Community Health Organizer Accelerator Program

Partners In Health
UNITED STATES

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INTRODUCTION

This document explores the creation and piloting of the Community Health Organizer Accelerator (CHOA) program in Chicagoland, IL. This program, led by Partners In Health United States (PIH-US) and longstanding community partners, sought to follow up the deep work of many community-based organizations during the COVID-19 pandemic to establish a more sustainable, long-term structure around that work, both within and outside of the public health space. Importantly, the model elevates community priorities and emphasizes community-level challenges that impact health and wellness in the longer term. The CHOA program described in this document is inspired by the work of creating connections and collaborative opportunities across community partners and the knowledgeable staff within them. As this program is still in its piloting phase, we seek to chronicle lessons learned for future iterations. As such, this is a living document that will change over time as the engagement evolves.

ABOVE: COFI/POWER-PAC IL parent leaders of many cultural backgrounds in the Health, Food, and Recess Campaign joined Healthy Illinois for a rally to call for health care for all communities in September 2023. *Photo courtesy of COFI*

COVER: Nilda Menéndez, a vaccine mobilization coordinator with one of PIH-US' Chicago partners, speaks with a young child at a community event. *Photo by Caitlin Kleiboer / PIH*

CONTEXT & BACKGROUND

PIH-US engagement in Chicagoland: A strategic evolution

Chicago and surrounding Cook County, known locally as "Chicagoland," is one of the most populous counties in the U.S. It is diverse yet segregated, leading to stark inequity gaps in health outcomes and other measures. PIH-US has been working in Illinois since May 2020, applying our global expertise with health systems strengthening and community accompaniment to strengthen existing health systems, engage local communities, and promote equity.

PIH-US' Chicagoland engagement began in the context of COVID-19, with work spanning across multiple phases of pandemic response. It included supporting the Illinois and Cook County Departments of Public Health with contact tracing, care coordination, and vaccine access; partnering with community leaders to equip vaccine education ambassadors; and convening and managing the Chicagoland Vaccine Partnership (CVP), a consortium of more than 160 community, government, philanthropy, and health care organizations that coalesce community-led outreach and increase COVID-19 vaccine access in vulnerable communities.

The "hub and spoke" model of the CVP—in which a single coordinating hub is responsible for centralized distribution of information and resources to organizations and people who are then able to apply it to their own contexts—was a primary model for PIH-US's work with Chicagoland communities during the COVID-19 emergency response. The CVP, funded through the Health Resources and Service Administration (HRSA), the Health First Collaborative, Twilio, and the Rockefeller Foundation, awarded $3 million in small grants to 77 community-based organizations (CBOs). These CBOs engaged 125,000 community members and vaccinated 7,000 people in places with low inoculation rates. In addition to this specific work, there were two funded cohorts receiving a total of $405,000 with more intensive and intentional support. The first focused on serving the Far South Side of Chicago around COVID-19 vaccines for children and their families, while the second focused on early childhood education organizations. Their combined efforts connected 21,530 individuals during the project to education and vaccination options in their communities.

Over the course of the pandemic-era CVP engagement, CBOs both developed new public health capacities and brought much-needed community organizing and trusted messenger experience to the public health world. But as attention lifted from COVID-19, CBOs observed that longstanding health inequities persist in their communities. Their engagement and PIH-US's accompaniment needed to evolve in response to shifting community needs to effectively combat inequities. PIH-US recognized a need to both support these organizations and to establish a more sustainable, long-term structure around that work. The Community Health Organizer Accelerator (CHOA) described in this document is inspired by the work of creating connections and collaborative opportunities across these organizations.

This transition from the CVP approach to the CHOA approach represents a shift away from exclusively emergency response to longer-term community-driven and community-led social determinants of health (SDOH) programming for improved outcomes, creating capacity and power for meaningful structural change. The CHOA model follows a broader focus on health equity, relying on CBOs to identify relevant areas of focus given their expertise and proximity to the communities they serve. The program's methods of evaluation and reporting are focused on easing access for smaller organizations who are all too often locked out of traditional grantmaking opportunities and overburdened by reporting terms. This less restrictive approach requires trust-based philanthropy, that better centers mutual accountability, relationship building, and equity at the center of our work and our partner's work.

PROGRAM MODEL

The foundation: CBO cohort model

The CHOA is based on a CBO cohort model, inspired by a distributed organizing and partnership model that is more appropriate for work beyond COVID-19. It offers clear pathways for open and honest communication and best practice sharing and mutual accountability with interdependent but clearly defined roles. This model requires strong buy-in from participating CBOs. As a result, all participating organizations are past partners of PIH-US and participated in a series of sessions discussing the project before it even kicked off.

The CHOA model is different from traditional Community Health Worker (CHW) models

While the CHOA model does indeed work with staff embedded within the communities they serve, it differs from standard CHW models in a number of important ways. Namely, it elevates community priorities over traditional forms of institutional reach and input into focus areas, measures, and desired outcomes.

It is less focused on direct health and health systems issues, with greater emphasis on community-level challenges that impact health and wellness in the longer term. Addressing these issues requires shared purpose and goals across participating organizations, including PIH-US and CBOs, and often involves advocacy and tactics and topics that traditional health care-oriented entities are often unwilling to navigate (e.g., tenant's rights, services for the undocumented, etc.). Given that these issues change often, the CHOA model also includes flexibility to respond to evolving changes in the community. Additionally, the model incorporates support to navigate intertwining systems and the many ways that they affect communities and the people within them. To that end, community health organizers themselves work at both the community level and at the individual level, to ensure a full array of needs are being met.

Evaluation and reporting are grounded in shared goals

The CHOA model is also driven by community priorities and leadership in the evaluation and reporting mechanisms. Partners work together to co-develop public health goals related to each focus area, and tie survey data and narrative to each of these goals for measurement. While there are some necessary capabilities that need to be built into each organization (PIH-US works directly with each participating organization to explore data and systems capacity, and ensure it is able to provide trackable data across organizations), the aim of the evaluation framework is to be rigorous, but not disruptive or distracting to the work. And like the program, the evaluation is a work in progress; one of the unique aspects—but also a challenge at times—is that it also remains flexible.

In October 2022, POWER-PAC IL parent leader Esmeralda Martínez (left) and COFI organizer Emily Cole (right) participated in a poster presentation through the Chicago Consortium for Community Engagement with the Chicago Department of Public Health. They shared parents' research process for surveys conducted in spring 2022 to better understand how trauma and mental health issues are affecting Illinois families. *Photo courtesy of COFI*

PROGRAM OVERVIEW

Organizational criteria and selection

The CHOA program pilot provided one year of funding to staff from three local community organizations. Organizations were selected based on the communities in which they work, consistent track record as advocates and messengers for their communities, interest in public health, and small operating budgets. Participating organizations were required to be BIPOC- and locally-led and work in service of historically oppressed communities, with a record of proven engagement organizing and supporting neglected people and/or issues, and a commitment to improving conditions that support broadly defined SDOH initiatives. While organizations were previous partners of PIH-US via the CVP, they were largely newer to public health efforts and were smaller organizations (operating budgets of less than $500,00 annually) ripe for participation in collaborative efforts.

Role of the Community Health Organizer (CHO)

CHOs are individuals embedded within an organization who help their community identify and understand public health needs, and then create capacity and power for structural change. Their work includes coalition building, growing community capacity, training and staff development, and management and evaluation.

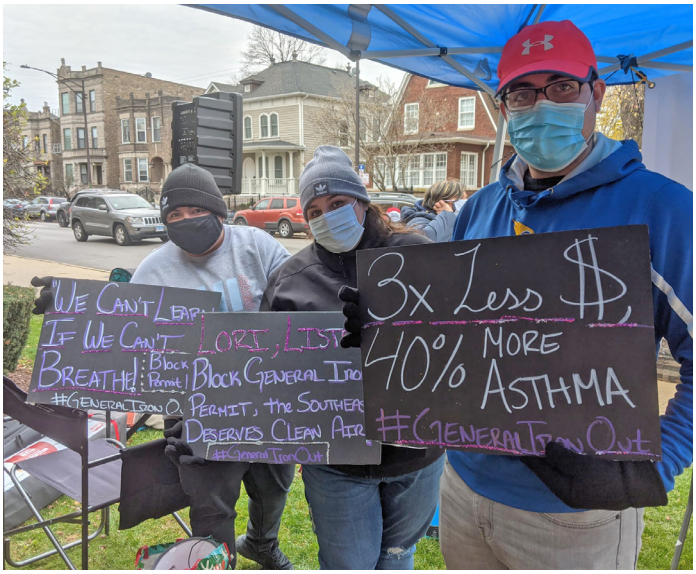
CHOs must have at least one year of experience working in community engagement, be a current resident of the community they serve, and have demonstrated ability to collaborate effectively with partners. However, aside from those criteria, each participating organization ultimately selects and hires its own CHO who appropriately fits their needs and desired role. In some cases, this can be an internal hire, while in other cases, organizations hire for the role externally. Because each organization goes about their work in different ways, the CHO role can function differently across organizations.

Participating organizations

The CHOA pilot funded work for CHOs within three local CBOs. The program aims to improve organizational capacity, enabling and empowering them to both engage in public health work they might not have otherwise pursued and expanding the footprint of their current public health portfolio. Through training around subjects that advance their work and hands on assistance with building networks and resources around new topics, the CBOs expand their role and presence in the public health world in Chicago and identify opportunities for collaboration within the cohort to advance their work.

Alliance of the Southeast (ASE): asechicago.org

ASE is a multicultural, interfaith coalition of churches, schools, businesses, and community organizations, all working together to address challenges facing Southeast Chicago. ASE has grown from a series of leadership skills workshops to a powerful network with over 40 community partners representing thousands of people. It builds the capacity of leaders, organizers, and associations that carry out community and social change. ASE envisions a powerful grassroots base that impacts decision makers and wins real improvements in target neighborhoods. CHOA work centers on developing grassroots leader residents who are equipped to address health impacts in two ways. Firstly, by advancing environmental justice legislation at city, state, and federal levels to address health impacts caused by toxic developments proposed in environmentally overburdened areas like Chicago's Southeast side. Secondly, by holding a landlord accountable to address unsafe and unhealthy housing conditions (including mold, rodents, lack of hot water, and intermittent heat) in a Southeast apartment building. ASE aims to expand the network of health-related partners and develop more sustainable footing for doing community health work that often takes years of community engagement.



ASE and other local supporters gathered to protest the relocation of a metal-shredding operation in Southeast Chicago in 2021. The permit to open the operation was later denied this year after a flurry of protests from Southeast Side residents said they couldn't take any more air pollution. *Photo courtesy of ASE*

Community Organizing and Family Issues (COFI): cofionline.org

COFI's mission is to build the power and voice of parents, primarily mothers and grandmothers of Black and Brown communities, to shape the public decisions that affect their lives and the lives of their families. Those parents identified a clear gap and challenge around mental health services and education for laypeople around mental health. Through additional funding and support, COFI has created a cohort of parent leaders that are focused on mental health and are now exploring opportunities to run a peer-to-peer mental health program. They have also worked with their parent leaders to build an advocacy campaign around expanding Medicaid to better cover mental health services. Mental health training opportunities, one-on-one sessions with their CHO, and advocacy and data sessions with COFI staff have helped bolster this new work. In the future, COFI hopes to deploy the peer-to-peer program in the community and to grow its advocacy work for mental health services.

GAP Community Center (GAPCC): gapcommunitycenter.org

The mission of GAPCC is unlocking community potential by providing education, health awareness, advocacy, and community-linked services that build on individual, family and community strengths and develop the individuals' and families' capacity to thrive. Serving newly arriving migrants in Chicago has become a particular focal point, as GAPCC started providing high-touch case management to thousands of people. The needs remain enormous and ever evolving—from basic health care to housing to school enrollment to mental health to filing for asylum. Through training opportunities for the CHO and community members around immigrant rights and mental health, through one-on-one sessions with the CHO around data and process mapping, and through broadening the network of partners they work with, PIH-US has helped them better support this new community they serve. Realizing the enormous value of case management for newly arrived immigrants, GAPCC hopes to expand the number of people served and the scope of the services.

Program funding

This one-year pilot cohort of the CHOA program is funded by several different mechanisms. As with evaluation and reporting, the most important element of this work is seeking funding that allows organizations to work on their teams in the communities that they serve. Funders include:

- **Health First Collaborative:** As CHOA'S startup anchor funder, this collective of funders has supported most of PIH-US's Chicagoland work to date and serves as the pass-through agent to PIH-US's CBO partners. This long-standing relationship and organizational efficiency enables Health First Collaborative to act quickly, establishing sub-grant agreements in days, not months. They provided the seed funding for the CBOs selected to be a part of the pilot project: Alliance of the Southeast, GAP Community Center, Community Organizing and Family Issues.
- **PIH-US funding:** There are a handful of funders that support local PIH-US efforts in Chicago.
- **Other funding, TBD:** Additional funding possibilities to enable participating CBOs to fundraise around topics they've identified for future engagement are currently being explored.

On May 8th, 2023, 150 mothers, fathers, grandmothers, and children from Chicago (250 in total statewide) boarded buses to the State Capitol for COFI's annual "Moms on a Mission" lobby day. Below, supporters smile with Senator Mike Simmons. *Photo courtesy of COFI*

PROGRAM OPERATIONS TO DATE

Program operations ran somewhat behind schedule, causing hiring delays, but have progressed over time and grown to include trainings, shared learning sessions, and partner collaboration. The participating organizations (ASE, COFI, GAPCC) received funding in October 2022 and hired their CHOs. In December, PIH-US staff held a kickoff meeting with staff from each CBO and established regular meeting cadences for each.

The CHO model helps the community and organization in which they work to identify and understand public health needs, and then work with PIH-US staff to create capacity and power for structural change. This includes training and staff development, networking and coalition building, program design and support, and advocacy support. The added capacity and infrastructure for these organizations has enabled and empowered them to both engage in public health work that they might not pursue otherwise and to expand the footprint of their current public health work.

In this pilot iteration, focus has shifted slightly away from the individual CHO as originally intended, and more towards the CBOs in which they are embedded. This change has happened naturally due to workforce capacity issues that limited the CHOs' ability to focus on professional development because of the immediate and pressing needs of their organizations and the communities they serve. It took time for each organization to hire a CHO and get oriented, and by nature some of the CBOs in the program are small and often struggle with capacity. That has meant that the organization as a whole needs help more broadly than the narrower scope of our project.

As relationships between CHOs and CBOs grow, and PIH-US and other partners continue to build their own relationships with CHOs and CBOs, trust will blossom and enable even more impactful work led by the CHOs and CBOs in the community.

THE FOUR PILLARS OF THE CHO MODEL

Training and staff development

Networking and coalition building

Program design and support

Advocacy support

Training and staff development

PIH-US works closely with each organization in conjunction with local partners to respond to program-specific needs (mental health resources and planning for COFI, asylum and housing assistance for GAPCC, and housing and health advocacy for ASE), as well as cross-cutting areas relevant to advancing the work of all participating organizations. Training sessions have included offerings for CHOs and CBOs in CHW training (February, from Sinai Urban Health Institute), maternal child health resources (March, from Share our Spare), one-on-one data review sessions (March, with PIH-US), Customer Relationship Management (two-part sessions in March, with PIH-US), advocacy (March, with PIH-US Advocacy team), and mental health (bi-weekly beginning in April, with a local licensed clinical professional counselor). The participating CHOs also meet monthly to share resources, challenges, and successes as a way to connect with their peers and connect their work. Outside partners with common interests are also invited to join these sessions, creating additional opportunities for collaboration. Since January 2023, PIH-US has hosted 20 training opportunities, most of which were open to other partner organizations as well, with more than 707 participants from organizations across Chicagoland.

Networking and coalition building

Tapping into networks of public health professionals and public health organizations to build capacity and create opportunities for collaboration undergirds much of PIH-US's support for this cohort of CBOs. Whether creating new networks of public health partners to meet service or resource needs or spurring momentum around advocacy, this coalition building creates bridges into the public health and health care world that would not exist otherwise. These facilitated relationships will long outlast this project and are often mutually beneficial.

For example, PIH-US connected ASE and the Respiratory Health Association (RHA) to help expand ASE's campaign against the management company for the Germano Millgate apartment complex. The complex is Section 8 housing and has been plagued by rampant mold, rodent, and pest issues that management or HUD refuses to address. Housing partners felt like they had hit a dead end. But through expanded engagement with public health partners, ASE earned a new collaborator and supporter of its work and RHA is now able to explore an advocacy topic area in which they had not previously engaged. The connection has unlocked opportunities for education sessions on asthma and COPD as well as support for one another's legislative agendas. While the initial work of partner identification was carried out by PIH-US staff, the relationship is now independent of PIH-US involvement.

Program design and support

As a part of the transition away from exclusively COVID-19-focused work, CBOs are exploring how to employ the expertise they learned in new public health areas and translate it into successful programming. Through this process, they often need help figure out how to design and support that new work. This work is focused in four key areas:

- **Data management:** As CBOs often lack the staff capacity or tools to effectively manage their data to tell their story, PIH-US collaborates with each organization to develop stronger systems for data collection, maintenance, and reporting. For example, COFI has a new data management system but lacks staff who are able to use or manage the system. PIH-US works closely with COFI to set up the system and develop custom reports and automated reporting. PIH-US also connected CBOs to an external data management consultant who, if desired, can continue to work directly with organizations to help tackle these types of issues.
- **Service coordination:** CBOs exploring new public health topics while concurrently responding to emergent needs often struggle to penetrate health and social service organizations that would allow them to better serve their clients. As a part of the CHOA project, PIH-US helps partners bring resources and support on-site.
- **Creating and documenting process:** PIH-US helps CBOs establishing their own public health "footprint" to document that process for future staff and organizational sustainability. For example, PIH-US works with GAPCC to document its case management process for undocumented immigrants so that the relationships, expertise, and information for that work can be transferrable between staff.
- **Cultivating new revenue streams:** PIH-US has connected CBOs with potential funders in an effort to make meaningful introductions for potentially fruitful relationships that lead to financial support of CBO work in the future.

Advocacy support

Many CBOs working in Chicago are advocacy and organizing experts. But as non-public health actors, these organizations often lack access to or are unaware of public health coalitions and partners who would be interested in supporting their work. The landscape of potential partners in Chicago is also so large and so diverse, that's it's helpful to have a partner with different connections and resources to contribute. For example, ASE is staffed by expert organizers, but looked to PIH-US for support and assistance around growing their coalition in support of HB4093, the Illinois Environmental Justice Act. PIH-US was able to leverage its local and national coalition connections and networks to help ASE expand the number and types of organizations supporting their work.

Even among the three organizations operating in the program, CHOA has created opportunities to collaborate on advocacy. Prior to this project, COFI and GAPCC had never interacted with one other; however, bolstered by the collaborative space PIH-US created, they have partnered on an advocacy push around expanded Medicaid coverage for undocumented residents in Chicago.

A bilingual facilitator on behalf of GAPCC leads a workshop about housing rights to newly arrived immigrants. This two-day workshop, organized with PIH-US, taught 50 residents how to read a lease and how to navigate renting an apartment in Chicagoland. *Photo courtesy of GAPCC*

PROGRAM RESULTS TO DATE

PIH-US staff and partners tracked specific measures to indicate success around this work. Not every working area produced qualitative results in the time allowed thus far, but quantitative results are expressed in the Lessons Learned section that follows in this document. The following statistics are current as of the completion of year one of the program, October 31, 2023:

Training and staff development

5 TRAININGS
responding to direct staff needs and organization priorities offered by PIH-US

15 OTHER TRAININGS
non-program public health trainings

66 SURVEY RESPONSES
evaluating training (see Appendix)

Networking and coalition building; Advocacy support

24,337 PEOPLE
reached through CBO programs or advocacy

25 CONNECTIONS
made for program and advocacy focus area

3 ADVOCACY CAMPAIGNS
generated (organizing, sign-ups, coordinating buses to Springfield, etc.)

EARLY LESSONS LEARNED

The CHOA program pilot has brought to attention several lessons learned from successes and challenges in standing up the program during this first year of engagement. As program participants and partners draw out and process these lessons and those yet to come, they will collectively revise the program to respond to evolving needs and maximize impact for CHOs, CBOs, and the communities they serve.

Relationships underpin the entire program and must be cultivated to build lasting trust: The process of effectively engaging with CBOs and CHOs requires concerted trust-building over time. Trust eventually brings about the understanding that this program offers meaningful, sustained support worthy of the work needed to engage. Deep relationships also provide context to tailor effective forms of communication. Communicating with small, short-staffed organizations can be challenging, given the many urgent and competing priorities; partners should be flexible, patient, and understanding of the complex landscapes many of the organizations are navigating with limited resources.

CHOs and CBOs are hungry for opportunities to collaborate: For example, an introductory advocacy call hosted by the PIH-US Advocacy team with ASE, GAPCC, and COFI jump-started meaningful connections between the partners and their workstreams. The three organizations enthusiastically identified a variety of opportunities to collaborate around shared advocacy issues and plan to begin working together toward shared goals.

Hiring approaches influence efficiency: The CHO hiring process varied and was led by the participating CBOs themselves. At their discretion, they could choose to either hire the CHO from within their existing staff or hire an external candidate, depending on the needs and capacity of the organization. The CBOs who chose to hire internally moved much more quickly to bring a CHO on board and get them started on the work, while those who hired externally moved slowly; indeed, some were unable to hire a CHO until more than halfway into the pilot grant period. In future iterations, participating organizations may want to promote internally not only to elevate internal voices, but also to be able to efficiently achieve impact.

Engaging local partners in training offerings adds incredible value: While PIH-US ran some of the training sessions for CHOs and CBOs, others featured local partners including local mental health specialists with long-term experience in the community and Share our Spare, a community resource and advocacy organization for families experiencing poverty. The panel and training sessions with community-grounded Chicagoland partners were especially effective, impactful, and well-received based on survey data. They also anchored the sessions with resources and opportunities for future engagement.

Organizations actively need support on data: Supporting organizations around their data needs requires more than just coming up with a set of measures. It requires close collaboration to understand their current systems for collection and reporting and ensuring they can accommodate emerging public health programming. If the current system is insufficient, PIH-US staff can collaborate with CBO partners to find new solutions, but the full spectrum of the work required to do this should be taken into account.

Evaluating program success is challenging because support is flexible and constantly changing: For example, early work with GAPCC was initially designed around its food bank and pantry program. The influx of newly arriving migrants in Chicago fundamentally shifted the organization's work and shifted the ways in which PIH-US collaborated with them. To maximize this flexibility, formal reporting is limited to every quarter (though there is separate, regular qualitative reporting that we conduct and collect with more frequency).

Future funding opportunities should be long-term: Perhaps the most important lesson learned thus far is the need for longer term funding. Not only is this important work long-term and in need of ongoing support, but future iterations must evolve and expand to respond to changing community needs. Additionally, there are long lead times needed to cultivate relationships to build effective programming and clearly the conception and logistics of the CHOA program are more complex than originally thought. Funders should be made aware of this upfront to ensure realistic expectations within a given time frame. Longer term support will better enable CHOs to both grow and respond meet their own professional goals and be responsive to the massive and changing needs of the organizations which they support—something that has been a tension thus far and compromised the focus on

ASE leaders organized several candidate forums in February and March 2023 to raise awareness on and get candidate commitments to address issues, including healthy housing and healthy, equitable developments. The forums led to Aldermanic & City support for key environmental justice issues, including opposing toxic developments and cumulative impacts policy work. *Photo courtesy of ASE*

CHOA INTO THE FUTURE

CHOA partners hope to continue community-led programming, building on lessons learned to improve the service to communities, capabilities of CHOs, and impact of CBOs. Down the line, the goal is to identify opportunities for ongoing and long-term support to evolve with communities, CHOs, and CBOs; hone creative and responsive evaluation strategies and metrics; and expand the cohort of CHOs and CBOs supported with two or three additions. The initial experience with this pilot cohort taught many lessons about ways of working that will likely ease some of the challenges of onboarding for future iterations.

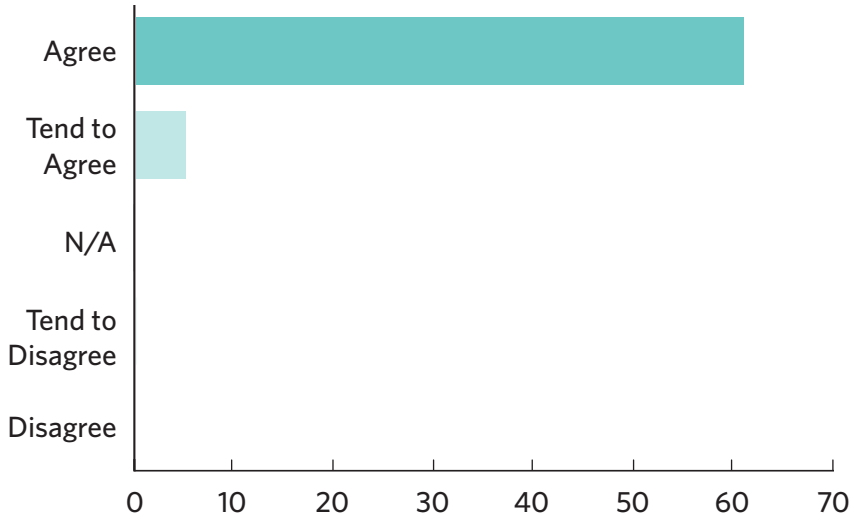
Much of year one has been focused on helping these organizations establish and sustain their public health work and onboarding their CHO. Unfortunately, there is not yet funding in place for future iterations, but in an eventual year two, the aim is to shift focus more on the CHOs themselves and building their public health repertoire, to meet the original vision of this project and further the creation of capacity and power for meaningful structural change.

APPENDIX

Survey Results

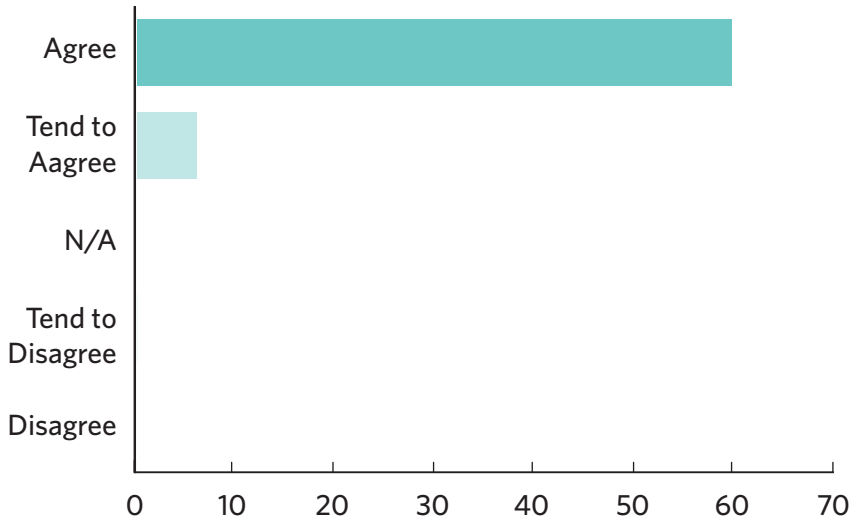
Q1: The presenter did a good job presenting the topic in a clear and understandable manner

Agree	Tend to Agree	N/A	Tend to Disagree	Disagree	Total
61	**5**	**0**	**0**	**0**	**66**



Q2: I would recommend this training to others

Agree	Tend to Agree	N/A	Tend to Disagree	Disagree	Total
60	**6**	**0**	**0**	**0**	**66**



APPENDIX

Survey Results, cont.

Q3: I will apply what I learned in this training to my job

Agree	Tend to Agree	N/A	Tend to Disagree	Disagree	Total
55	**11**	**0**	**0**	**0**	**66**