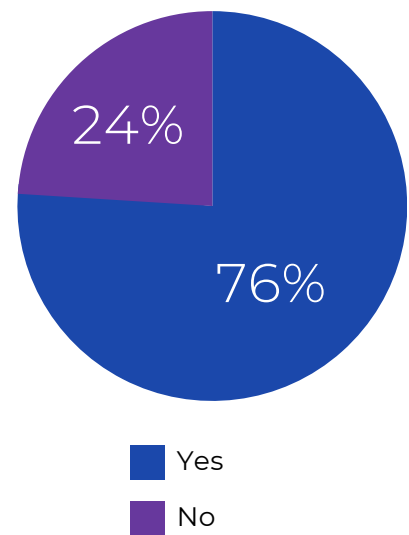


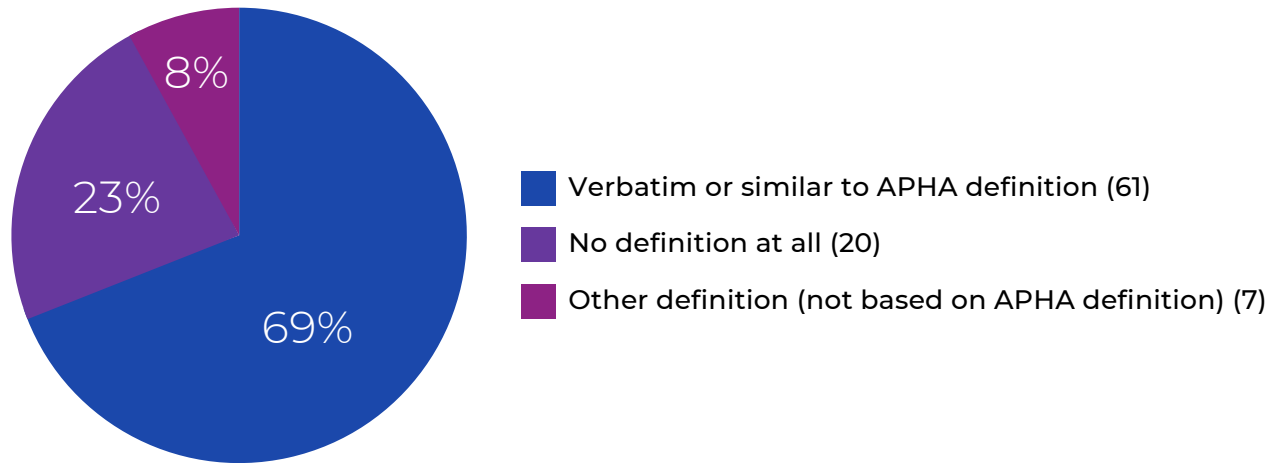
Figure 2.4 Are CHWs currently eligible for promotions/step-ups with pay increases?



POLICY AND SYSTEMS

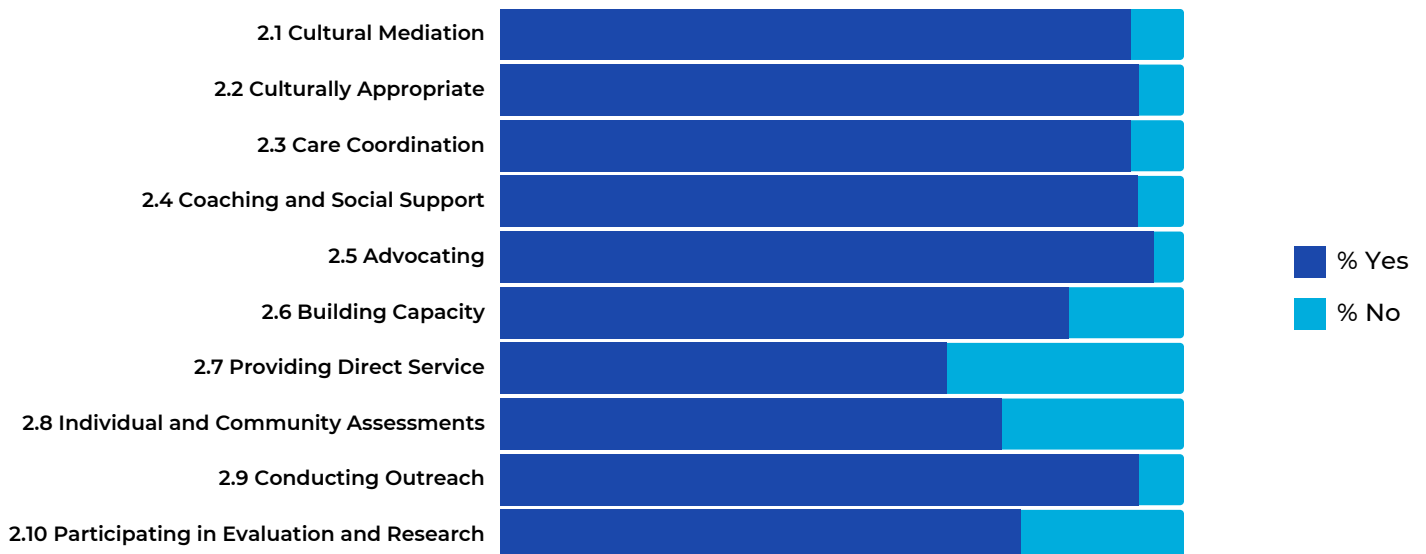
The next section of the survey asked questions related to CHW roles and policies.

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 AND SYSTEMS

An in-depth breakdown for each role and sub-role is listed below with one or two explanations for “no” selected from the 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	<ul style="list-style-type: none"> 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. 	82/89 (92%)	<ul style="list-style-type: none"> <i>“CHWs are trained to do this work, but this language is currently not listed in the job description.”</i> <i>“We refer to community partners that specialize in those services.”</i>
2.2	Providing Culturally Appropriate Health Education and Information	<ul style="list-style-type: none"> 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). 	83/89 (93%)	<ul style="list-style-type: none"> <i>“Primary job duties focus on education with respect to accessing care and navigating health systems and less about educating on specific diseases. There may be informal education about disease prevention overlapping based on core public health messages, but this is not an explicitly stated job duty to provide individual-level disease-specific education.”</i>
2.3	Care Coordination, Case Management, and System Navigation	<ul style="list-style-type: none"> 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. 	82/89 (92%)	<ul style="list-style-type: none"> <i>“Capacity is the reason why this is not included in the role.”</i>

POLICY AND SYSTEMS

Survey #	Title of Role	Sub-roles	Yes	Sample of "No"
2.4	Providing Coaching and Social Support	<ul style="list-style-type: none"> • 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. 	82/89 (93%)	<ul style="list-style-type: none"> • <i>"This is completed by others within the organization (namely, care providers and social worker)."</i>
2.5	Advocating for Individuals and Communities	<ul style="list-style-type: none"> • Advocating for the needs and perspectives of communities. • Connecting to resources and advocating for basic needs (e.g. food and housing). • Conducting policy advocacy. 	85/89 (96%)	<ul style="list-style-type: none"> • <i>"Limited capacity/time."</i>
2.6	Building Individual and Community Capacity	<ul style="list-style-type: none"> • Building individual capacity. • Building community capacity. • Training and building individual capacity with peers and among CHW groups. 	74/89 (83%)	<ul style="list-style-type: none"> • <i>"Due to a lack of funding and limited staff capability, we have limited resources for building community capacity."</i>
2.7	Providing Direct Service	<ul style="list-style-type: none"> • 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). 	58/89 (65%)	<ul style="list-style-type: none"> • <i>"The CHWs at our organization provide referrals and help make connections to the direct services above (sometimes elsewhere within our organization) but do not provide the direct services themselves."</i>

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Survey #	Title of Role	Sub-roles	Yes	Sample of "No"
2.8	Implementing Individual and Community Assessments	<ul style="list-style-type: none"> 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). 	66/90 (73%)	<ul style="list-style-type: none"> "Our program does not offer such services at this as our staff are targets to specific grant objectives which do not include such assessments."
2.9	Conducting Outreach	<ul style="list-style-type: none"> 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. 	84/90 (93%)	<ul style="list-style-type: none"> "Some, but not all of these. Limited home-based services."
2.10	Participating in Evaluation and Research	<ul style="list-style-type: none"> 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. 	67/88 (76%)	<ul style="list-style-type: none"> "We participate in those designs, but our local health department, United Way, and ____ university conduct those activities. We have limited capacity and prefer not to replicate what is currently being done successfully." "This is provided by a program supervisor."

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Respondents were then asked if there were any other roles not listed within 2.1 - 2.10 that their CHWs engage in. 16/87 provided answers; themes of which are below.

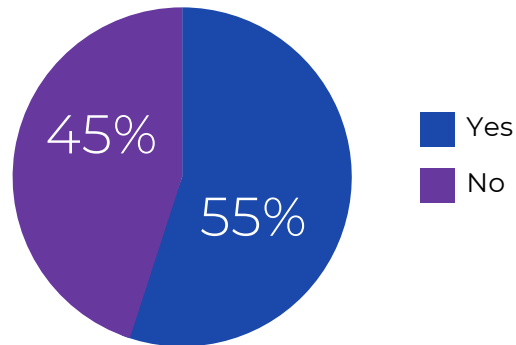
Table 3.2 Explanations for Additional Roles of CHWs Outside of Core Roles 1 - 10

Theme	Example	Amount of Responses
Insurance Enrollment/Advocacy	<i>"Assists eligible consumers and patients with enrollment for Qualified Health Plan and/or affordable health coverage. Assists with completion of applications for Social Security, Manage-my-Case, Medicaid, MyChart and appeals."</i>	3
Work with Law Enforcement/Safety	<i>"Coordinate with law enforcement to provide wrap around services to clients who could benefit from utilizing the network's resources. Includes law enforcement, homeless services, housing services, youth services, senior services, hospital, mental health."</i>	2
Community Advocacy & Support	<i>"Important to build trust and relationships so that the community can be informed and educated in the services and resources that are available. We are true community advocates and bridge builders for those underserved and underrepresented."</i>	2
Occupational Health	<i>"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)."</i>	1
Policy	<i>"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."</i>	1
CHW Training	<i>"CHW training."</i>	1
Sexual Health	<i>"HIV/AIDS and STD screenings."</i>	1
Drop-In Center	<i>"We encourage individuals to attend our drop-in programs for youth, seniors, and adults. We also have volunteer opportunities, and holiday events to connect and build community."</i>	1

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Respondents were asked if their organization requires CHWs to complete a state or CHW association/network-recognized CHW core competency-based training program,¹³ either before or after hire, of which 55% stated that they do.

Figure 3.3 Does your organization require CHWs to complete a recognized CHW core competency training?



Respondents were then asked to elaborate on and describe what affects their organization’s ability to require that CHWs complete said training.

Table 3.3 Themes for Factors that Impacts Organization’s Ability to Require CHWs Completed Core-Competency Training

Theme	Example	Amount of Responses
No requirement	<i>"It has not been required simply due to there not being a clear option for becoming certified in Illinois. We did send our team through a training made available by the Sinai Urban Health institute a few years ago which was very useful. If a clear, standard option for certification presented itself to us we would absolutely send our entire team through the process."</i>	10
Comply with other requirement	<i>"We haven't felt that the training would add to the training that our CHWs already get on the job."</i>	6
Program needs	<i>"Our program was not formally listed as a CHW during hiring. Looking forward to seeing the competency based training program to confirm its validity."</i>	4
Training availability	<i>"No such program exists for CHWs involved in addressing the occupational hazards that impact the health of precarious workers."</i>	4
Candidate	<i>"We do not want to impede people from applying for the role so it is not a hiring requirement. There has not yet been discussion around expanding the CHW training to include those listed above."</i>	3

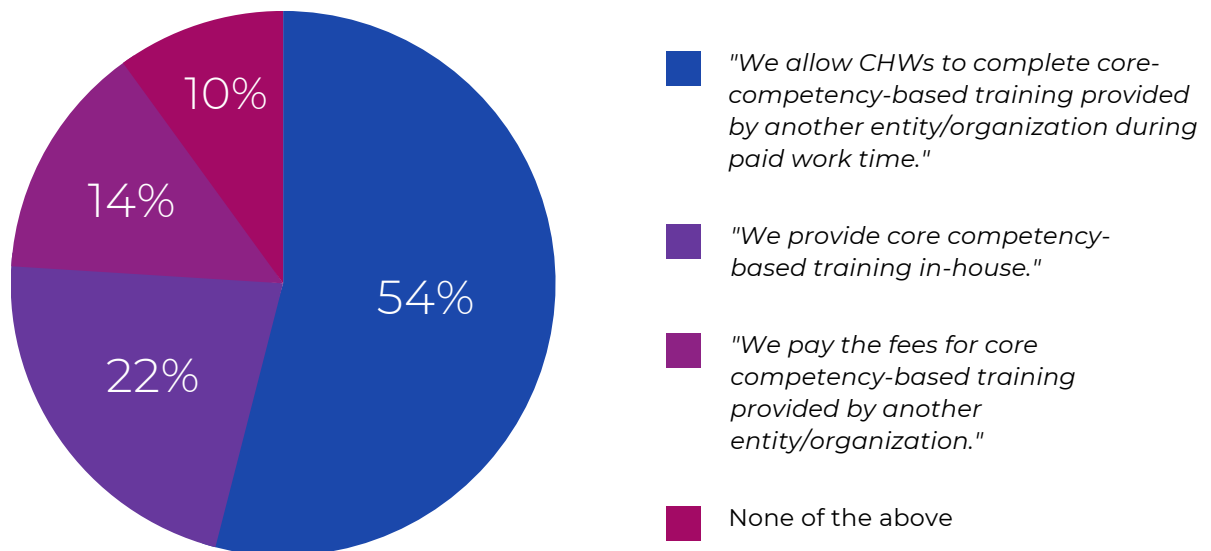
¹³ Community health workers are currently provided with academic and/or community-based training opportunities that lead to the mastery of National Community Health Worker Core Competencies found [here](#). Though a formal state-wide CHW certification program is not active, it is currently in legislation and can be found [here](#).

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Theme	Example	Amount of Responses
Funding	<i>"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."</i>	3
Awareness	<i>"We have not developed a CHW training, prior to the pandemic we only employed one CHW and did not think about training."</i>	2
Grant requirements	<i>"Depending on grant requirements. If offered workers will acquire necessary designations."</i>	1
Own curriculum	<i>"____ has its own leadership develop curriculum, and many of our CHWs are graduates from that program."</i>	1

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. **Ninety percent stated they do.**

Figure 3.4 Organizations that provide or support their CHWs in core-competency training



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For those who answered “None of the above,” themes and examples are below.

Table 3.4 Themes for Factors that Impacts Organization’s Ability to Provide or Support CHWs Obtaining Core-Competency Training

Theme	Example	Amount of Responses
Covered in other Trainings	<i>"CHWs attend a myriad of trainings in the covering all the competencies required to perform their work, some in-house, some provided through partners such as _____," "We offer five trainings for ___ staff: motivational interviewing, Mental Health and Psychological First Aid, Self-Care and Servant/Leadership Development."</i>	2
Funding	<i>"Again, we don't have the funding."</i>	1
Role is Different	<i>"The [CHW role] is not exactly a CHW job description, they have unique _____ related position descriptions and certain other requirements."</i>	1

Respondents were then asked if their organization tracks **how many CHWs they employ have completed the CHW certification**. **Seventy-five percent** stated “Yes” that they keep track of CHWs who have completed certification, with 61% (n = 41) reporting that 76% - 100% of their CHWs have completed the certification.

Figure 3.5 Percentage of CHWs who have completed CHW Certification by Organization

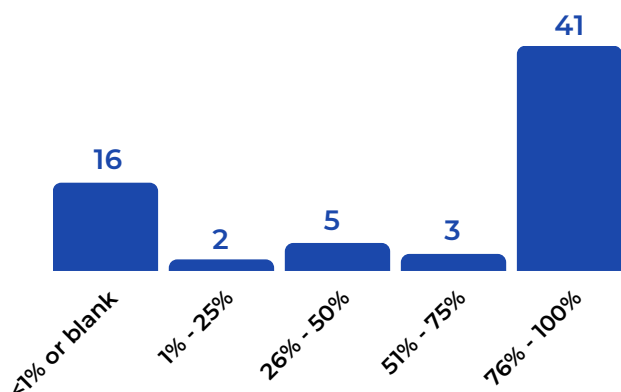
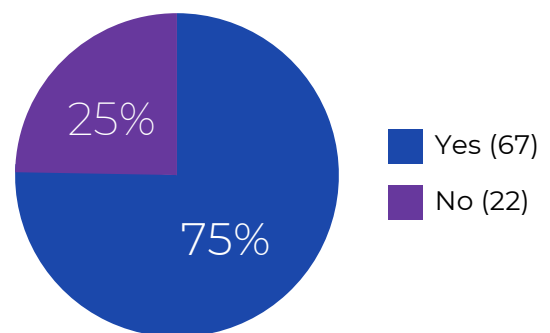


Figure 3.6 Percentage of Organizations that track CHW Certification



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Respondents were asked how their organization **uses information about CHW's certification** with themes; examples below.

Table 3.5 Themes for How Organization uses Information about CHW's Certification

Theme	Example	Amount of Responses
Tracks certification	<i>"At [organization] we mandate a complete certification of the program to be out in the community. Based on past experiences, and the time management we provide inhouse training, and IPHA training as well."</i>	10
Tracks training	<i>"CHWs are enrolled in ____ series. Completion of coursework is tracked. The program does not currently offer certification."</i>	8
Share with partners and community	<i>"CHW certification validates that the outreach worker is qualified and competent to perform the education, support, and advocacy in a professional manner that best serves the community."</i>	7
Doesn't use	<i>"We do not use the information at this time."</i>	4
Benchmark tracking	<i>"Information is used to complete our goals and objectives in serving our community."</i>	3
Grant reporting purposes	<i>"We track for grant reporting purposes."</i>	3
Grant application support	<i>"We use it to demonstrate commitment and professionalism to our community, in job descriptions, and applying for funding."</i>	2

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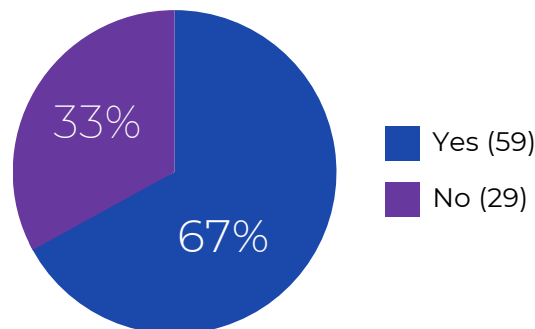
Lastly, respondents were asked to explain **what affects their organization's ability to track CHWs who have completed certification.**

Table 3.6 Themes for What Affects Organization's Ability to Track CHWs who have Completed Certification

Theme	Example	Amount of Responses
Not tracked by HR formally	"While we note this in a personnel file, _____ is still developing tracking of personnel growth in our HR systems."	5
Not a priority/not needed	"There has been no need to do this. It probably wouldn't be very difficult."	4
No standard certification	"This is not required competency upon hire of a CHW."	3
Large organization	"It is a large institution with various programs that utilize CHWs to meet program needs. Not all programs have the same definition of CHW."	2
CHW job description	"The {CHW role} is not exactly a CHW job description, they have unique _____ related position descriptions and certain other requirements."	1
Funding	"We don't have the funding to support certification."	1
Specific to project	"Terms of employment are based on the funded project."	1

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. Sixty-seven percent reported that they were required to have training.

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



POLICY AND SYSTEMS

Barriers that **impact organization's ability to adopt such a requirement** such a requirement were asked with themes; examples below.

Table 3.7 Themes for Barriers that Impact Organization’s Ability to Adopt a Requirement of CHW Supervisor to Attend CHW Trainings

Theme	Example	Amount of Responses
No requirement	<i>"The state of Illinois has no specific guidance on requirements for CHWs."</i>	6
Exploring	<i>"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)."</i>	5
Staff & Staff Transition	<i>"Constant transition within the department in which the CHW program is under."</i>	3
Not discussed	<i>"Our supervisors come into the organization with supervision experience, we have never thought about CHW supervision training."</i>	2
Time & Cost	<i>"We require it for the current grant, but not for others. time and cost considerations will determine if we do it in the future."</i>	2
Lack of knowledge	<i>"Lack of knowledge or understanding."</i>	1
New program	<i>"Creation and development of CHW program - currently in the initial phase of using the CHWs"</i>	1
Not exactly CHW position	<i>"The {CHW role} is not exactly a CHW job description, they have unique _____ related position descriptions and certain other requirements."</i>	1
Not needed	<i>"Our Supervisors basically develop the trainings. By default they have gone through the CHW trainings."</i>	1
Not offered in house	<i>"None is offered at our hospital."</i>	1

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, they were asked to refer to the list below of "sustainable" CHW payment mechanisms compiled 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 revenue 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

These results signify that for all respondents of this survey, 44 answered questions related to sustainability of their CHW program. Most stated 0% was sustainable.

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	44	23*	\$628,911	\$191,000
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)			\$138,022	\$0
3. Divide the numerator by the denominator and multiply by 100 (answers may range from 0% to 100%)			34%	0%
4. In lieu of steps 1 - 3, you may also provide an estimated percentage if you do not have exact \$ amounts		21	10.4%	0%**

*23/44 respondents utilized Questions 1 - 3 to calculate versus estimate in Question 4.

**19/21 respondents that estimated percentage via Question 4 put 0%

SUSTAINABLE FUNDING

In hopes of understanding how organizations attempt to increase the percentage of CHW salary/benefit costs covered by "sustainable" funding over the last year, an open text-box question was asked to include progress made, successes, barriers, and challenges.

Table 4.2 Themes for Increasing Sustainable Funding for CHW's Salary/Benefits

Theme	Example	Amount of Responses
Grant funded	<i>"A huge number of our current CHWs are covered by grant funding as the result of the pandemic.", "Currently grant funded. We would have to redirect other sustainable funding sources to our CHW work should we deem that this is the best use of those limited resources. we are a part of this grant so that we could explore how essential CHWs are and make the case for supporting their ongoing use with other funding."</i>	17
Billing	<i>"Optimizing our revenue cycle billing to Medicaid and Medicare for patients we deliver other direct health services to has enabled us to sustainably support these positions for now. This is not necessarily a permanent structure long-term as there has been some attrition of these positions over the past few years (we used to have more CHWs and the workforce has been reduced due to limited external funding available to us). We have also relied on grants at times. The availability of billing codes to Medicaid directly for the services provided by CHWs would allow us to expand our program through more predictable and sustainable revenue. Billing for CHW services to Medicaid would allow us to expand both the number of staff as well as their scope of services."</i>	7
Exploring	<i>"We aren't aware of sustainable funding sources for CHW's. 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."</i>	5
Grant funded/ donation	<i>"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."</i>	2
Need to research	<i>"Need to research more options".</i>	2
New program	<i>"Have only had CHWs for less than two months - again beginning implementation phase."</i>	2

SUSTAINABLE FUNDING

Theme	Example	Amount of Responses
Not a priority	<i>"This has not been a priority for our agency so no work has been done on this front."</i>	2
ACO funds	<i>"Those 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). We have also convened a multidisciplinary workgroup focused on contracting with payors such as Medicaid MCOs, state Medicaid regulators, and our own ACOs to reimburse for CHW services. We hope to begin contracting in 2023, at least in initial markets."</i>	1
Billing/ Reimbursement	<i>"Advocacy on Medicaid FFS rate increases."</i>	1
Donation funded	<i>"We are entirely supported by donations; the "sustainable" funding types listed are not available to free clinics."</i>	1
Establish position	<i>"I was able to get a lead CHW position approved because of the success of the outreach which came with an increase for a team member. We also offer annual increases based off of performance."</i>	1
Foundations	<i>"Our organization is looking at incorporating other streams of funding to aid in sustainability such as foundations."</i>	1
Private funds/ fundraising	<i>"Continue to apply for private funds and fundraising."</i>	1
Reviewing fees	<i>"We have received more funding from the county. We have been granted several awards for grants lasting several years. We are in the process of reviewing fees."</i>	1
Subcontracts	<i>"Funding has been strictly through sub contacts with other entities (e.g. state health departments, indirect through other sub-contracts)."</i>	1

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