



Community Health  
Workers &  
*Promotores*  
in the Future of Medi-Cal

**CHW Common Indicators Project: Proposed Indicators for Priority Constructs**

This draft list, developed by the Common Indicators project, is a set of evaluation indicators and measures to understand the unique contributions of CHW/Ps to successful program outcomes.

*This resource was shared in 2021 as part of the CHW/P in the Future of Medi-Cal project supported by the California Health Care Foundation.*

## CHW Common Indicators Project: Proposed Indicators for Priority Constructs (version 12-19-2020)

(References are available upon request.)

### Introduction

The indicators proposed below rest on the following set of assumptions:

1. CHWs<sup>1</sup> will be responsible for (i.e. involved in) collecting the data for many of these indicators. This is true, for example, of indicators that are included in pre-post surveys/assessments with participants.
2. When they are fully disseminated for use to programs, the indicators will be accompanied by a manual that will include further explanation of the meaning and intent of each indicator, so that those who collect the data are able to interpret them in culturally-centered ways.
3. We are proposing quantitative indicators because they are easiest to implement in a consistent and reliable way. We recommend that these indicators be used along with qualitative methods that are specific to the culture/community and setting.
4. Whenever possible, we recommend that indicators be operationalized in existing data collection and/or case management tools, to reduce the burden on CHWs and data management staff.
5. When we recommend an indicator be collected on a CHW Encounter Form, that can occur either on paper or via an online case management database like RedCap, CareScope, ETO, SMART Sheets, etc.
6. Assessing CHWs' contributions to improving population health (e.g. with community-level indicators) is crucial. However, it is beyond the scope of most or all CHW programs to do that on their own; for this reason, among others, we are not recommending community-level indicators. We are, however, recommending collection of a participant general health indicator (Indicator #6, below).
7. Many things are beyond the immediate control of the CI Project, such as the multiple titles used for CHWs. However, if we collect these data systematically, some things should become more consistent, such as CHW job descriptions that are based on the APHA definition and the 10 core roles as identified in the C3 Project.
8. For collecting initial assessment data, some CHW programs use Intake Forms, some use a pre-assessment, and some use both. Any of the participant outcome indicators that we recommend for inclusion in a pre-assessment could also be included in an Intake Form, as long as that same indicator is repeated at regular intervals to assess change
9. Along with assessment and assurance, ***policy development*** is one of the three core functions of public health (<https://www.cdc.gov/nceh/ehs/10-essential-services/resources.html>). As essential public health professionals, Community Health Workers also engage with their communities in developing policies that promote health, prevent disease, and ameliorate existing health inequities.
10. We acknowledge the importance of health care utilization and cost measures; however, it is impossible to create or identify one utilization measure that will work in all cases, especially because not all CHW programs have access to this data.

NOTE: The indicator grid below includes the construct, its definition, a rationale for measuring that construct in programs that employ CHWs, and how to operationalize the construct. To learn how to measure the construct, highlight the name of the construct and click on "open hyperlink." This will take you to a place lower down in the document where the measurement approach is explained.

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<sup>1</sup> Please note that in the CHW Common Indicators Project, the term "Community Health Workers" (CHWs) is inclusive of Promotores/as de Salud and Community Health Representatives.

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| Construct  | Definition   | Rationale for Measuring   | How to Operationalize  |
|--|--|---|--|
| #1<br><a href="#">CHWs' level of compensation, benefits, and promotion</a><br>(PROCESS)                            | The salary paid to CHWs in relation to their FTE and local cost of living, in addition to the presence or absence of various benefits, as well as opportunities for promotion  | <i>Justice</i> : Insufficient payment is exploitative and unfair. (2) <i>Effectiveness/performance</i> : Sufficient compensation allows CHWs to dedicate their full time and attention to community health work because it provides for all their material needs. (3) <i>Addressing poverty and lack of good jobs within communities</i> : Sufficient compensation for CHWs can facilitate a pathway out of poverty over the long-term. Living wage CHW jobs provide job development in communities.  | <b>Method 1: CHW surveys</b><br><br><b>Method 2: CHW employer surveys</b>  |
| #2<br><a href="#">CHW enactment of the 10 core roles</a><br>(PROCESS)  | How often individual CHWs or a group of CHWs within a program, organization, state, or region enacts each of the 10 core roles defined by the CHW Core Consensus (C3) project.   | Collecting these data is critical to evaluating the unique contributions of CHWs and the outcomes they achieve. Research suggests that CHWs are better able to contribute to improving health and decreasing health inequities when they are supported to play a full range of roles. In addition, clarity about CHW roles can foster CHW integration into teams and will also allow training to be geared to meet CHWs' needs, and/or to emphasize the necessity of playing a full range of roles.   | <b>CHW Encounter Forms</b> or other forms used to track CHW interactions with individuals and groups.                    |
| #3<br><a href="#">CHW-facilitated referrals</a><br>(PROCESS)   | Completed referrals facilitated by the CHW, through which the participant successfully receives attention, care, and/or resources from a clinic, other healthcare or social service agency or public service.                          | Making and facilitating referrals for community members to needed and appropriate health or social services is directly connected to at least 7 of the 10 core roles of a CHW as defined by the C3 project. This key component of CHW work is currently being measured at the individual programmatic level, and although there are various models and survey questions used within the domestic and international setting, there is no recommended standard instrument that can be used to generate national data sets for this activity.  | <b>CHW Encounter Forms</b> or other forms used to track CHW interactions with individuals and groups (paper or digital). |
| #4<br><a href="#">CHWs' involvement in decision- and policy-making</a><br>(PROCESS)                                | The extent to which a CHW is able to be involved in policy making both within their own organization and in the larger community on work time and/or as part of their volunteer commitment.  | Policy making is one of the three core functions of public health. CHWs' ability to address the social determinants of health and eliminate health inequities depends on their ability to create and influence health-promoting policy, both within and outside their employing agency. Being able to influence policy depends on knowing who to work with, being trusted by other policy actors, and being supported to engage in policy making on work time.  | <b>CHW surveys</b>   |
| #5<br><a href="#">Extent to which CHWs are integrated into teams</a> (for example, health care teams)<br>(PROCESS) | The extent to which CHWs are members of a collaborative and communicative 'team' with other providers (i.e. nurses, doctors, social workers, health educators, pharmacists, etc.) within a clinic, school, social service agency, etc. | Well-functioning, transdisciplinary teams have been recognized by the Institute of Medicine as key to the safety and quality of care across multiple settings. Integration of CHWs into transdisciplinary healthcare and social service teams is widely recognized as key to the effectiveness, cultural appropriateness, and quality of care. Despite wide recognition of its importance, integration of CHWs into care teams and its impact on team functioning are rarely measured. Also, while care teams more frequently include CHWs, this often may not yet represent their meaningful integration as full participants in care teams. | <b>CHW surveys</b>   |

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|  |   |   |  |
|--|---|---|--|
| <p>#6<br/> <a href="#">Participant self-reported physical, mental, and emotional health</a><br/>         (OUTCOME)</p> | <p>The self-reported assessment of perceived physical, mental and emotional health and quality of life.</p>   | <p>An indicator of self-reported health is important for monitoring and assessing the perceived general and functional health and quality of life of individuals and populations. It is widely used in the U.S. and worldwide, relatively easy to measure, and generally correlates well with clinically measured health status, use of health services and health care costs. Self-reported health “incorporates the voices of individuals” and provides “a more holistic view of overall health.”</p>   | <p><b>Participant surveys</b></p>                                    |
| <p>#7<br/> <a href="#">Participant health care and social needs</a><br/>         (OUTCOME)</p>                         | <p>Health care and social needs currently experienced by the participant.</p>   | <p>A key proven outcome of CHW action is more secure access among participants (and their households) to primary care and various social services that may be needed (e.g., food banks, housing support, legal support, etc.). More secure access to primary health care and social services, in turn, is crucial to the wellbeing of marginalized households and communities.</p>  | <p><b>Participant surveys or assessments</b></p>                     |
| <p>#8<br/> <a href="#">Participant social support</a><br/>         (OUTCOME)</p>                                       | <p>The level of support (i.e., assistance/help) that participants perceive from others to deal with regular and emergent life challenges, including economic, social, health, and emotional challenges.</p>   | <p>The presence of social support has been associated with faster recovery from illness, responsiveness to treatment in stress-related illnesses and fewer pregnancy complications, and decreased levels of depression, greater life satisfaction, and better well-being. Lack of support is strongly associated with increased morbidity and mortality. CHWs provide social support both directly, by accompanying community members, and indirectly, by linking them to existing groups and starting new ones.</p>  | <p><b>Participant surveys</b></p>                                    |
| <p>#9<br/> <a href="#">Participant empowerment</a><br/>         (OUTCOME)</p>  | <p>A composite measure assessing both actual and perceived empowerment. Includes the following domains: decision-making, self-efficacy, education/knowledge/skills, optimism, advocacy/activism, control, motivation, and social integration and support.</p> | <p>Empowerment is “recognized by the World Health Organization and health agencies around the world as a core concept in health promotion and integral to the achievement of social equity.” Empowerment independently predicts self-reported health status and depression, and is in the pathway to improved health, making it a good intermediate measure of health status. Increasing empowerment is seen as a critical CHW function; it has also been hypothesized that CHWs are unique among other health and social service professionals in their ability to support participants to increase their empowerment.</p> | <p><b>Participant surveys</b></p>                                    |
| <p>#10<br/> <a href="#">Policy and system change: program/ employer level</a><br/>         (OUTCOME)</p>               | <p>Policies and system changes that address CHW workforce development and sustainability. For our 2019-2020 work, we focused on policies related to CHW workforce development (training, payment, etc.).</p>  | <p>The CHW workforce is best respected and stabilized through policies that support their sustainability, including a recognized definition and scope of practice/roles, core-competency-based training, voluntary certification mechanisms, appropriate supervision, and payment mechanisms that support sustained employment, e.g., general funds and insurance company payment. CHW employers and programs can institute these policies at the CHW employer/program level.</p>   | <p><b>CHW program/employer surveys</b></p>                           |
| <p>#11<br/> <a href="#">Policy and system change: state level</a><br/>         (OUTCOME)</p>                           | <p>(see above)</p>  | <p>The CHW workforce is best respected and stabilized through policies that support its sustainability and integrity, including a recognized definition and scope of practice/roles, core-competency-based training, voluntary certification mechanisms, appropriate supervision, and payment mechanisms that support sustained employment, e.g., general funds and insurance company payment (CDC, May 2019). State governments can facilitate policy and systems changes that support CHW programs, employers and the CHW workforce.</p>  | <p><b>Surveys of a state government’s policies and practices</b></p> |

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### 1. CHWs' level of compensation, benefits, and promotion (Kenny)

#### Method 1: Survey of CHWs

The measure is based on a CHWs' responses to the following questions:

1. What is your current hourly rate or annual salary?

\_\_\_\_\_ US \$ per hour or year

2. What is the FTE rate of your CHW position (or how many hours per week do you typically work)?

\_\_\_\_\_ FTE or \_\_\_\_\_ hours per week

3. Does your employer currently offer you the following benefits? (check all that apply)

#### Health and disability insurance:

- Health insurance
- Dental insurance
- Disability insurance
- Mental health insurance

#### Paid leave/vacation:

- Family leave
- Sick leave
- Vacation

#### Reimbursement for work-related expenses:

- Transportation or mileage reimbursement
- Cell phone plan subsidy/reimbursement
- Internet service subsidy/reimbursement

#### Other benefits:

- Employee assistance program
- Retirement/pension fund
- Bonuses
- Hazard pay
- Overtime pay
- Education reimbursement/stipend
- Cost-of-living adjustment (COLA)
- Professional development funds (e.g., funds or paid time for participation in external professional associations and attending conferences and trainings)
- Professional development opportunities (in-house)

4. Are you eligible for promotions/step-ups with pay increases at your place of employment?

- a. Yes
- b. No

5. (Open ended) Please describe any changes you would like to see in the level of pay you receive, your FTE level, and/or the number of hours you work as a CHW. If there are no changes you would like to see, you can respond with, "no changes."

6. (Open ended) Please describe any changes you would like to see in the benefits you receive (or do not receive) as part of your employment as a CHW. If there are no changes you would like to see, you can respond with, "no changes."

7. (Open ended) Please describe your own experience with the promotion/step-up pathway (or lack of one) at your current place of employment, and any changes you would like to see.

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### Method 2: CHW Employer Survey

The measure is based on a employers' responses to the following questions:

1. How many paid CHWs currently work for your organization?  
\_\_\_\_\_ CHWs
2. How many volunteer CHWs currently work for your organization?  
\_\_\_\_\_ CHWs
3. Based on your responses to questions 1 and 2, use the table below to enter the wage/salary levels at which your CHWs are employed. Then, proceed to fill out the table with the number of CHWs employed at each wage/salary level. For volunteer CHWs, enter 0 (zero) for wage/salary level.

[Example table:]

| Wage/salary level   | # of CHWs currently employed at this wage/salary level | # of CHWs at this wage/salary level who are part-time (PT) versus full-time (FT) | Total FTE (summing across all CHWs) employed at this salary/wage level |
|---------------------|--|--|--|
| _____/hr or \$/year | _____ CHWs   | PT: _____ CHWs FT: _____ CHWs  | _____ FTE  |
| _____/hr or \$/year | _____ CHWs   | PT: _____ CHWs FT: _____ CHWs  | _____ FTE  |
| _____/hr or \$/year | _____ CHWs   | PT: _____ CHWs FT: _____ CHWs  | _____ FTE  |
| _____/hr or \$/year | _____ CHWs   | PT: _____ CHWs FT: _____ CHWs  | _____ FTE  |

4. Please indicate the benefits you currently provide to full-time CHWs. (Check all that apply.)

#### Health and disability insurance:

- Health insurance
- Dental insurance
- Disability insurance
- Mental health insurance

#### Paid leave/vacation:

- Family leave
- Sick leave
- Vacation

#### Reimbursement for work-related expenses:

- Transportation or mileage reimbursement
- Cell phone plan subsidy/reimbursement
- Internet service subsidy/reimbursement

#### Other benefits:

- Employee assistance program
- Retirement/pension fund
- Bonuses
- Hazard pay
- Overtime pay
- Education reimbursement/stipend
- Cost-of-living adjustment (COLA)
- Professional development funds (e.g., funds or paid time for participation in external professional associations and attending conferences and trainings)
- Professional development opportunities (in-house)

5. Please indicate the benefits you currently provide to part-time CHWs. (Check all that apply.) [Same list as above]

6. Are CHWs currently eligible for promotions/step-ups with pay increases?

- a. Yes
- b. No

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### 2. CHW Enactment of the 10 Core Roles (Noelle)

CHWs respond to a checklist on an encounter form to record the roles they played *in each of their individual and group encounters on a given day*. The checklist includes all 10 of the core roles from the C3 Project (<https://www.c3project.org/roles-competencies>).

What roles did you play in this encounter? (Check all that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Cultural Mediation among Individuals, Communities, and Systems | <input type="checkbox"/> Capacity-Building                    |
| <input type="checkbox"/> Health Education and Information                               | <input type="checkbox"/> Direct Service                       |
| <input type="checkbox"/> Care Coordination, Case Management, or System Navigation       | <input type="checkbox"/> Individual and Community Assessments |
| <input type="checkbox"/> Social Support   | <input type="checkbox"/> Outreach                             |
| <input type="checkbox"/> Advocacy   | <input type="checkbox"/> Evaluation and Research              |

### 3. CHW-Facilitated Referrals (Keara)

CHWs record the following on encounter forms:

- Referrals facilitated by the CHW for the participant as a result of a specific encounter
- That participants received care or resources from the referred service

\*A referral is deemed “complete” when a CHW facilitates the referral and receives notice that the participant/client connected to the referred service either from (a) client self-report, (b) the agency who received the referral, or (c) the electronic information systems.

### 4. CHWs' involvement in decision- and policy-making (Noelle)

The measure is based on a CHW's responses to the following 6 items/statements:

A Likert-type set of responses is provided for each item/statement: 1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree

1. As part of my job, I have identified the people or organizations that influence change in my community.
2. As part of my job, people who influence change in my community seek my opinion and participation.
3. As a part of my job, I am a member of one or more groups/organizations that make (i.e., develop and/or enact) policy for my community, city, county, state, or tribe.
4. My employer/supervisor supports my involvement in policy making on work time.
5. I am a member of one or more groups that influence policy in my employing organization.
6. I believe that as a CHW, I have influenced policy in my organization or community.

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### 5. Extent to which CHWs are integrated into teams (for example, health care teams) (Kenny)

The measure is based on a CHW's responses to the following questions.

The following 7 questions comprise a validated scale of "relational coordination" (Gittel et al. 2010; 2015). The questions have been modified to drop the phrase "others on your team," and replace with the phrase, "the other healthcare, social service, and/or education providers with whom you work," since the term "team" may not be used in all CHW settings. The term "patients" has also been replaced with the term "program participants."

- 1) How *frequently* do you communicate with the other healthcare, social service, and/or education providers with whom you work about program participants?  
(1= never, 2 = rarely, 3 = occasionally, 4 = often, 5 = constantly)
- 2) Do the other healthcare, social service, and/or education providers with whom you work communicate with you *in a timely way* about program participants?  
(1= never, 2 = rarely, 3 = occasionally, 4 = often, 5 = always)
- 3) Do the other healthcare, social service, and/or education providers with whom you work communicate with you *accurately* about program participants?  
(1= never, 2 = rarely, 3 = occasionally, 4 = often, 5 = always)
- 4) When an error has been made about program participants, do the other healthcare, social service, and/or education providers with whom you work blame others rather than sharing responsibility?  
(1= never, 2 = rarely, 3 = occasionally, 4 = often, 5 = always)
- 5) To what extent do the other healthcare, social service, and/or education providers with whom you work share your goals for the care of program participants? (1 = not at all, 2 = a little, 3 = some, 4 = a lot, 5 = completely)
- 6) How much do the other healthcare, social service, and/or education providers with whom you work know about the work you do with program participants?  
(1 = nothing, 2 = little, 3 = some, 4 = a lot, 5 = everything)
- 7) How much do the other healthcare, social service, and/or education providers with whom you work respect you and the work you do with program participants? (1 = not at all, 2 = a little, 3 = some, 4 = a lot, 5 = completely)

The following 4 items comprise a novel scale representing the extent to which a CHW feels that their race/ethnicity or culture negatively influences the way they are viewed or treated by the other healthcare, social service, and/or education providers with whom they work.

- 8) Do you feel isolated from the other healthcare, social service, and/or education providers with whom you work because of your culture or race/ethnicity?  
(1 = not at all, 2 = a little, 3 = some, 4 = a lot, 5 = completely)
- 9) Do you feel like you have to be the only voice for your race/ethnicity or culture amongst the other healthcare, social service, and/or education providers with whom you work? (1 = not at all, 2 = a little, 3 = some, 4 = a lot, 5 = completely)
- 10) Do you feel dismissed or devalued by the other healthcare, social service, and/or education providers with whom you work because of your ethnic/racial background? (1 = not at all, 2 = a little, 3 = some, 4 = a lot, 5 = completely)



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11) Do you feel that the other healthcare, social service, and/or education providers with whom you work make assumptions about you because of your race/ethnicity? (1= never, 2 = rarely, 3 = occasionally, 4 = often, 5 = always)

The following 4 items do not comprise a scale and are used to generate percentages of specific responses to each item.

12) To what extent do the other healthcare, social service, and/or education providers with whom you work understand your roles and what you do as a CHW? (1 = not at all, 2 = a little, 3 = some, 4 = a lot, 5 = completely)

13) To what extent do you feel comfortable going to the other healthcare, social service, and/or education providers with whom you work to talk about participants' needs? (1 = not at all, 2 = a little, 3 = some, 4 = a lot, 5 = completely)

14) Do you have access to record information about your participants in your employers' main participant tracking form/system? (yes/no)

15) Does your employer provide you with adequate, dedicated space where you can work (e.g., meet with participants, complete paperwork, make phone calls, access a computer, etc.)? (yes/no)

### 6. Participant self-reported physical, mental, and emotional health (Edie)

The measure is based on a participant's responses to the CDC's "Healthy Days" core questions (<https://www.cdc.gov/hrqol/methods.htm>):

1. Would you say that, in general, your health is excellent, very good, good, fair, or poor?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

2. Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?

\_\_\_\_\_ days

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health not good?

\_\_\_\_\_ days

4. During the past 30 days, approximately how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

\_\_\_\_\_ days

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### 7. Participant health care and social needs (Kenny)

The measure is based on either of 2 approaches (PRAPARE or AHC HRSN), depending on which is already in use or easier to use in a particular setting:

**Method 1:** the measure is based on the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) tool (<https://www.nachc.org/research-and-data/prapare/about-the-prapare-assessment-tool/>), specifically, the following questions from the "Family and Home" and "Money and Resources" sub-sections of the PRAPARE tool.

1. What is your housing situation today? (Choose one of the following.)
  - a. I have housing
  - b. I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)
2. Are you worried about losing your housing? (Choose one of the following.)
  - a. Yes
  - b. No
3. What is your main health insurance? (Choose one of the following.)
  - a. None/uninsured
  - b. Medicaid
  - c. CHIP Medicaid
  - d. Medicare
  - e. Other public insurance (not CHIP)
  - f. Other public insurance (CHIP)
  - g. Private Insurance
4. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? (Check all that apply.)
  - Food
  - Clothing
  - Utilities
  - Childcare
  - Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)
  - Phone
  - Other (enter written answer): \_\_\_\_\_
5. In the past year, has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? (Check all that apply.)
  - Yes, it has kept me from medical appointments or from getting my medications.
  - Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need.
  - No

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**Method 2:** the measure is based on the *core items* in the Center for Medicare and Medicaid Service's (CMS) Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) screening tool (<https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>).

### Living situation

1. What is your living situation today? (Choose one of the following:)

- a. I have a steady place to live.
- b. I have a place to live today, but I am worried about losing it in the future.
- c. I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park).

2. Think about the place you live. Do you have problems with any of the following? (Choose all that apply.)

- Pests such as bugs, ants, or mice
- Mold
- Lead paint or pipes
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working
- Water leaks

### Food

Some people have made the following statements about their food situation. For the following 2 items, please answer whether the statements were often, sometimes, or never true for you and your household in the last 12 months.

3. Within the past 12 months, you worried that your food would run out before you got money to buy more. (Choose one of the following.)

- a. Often true
- b. Sometimes true
- c. Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more. (Choose one of the following.)

- a. Often true
- b. Sometimes true
- c. Never true

### Transportation

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? (Choose one of the following.) Yes No

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### Utilities

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?
- Yes
  - No
  - Already shut off

### **8. Participant Social Support (Noelle)**

The measure is based on a participant's responses to the following 6 items/statements, which are replicated verbatim from a recently published version of the Protective Factors Survey (PFS) (Conrad-Hiebner et al., 2015). The 6 items below comprise the Emotional and Concrete Support sub-scales from the PFS.

A Likert-type set of responses is provided for each item/statement:

1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree

- I have others who will listen when I need to talk about my problems.
- When I am lonely, I have several people I can talk to.
- If there is a crisis, I have people I can talk to.
- I would know where to go if my family needs food or housing.
- I know where (or with whom) to go if I have financial difficulties.
- I know where to go if I need help finding a job.

### **9. Participant Empowerment (Noelle)**

The measure is based on a participant's responses to the following 20 items, which comprise a scale. The items are adapted from 10 validated scales developed in a variety of settings; the particular configuration of items below has not been validated. The goal is to reduce the number of items after piloting data is collected and can be used for factor analysis.

A Likert-type set of responses is provided for each question: 1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree

- I can do the things I need to do to take care of myself.
- I can do the things I need to do to take care of my family.
- I feel like I belong in at least one community.
- I can call on people in my community in times of need.
- I can work together with others in my community to make positive change.
- My community can work together to change things that need to be changed.

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7. I can make important decisions about my life.
8. I can make important decisions about things that affect my family.
9. I have the information I need to make decisions about my life.
10. I have ways to get more information when I need it.
11. The way others see me does not control how I see myself.
12. I understand very well how the past affects my community today.
13. I am hopeful about the future.
14. I believe I can improve my life in the future.
15. I have healthy ways to deal with the bad things that happen to me in my life.
16. I have healthy ways to help myself feel peaceful.
17. I can advocate for myself.
18. I can explain to others in my community how the past affects our community today.
19. I have access to the basic resources I need to live a healthy life.
20. I have access to the resources I need to make decisions for myself and my family.

### 10. Policy and Systems Change (Employer Level) (Edie)

There are 7 separate indicators below.

1. How does your organization's CHW job description define CHW? (Choose one of the following.)
  - a. Verbatim or similar\* American Public Health Association (APHA) definition (The APHA definition is provided in the Key Terms field below. \*Similar = the APHA definition was the basis but some wording has been changed)
  - b. Other definition (not based on APHA definition)
  - c. No definition at all

1a. (Open ended) If you answered b or c above, please briefly explain why your organization does not currently use the verbatim APHA definition of a CHW in your job description, and what prevents your organization from doing so. If your organization uses a different definition, please write the definition.
2. 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: a) "included" or b) "not included." Further explanation of each role can be found here ([https://Od6c00fe-eae1-492b-8e7d-80acecb5a3c8.filesusr.com/ugd/7ec423\\_cb744c7b87284c75af7318614061c8ec.pdf](https://Od6c00fe-eae1-492b-8e7d-80acecb5a3c8.filesusr.com/ugd/7ec423_cb744c7b87284c75af7318614061c8ec.pdf).)
  - 2.1 Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
  - 2.2 Providing Culturally Appropriate Health Education and Information
  - 2.3 Care Coordination, Case Management, and System Navigation
  - 2.4 Providing Coaching and Social Support

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(References are available upon request.)

- 2.5 Advocating for Individuals and Communities
- 2.6 Building Individual and Community Capacity
- 2.7 Providing Direct Service
- 2.8 Implementing Individual and Community Assessments
- 2.9 Conducting Outreach
- 2.10 Participating in Evaluation and Research

2a. (Open ended) For each of the roles above (2.1-2.10) that your organization does not include in its CHW scope of work and/or job description, please briefly explain why your organization does not include the role.

3. Does your organization require that CHWs you hire have completed a state- or CHW association/network-recognized CHW core competency-based training program (either before or after hire)? (Choose one of the following.)

- a. Yes
- b. No

3a. (Open ended) If you answered “no” above, please briefly explain your organization’s current status and progress towards requiring that CHWs you hire have completed a state- or CHW association/network-recognized CHW core competency-based training program (either before or after hire), including what (if anything) prevents your organization from doing so.

4. Does your organization provide or support your CHWs in completing a recognized CHW core competency-based training program? (Check all that apply.)

- a. We provide core-competency-based training in-house.
- b. We pay the fees for core-competency-based training provided by another entity/organization.
- c. We allow CHWs to complete core-competency-based training provided by another entity/organization during paid work time.
- d. None of the above.

4a. (Open ended) If you answered d above, please briefly explain your organization’s current status and progress towards adopting a, b, or c as a policy, including what (if anything) prevents your organization from doing so.

5. Does your organization keep track of the number and/or % of CHWs employed by your organization who have completed CHW certification (while not discriminating against those who have not)? (Choose one of the following.)

- a. We track this, and we pay and support certified and uncertified CHWs equally.
- b. We track this, and we pay uncertified CHWs less and/or offer them fewer opportunities or benefits, compared to certified CHWs.
- c. We do not track this.

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5a. (Open ended) If you answered b or c above, please briefly explain what prevents your organization from tracking the number and/or % of CHWs employed by your organization who have completed CHW certification, and/or what prevents you from paying and supporting certified and uncertified CHWs equally.

6. Does your organization specify in an internal policy or protocol how your CHWs should be supervised (i.e. who is supposed to provide supervision, in what ways supervision should be conducted, frequency of supervision sessions, etc.)? (Choose one of the following.)
- Yes
  - No

6a. (Open ended) If you answered no above, please briefly explain what if anything prevents your organization from adopting a policy or protocol that specifies how your CHWs should be supervised.

7. What percentage of your organization's CHW program salary/benefit costs are supported through "sustainable" CHW payment mechanisms? (To guide responses to this question, refer to the list below of "sustainable" CHW payment mechanisms compiled by the National Association of Community Health Workers [NACHW]. *[Finalize list and link to NACHW report when report is finalized.]*)

To calculate the %:

[1] Calculate the denominator: your organization's or program's *total* CHW salary/benefit costs: \$ \_\_\_\_\_

[2] Calculate the numerator: your organization's or program's CHW salary/benefit costs that are supported through any "sustainable" CHW payment mechanism (see list for examples): \$ \_\_\_\_\_

[3] Divide the numerator by the denominator and multiply by 100:  
\_\_\_\_\_ %

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

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(References are available upon request.)

- State general funds
- State tax millage
- Blended or braided funding (a mix of all of the above)

7a. (Open ended) Please briefly explain what your organization has done in the past year to increase the % of CHW salary/benefit costs covered by sustainable funding, including progress made, successes, and barriers. Here you can also identify sustainable funding mechanism not included in the list above, which your organization uses to fund CHW salaries/benefits.

### 11. Policy and systems change: State level (Edie)

The measure is based on responses to the following questions:

1. How does the state define “CHW” in statute or agency policy? (Choose one of the following.)
  - d. Verbatim or similar\* American Public Health Association (APHA) definition (The APHA definition is provided in the Key Terms field below. \*Similar = the APHA definition was the basis but some wording has been changed)
  - e. Other definition (not based on APHA definition)
  - f. No definition at all

1a. (Open ended) If you answered b or c above, please briefly explain why the state does not currently use the verbatim APHA definition of a CHW in statute or agency policy, and what prevents the state from doing so, to the best of your knowledge. If the state uses a different definition, please write the definition and note the statute or agency (if any) that adopted that definition.
2. Does the state include each of the following 10 core roles in an official policy/statute/rule regarding a general CHW scope of work? (Each role below has two response options: a) “included” or b) “not included.” Further explanation of each role can be found here: [https://0d6c00fe-eae1-492b-8e7d-80acecb5a3c8.filesusr.com/ugd/7ec423\\_cb744c7b87284c75af7318614061c8ec.pdf](https://0d6c00fe-eae1-492b-8e7d-80acecb5a3c8.filesusr.com/ugd/7ec423_cb744c7b87284c75af7318614061c8ec.pdf)
  - 2.1 Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
  - 2.2 Providing Culturally Appropriate Health Education and Information
  - 2.3 Care Coordination, Case Management, and System Navigation
  - 2.4 Providing Coaching and Social Support
  - 2.5 Advocating for Individuals and Communities
  - 2.6 Building Individual and Community Capacity
  - 2.7 Providing Direct Service
  - 2.8 Implementing Individual and Community Assessments
  - 2.9 Conducting Outreach



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(References are available upon request.)

### 2.10 Participating in Evaluation and Research

2a. (Open ended) For each of the roles above (2.1-2.10) that the state does not include in an official general CHW scope of work, please briefly explain why the state does not include the role, to the best of your knowledge.

3. Does the state have a process for officially recognizing/approving one or more CHW core competency-based curricula for CHW training? (Choose one of the following.)

c. Yes

d. No

3a. (Open ended) If you answered “no” above, please briefly explain the state’s current status and progress towards adopting a process to officially recognize/approve one or more CHW core competency-based curricula for CHW training, including what (if anything) is impeding progress in this area.

4. Does the state have its own voluntary\* CHW certification system or officially recognize another agency’s (e.g., a CHW association’s) voluntary CHW certification system? (Choose one of the following. \*If the state uses an involuntary (i.e. required) certification system for CHWs, answer “no” here and indicate this in question 5a.)

d. Yes

e. No

4a. (Open ended) If you answered no above, please briefly explain the state’s current status and progress towards providing or supporting a mechanism for assuring the statewide availability of CHW core competency-based training programs, including what (if anything) is impeding progress in this area.

5. Does the state have an official policy on how CHWs should be supervised (i.e. who is supposed to provide supervision, in what ways supervision should be conducted, frequency of supervision sessions, etc.)? (Choose one of the following.)

c. Yes

d. No

5a. (Open ended) If you answered no above, please briefly explain the state’s current status and progress towards developing its own *voluntary* CHW certification system or officially recognizing another agency’s (e.g., a CHW association’s) voluntary CHW certification system, including what (if anything) is impeding progress in this area.

6. Does the state either provide or support\* a mechanism for assuring the statewide availability of CHW core competency-based training programs? \*“Support” means, for example, giving funds to approved training organizations to carry out and expand access to training programs. (Choose one of the following.)

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(References are available upon request.)

- e. Yes
- f. No

6a. (Open ended) If you answered no above, please briefly explain the state's current status and progress towards adopting a policy that specifies how CHWs should be supervised, including what (if anything) is impeding progress in this area.

7. In the past year [or quarter, etc.], has the state applied for or worked with partners to adopt new or expand existing "sustainable" payment mechanisms for CHW employment? (To guide responses to this question, refer to the list below of "sustainable" CHW payment mechanisms compiled by the National Association of Community Health Workers [NACHW]. [*Finalize list and link to NACHW report when report is finalized.*])
- a. Yes
  - b. No

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
- Blended or braided funding (a mix of all of the above)

7a. (Open ended) If you answered yes above, please briefly explain what the state has done in the past year to adopt new or expand existing "sustainable" payment mechanisms for CHW employment, including progress made, successes, and barriers. *Here you can also identify sustainable funding mechanisms not included in the list above, which the state uses or is moving towards using to fund CHW salaries/benefits.* If you answered no above, please briefly explain what prevents the state from adopting new or expanding existing "sustainable" payment mechanisms for CHW employment.