

MARCH 2020

CHW NEWSLETTER

A newsletter dedicated to
Community Health Workers in
Illinois.

WHAT'S INSIDE

**COMMUNITY HEALTH
WORKERS: A BRIEF
GLOBAL HISTORY - 2**

**BREAKING DOWN SILOS
AND LEARNING
TOGETHER- 3**

**TAKING CHARGE OF
DIABETES IN THE
COMMUNITY - 4**

**CHW UPDATES FROM
IDPH- 6**

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Submit an article for the Spring 2020 CHW Newsletter!

IPHA is accepting articles for the Spring 2020 CHW Newsletter.

NEWSLETTER GUIDELINES:

Articles should be on a topic related to community health workers and should be no more than 450 words. Please include a headline, author name and title, and head shot of the author along with a picture or graphic related to the article.

Articles for the newsletter should be submitted to Lanie Kepler (lkepler@ipha.com) by March 27, 2019.



COMMUNITY HEALTH WORKERS: A BRIEF GLOBAL HISTORY

BY BEVERLY ANTONIO, MPH CANDIDATE, BENEDICTINE UNIVERSITY



Community health workers are lay members of the community who work in collaboration with local health care systems to provide basic health services, health education, and information to members of their community. Evidence for community health workers has been found dating back to ancient times. Archaeologists in Egypt have found evidence of government-provided health care outreach to workers. In the ancient world, lay midwives attended to women in their communities through the perinatal and post-natal periods. Indeed, if lay midwives are to be viewed as community health workers, then most cultures have long histories of these invaluable workers.

In late 19th century Russia, community health workers were trained to provide basic health care to rural communities. In China in the 1920s, “farmer doctors”, the precursors to the “barefoot doctors” of the 1950s-1970s, received health care education to attend to the health needs of the populations of rural provinces. As the 20th century progressed, other countries adopted community health workers to address the health needs of communities. In the 1950s, Thailand utilized village health workers to bring health care to underserved communities. In the 1960s and the 1970s, Latin America, Asia, and Africa embraced these workers. In the 1970s and 1980s, Ghana, Nigeria, Tanzania, and Zimbabwe promoted community health workers in promoting rural health development, encouraging rural development and self-reliance and helping to address social inequalities and poverty. In apartheid-era South Africa, community health workers were critical in the underserved black and migrant communities with their origins in the 1920s as “malaria assistants.” Underfunded after the end of apartheid, the rise of HIV reinvigorated these programs. They were recognized as vital in providing pro-active, innovative, and effective health care interventions within many communities.

In the 1980s, the government of Brazil trained large numbers of community health workers to provide prenatal care, teach breastfeeding and oral re-hydration therapy for infants and children, perform mother and child check-ups, and provide vaccinations. Within five years of establishing the program, infant mortality had decreased by 32%. Since the 1980s, community health workers have specialized in maternal and child health, tuberculosis, HIV and AIDs, malaria, and respiratory diseases. In the U.S., “neighborhood health aide” programs, funded by government agencies, arose during the 1960s to assist migrant farmworkers, Native Americans, the urban poor, and other underserved populations.

Community health workers have a long, global history of serving the health needs of their communities. They provide a critical link between underserved or marginalized populations and health education and services. As communities face increasing threats to their well-being such as increases in chronic diseases and threats from climate change, community health workers will continue to play a critical role in guiding communities on their path to optimal health.



BREAKING DOWN SILOS AND LEARNING TOGETHER: A NEW MODEL OF COLLABORATIVE LEARNING TO SUPPORT CHW WORKFORCE DEVELOPMENT, ACCESS TO CARE, AND CHW POLICY IN CHICAGO'S SUBURBS

BY: FATIMA PADRON, CHW TRAINING & INTERVENTION MANAGER, SINAI URBAN HEALTH INSTITUTE



In 2017, two Chicago area foundations, Community Memorial Foundation and Healthy Communities Foundation, joined forces to fund models of healthcare delivery that integrate CHWs, thus improving access to care and growing the CHW workforce. Following an RFP process in 2018, 5 organizations with diverse missions and audiences, employing a total of 11 CHWs, were funded and incorporated into a learning collaborative where CHWs and supervisors engage with one another and content experts to strengthen skills, referral networks, and knowledge.

Health & Medicine Policy Research Group (HMPRG), an Illinois leader in CHW policy and systems change, serves as the backbone organization for the project. HMPRG engaged Sinai Urban Health Institute (SUHI), a leader in the hiring, training, and supervision of CHWs, and in optimal CHW model implementation and evaluation, to train CHWs, provide support to supervisors, and evaluate the effort.

To kick off the learning collaborative, SUHI's Center for CHW Research, Outcomes, and Workforce Development (CROWD) led an intensive, week-long, foundational training that included modules on cultural competency and humility, motivational interviewing and stages of change, adverse childhood experiences (ACEs) and teaching methods and strategies. The monthly CHW learning collaborative meetings, and bi-monthly supervisor meetings, have facilitated maximum learning and provided support to CHWs and supervisors alike. CROWD creates the learning collaboratives to be interactive and participatory, including activities such as consensus building workshops and role plays. Each session was designed around goals developed by the CHWs regarding the knowledge and skills they hoped to learn from each other throughout the year.

Participating CHWs from Aging Care Connections, Alivio Medical Center, BEDS Plus, Healthcare Alternative Systems, and Mujeres Latinas en Acción have grown personally from the experience, added enormous value to their host organizations, and contributed valuable lessons in efforts to strengthen legislation for certification in Illinois.

As one of the CHWs with Mujeres Latinas en Acción stated, "As an organization...these areas we are going into [Chicago's western suburbs] are new to us. We have had open doors since the beginning when we started making the connections, but now we have been working with the people so much that they recognize us and are starting to come to us wanting to work with us. Our name now holds a lot of value."



TAKING CHARGE OF DIABETES IN THE COMMUNITY

STEP 1: COMMUNITY-BASED PARTICIPATORY RESEARCH DEPLOYED BY COMMUNITY HEALTH WORKERS

BY: EMILY INMAN, MPH, FOOD ACCESS COORDINATOR



Respond Now is a non-profit that conducts homelessness prevention and intervention in 22 of Chicago's poorest south suburbs. Our services include food pantry, clothing room, utility and rental assistance, Coordinated Entry, case management, housing counseling, SNAP Outreach, Medicaid expansion, prescription assistance, and community garden, among other vital programs. Respond Now serves a community at high risk of the development of preventable chronic illnesses such as diabetes, hypertension, and kidney disease. We are poised to expand our reach into the community and behavioral health arena. The Illinois Department of Public Health, and Cook County Department of Public Health point to diabetes as one of the most preventable leading causes of early morbidity and mortality.

In Illinois, the number of adults living with diagnosed diabetes has more than doubled in the last 15 years, reaching nearly 10% of the adult population. The CDC estimates that nationally, diabetes will rise by 64% from 2010 to 2025. The prevalence of diabetes is associated with income, education, and food insecurity. When levels of income and education decrease, and levels of food insecurity increase in tandem, the prevalence of diabetes increases. This indicates that individuals with the lowest socioeconomic status experience the highest prevalence of diabetes (1). In 2017, approximately 14.6% of counted Cook County residents were living in poverty (2). Many of the South Suburban Cook County communities in our service area experience rates of food insecurity as high as 20-35%, and in select pockets greater than 40% (3). To address these social determinants of diabetes affecting our communities, we decided to implement a CHW program.

When designing our CHW program, we wanted to look at the relationship of behavior and environment. Our desire was to discover how to encourage our community to become self-efficacious and self-manage their diabetes. It was evident that our largely low-income community, with high rates of homelessness, would face multiple barriers to diabetes self-management. Such barriers may include access to healthcare, transportation, healthy foods, and food storage. Traditional diabetes self-management interventions may not be as successful in our community. To create a successful intervention, we decided to also operationalize community-based participatory research.

Continued, next page.

CBPR allows for community members to have an active role in defining their health needs, setting priorities, deciding on a health intervention approach, and evaluating health improvement efforts. Through CBPR, community members are involved in the planning, delivery, and evaluation of services that address their community concerns, especially health disparities. Our CHWs are currently busy conducting Community Health Report Cards. The Community Health Report Cards were designed based off of the CATCH method developed out of the University of South Florida. CBPR is an iterative process, so please stay tuned as it evolves over time.

Citations:

1) Illinois Department of Public Health. *Diabetes Prevention and Control: Illinois Diabetes Action Plan 2018-2020*. May 2018.

2) 2017 Census Data

3) Grunderson, C.A., et al. 2016. *Map the Meal Gap 2016: Food Insecurity Estimates at the County Level*. Feeding America, 2016. Greater Chicago Food Depository.



INTERESTED IN COMMUNITY HEALTH WORKERS?
WANT TO STAY INFORMED AND INVOLVED?



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www.nachw.org

ILLINOIS CHW ASSOCIATION

Formerly known as: Chicago CHW Local Network

chwnetwork.wordpress.com

COMMUNITY HEALTH WORKER UPDATES FROM THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH

BY MEGHAN BERTOLINO, ILLINOIS DEPARTMENT OF PUBLIC HEALTH



On October 2, 2019, leadership within the Illinois Department of Public Health (IDPH) met to discuss how community health workers (CHWs) are being supported throughout IDPH. A brief description of CHWs was provided to the group along with a discussion of roles and responsibilities. Staff from the Division of Chronic Disease gave an update on the National Association of Community Health Workers Unity Conference in April 2019. The national conference celebrated the progress and future direction of CHWs across the nation. Other IDPH offices including: HIV, Minority Health, WISEWOMAN, Lead Program, Illinois Breast and Cervical Cancer Program, Oral Health, Asthma, Tobacco, Comprehensive Cancer, and Injury and Violence Prevention, presented on how CHWs are used and funded.

The Division of Chronic Disease also shared the DP18-1815 funding partnership and stakeholder investment in CHWs. The Diabetes Program and Cardiovascular Program are collectively working on the expansion and sustainability of the CHW workforce in Illinois. Using the IDPH 2016 Report and Recommendations from the Illinois Community Health Worker Advisory Board as a guide, partners will review and ensure that the document is aligned with existing best practices in the state of Illinois. The group will meet in again in April 2020.

The report can be found here: <https://bit.ly/2OMfRCV>

Materials from the National Association of Community Health Workers Unity Conference can be found at: <https://unityconf.org/19/presentations/>.

SAVE THE DATE

COMMUNITY HEALTH WORKER SUMMIT

JUNE 17, 2020

ERIN'S PAVILION - SPRINGFIELD, IL

REGISTRATION WILL BE POSTED AT WWW.IPHA.COM AT A LATER DATE