

Introduction

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

1. CHWs¹ will be involved in data collection for many of these indicators. This is true, for example, of indicators that are included in pre-post surveys/assessments with participants.
2. 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.
3. When they are fully disseminated for use by 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.
4. 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.
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 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, CHWs 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, click on the hyperlink embedded in the name of the construct. This will take you to a place lower down in the document where the measurement approach is explained.

¹ 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.

CHW Common Indicators Project: Proposed Indicators for Priority Constructs (version 04-11-2022)

(References available upon request.)

Construct	Definition	Rationale for Measuring	How to Operationalize
#1 CHWs' level of compensation, benefits, and promotion (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.	Method 1: CHW surveys Method 2: CHW employer surveys
#2 CHW enactment of the 10 core roles (PROCESS)	How often individual CHWs or a group of CHWs within a program, organization, state, or region enact 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.	CHW Encounter Forms or other forms used to track CHW interactions with individuals and groups.
#3 CHW-facilitated referrals (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.	CHW Encounter Forms or other forms used to track CHW interactions with individuals and groups (paper or digital).
#4 CHW involvement in decision- and policy-making (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.	CHW surveys
#5 CHW integration into teams (for example, health care teams) (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.	CHW surveys

<p>#6 Participant self-reported physical, mental, and emotional health (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>Participant surveys</p>
<p>#7 Participant health care and social needs (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>Participant surveys or assessments</p>
<p>#8 Participant social support (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, fewer pregnancy complications, 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>Participant surveys</p>
<p>#9 Participant empowerment (OUTCOME)</p>	<p>A composite measure assessing both actual and perceived empowerment. Includes 10 domains: self-efficacy, sense of community, perceived control at the community level, decision-making ability, education/knowledge/skills, critical consciousness, optimism, inner peace, communication, and resources.</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>Participant surveys</p>
<p>#10 Policy and system change: program/ employer level (OUTCOME)</p>	<p>Policies and system changes at the <i>employer level</i> that address CHW workforce development and sustainability (e.g., 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>CHW program/employer surveys</p>
<p>#11 Policy and system change: state level (OUTCOME)</p>	<p>Policies and system changes at the <i>state level</i> that address CHW workforce development and sustainability (e.g., training, payment, etc.).</p>	<p>State governments can also facilitate policy and systems changes that support CHW programs, employers and the CHW workforce. These changes include, for example, 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.</p>	<p>Surveys of a state government’s policies and practices</p>

<p>#12 Supportive and reflective CHW supervision (PROCESS)</p>	<p>Quantity and quality of supervision provided to CHWs within a given organization or program.</p>	<p>The quantity and quality of supervision for CHWs is broadly recognized by various stakeholders, including CHWs themselves, as crucial factors affecting the ability of CHWs to grow as professionals, experience job satisfaction, and effectively promote health in their communities. CHWs and other experts thus recommend that institutions invest in supervision programs involving careful supervisor training.</p>	<p>Surveys of CHWs and CHW supervisors</p>
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Indicator #1. CHWs' Level of Compensation, Benefits, And Promotion

Method 1: CHW Survey

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)

<p>Health and disability insurance:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health insurance <input type="checkbox"/> Dental insurance <input type="checkbox"/> Disability insurance <input type="checkbox"/> Mental health insurance <p>Paid leave/vacation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Family leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Vacation <p>Reimbursement for work-related expenses:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transportation or mileage reimbursement <input type="checkbox"/> Cell phone plan subsidy/reimbursement <input type="checkbox"/> Internet service subsidy/reimbursement 	<p>Other benefits:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employee assistance program <input type="checkbox"/> Retirement/pension fund <input type="checkbox"/> Bonuses <input type="checkbox"/> Hazard pay <input type="checkbox"/> Overtime pay <input type="checkbox"/> Education reimbursement/stipend <input type="checkbox"/> Cost-of-living adjustment (COLA) <input type="checkbox"/> Professional development funds (e.g., funds or paid time for participation in external professional associations and attending conferences and trainings) <input type="checkbox"/> Professional development opportunities (in-house)
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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.

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

Indicator #2. CHW Enactment of the 10 Core Roles

CHWs record on an encounter form the roles they play *in every individual or group encounter*. The checklist includes all 10 core roles from the C3 Project (<https://www.c3project.org/roles-competencies>).

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

- Cultural Mediation among Individuals, Communities, and Systems
- Health Education and Information
- Care Coordination, Case Management, or System Navigation
- Social Support
- Advocacy
- Capacity-Building
- Direct Service
- Individual and Community Assessments
- Outreach
- Evaluation and Research

Indicator #3. CHW-Facilitated Referrals

CHWs record on an encounter form the answers to the following questions *in every individual encounter*:

1. Did you make a referral? Yes/No
2. If the answer was “yes,” what type of referral? (Include appropriate response options, which may differ depending on the setting.)
3. Did the participant receive what was needed? Yes/No
4. If the answer was “no,” why? (The answer can be in the form of response options or a free response.)

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

Indicator #4. CHW Involvement in Decision- And Policy-Making

CHWs respond to 6 items/statements on a survey conducted at regular intervals by a state and/or a CHW network or association. 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.

Indicator #5. CHW integration into teams (for example, health care teams)

CHWs respond to the following sets of questions on a survey conducted at regular intervals by a state and/or a CHW network or association.

The first 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 race/ethnicity or culture? (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 racial/ethnic or cultural background? (1 = not at all, 2 = a little, 3 = some, 4 = a lot, 5 = completely)
- 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 or culture? (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)

Indicator #6. Participant Self-Reported Physical, Mental, and Emotional Health

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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Indicator #7. Participant Health Care and Social Needs

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. Are you or any family members you live with unable to get any of the following when it is 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. Does lack of transportation keep 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

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

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

Indicator #8. Participant Social Support

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.

Indicator #9. Participant Empowerment

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 statistical tests are conducted.

Instructions: Please tell us whether you strongly agree, agree, disagree or strongly disagree with the following statements. Please rate the statements based on *how you have felt generally, over the last 3 months.*

- 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.

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.

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

The measure is based on responses to the following questions.

1. Does your organization have a written definition of a CHW? Choose one of the following.
 - a. Verbatim or similar to American Public Health Association (APHA) definition. The APHA definition is available [here](#) (link to website)
Similar = the APHA definition was the basis but some wording has been changed) → Question 2
 - b. Other definition (not based on APHA definition) → Question 1.1
 - c. No definition at all → Question 1.1
- 1.1. (Open ended) If you answered b or c above, please briefly explain what affects your organization's ability to use the APHA or similar definition of a CHW. 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." Explanation of each role can be found [here](#) (web link to PDF).
 - 2.1 Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
 - a. Yes (included) → 2.2
 - b. No (not included) → 2.1.1

2.1.1 (Open ended) Please briefly explain why the organization does not include this role, to the best of your knowledge.

2.2 Providing Culturally Appropriate Health Education and Information

- a. Yes (included) → 2.3
- b. No (not included) → 2.2.1

2.2.1 (Open ended) Please briefly explain why the organization does not include this role, to the best of your knowledge.

2.3 Care Coordination, Case Management, and System Navigation

- a. Yes (included) → 2.4
- b. No (not included) → 2.3.1

2.3.1 (Open ended) Please briefly explain why the organization does not include this role, to the best of your knowledge.

2.4 Providing Coaching and Social Support

- a. Yes (included) → 2.5
- b. No (not included) → 2.4.1

2.4.1 (Open ended) Please briefly explain why the organization does not include this role, to the best of your knowledge.

2.5 Advocating for Individuals and Communities

- a. Yes (included) → 2.6
- b. No (not included) → 2.5.1

2.5.1 (Open ended) Please briefly explain why the organization does not include this role, to the best of your knowledge.

2.6 Building Individual and Community Capacity

- a. Yes (included) → 2.7
- b. No (not included) → 2.6.1

2.6.1 (Open ended) Please briefly explain why the organization does not include this role, to the best of your knowledge.

2.7 Providing Direct Service

- a. Yes (included) → 2.8
- b. No (not included) → 2.7.1

2.7.1 (Open ended) Please briefly explain why the organization does not include this role, to the best of your knowledge.

2.8 Implementing Individual and Community Assessments

- a. Yes (included) → 2.9
- b. No (not included) → 2.8.1

2.8.1 (Open ended) Please briefly explain why the organization does not include this role, to the best of your knowledge.

2.9 Conducting Outreach

- a. Yes (included) → 2.10
- b. No (not included) → 2.9.1

2.9.1 (Open ended) Please briefly explain why the organization does not include this role, to the best of your knowledge.

2.10 Participating in Evaluation and Research

- a. Yes (included) → 3
- b. No (not included) → 2.10.1

2.10.1 (Open ended) Please briefly explain why the organization does not include this role, to the best of your knowledge.

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 → 4
- b. No → 3.1

3.1. (Open ended) If you answered NO above, please briefly explain what affects your organization's ability to 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).

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. → 5
 - d. None of the above. → 4.1

4.1. (Open ended) If you answered d (“none of the above”), please briefly explain what affects your organization’s ability to adopt a, b, or c as a policy.

5. Does your organization keep track of the number and % of CHWs employed by your organization who have completed CHW certification?
 - a. Yes → 5.1 and 5.2
 - b. No → 5.3

5.1. If you answered YES above, please indicate the number of CHWs currently employed by your organization who have completed CHW certification _____ and the number who have not _____. → 5.2

5.2. (Open-ended) If you answered YES to question 5 above, please describe if and how your organization *uses* information about the number and percentage of CHWs employed by your organization who have completed CHW certification. → 6

5.3 (Open ended) If you answered NO to question 5 above, please briefly explain what affects your organization’s ability to track the number and % of CHWs who have completed CHW certification.

6. Does your organization require that CHW supervisors participate in training about the CHW model/profession and/or training specific to supervision of CHWs?
 - a. Yes → 7
 - b. No → 6.1

6.1. (Open ended) If you answered NO above, what affects your organization’s ability to adopt such a requirement.

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), and review NACHW’s 2020 report on sustainable financing, available [here](#) (weblink to PDF).

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 (answers may range from 0% to 100%):
_____ % → 7.1

Examples of "sustainable" CHW payment mechanisms:

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

7.1. (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, barriers and challenges. Here you can also identify "sustainable" funding mechanisms not included in the list above, which your organization uses to fund CHW salaries/benefits.

Indicator #11. Policy and Systems Change (State Level)

The measure is based on responses to the following questions.

*Note: In the questions below, the word “**policy**” can refer to one or more of the following: legislation, written policy, administrative rule, contract language, budget language, or other official written statements.

1. Does the state or state agency have a written definition of “CHW” in policy*? Choose one of the following:

a. Verbatim or similar to American Public Health Association (APHA) definition. The APHA definition is available [here](#) (link to website).

Similar = the APHA definition was the basis but some wording has been changed.

→ Specify state agency(ies): _____

→ Specify type of policy(ies)* from list above: _____ → Question 2

b. Other definition (not based on APHA definition) → Question 1.1

c. No definition at all → Question 1.1

1.1. (Open ended) If you answered b or c above, please briefly explain what affects the state’s or state agency’s ability to use the APHA or similar definition of a CHW. If the state or state agency uses a different definition, please write the definition.

2. Does the state or state agency have a written CHW scope of work in policy*? Choose one of the following:

a. Yes

→ Specify state agency(ies): _____

→ Specify type of policy(ies)* from list above: _____ → Question 2.2 and 2.3

b. No → Question 2.1

2.1. (Open ended) If you answered NO above, please briefly explain what affects the state’s or state agency’s ability to adopt a written CHW scope of work in policy*. → Question 3

2.2 If you answered YES above, which of the following 10 core CHW roles are included in the CHW scope of work? Each role below has two response options: a. “included” or b. “not included.” Explanation of each role can be found [here](#) (web link to PDF).

2.2.1. Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems

a. Yes (included)

b. No (not included)

2.2.2 Providing Culturally Appropriate Health Education and Information

- a. Yes (included)
- b. No (not included)

2.2.3. Care Coordination, Case Management, and System Navigation

- a. Yes (included)
- b. No (not included)

2.2.4. Providing Coaching and Social Support

- a. Yes (included)
- b. No (not included)

2.2.5. Advocating for Individuals and Communities

- a. Yes (included)
- b. No (not included)

2.2.6. Building Individual and Community Capacity

- a. Yes (included)
- b. No (not included)

2.2.7. Providing Direct Service

- a. Yes (included)
- b. No (not included)

2.2.8. Implementing Individual and Community Assessments

- a. Yes (included)
- b. No (not included)

2.2.9. Conducting Outreach

- a. Yes (included)
- b. No (not included)

2.2.10. Participating in Evaluation and Research

- a. Yes (included)
- b. No (not included) → 2.3

2.3 (Open ended) What affects the state’s or state agency’s ability to include all 10 core roles in the CHW scope of work?

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

- a. Yes
 - Specify state agency(ies): _____
 - Specify type of policy(ies)* from list above: _____ → 4
- b. No → 3.1

3.1. (Open ended) If you answered NO above, please briefly explain what affects the state’s or state agency’s ability to officially recognize/approve one or more CHW core competency-based curricula for CHW training.

4. Does the state or state agency in policy* 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.

- a. Yes
 - Specify state agency(ies): _____
 - Specify type of policy(ies)* from list above: _____ → 5
- b. No → 4.1

4.1. (Open ended) If you answered NO above, please briefly explain what affects the state’s or state agency’s ability to provide or support a mechanism for assuring the statewide availability of CHW core competency-based training programs.

5. Does the state or state agency in policy* 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. Note: If the state or state agency uses an *involuntary* (i.e., required) certification system for CHWs, answer “No” and indicate this in question 5.1.

- a. Yes
 - Specify state agency(ies): _____
 - Specify type of policy(ies)* from list above: _____ → 6

b. No → 5.1

5.1. (Open ended) If you answered NO above, please briefly explain what affects the state’s or state agency’s ability to develop its own voluntary CHW certification system or officially recognize another agency’s (e.g., a CHW association’s) voluntary CHW certification system.

6. Is there a state or state agency policy* related to CHW supervision? Choose one of the following.

a. Yes

→ Specify state agency(ies): _____

→ Specify type of policy(ies)* from list above: _____ → 7

b. No → 6.1

6.1. (Open ended) If you answered NO above, please briefly explain what affects the state’s or state agency’s ability to adopt a policy related to CHW supervision.

7. In the past year, has the state legislature adopted language, or has a state agency applied for or worked with partners to adopt new or to expand existing “sustainable” payment mechanisms for CHW employment? Choose one of the following. 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), and review NACHW’s 2020 report on sustainable financing, available [here](#) (weblink to PDF).

a. Yes

→ Specify state agency(ies): _____

→ Specify type of policy(ies)* from list above: _____ → 7.1

b. No → 7.1

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 health plans
- Alternative Payment Structures (bundled payments, supplemental enhanced payments, risk contracts)
- Internal financing by providers in anticipation of return on investment (ROI)
- Federally Qualified Health Centers (FQHC) Prospective Payment Systems
- State general funds

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

7.1. (Open ended) Please briefly explain what has been 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.*

(Open ended) Please provide a brief summary of the process by which you gathered the responses above, including names of people (and their roles) who provided responses and/or reviewed the responses above. Please provide any other notes that might be helpful to people administering these questions in your state the next time. Thank you!

Indicator #12. Supportive and Reflective CHW Supervision

Part (1): The measure is based on a CHW's responses to the following questions.

As used in this Indicator, “supervision” refers to a process in which a supervisor and a CHW meet regularly with the goal of supporting the CHW to do their best work possible and to grow professionally. Supportive and reflective supervision involves a mutual relationship in which both parties share power and have a chance to learn from each other. CHW **supervision is sometimes divided into two parts: administrative and clinical**. Administrative supervision deals with things like billable hours, getting to work on time, and filling out time sheets correctly. Clinical supervision, which is not therapy, provides an opportunity for the worker to reflect on how their own life experience may impact on their work, thus supporting them to become better practitioners. In some cases, both administrative and clinical supervision are provided by the same person. In other cases, two supervisors work together to provide the two types of supervision.

Preliminary question A: Does your current position distinguish between administrative and clinical supervision?

Select one: Yes. No.

Preliminary question B: Are two different people responsible for these two different kinds of supervision (administrative and clinical) in your current position?

Select one: Yes. No.

If you do not distinguish between clinical and administrative forms of supervision in your current position, then leave the “clinical” spaces blank and fill in the administrative spaces only in questions 1a and 1b.

1. Quantity of supervision:

1a (Individual supervision). How many hours of *individual* (one-on-one) supervision were provided to you in the last 30 days?

Administrative: _____ hours Clinical: _____ hours

1b (Group supervision). How many hours of *group* supervision (supervision conducted with more than 1 CHW) were provided to you in the last 30 days?

Administrative: _____ hours Clinical: _____ hours

2. Quality of supervision:

2a (Individual supervision). Please rate the overall quality of the *individual* supervision you received within the last 30 days (including administrative and/or clinical supervision). Select one:

Excellent Good Fair Bad Awful

2b (Group supervision). Please rate the overall quality of the *group* supervision you received in the last 30 days (including administrative and/or clinical supervision). Select one:

Excellent Good Fair Bad Awful

[The following 7 items are envisioned as a scale.]

Thinking of the person you consider to be your *primary* supervisor over the past 30 days, please rate the following items,

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

3. My supervisor appreciates my role as a CHW.
4. My supervisor advocates for the role of CHWs with upper management (staff who rank above the supervisor).
5. My supervisor has participated in training about the CHW profession.
6. My supervisor encourages my professional growth (e.g., by regularly encouraging me and/or accepting my suggestions within supervision sessions to pursue training opportunities, attend conferences, develop leadership skills, etc.).
7. My supervisor understands the strengths and needs of the community/ies we serve.
8. My supervisor understands that improving health requires addressing racism and other forms of oppression.
9. In my organization, CHWs participate on hiring panels when CHW supervisors are selected.

Part (2): The measure is based on a CHW **supervisor's** responses to the following questions.

1a. On average, over the past year what percentage of your FTE (time) is dedicated to CHW supervision? (For example, if you dedicate approximately a fifth of your time supervising CHWs, then you would answer "20%" in the space below.)

_____ % FTE

1b. On average, over the past year what is the total FTE (time) of the CHWs you supervise? (For example, if you supervise three full-time CHWs and 1 half-time CHW, then you would answer "3.5" in the space below.)

_____ total FTE

2. Have you participated in training about trauma-informed supervision?

Select one: Yes. No.

3. Have you participated in training about supportive or reflective supervision?

Select one: Yes. No.

4. Please rate the quality of support you receive from your own supervisor to provide supervision for CHWs. Select one:

Excellent Good Fair Bad Awful

5. Please rate the quality of support you receive from your organization's culture to provide excellent supervision for CHWs:

Excellent Good Fair Bad Awful